

Report on an unannounced inspection of

# **HMP & YOI Foston Hall**

by HM Chief Inspector of Prisons

**4–15 February 2019**

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



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

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
3<sup>rd</sup> floor  
10 South Colonnade  
Canary Wharf  
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E14 4PU  
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### **Glossary of terms**

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

# Introduction

Foston Hall, near Uttoxeter, has been a women's prison since 1997. Set in the grounds of an old country house, the prison comprises a mix of accommodation, including some more modern purpose-built facilities. The prison has several functions, with the prisoners held ranging from those on remand in the Midlands, up to and including 52 serving indeterminate sentences. With a capacity of 286, the prison was holding 263 prisoners at the time of our inspection.

We last inspected Foston Hall in 2016 when we found outcomes for prisoners to be reasonably good against most of our healthy prison tests, although improvement was needed in the provision of purposeful activity. At this inspection we found a very positive institution where outcomes were now reasonably good against all of our tests.

Most prisoners at Foston Hall felt safe. Violence was rare and incidents minor. Work to investigate incidents when they did occur and the support offered to victims and perpetrators did, however, need to be better. The incentives scheme was not very effective and adjudications and use of force were both higher than we expected, although incidents when force was used were not normally very serious. Use of segregation was much reduced but conditions in the facility had yet to improve.

A dedicated social worker led work to support adult safeguarding effectively, but needed better support from other staff. Support for those with needs was not sufficiently proactive or always in line with prisoner care plans. The case management of those at risk of self-harm was variable, as was the care individuals in crisis felt they received. Self-harm incidents were very high and despite two self-inflicted deaths since we last inspected not all the recommendations made by the Prisons and Probation Ombudsman, who investigated these incidents, had been implemented.

The general environment at the prison was excellent and most accommodation was good. Access to showers and most basic amenities had improved, although processes for dealing with simple applications was poor. This was mitigated slightly by the valued support of peer information workers. Supervision of the wings required improvement but most prisoners were positive about their relationships with staff. New work to promote equality and diversity had begun and was encouraging, with new arrangements for consultation now in place. Health care had improved considerably.

Most prisoners experienced very good time out of cell and some good joint working between education providers and the prison had seen improvements to the curriculum on offer. Quality assurance arrangements were in place and sufficient activity was available to meet the needs of all. The quality of teaching and learning and achievements by students were good, and our colleagues in Ofsted judged the overall effectiveness of learning, skills and work to be 'good'. A weakness in provision was low attendance and the disruption of classes as prisoners were often called to attend medical or other interventions during sessions.

The management of resettlement was improving but would have benefited further by a better analysis of the distinct needs of women in the prison. Work to support offender management was good but more could have been done for the many prisoners serving indeterminate sentences. Public protection work was robust and support for resettlement reasonably effective. There were some impressive initiatives such as the Family Bonding Unit to encourage stronger family ties.

Overall this is a good report about a good prison. Foston Hall is well led, with energy and creativity evident among the senior team. Themes that emerged from our inspection were the need to refine strategies so that initiatives were better coordinated and delivered more effectively, and to ensure that the staff group was more proactive in focusing on the needs of prisoners and their well-being. We were, however, confident that managers could use the platform they had created for further improvement and we leave the prison with several recommendations which we hope will assist this process.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

April 2019

# Fact page

## Task of the establishment

A women's resettlement and local prison

## Certified normal accommodation and operational capacity<sup>1</sup>

Prisoners held at the time of inspection: 263

Baseline certified normal capacity: 264

In-use certified normal capacity: 264

Operational capacity: 286

## Notable features from this inspection

*In our survey, almost all prisoners reported having problems on arrival, including depression and feeling suicidal. Three quarters of the population said they suffered from a mental health problem.*

*Thirty-six per cent of prisoners were involved with psychosocial services.*

*Foston Hall was the first women's prison to introduce digital visits to promote contact with children and families.*

*On average 70 prisoners were released each month.*

*An unusually high proportion of prisoners, almost 20%, at Foston Hall were serving indeterminate sentences.*

## Prison status and key providers

Public

Physical and mental health provider: Care UK

Substance use provider: Inclusion

Learning and skills provider: Milton Keynes College

Community rehabilitation company (CRC): Derbyshire, Leicester, Nottinghamshire and Rutland CRC

Escort contractor: GEOAmey

## Prison department

Women's estate

## Brief history

Foston Hall near Uttoxeter was built in 1863 as a family home and was acquired by the Prison Service in 1953. Since then it has been used as a detention centre, an immigration centre and a satellite prison for nearby HMP Sudbury. Shut in 1996, it reopened on 31 July 1997 as a closed women's prison following major refurbishment and building work. HMP Foston Hall is now a local women's resettlement prison serving courts in the Midlands and mid-Wales. It holds a complex mix of prisoners, from those recently remanded in custody to those with lengthy or indeterminate sentences.

<sup>1</sup> Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

**Short description of residential units**

First night and induction unit for 63 prisoners

A wing – Cameo Unit accommodation for 42 prisoners with personality disorders

B wing – mainstream accommodation for 42 prisoners

C wing – mainstream accommodation for 41 prisoners

D wing – mainstream accommodation for 29 prisoners

E wing – unit for 11 long-term and enhanced regime prisoners

F wing – mainstream accommodation for 63 prisoners (closed for refurbishment)

T wing – mainstream accommodation for 58 prisoners.

**Name of governor/director and date in post**

Andrea Black – February 2017

**Independent Monitoring Board chair**

Hilary Campbell

**Date of last full inspection**

13–24 June 2016



# 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:

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

A4 The 2010 'Bangkok Rules'<sup>2</sup> 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 prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

<sup>2</sup> United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders.

- **outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- A6 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A7 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A8 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- 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, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A11 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A12 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>3</sup>

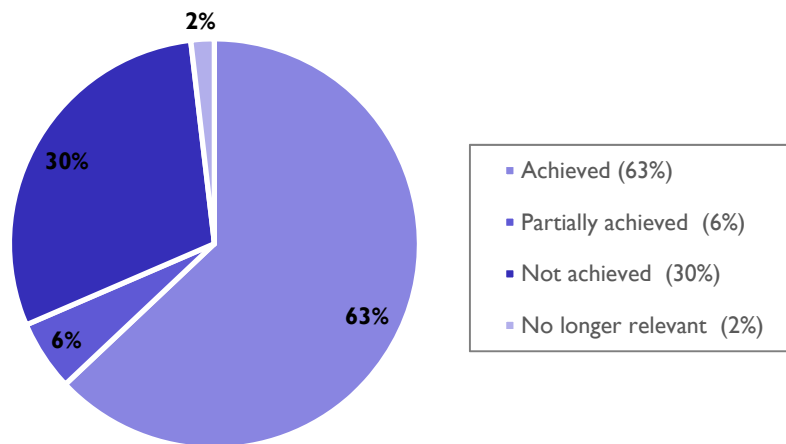
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<sup>3</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

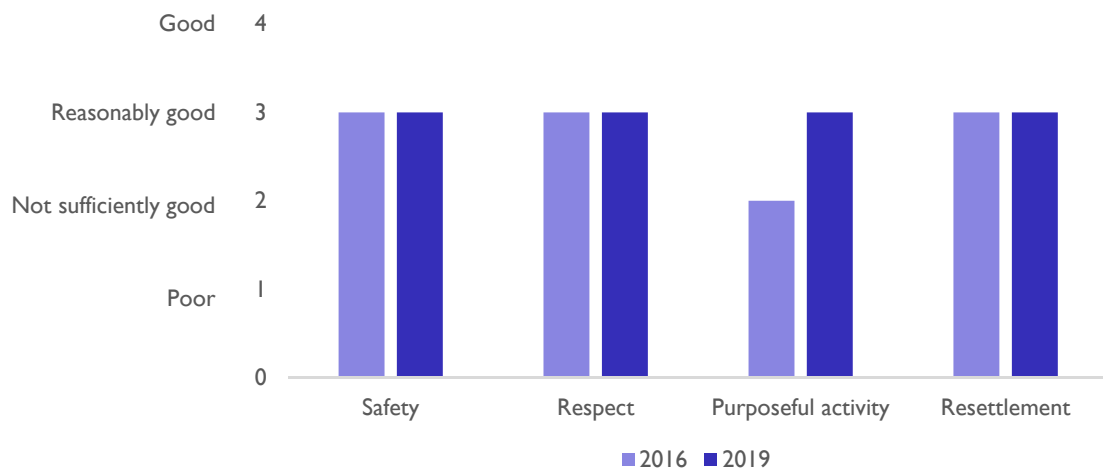
- S1 We last inspected HMP & YOI Foston Hall in 2016 and made 54 recommendations overall. The prison fully accepted 51 of the recommendations and partially (or subject to resources) accepted two. It rejected one of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 34 of those recommendations, partially achieved three recommendations and not achieved 16 recommendations. One recommendation was no longer relevant.

Figure 1: HMP & YOI Foston Hall progress on recommendations from last inspection (n=54)



- S3 Since our last inspection outcomes for prisoners stayed the same in all healthy prison areas apart from Purposeful activity which had improved. Outcomes were reasonably good in all healthy prison areas.

Figure 2: HMP & YOI Foston Hall healthy prison outcomes 2016 and 2019



## Safety

**S4** Support for new arrivals was reasonably good overall, but some further improvements were needed. In our survey, few prisoners said they felt unsafe at the time of the inspection. Most violent incidents were minor, but formal support for victims was not sufficient. The incentives and earned privileges (IEP) scheme was not used effectively to manage poor behaviour. A small number of prisoners with very complex needs received good support, but assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was too variable. A dedicated senior practitioner social worker, employed by Derbyshire County Council, led the adult safeguarding provision, which was good. There was evidence to suggest that illicit drugs were available in the prison. The number of adjudications and incidents involving force was very high. Conditions in the segregation unit remained unsatisfactory. Services to help those with substance use problems were now good. **Outcomes for prisoners were reasonably good against this healthy prison test.**

**S5** At the last inspection in 2016 we found that outcomes for prisoners in Foston Hall were reasonably good against this healthy prison test. We made 12 recommendations in the area of safety. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved and six had not been achieved.

**S6** Prisoners continued to face long delays in court, and male and female prisoners were still transported together. Prisoners said escort staff treated them well and the vans we looked at were clean and well maintained. In our survey, almost all prisoners said they had problems when they first arrived at Foston Hall, including depression and feeling suicidal. Reception processes were thorough, but the initial safety interview was not conducted in private. Staff did not have access to information about prisoners' previous convictions, which impeded their ability to identify risks, adversely affecting the standard of cell-sharing risk assessments. The first night and induction wing remained austere and noisy. First night processes were reasonable and induction started promptly, but in our survey, too few prisoners said it covered everything they needed to know.

**S7** In our survey, few prisoners said they felt unsafe at the time of the inspection and most violent incidents were minor. Investigations into violent incidents were undertaken, but some were completed too late to be useful. Perpetrators were not managed well enough and staff relied too much on Challenge, Support and Intervention Plans (CSIP), which were not detailed enough to be sufficiently effective.<sup>4</sup> Victims lacked formal support. Intimate relationships between prisoners were monitored well and appropriate restrictions were applied when required.

**S8** The IEP scheme was largely ineffective as a behaviour management tool. Prisoners arriving at Foston Hall from other prisons were placed on the entry level, which was unnecessary. The introduction of E wing was positive – it provided good quality accommodation for a very small number of enhanced level and long-term prisoners.

**S9** There had been two self-inflicted deaths since the previous inspection. Not all Prisons and Probation Ombudsman recommendations had been implemented in full. Self-harm was extremely high – 900 incidents had taken place in the six months before the inspection. However, six prisoners accounted for over half of these incidents. The prison's analysis of incidents was not used to develop a prison-wide strategy to reduce the levels of self-harm,

<sup>4</sup> The CSIP system is used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

- including specific action plans for the different functions and departments. The prison used multidisciplinary teams to manage prisoners with very complex needs, but more needed to be done by HMPPS to help Foston Hall develop individualised treatment pathways for prisoners with the most severe and complex personal problems including, where relevant, moving them to specialist treatment sites.
- S10 The standard of ACCT case management documents was too variable and we were not confident that assessments of prisoners' risk of harm were always accurate. Reviews were timely and health care staff now attended more regularly. However, care maps were too generic and limited in scope, and they did not demonstrate that they had been updated following a review. Prisoners on ACCT case management were positive about the support they received, but some felt a small number of staff did not take their circumstances seriously.
- S11 A dedicated social worker led the adult safeguarding provision well, but other staff across the prison did not know enough about safeguarding. The day-to-day management of prisoners in crisis and those with complex safeguarding needs was not always in line with prisoners' individual care plans. Support by wing staff given to prisoners known to have complex needs was not always proactive enough, relying too much on reacting to incidents of self-harm or other destructive behaviour after it had happened, rather than delaying with issues to avoid the crisis in the first place.
- S12 The security committee met every month and attendance was good. However, objectives were not communicated widely enough across the prison. Procedural security arrangements were generally proportionate and did not restrict prisoners' access to the regime unnecessarily. Individual risk assessments for using handcuffs during escorts were not robust, and all the cases we looked at involved the prisoner being placed in restraints regardless of the risks presented. In our survey, half of respondents said it was easy to obtain illicit drugs at the prison. The prison did not have up-to-date drug detection equipment such as X-ray machines and far too few suspicion mandatory drug tests were completed.
- S13 The number of adjudications had increased significantly and was much higher than we normally see in women's prisons. Many of the charges could have been dealt with through an effective IEP scheme. The use of force was considerably higher than at the last inspection, although most incidents were minor. Governance of the use of force, including quality assurance and monitoring, was weak. There had been a large increase in the use of special accommodation since the previous inspection, but almost all incidents involved one prisoner with very complex and unique needs.
- S14 The use of segregation was considerably lower than at our last inspection and most prisoners had short stays, but many were segregated pending adjudication, which was not always necessary. Conditions in the segregation unit remained inadequate and the regime was too limited. Reintegration planning was reasonably good.
- S15 A regular, well-attended drug strategy meeting underpinned a prison-wide approach to the management of alcohol and drugs. One third of the population was involved with substance use provider Inclusion, which provided a good range of psychosocial interventions. Care UK provided good clinical substance use support. Good access to prescribing meant prisoners could obtain treatment on arrival, and those detoxing were observed closely and supported in their first few days in custody.

## Respect

**S16** *The outside environment was excellent. Living conditions had improved but the application system was still poor. Staff-prisoner interactions remained positive and respectful. Equality and diversity work had been relaunched and looked promising. Faith provision was limited. The number of complaints was high, but analysis had improved. Health care had improved considerably, particularly the management of medication. The food and shop provision was reasonable overall. **Outcomes for prisoners were reasonably good against this healthy prison test.***

**S17** *At the last inspection in 2016 we found that outcomes for prisoners in Foston Hall were reasonably good against this healthy prison test. We made 14 recommendations in the area of respect.<sup>5</sup> At this follow-up inspection we found that nine of the recommendations had been achieved and five had not been achieved.*

**S18** The prison grounds were excellent and well maintained. Most residential units were in reasonably good condition. While most cells remained clean and suitably equipped, some toilets were not screened adequately. The showers on T wing had been improved and the number of prisoners sharing multiple-occupancy cells on D wing had been reduced. Access to basic items, such as clothing, cleaning material and showers was now good. Prisoners valued the support provided by prisoner information desk (PID) workers, but staff did not support or oversee their work adequately. The application system remained poor and lacked confidentiality. Prisoners continued to experience delays in accessing their stored property.

**S19** In our survey, most prisoners were positive about how staff treated them. Three quarters said there was a member of staff they could turn to and two thirds said most staff treated them with respect. The majority of interactions we observed between prisoners and staff were respectful, but rules were not applied consistently, which meant minor breaches were sometimes not challenged. Supervision on the wings was not always good enough – some officers remained in the office during association times instead of supervising the unit proactively and supporting prisoners, particularly those known to have complex needs or prisoners regularly resorting to self-harm. Prisoners with complex needs had individual care plans but in some cases the day-to-day management of those on the wings did not always support the delivery of those plans or provide a trauma-informed approach (which considers the trauma prisoners may have experienced in their lives). Consultation with prisoners was good.

**S20** Work on equality and diversity had stalled in 2018 but had recently been relaunched. The provision was beginning to improve, but a wider range of managers and staff needed to champion and promote this area of work.

**S21** Focus groups had been introduced for minority groups. Results in our survey were mainly in line with other prisoners' responses, although black and minority ethnic prisoners were more negative about some aspects. Steps were being taken to improve their perceptions. Support for foreign national prisoners had improved, but professional interpretation services were not always used when they were needed and independent legal advice was not available. Transgender prisoners received good support and a prisoner representative delivered awareness training to staff. Staff shortages in the chaplaincy limited the amount of pastoral support on offer and some statutory duties were not always carried out.

<sup>5</sup> 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.

- S22 The number of complaints had increased since the previous inspection and was now much higher than in other women's prisons. The prison's analysis of complaints had improved, but outcomes were not routinely recorded. Prisoners received assistance with any outstanding legal problems on their arrival. Legal visiting facilities were adequate.
- S23 Health care services were well integrated across the prison and with each other. Clinical environments were clean, but space for clinics was limited. An appropriate range of primary care services were available and waiting times were not excessive. Those with long-term conditions were managed well and the multidisciplinary team regularly discussed prisoners with complex needs. The application process for routine health care appointments was not confidential.
- S24 The management of medication had significantly improved since our previous inspection. Medicine queues were generally well supervised, but confidentiality was still compromised in the main dispensary where two hatches were simultaneously in operation. Prisoners waited too long outside even in bad weather. Dental services were good. Waiting times were not excessive and prisoners could be seen at the next dental clinic if their problem was urgent.
- S25 The integrated mental health team provided a better range of low-level interventions. Prisoners with higher levels of need were managed well, and they had good access to psychiatric support. Transfers to mental health hospitals were mainly prompt. Social care arrangements were good and the in-house social workers had good oversight of prisoners' care.
- S26 Staff shortages in the kitchen had led to a reduction in the range and standard of the meals provided and limited the amount of ongoing consultation with prisoners. The shop provision was reasonable, but prisoners' access to catalogue orders was too limited.

## Purposeful activity

**S27** *Time out of cell remained good for most and few prisoners were locked in their cells during the working day. The overall effectiveness of learning and skills was good. The curriculum had been improved and now better met the needs of prisoners. Teaching and learning were effective. There was an adequate number of activity places, but attendance required further improvement. Prisoners' achievement of qualifications was high. The library was good, but access was too limited. Physical education (PE) provision was good and vocational qualifications were now offered. **Outcomes for prisoners were reasonably good against this healthy prison test.***

**S28** *At the last inspection in 2016 we found that outcomes for prisoners in Foston Hall were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of purposeful activity. At this follow-up inspection we found that 13 of the recommendations had been achieved, one had been partially achieved and one was no longer relevant.*

- S29 Time out of cell for the majority of prisoners remained good. Most prisoners had 10.25 hours out of their cells during the working day and during our roll checks, we found very few prisoners locked in their cells. In the previous six months, there had been some curtailments to the regime due to staff shortages, but they were not excessive.
- S30 Effective joint working between prison and college managers had resulted in an improved curriculum that met prisoners' needs well. Several short courses had been introduced to cater for prisoners on remand or serving very short sentences. However, attendance was too low, and many lessons were disrupted by prisoners leaving to attend a medical or other

appointment. Quality assurance arrangements were good and had led to significant improvements. There were now sufficient activity places for the population.

- S31 Most lessons were planned well, and prisoners made good progress against challenging targets. Prisoners' written and practical work was of a high standard. Peer mentors provided good support in class to help prisoners progress. Most prisoners developed good skills in English and maths.
- S32 Prisoners' behaviour was good and most developed a good range of personal, social and employment skills that could help them on release. Qualifications achievement rates on most courses were high, including in English and maths.
- S33 The library offered a comprehensive range of material and resources, but access to it was too limited. PE was good, the provision was varied and courses were tailored to individual prisoners and those who were reluctant to participate. Accredited courses had been introduced in the gym since the previous inspection.

## Resettlement

**S34** *Strategic management of resettlement was adequate but the prison needed to explore the population's distinct needs. Offender management caseloads were reasonable. Offender supervisors' contact and involvement with higher-risk cases was good, but with lower-risk cases, this was less apparent. Support for the large proportion of indeterminate sentence prisoners (ISPs) was limited. Public protection work was robust overall and the inter-departmental risk management team (IDRMT) provided good oversight of higher-risk cases due for release. The community rehabilitation company (CRC) provision had developed well and most resettlement pathway work was good. The planned introduction of digital technology to promote contact with family was impressive.*  
**Outcomes for prisoners were reasonably good against this healthy prison test.**

S35 *At the last inspection in 2016 we found that outcomes for prisoners in Foston Hall were reasonably good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved, one had been partially achieved and five had not been achieved.*

- S36 Strategic management of resettlement had improved since the previous inspection and the monthly committee meeting was well attended. A resettlement needs analysis had been completed within the past 12 months, but was largely based on responses to prisoner surveys. OASys data had not been used to provide a more comprehensive picture of offending related needs. Nor had there been sufficient analysis of the varied groups of prisoners held at Foston Hall, for example, ISPs compared to those serving very short sentences. CRC provision was effective and the Forward Steps Unit (the resettlement service hub) was a positive development. The peer mentor system promoted CRC services effectively and encouraged prisoners to use them. The identification of care leavers (a person aged 25 or under, who has been looked after by a local authority) had improved, but the work was not yet embedded. Release on temporary licence (ROTL) was not used extensively to support resettlement. ROTL risk assessments were good and decisions could be justified.
- S37 Offender management unit (OMU) caseloads were manageable and prison officer offender supervisors were not frequently redeployed. A third of prisoners presented a high risk of harm to others – they were appropriately managed by probation officers in the OMU. Contact with these prisoners took place frequently and was meaningful. Contact in low- and



medium-risk cases was less proactive and meaningful, although it focused on ensuring appropriate tasks were undertaken during the prisoner's sentence. The number of prisoners released on home detention curfew, although higher than when we previously inspected, was lower than we normally see. The main reason for this was the lack of suitable accommodation.

- S38 Public protection arrangements were generally good and contact restrictions were managed effectively. The IDRMT provided good oversight of higher risk cases due for release. Dedicated provision for the large proportion of ISPs was very limited.
- S39 Work to promote prisoners' contact with their children and families was reasonably good. The provision for visits was reasonable and the number of visits had increased since the previous inspection. The prison was about to introduce the use of digital technology to promote family contact. Links with social services were good and prisoners received support when they were in their contact with them. The introduction of the Family Bonding Unit was positive, but it was only available to a small number of prisoners. Support for prisoners who had experienced abuse was good.
- S40 According to the CRC's own data, 27% of prisoners were released homeless, which was a concern. Accommodation outcomes after release were now monitored, but not robustly enough. The Forward Steps team provided a pre-release course and Jobcentre Plus offered limited help with job searches and CVs. However, the prison had little labour market information to support job searches.
- S41 Health care staff saw all prisoners on the morning of discharge. Prisoners received medication, contraception and health promotion advice. Support for those being released with ongoing drug and alcohol issues, as well as finance benefit and debt problems, was good.
- S42 The prison's offending behaviour provision was largely appropriate, but too many prisoners were waiting to participate in the Thinking Skills Programme and some might have been released without having undertaken it.

### Main concern and recommendation

- S43 Concern: Wing staff's day-to-day management of prisoners, particularly those with complex personal needs or those known to regularly harm themselves, was too reactive. It did not offer a proactive individual approach that met the objectives outlined in prisoners' care plans.

**Recommendation: Management oversight, personal support and training should ensure that all wing staff provide prisoners with day-to-day help that is proactive and effective, reflecting the principles of trauma-informed working.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1** Many prisoners reported long delays in court while waiting to be collected and taken to the prison. Once at the prison, disembarkation took place promptly and the vans inspected were clean, well maintained and appropriately stocked. Prisoners said escort staff treated them well. Although a female officer was mostly present during transit, male and female prisoners were still escorted together. Prisoners were notified within suitable time frames of transfers and hospital appointments.

## Early days in custody

### Expected outcomes:

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

- I.2** In our survey, almost all prisoners (94%) said they had problems when they first arrived at Foston Hall, including depression and feeling suicidal.
- I.3** The reception area was welcoming and new arrivals were dealt with efficiently. Significantly fewer prisoners than at the previous inspection (79% compared with 91%) stated they were searched respectfully. Significantly fewer prisoners than in other women's prisons surveyed since September 2017 (74% compared to 87%) reported being treated quite well or very well in reception.
- I.4** We found that reception processes were robust and thorough and explored prevailing issues, such as prisoners' dependants. However, the initial interview was not conducted in private, which was not appropriate when sensitive matters were being discussed. Reception staff had no access to information on previous convictions, potentially undermining the reliability of cell-sharing risk assessments.
- I.5** Full searches were only completed following intelligence, and appropriately trained staff conducted all other searches in a suitable, private setting.
- I.6** Interpretation services were not routinely used for prisoners who did not speak English and, when it was made available, it was not used for the whole reception process. This meant these prisoners were disadvantaged on their arrival. (See paragraph 2.18 and recommendation 2.25.)
- I.7** A competent and knowledgeable peer adviser had been appointed to provide foreign national prisoners with advice and support on deportation as well as on their rights and responsibilities. Information on these matters was available in a range of languages.

- I.8** All prisoners were moved to the first night and induction wing, but it remained austere and noisy. First night processes were reasonable and prisoners' length of stay on the wing depended on an assessment of their needs.
- I.9** A peer worker completed an initial induction session by running through a booklet explaining life at Foston Hall. However, the booklet was not available in languages other than English so prisoners who were not fluent in English did not receive adequate information.
- I.10** A comprehensive five-day induction programme began on the first working day after arrival; however, some prisoners arriving on a Friday night said they did not receive any information until the following Monday. In our survey, almost all prisoners said they had received the induction but only 46% said it covered everything they needed to know.

## Recommendation

- I.11** **The initial reception interview for new prisoners should be conducted in private so that sensitive matters are discussed confidentially.**

## 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). Prisoners are protected from victimisation through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime. Any sanctions on behaviour are applied fairly, transparently and consistently.**

- I.12** In our survey, 58% of prisoners said they had felt unsafe in the prison at some time, but only 23% felt unsafe at the time of the inspection. A well-attended monthly safer custody meeting was held to monitor incidents and indicators of violence and to establish what action should be taken and by whom. Information was shared well, particularly between security and safer custody departments.
- I.13** There had been 88 incidents of violence in the previous six months, but very few incidents were serious. However, not all incidents had been investigated within the timescales set, which was a concern. Perpetrators of more serious incidents were subject to the adjudication process and occasionally referred to the police for investigation.
- I.14** The prison had implemented a new Challenge, Support and Intervention Plan (CSIP) violence reduction process in October 2018.<sup>6</sup> CSIP investigations rarely involved prisoners, plans were not meaningful and there was little evidence of support for victims. We found that CSIPs were not integrated into existing processes, which meant that investigations did not consider all the available information and were therefore weak.
- I.15** The prison had two violence reduction representatives and one safer prison representative, but there were no forums for them to discuss emerging issues. The prison had not surveyed prisoners' perceptions of safety in the previous 12 months. There was some evidence of informal mediation, but there were still no trained mediators.

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<sup>6</sup> The CSIP system is used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

- I.16** A decency policy was in place. It outlined unacceptable behaviour and compacts (signed agreements between the prisoner and the prison) reminded prisoners of boundaries in relationships. We were satisfied that close relationships were monitored through the weekly support/interventions meeting and restrictions applied if required.
- I.17** Staff were confused about the incentives and earned privileges (IEP) scheme since the introduction of CSIPs and most of those we spoke to had lost confidence in the system. Review boards were not always held after several IEP warnings had been issued, which meant that poor behaviour did not lead to formal action being taken. Prisoners on the enhanced level were not offered enough incentives to improve their behaviour. However, E wing provided good quality accommodation for a very small number of enhanced level and long-term prisoners, which encouraged them to behave well.
- I.18** The IEP policy had not been reviewed recently. IEP paperwork was scant and if it was available, it provided little evidence of initial board decisions, patterns of behaviour, clear targets or case reviews. We found no evidence that the appeals process was explained to prisoners or that appeals were heard. Prisoners transferred to Foston Hall were placed on the entry level for 14 days, but we found a number on this level for three to four weeks before a review was carried out.

## Recommendations

- I.19** **Investigations following a violent incident should be completed on time and effective support plans for victims and meaningful targets for perpetrators should be established.**
- I.20** **The IEP scheme should be reviewed and relaunched, and robust quality assurance processes implemented.**

## 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 prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

- I.21** There had been two self-inflicted deaths since the previous inspection, both of which occurred in November 2016. Not all Prisons and Probation Ombudsman recommendations following deaths in custody investigations had been implemented in full.
- I.22** Incidents of self-harm were very high and significantly higher than at similar prisons. A total of 900 self-harm incidents had occurred in the six months prior to the inspection, 52% of which were attributed to six individual prisoners with complex issues. The prison used multidisciplinary teams to manage prisoners with very complex needs, but more needed to be done by HMPPS to help Foston Hall develop individualised treatment pathways for prisoners with the most severe and complex personal problems including, where relevant, moving them to specialist treatment sites.
- I.23** Managers and prison staff displayed a good knowledge and understanding of the complexities of prolific self-harmers. The safer custody team assigned these designated complex cases a suitable case manager. Discussions took place at regularly convened multidisciplinary meetings. However, analysis of self-harm data was not used to develop an effective 'whole-

prison' approach to reducing the number of incidents, and there was no clear strategic plan to reduce the overall number of self-harm incidents. The figure for self-harm from January 2018 to July 2018 was similar to that of August 2018 to January 2019.

- I.24** More than 300 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were opened in the six months prior to the inspection, which was higher than at similar prisons. The ACCT documentation we examined showed some good practice and improvements, including regular case reviews and better attendance by health care staff. However, care maps were limited – they were not updated regularly and were not always tailored to the prisoners' individual needs, despite a PPO recommendation requiring these improvements. There was evidence showing that regular reviews of risk of self-harm assessments were carried out, but we were not confident that assessments were accurate as those we saw categorised prisoners as low risk when we thought they should have been given a higher risk rating. A three-tier quality assurance process for ACCT documentation had been introduced. Although a positive initiative, it had not identified shortcomings in care maps or assessments of risk.
- I.25** A new ACCT process was scheduled to be trialled for three months from mid-February 2019. The new process was more dynamic, prescriptive and holistic and included inviting family members to case reviews, which had been a previous PPO recommendation.
- I.26** Overall, prisoners on ACCTs we spoke to were positive about the care they received, although it was worrying that some felt staff did not take their circumstances seriously.
- I.27** Only three Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were available during the inspection to support their peers. A recruitment drive was underway. The Listeners felt supported in their role, but there was no care suite available for one-to-one meetings. Because of the current shortage, Listeners were not available during the night and prisoners had to contact the Samaritans helpline instead.

## Recommendation

- I.28** **A robust analysis of data should inform a strategic plan to reduce the large number of self-harm incidents.**

## Safeguarding (protection of adults at risk) and prisoners 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.<sup>7</sup>**

- I.29** A safeguarding policy had now been introduced, providing a comprehensive overview of safeguarding issues, including those covered by the national referral mechanism (NRM), which supports prisoners who have been subjected to or are at risk of human trafficking. There had been one NRM referral in the previous three years.

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<sup>7</sup> 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).

- I.30** At the time of the inspection, managers from Foston Hall had not attended the local adult safeguarding board or the subsequent subcommittee meeting that had been set up to support prisons in the area.
- I.31** Two senior managers were responsible for safeguarding, but neither had taken responsibility for driving safeguarding forward. Despite specialist support being available through Derbyshire County Council, staff's knowledge of safeguarding and the NRM was still too limited. However, a dedicated senior practitioner social worker, employed by Derbyshire County Council, led the adult safeguarding provision, which was good.
- I.32** The prison had established multidisciplinary teams to manage prisoners with very complex needs. In-depth information had been collated on how best to support the small number of complex prisoners. However, wing staff did not always understand the information or act on it. This meant, the day-to-day management of prisoners in crisis and those with complex safeguarding needs, was not always in line with their individual trauma-based care plan. (See also paragraph 2.9 and main recommendation S43.)
- I.33** Support by wing staff given to prisoners known to have complex needs was not always proactive enough, relying too much on reacting to incidents of self-harm or other destructive behaviour after it had happened, rather than delaying with issues to avoid the crisis in the first place.

## Recommendation

- I.34 The prison's nominated safeguarding manager should attend the local adult safeguarding board.**

## 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. Prisoners are safe from exposure to substance use while in prison.**

- I.35** The security committee met monthly and attendance by representatives from other departments was good. However, agreed security objectives were not communicated widely and there was no security bulletin to disseminate key information to staff.
- I.36** There had been 3602 intelligence reports (IRs) submitted in the previous six months, 111 of which were incomplete during the inspection. The security department tracked action arising from IRs; however, steps were not always taken when action was found not to have been implemented. This was the case, for example, for cell searches and suspicion mandatory drug testing (MDT) (see paragraph I.40).
- I.37** Procedural security arrangements were generally proportionate and did not unnecessarily restrict prisoners' access to the regime. However, cell searching was not always based on intelligence and every cell was routinely searched once a year.
- I.38** Most prisoners were placed in restraints regardless their risk assessment – for example, we saw pregnant prisoners assessed as posing a low risk of absconding placed in restraints for part of the escort.

- I.39** A lack of drug detection equipment such as X-ray machines was a concern. Officers only undertook a manual search of incoming property and correspondence and it was unsatisfactory that technology was not being used to tackle risks to the establishment from drugs entering the prison.
- I.40** The MDT suite was being refurbished, but it was small and prisoners with a physical disability struggled to use the toilet facilities. The random MDT positive rate, including testing for psychoactive substances<sup>8</sup> was 7.9% against a target of 8%. In our survey, 49% of prisoners said it was easy or very easy to get illegal drugs at the prison and 16% said they had developed a drug problem while at the prison. It was a concern that suspicion MDT tests requested by the security department were not always carried out – for example 80 had been requested in the previous six months and only 21 completed.

## Recommendations

- I.41** **Security objectives should be shared with the wider prison and monitored for effectiveness.**
- I.42** **Prisoners on external escorts should only have restraints applied if an individual assessment finds they pose a relevant risk.**
- I.43** **The prison should have more sophisticated drug detection equipment, such as X-ray machines.**

## Disciplinary procedures

### Expected outcomes:

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

### Disciplinary procedures

- I.44** The number of adjudications had increased significantly from 471 at the last inspection to 761 at the time of this inspection. This was much higher than we normally see in women's establishments.
- I.45** Adjudications appeared to be dealt with appropriately – only serious cases were referred to the independent adjudicator. Minor charges were often dismissed, which suggested that many could have been dealt with through an effective IEP scheme.
- I.46** The standard of adjudication paperwork varied, recordings of hearings were in some cases very limited, but legal advice was offered and prisoners had enough time to obtain it, when required. There was a small number of adjourned adjudications. Where adjournments did occur, cases were rescheduled within short timescales.
- I.47** Data were reasonably well recorded. A quarterly adjudications meeting tracked data, such as on black and minority ethnic prisoners and those with disabilities, including mental health problems, to determine if these groups were disproportionately targeted for adjudication.

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<sup>8</sup> Psychoactive substances are chemical substances that act on the central nervous system to alter brain function – perception, mood, consciousness, cognition and behaviour.



## The use of force

- I.48** Use of force was considerably higher than at the previous inspection, although most incidents were minor. Incidents involving force had risen from 37 at the previous inspection to 97 at this inspection.
- I.49** Governance of the use of force, including quality assurance and monitoring, was weak. There was a quarterly use of force meeting, but the collation and analysis of data was underdeveloped. Only 10% of incidents were reviewed – most incidents did not involve a review of footage because body-worn cameras were rarely used.
- I.50** A small number of prisoners accounted for a large proportion of incidents involving force, but no analysis was being undertaken to determine if there were any alternative strategies.
- I.51** There had been a large increase in the use of special accommodation since the previous inspection, when it had not been used at all. It had been used 43 times in the six months leading up to the inspection. However, one woman with very complex and unique needs was placed in special accommodation on 36 of the 43 occasions.

## Recommendations

- I.52** **The prison should ensure all staff use body-worn cameras during any incidents involving force.**
- I.53** **The prison should use information gathered from reviews to inform individual handling plans for prisoners with complex needs and only place such prisoners in special accommodation in exceptional circumstances.**

## Segregation

- I.54** The use of segregation was considerably lower than at our last inspection. It had been used on 57 occasions in the six months prior to the inspection, compared to 132 occasions over the six months preceding our previous inspection.
- I.55** Most prisoners had short stays, but 55 prisoners were segregated pending adjudication, which was not always necessary. Of those prisoners, only 10 were segregated again following completion of the adjudication.
- I.56** The conditions in the segregation unit remained unsatisfactory. The unit was small and dark and space was limited. The cells were in poor repair – they had peeling paint, graffiti and engrained dirt. The regime was too limited and the exercise yard remained stark.
- I.57** Prisoners had access to a shower, a phone call and one hour's exercise every day. During the inspection, three prisoners were segregated. We saw caring staff dealing patiently with some extremely challenging prisoners. Segregation and reintegration planning was reasonably good.

## Recommendation

- I.58** **Prisoners should not be automatically segregated pending an adjudication.**

## Substance use

### Expected outcomes:

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

- I.59** Care UK and Inclusion delivered the integrated substance use service. An effective prison-wide drug and alcohol strategy was in place and well-attended meetings were held to discuss the action plan and supply reduction strategies.
- I.60** One third of the population was involved with Inclusion, which provided a good range of appropriate psychosocial interventions. Staff delivered relapse prevention, drug awareness and emotion management groups, alongside structured one-to-one appointments.
- I.61** The prison had a well-supervised peer mentor, and self-help groups, such as Alcoholics Anonymous (AA), were available. Prison gym staff supported recovery through exercise and well-being sessions.
- I.62** Care UK provided clinical substance use support. Drug- and alcohol-dependent prisoners who required clinical treatment were safely managed in the first night centre. Substance use nurses provided appropriate screening and testing. Staff undertook 24-hour monitoring and regular observations.
- I.63** Eighty-two prisoners were on opiate substitution treatment, all of whom were involved with Inclusion. Prisoners who took illicit substances or had received an opiate substitution prescription in the community were on a standard titration regime (which ensures correct levels of medication are given to help manage symptoms with as few side effects as possible). There was now good access to a prescriber, which meant medication reviews could take place and existing prescribing could be continued or medication increased.
- I.64** Staff worked with community services appropriately and prisoners could participate in voluntary drug testing, which helped promote abstinence.
- I.65** Care UK and Inclusion provided specialist dual diagnosis treatment for prisoners with mental health issues, which was good. Prescribing was flexible, and there was a well-attended multidisciplinary approach towards clinical and psychological treatment, which demonstrated joint working.
- I.66** Staff managed pregnant women safely and prisoners were actively involved in planning their care.

## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1 The prison grounds and gardens were pleasant and well maintained. Living conditions were mostly good and communal areas were clean and in good decorative order. However, staff supervision on the wings was not always proactive enough (see paragraph 2.9).
- 2.2 Following the previous inspection, a decency lead staff member had been appointed and a living standards audit completed. Monthly residential cell inspections were now conducted along with daily building checks. Most cells were in good condition and contained adequate furniture and lockable storage. The closure of F wing in December 2018 had reduced the roll by 63 women, and the crowded conditions we found at the previous inspection had significantly improved. There remained some problems with the dormitory accommodation on D wing, where in-cell toilets had inadequate screening. Some of the communal areas on D wing were not spacious enough for the number of prisoners living there.
- 2.3 Prisoners had good access to showers. Most cells had integral showers except for those on D and T wings. Those on T wing had been refurbished and were in good condition. Those on D wing had poor ventilation and some of the screening was in poor condition and did not offer sufficient privacy.
- 2.4 In our survey, more than 80% of respondents said they could obtain cleaning material and clean sheets every week and 72% said they normally had enough clean suitable clothing for the week. Following complaints about shortages of clothing at the previous inspection, a new system had been introduced, which meant prisoners were now issued with three sets of prison clothing shortly after their arrival. The laundry facilities in each residential unit were in good working order.
- 2.5 The seven prison information desk (PID) workers provided a good service, which included issuing cleaning material. Prisoners valued the service the workers provided, but staff did not support or supervise them adequately. The management oversight and monitoring of the applications system was still not sufficiently robust and prisoners had little faith in it. In our survey, only 30% of prisoners compared with 45% in other women's prisons surveyed since 2017 said applications were usually dealt with within seven days. Responses or the timeliness of returned applications were not monitored. Potentially sensitive and confidential information in prisoners' applications was still inappropriately available to PID workers.
- 2.6 Prisoners continued to experience delays in gaining access to their stored property. In our survey, only 23% of respondents said they could access their stored property if they needed it. Prisoners had access to their stored property by appointment four times a year; however, most residential staff and prisoners we spoke to thought stored property could only be accessed twice a year.

## Recommendation

- 2.7 The applications system should be confidential and responses and their timeliness should be monitored.**

## Staff-prisoner relationships

### Expected outcomes:

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

- 2.8** In our survey, 75% of prisoners said there was a staff member they could turn to if they had a problem and 65% said most staff treated them with respect. While we observed polite and helpful interactions between staff and prisoners, we also saw minor rule breaking, such as vaping in communal areas, going unchallenged by staff. Inconsistencies in the application of wing rules and the poor administration of the incentives and earned privileges scheme led to some unfair treatment (see paragraph I.10).
- 2.9** Prisoners with complex needs had individual care plans, but in some cases day-to-day management on the wings did not always support the delivery of those plans. Some staff did not adopt a trauma-informed approach (which considers the trauma prisoners may have experienced in their lives)<sup>9</sup> and supervision on the wings was not always good enough. For example, during association, when we would expect to see staff interacting with prisoners, we found too many of them in wing offices. Staff were not sufficiently proactive and did not provide the support necessary, especially for the most vulnerable prisoners. As at the previous inspection, and in line with our expectations, the gender of the staff group was 60% women. However, only 37% of officers working directly with prisoners had completed trauma-informed training at the time of the inspection. (See also paragraph I.32 and main recommendation S43.)
- 2.10** Consultation arrangements with prisoners were good. In our survey, 69% of prisoners (more than those in other women's prisons surveyed since 2017) said they were consulted about topics, such as the food, shop, health care and wing issues. A prison council was in place and meetings were scheduled every month; they were well attended by staff and prisoners who represented each residential unit. A wide range of issues were discussed during the meetings and most were usually resolved without too much delay.

## Recommendation

- 2.11 Staff should apply wing rules consistently to ensure prisoners are treated equitably.**

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<sup>9</sup> Treatment for women who offend or have addictions is unlikely to be effective unless it acknowledges the realities of women's lives, which include the high prevalence of violence and other types of abuse. A history of being abused increases the likelihood that a woman will offend or abuse alcohol and other drugs.

## 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 characteristic<sup>10</sup> 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

- 2.12** Staff shortages had meant work on equality and diversity had stalled for two months in 2018. Since the end of 2018, the prison had produced a new policy linked to an action plan, and the bi-monthly equality committee had also been reinstated. The head of equality, the equality officer and the equality adviser (the main prisoner representative) had carried out most of the remedial work. However, while all necessary elements of the new framework, including an electronic monitoring tool, were now in place, they were not embedded and equality and diversity were still not being championed or promoted widely enough throughout the prison. Not all senior managers with responsibilities for the protected characteristics were actively involved in the equalities meeting.
- 2.13** The equality officer now dealt with all discrimination incident reporting forms (DIRFs) consistently, making sure prisoners received a prompt written response. Staff replying to DIRFs were shown good practice examples and the governor scrutinised each response. The responses we examined were reasonable. Data were now being monitored accurately and there were plans to introduce external scrutiny through the Independent Monitoring Board.

### Recommendation

- 2.14** **Diversity and equalities work should be given a higher priority across the prison, with each lead manager and department contributing to progress against the overall action plan.**

### Protected characteristics

- 2.15** A wide range of well-advertised forums were now being run, covering most protected characteristics. Efforts were made to determine why prisoners did not attend sessions and much thought had gone into when to hold them. As a result, the views of 'hard-to-reach' groups, such as Travellers and young prisoners, were beginning to be considered.
- 2.16** In our survey, minority groups' responses were mainly in line with those of other prisoners. However, black and minority ethnic prisoners, who made up around 16% of the population, were more negative in some areas. Only 38% of them said most staff treated them with respect, compared with 71% of white prisoners. Only 19% of black and minority prisoners said the shop sold what they needed, much lower than the 69% response from white prisoners. These prisoners were also extremely negative about the library's range of books and about complaints – 0% compared with 60% of white prisoners said the library had a wide

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<sup>10</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

enough range to meet their needs and 29% compared with 66% of white prisoners said it was easy to make a complaint.

- 2.17** Some of these longstanding negative perceptions were now being recognised and steps taken to improve them. A prison survey confirmed our own about prisoners being unable to obtain suitable items, such as cosmetics, from the shop, and arrangements were being made to offer products that were outside the range of the standard contract.
- 2.18** Five per cent of the population were from a foreign national background. Practical and emotional support for this group had improved and there were now weekly support groups run by probation staff. A foreign national coordinator had also been appointed, along with a foreign national peer adviser. They were the first point of contact for foreign national prisoners and they made sure these prisoners received their entitlements, such as free phone calls. There was no routine access to independent legal advice, but a list of local immigration solicitors was available in the library and the foreign national peer adviser provided useful advocacy. Interpretation services were not always used when they should have been and no monitoring was undertaken to ensure they were being used appropriately.
- 2.19** Screening to identify prisoners with a disability on admission was effective. Fifteen prisoners had personal emergency evacuation plans, which were available in the units but not all staff were aware of them. Prison-based social care staff had good working relationships with external services and the two disabled prisoners who had been identified as having complex needs, were receiving suitable support from visiting carers. Although there were no wheelchair users during the inspection, eight prisoners had completed wheelchair training so they could assist wheelchair users.
- 2.20** Prison records showed that about 75% of the population had mental health problems, which was similar to the number in our own survey. Those with a personality disorder received care in the Cameo Unit (see section on specialist units). Prisoners experiencing a developmental disorder could participate in a popular monthly support group, which about 12 regularly attended.
- 2.21** Provision for lesbian, gay, bisexual and transgender prisoners was good. Support was clearly identified and a variety of relevant activities was advertised and promoted. A prisoner representative with relevant expertise had the lead responsibility for delivering awareness training for staff on transgender issues, which was extremely positive.
- 2.22** Focus groups had been run for younger prisoners and outward-bound activities were also being planned. Older prisoners could attend a regular knitting group and there were gym classes specially designed for them.
- 2.23** During the inspection, three pregnant women were being held in the prison. They received dietary supplements and they told us they were aware of the assistance available for them. They kept hospital appointments and received regular visits from the midwife. Staff from Birthing Companions, an organisation providing specialist support to pregnant women in prison, visited these prisoners twice a month. (See also paragraph 2.44.)
- 2.24** Specialist support was available for prisoners whose children were in local authority care. The family engagement officer, who was employed by the Prison Advice and Care Trust, had good links with community-based agencies and helped organise supervised visits and contact by post. The Family Bonding Unit enabled prisoners to hold visits in private (see paragraph 4.25).

## Recommendation

- 2.25 Interpretation services should always be used when required and usage should be recorded accurately.**

## Good practice

- 2.26** *Prisoners with relevant knowledge and expertise could deliver training to staff on transgender issues, which was a positive way of raising awareness and developing trust.*

## Faith and religious activity

### Expected outcomes:

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

- 2.27** In most cases, the basic spiritual and pastoral needs of prisoners continued to be met. In our survey 65% of prisoners said their religious beliefs were respected; 74% said they could speak to a chaplain in private and 86% said they could attend religious services if they wanted to.
- 2.28** There had been no managing chaplain in post since June 2018 and there was no full-time paid chaplain. Staff shortages meant the prison relied on associate chaplains, supported by chaplains at neighbouring establishments. The chaplaincy worked hard to maintain the level of provision, prioritising religious services. However, a chaplain was not always present at the establishment every day, which meant that the level of pastoral care offered had diminished, and statutory visits for prisoners held in the segregation unit did not always take place. Chaplains were also not always available to interview newly admitted prisoners as soon as they arrived. It was anticipated that a new managing chaplain would be appointed soon.
- 2.29** Facilities in the chapel and the multi-faith room, which stocked a wide variety of religious material, were good. All major religious festivals were celebrated.

## Recommendation

- 2.30 The chaplaincy provision should always meet the needs of the population in full.**

## Complaints

### Expected outcomes:

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

- 2.31** There had been 564 complaints in the six months prior to the inspection, an increase since the previous inspection and much higher than in other women's prisons inspected since September 2017. Weaknesses in the application system might have resulted in too many

prisoners using the complaints system for minor issues that could have been resolved by other means (see paragraph 2.5).

- 2.32** Complaints forms were readily available on wings and were collected and restocked every day, an improvement since the previous inspection. Complaints were now analysed and trends identified, but outcomes were not routinely recorded or reported to the senior management team every month. The business hub manager continued to complete monthly quality assurance checks. In the sample of 30 complaints we inspected, most received a polite response and the issue raised was addressed. However, it was difficult to assess the timeliness of responses as staff failed to record a date in too many cases. In our survey, of those who had made a complaint, only 27% said that they were dealt with within seven days.
- 2.33** In the previous six months, complaints about property remained high and 8% were against staff. Confidential access complaints (which are about staff or are particularly sensitive or personal) were analysed. Investigations into complaints about staff were overseen by the governor, which was reasonable.

## Legal rights

### Expected outcomes:

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

- 2.34** Prisoners received assistance with any outstanding legal problems on their arrival. Since the previous inspection, the proportion of remand prisoners had increased slightly to just under 12%. However, there was still limited assistance for those wishing to apply for bail. In the six months prior to the previous inspection, an estimated six bail information reports had been completed, which was low. Over a comparable period on this occasion, no reports had been completed. Staff working in the prison were aware that there was an acute shortage of suitable bail accommodation for women, which might have deterred them from pursuing bail applications.
- 2.35** Legal visiting facilities were adequate, although no laptops were available for eligible prisoners through the 'Access to justice' scheme (which enables prisoners to have laptop computers to assist their legal representations). Prisoners had access to a broad selection of up-to-date legal texts and information leaflets in the library.

## Health services

### Expected outcomes:

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

- 2.36** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>11</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

<sup>11</sup> 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

- 2.37** Health services, provided by Care UK, had improved since the previous inspection. The health care team was well integrated with other prison departments. Regular governance meetings and contact with commissioners and prison managers ensured oversight of services was good.
- 2.38** Staff reported a range of incidents on Datix (the electronic health care incident reporting system) and they were appropriately investigated. All serious adverse incidents were monitored and action plans implemented. Lessons learned were also shared across sites. Care UK collected patient feedback and held regular health care forums, which informed service development.
- 2.39** All staff had completed mandatory training. Not all clinical staff received clinical supervision, but some had received supervisor training and plans were in place to support the implementation of clinical supervision. Access to additional training was good and covered trafficking, sex working and domestic violence.
- 2.40** All prisoners had good access to health care services. Clinical space was limited, but the team used it effectively. All clinical areas were clean and well equipped, but there were no cleaning schedules. The prison had a rolling programme of clinical audits, which were closely monitored through regular governance meetings.
- 2.41** Emergency responses were appropriate and prison staff we spoke to knew how to call for assistance. At the time of inspection, 30% of custodial staff were trained in basic life support. Emergency equipment was available in the main health care centre and the clinical room in the first night centre.
- 2.42** We saw good examples of capacity assessments (where women are assessed to find out if they are able to understand their medical treatment and make an informed choice) and multidisciplinary team discussions about obtaining consent to treatment.
- 2.43** Health care staff's interactions with patients were professional and it was apparent that they knew patients very well.
- 2.44** Care for pregnant women was appropriate. A midwife visited every week and health care staff contacted community midwifery services for further advice when required. (See also paragraph 2.23.)
- 2.45** Health care complaints were placed in boxes opened by PID workers, which meant they were not confidential. However, this practice stopped during the inspection. All concerns and complaints were dealt with face to face at a weekly clinic held by a senior manager. Issues that could not be addressed at this level were escalated. Responses to concerns and complaints were appropriate and timely. Analysis took place and trends were routinely discussed at regular governance meetings.
- 2.46** An appropriate range of disease prevention programmes were in place and the recent introduction of dry blood spot testing for hepatitis C had led to an increase in uptake of treatment.
- 2.47** Cervical screening now took place in the prison and prisoners had good access to external breast screening. General health promotion activity was too limited and the strategy was not prison-wide. Barrier protection was not advertised and only offered to prisoners on discharge.

**2.48** The CQC found there were no breaches of the relevant regulations.

## Recommendations

**2.49** **Cleaning schedules should be in place and monitored regularly to ensure the cleaning has been done and infection prevention standards are met.**

**2.50** **All clinical staff should receive regular clinical supervision.**

**2.51** **A prison-wide strategy should be established to support health and well-being, and it should include easy access to barrier protection.**

## Delivery of care (physical health)

**2.52** Health care staff saw all prisoners on arrival. The initial health screening took place in the clinical room in the first night centre. Health care staff also saw prisoners arriving late in the evening and a prescriber was available if needed. A secondary screen took place within 72 hours. A lead nurse in reception ensured that oversight of clinical activity was good.

**2.53** Health and well-being champions (peer workers) also saw prisoners in reception, asked health-related questions and made referrals to health and social care services. This breached prisoners' confidentiality and the provider ended this practice during the inspection.

**2.54** An appropriate range of primary care clinics was available and waiting lists were acceptable. Same day appointments were available with the GP for urgent issues.

**2.55** In our survey, 59% of prisoners told us that the quality of care from the GP was good or very good compared with 39% in other women's prisons surveyed since 2017.

**2.56** GPs and the advanced nurse practitioner managed prisoners with long-term conditions well. The four GPs operated a caseload model (where each GP had their own caseload of patients), which catered for the ongoing needs of many patients.

**2.57** A range of visiting specialists ensured community-equivalent access to care, and the introduction of telemedicine (which employs telecommunication and information technology to provide clinical health care at a distance) was a welcome development.

**2.58** Patients with complex care needs were discussed at the weekly multi-professional complex case conference. It was well attended and helped support the care of some particularly challenging patients.

**2.59** Prisoners could access services through wing staff, who contacted the health care department to arrange an appointment on the same day if it was urgent, or through a written application that they posted in the health care post box if their needs were routine. Health care PID workers collected applications every day, which meant the process was not confidential. We were informed during the inspection that the practice had stopped.

**2.60** External hospital appointments were well managed. Three appointments were organised every day and a further two per week supported breast screenings. The practice manager collected and monitored detailed data on external appointments, providing a good oversight of potential issues, which could be addressed at regular governance meetings. The prison very rarely cancelled appointments and although some escorts were late leaving the prison,

good relationships with the local health care community meant that appointments were not missed.

## Recommendation

### **2.61 Health-related peer worker activities should not compromise patient confidentiality.**

## Pharmacy

- 2.62** Medicines management had improved significantly since our previous inspection. A well-led team of pharmacy technicians now undertook a wide range of activities, including medicine administration, in-possession risk assessments, medicine reconciliation and stock management. Close links with the pharmacist at HMP Dovegate meant that advice and support was readily available in addition to the assistance provided by the medicine supplier. Prisoners had good access to pharmacy technicians and could ask to see the lead pharmacy technician for further advice if required.
- 2.63** The management of in-possession medication had improved. The senior pharmacy technician ran a weekly in-possession risk assessment clinic; 97% of prisoners had a completed risk assessment and 57% could keep their medication with them. At our previous inspection, the figure was less than 25%. The clinic also enabled prisoners to discuss their medications.
- 2.64** Medicine reconciliation took place the day after prisoners arrived, during a dedicated clinic. Prescribing provision was good which, coupled with good reconciliation, meant that medication delays were minimal.
- 2.65** Supervised medication administration took place three times a day, seven days a week, at appropriate intervals, from two dispensaries. Medicine queues were generally well supervised but the continued use of two hatches simultaneously in the main dispensary compromised confidentiality. We observed prisoners waiting outside the dispensary for their medication, without shelter, which was inappropriate. Interactions during medicine administration were professional and the team took the opportunity to provide patients with support and advice.
- 2.66** Prisoners requiring medication in the evening received a daily in-possession dose, or evening duty health care staff gave them their medication before they left the prison. A policy was now in place to ensure pain medication was available overnight if required.
- 2.67** Medications were appropriately stored in both dispensaries, and controlled drugs were well managed. Prisoners still received their in-possession medication in transparent plastic bags, which compromised confidentiality.
- 2.68** Prescribing practices were appropriate and staff had access to an appropriate range of patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine).
- 2.69** A regular medicines management meeting was planned, but other meetings captured key issues relating to the pharmacy provision. Medicines management was routinely discussed as part of regular health care governance meetings.
- 2.70** Issues relating to the pharmaceutical management of complex patients and concerns about medication issues in general could be discussed at a weekly multidisciplinary safer prescribing meeting. It supported prescribers and improved patient care.

## Recommendations

- 2.71** The environment in which medication is administered should ensure patient confidentiality.
- 2.72** In-possession medication should not be provided in transparent bags.

## Good practice

- 2.73** *The weekly in-possession risk assessment clinic ensured risk assessments were completed promptly and enabled patients to discuss their medication with pharmacy staff.*
- 2.74** *The safer prescribing meeting meant staff could focus on how they managed prisoners' medication, which helped improve patient care.*

## Dentistry

- 2.75** Dental services were good. Waiting times were about four weeks for a routine appointment and urgent appointments were arranged for the next clinic. There were two dental clinics and two dental therapy clinics per week. Prisoners received a wide range of oral health promotion information and all treatment was of a community-equivalent standard.
- 2.76** The dental surgery was well maintained, clean and fully equipped. Separate contractors cleaned the suite and dental staff carried out decontamination processes. Governance arrangements were good and staff were appropriately trained and qualified. Patients' consent to treatment was obtained and treatment options were clearly explained.

## Delivery of care (mental health)

- 2.77** In our survey, 74% of prisoners reported having a mental health problem and 54% of them said they had received help while at Foston Hall.
- 2.78** Although it was positive that 59% of prison officers had attended mental health awareness training as part of the national Suicide and Self-harm programme, officers we spoke to said they would like more.
- 2.79** The integrated mental health team provided a service six days a week. The team was able to meet the needs of the population. With an average of 65 referrals a month, 37 patients were on the primary caseload, and 43 on the secondary caseload. This included 11 patients treated under the care programme approach (mental health services for individuals diagnosed with a mental illness).
- 2.80** The team used a stepped care model (mental health services that address low-level anxiety and depression through to severe and enduring needs) and Birmingham and Solihull Mental Health Foundation Trust offered psychiatrist provision.
- 2.81** The mental health team provided an improved range of low-level interventions. Prisoners with a higher level of need were managed well and had access to psychiatric support. Medication reviews were good. A nurse undertook assessments and provided treatment for patients with learning disabilities.

- 2.82** Mental health practitioners held a daily meeting to discuss the allocation of all new referrals and consider any urgent patient issues.
- 2.83** There were short waiting lists for therapeutic interventions, which included sleep hygiene, (to help prisoners sleep well), grounding techniques (helping those suffering from anxiety), emotion management and well-being sessions at the gym. Prisoners could access counselling for bereavement and trauma through the Increasing Access to Psychological Therapies programme worker, who helped treat those with anxiety and depression. Eleven patients were receiving counselling at the time of inspection.
- 2.84** Care UK provided the prison with a mental health worker to co-facilitate a mental health treatment programme Conquering Anxiety and Low Mood for prisoners with mental health needs.
- 2.85** Prisoners' care plans were detailed and comprehensive. Where patients had previously been involved with mental health services in the community, staff contacted in-reach teams to obtain further treatment information.
- 2.86** Staff carried out comprehensive assessments that addressed mental and physical health as well as drug and alcohol use, and identified any resettlement needs.
- 2.87** The mental health team allocated a duty worker who attended all daily assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm who were related to caseloads or who were new in the prison or in the segregation unit. All staff had clinical supervision and used multidisciplinary team meetings to discuss lessons learnt from ACCT reviews.
- 2.88** In the 12 months prior to our inspection, six prisoners were transferred under the Mental Health Act. Only two had waited for a transfer for more than 14 days after their assessment.

## Social care

- 2.89** Social care arrangements were good. The prison had a memorandum of understanding with Derbyshire County Council (DCC). Social workers were based in the prison, which meant there was good oversight of the service. Two prisoners were receiving funded care packages provided by an outside agency contracted by DCC.

## Catering

### Expected outcomes:

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

- 2.90** In our survey, 37% of prisoners said the food was very or quite good and 39% said they got enough to eat at mealtimes.
- 2.91** There were significant staff shortages in the kitchen during the inspection, which affected the range and standard of the food on offer. Six prisoners were employed in the kitchen – they could work towards levels 1 and 2 qualifications in essential food safety and hygiene.
- 2.92** A four-week rotating menu cycle was in place offering fresh fruit and one hot meal every day. Catering staff used produce grown in the prison gardens, which was good. Lunch and

the evening meal on weekdays were served too early at 11.45am and 4.40pm, and breakfast was issued prepacked the night before it was to be eaten, which was inappropriate. Serveries were clean and staff supervision at mealtimes was good.

- 2.93** Consultation with prisoners was limited. There had not been a survey in the previous 12 months and inspectors could not find comments books in the wing serveries during the inspection. The catering manager attended prison council meetings and organised a monthly food focus group.
- 2.94** Since the previous inspection microwaves and toasters had been introduced on A and E wings, but there were no other self-catering facilities.

## Recommendation

- 2.95 Prisoners should be able to cater for themselves.** (Repeated recommendation 2.101)

## Purchases

### Expected outcomes:

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

- 2.96** In our survey, 60% of respondents said the shop sold everything they needed and the canteen list included a wide range of products (but see also paragraph 2.16). Order forms were distributed every week and items were delivered directly to prisoners overseen by staff. As at the previous inspection, new prisoners arriving on a Friday experienced a delay of up to 10 days before they could receive their first shop order. This could have led to debt problems for some prisoners.
- 2.97** Approved catalogues were available and prisoners were no longer charged a fee for ordering from them. However, two of the catalogues had a very limited range of suitable items for women and some prisoners complained about the cost of the clothing available. There were still delays before prisoners received goods and items were often out of stock.

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>12</sup>**

- 3.1** Time out cell for most prisoners remained good – those working either full- or part-time spent over 10 hours a day, Monday to Friday, out of their cells. At the weekend, it was reduced to 7.45 hours. Regime curtailments had occurred on average three times a month in the six months prior to the inspection. This was usually because extra staff were required for emergency hospital escorts.
- 3.2** During our roll checks, we found 18% of prisoners locked in their cells during the working day. A disproportionate number of them were detoxing on R wing and could not work. This was lower than the 30% we found at the previous inspection.
- 3.3** In our survey, only 12% of prisoners compared with 38% in other women's prisons surveyed since 2017, said they could go outside to exercise more than five days in a typical week. Although two 30-minute exercise slots were included in the daily regime, we did not see any prisoners exercising outside during the inspection. However, prisoners did have daily access to the open air during day and evening association.

### Learning and skills and work activities

#### Expected outcomes:

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

**3.4** *Ofsted<sup>13</sup> made the following assessments about the learning and skills and work provision:*

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

<sup>12</sup> 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.

<sup>13</sup> 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>.

## Management of learning and skills and work

- 3.5** Effective working relationships between the prison's learning and skills manager and college managers had led to a range of improvements to the overall quality of provision. Together, prison and college managers carried out a review of the curriculum to ensure that the provision better met the needs of the prisoners held. For example, following a review of regional employment data suggesting that there were good job opportunities in construction and painting and decorating, the prison introduced pathways in these subjects.
- 3.6** The educational and vocational training provision provided by Milton Keynes College was good. Managers were keen to ensure that the curriculum promoted vocational pathways and skills that did not reinforce traditional gender roles and expectations. They decided to discontinue the course in beauty therapy as local job vacancy information did not justify offering the course.
- 3.7** The range of provision, including in English and maths, was wider than at the previous inspection and met the needs of prisoners well. Managers monitored the performance of different groups effectively and all groups of prisoners achieved well, including those who were receiving additional learning support.
- 3.8** Prison and college managers had maintained and further developed links with several national employers, which had led collaborative working – college staff delivered short 'employer academy' courses that they tailored to the demands of employers in the catering, warehousing and retail sectors. The initiative prepared prisoners well for jobs in these areas.
- 3.9** Performance management arrangements were effective. The quality improvement group met regularly to discuss all aspects of learning, skills and work activities. Managers identified areas for improvement and took action in response. The comprehensive and detailed quality improvement plan addressed all the key weaknesses identified during the previous inspection and appropriate action with timescales were in place to tackle them. Prison managers monitored the college's work well, scrutinised performance reports and addressed any areas of underperformance.
- 3.10** College managers used observations of teaching and learning well to provide tutors with detailed advice and guidance on how they could improve their practice. Inspectors agreed with college managers' assessment, which found most teaching effective and suitably challenging.
- 3.11** College managers made good use of feedback from surveys and prisoner forums to identify aspects of the provision that required improvement. Prisoners received prompt feedback on the action managers had taken to address their concerns.
- 3.12** However, prison leaders and managers did not ensure that prisoners' attendance at education was consistently high. Medical and other appointments during the core day disrupted lessons and undermined the steps taken to provide good quality purposeful activity.

## Recommendation

- 3.13** **Steps should be taken to ensure that education sessions are not routinely disrupted because of health or other appointments.**



## Provision of activities

- 3.14** Prison managers ensured that there were sufficient activity places to meet the needs of the population. The allocations process was effective and took suitable account of prisoners' interests and aptitudes. Prison staff representing activities, security, residential units and offender management attended allocations meetings regularly.
- 3.15** Managers ensured that prisoners had achieved a suitable level of skill in English and maths before allocating them to activities that required a basic level of literacy or numeracy. Prisoners benefited from a wide range of pathways, such as horticulture, animal care, warehousing, textiles, hairdressing and catering.
- 3.16** Prison and college managers had reviewed the length of the courses offered to ensure the provision met the needs of the large number of prisoners serving short sentences, as well as those on remand. Managers had replaced many long qualifications with a suite of short unit-based courses that learners could complete in a day, a week or in a few weeks. This contributed to significantly better qualification achievement rates (see section on education and vocational achievements) and ensured that most prisoners completed courses that they had started. A course for remand prisoners that covered English, maths and employment skills was particularly popular and well attended. Tutors used the virtual campus (prisoner access to community education, training and employment opportunities via the internet) and in-cell TV effectively to deliver short courses in English and maths.
- 3.17** The prison's pay scales reflected the type of work that prisoners carried out and did not discourage them from attending education sessions.

## Quality of provision

- 3.18** In most lessons tutors planned learning well and prisoners made good progress towards the challenging targets they were set. Tutors knew prisoners well and provided suitably individual tasks that stretched most of them to their full potential.
- 3.19** In a few less effective lessons, prisoners were not sufficiently challenged. In these lessons, a few prisoners completed their tasks ahead of time, leaving them with little to do until the tutor was able to attend to them.
- 3.20** Peer mentors and additional learning support staff provided effective support, enabling prisoners with learning needs to make good progress. In most cases tutors had produced well-designed and agreed support plans to help prisoners identified as having additional learning needs become independent, confident learners.
- 3.21** The standard of prisoners' written and spoken English was generally good and tutors effectively integrated skills in these subjects across most classroom sessions and in vocational training.
- 3.22** Tutors promoted maths well in most lessons and in vocational training. As a result, prisoners could use their reasoning skills to provide answers to everyday problems and to apply what they had learned to practical work-based activities. For example, in an industrial cleaning lesson, prisoners calculated accurately the volume, ratio and cost of the cleaning fluid required to clean each of the residential units.
- 3.23** Tutors discussed and promoted equality and diversity. They were particularly careful to ensure that learning material and activities promoted realistic and diverse female body images that challenged conventional gender stereotypes. As a result, prisoners developed a

positive attitude towards others and a good understanding of the diversity within the prison and in the wider community.

- 3.24** Tutors and managers provided prisoners with the opportunity to extend their learning through in-cell work, supported self-study at the Open University and distance learning. Prisoners had access to the virtual campus to support them on these courses and most made good progress.
- 3.25** Tutors' assessment and feedback on prisoners' written work was constructive and helpful. In a few cases, however, it was superficial and did not help prisoners improve and a few learners repeated the same mistakes in their written work.
- 3.26** Prisoners often caused significant disruptions to lessons by leaving part way through to attend a medical or other appointment. Tutors then had to deal with further disruption when they returned to class and tried to catch up with what they had missed. In a few cases, the progress of prisoners who remained in class was considerably hampered as a result. (See also paragraph 3.12 and recommendation 3.13.)

## Recommendations

- 3.27** **Tutors should provide all prisoners with sufficiently challenging activities to keep them purposefully occupied during lessons.**
- 3.28** **Prisoners should receive clear and constructive feedback to ensure that they know what they must do to improve their work.**

## Personal development and behaviour

- 3.29** Prisoners developed good vocational, personal and social skills that were likely to contribute to a reduction in reoffending. A few received job offers while still in custody, either through the college's links with employers or through the Jobcentre Plus team based in the prison.
- 3.30** Prisoners were respectful of their tutors and of each other. For example, in a class in English for speakers of other languages, prisoners demonstrated good listening skills, and provided support and encouragement to other learners when they stumbled on an unfamiliar word or phrase. In a peer mentoring class, prisoners made insightful comments on how speech and body language could influence how others might perceive them and focused on using this understanding to present themselves professionally.
- 3.31** Prisoners generally presented written work neatly. Standards of practical work in vocational training were good and suitable for the qualification and length of course. Those in the contract workshops worked to commercial standards and achieved their contractual targets.
- 3.32** Prisoner peer mentors were well trained and were able to develop their team-working skills, confidence and personal behaviour. They became better skilled socially and provided their peers with invaluable support by promoting the value of participating in purposeful activity. Mentors were proud of their role and appreciated the opportunity to develop their skills while in custody.
- 3.33** Effective targets were set in personal learning progress records, which meant most prisoners had a good understanding of what they needed to achieve to progress, ensuring they were prepared for their release and future employment.

- 3.34** Although most prisoners were motivated to attend activities, a small minority failed to become involved with learning, skills and work activities. Action to support these prisoners to participate in activities, most of whom had very complex mental health difficulties, had yet to have sufficient impact.

## Recommendation

- 3.35** **Prison and college leaders should ensure that all prisoners, including those with the most complex and challenging barriers to learning, participate in purposeful activity.**

## Education and vocational achievements

- 3.36** Achievement rates for most classroom-based and vocational qualifications had improved since the previous inspection and there were few differences in achievement between various groups of prisoners. All prisoners, including those with learning difficulties and/or disabilities, developed vocational skills and achieved well.
- 3.37** Achievements were particularly high in English and maths at entry level and at level 1. The short programmes, introduced since the previous inspection, meant the number of prisoners who stayed to the end of their studies was also high. (See also paragraph 3.16.)
- 3.38** Most prisoners made good progress in their studies from their very diverse starting points. The standard of their written and practical work was high. The large number of prisoners with complex personal, emotional and mental health difficulties and with special educational needs, were also making good progress. Many said their confidence and personal and social skills had improved.
- 3.39** Prison workshop staff did not record or formally acknowledge the skills that prisoners were developing. As a result, these prisoners had little formal evidence of the skills they had acquired.

## Recommendation

- 3.40** **Prison managers should ensure that workshop staff record the range of employment skills that prisoners develop during their time in custody.**

## Library

- 3.41** The prison's library service had a part-time librarian who was supported by four enthusiastic prison orderlies. Despite efforts to recruit an additional member of staff, the library had a part-time vacancy for two years and library opening hours had been reduced because of the shortage in staff.
- 3.42** In our survey, 42% of prisoners said they typically visited the library once a week or more. Although 52% of prisoners said the library stocked a wide enough range of material to meet their needs, black and minority ethnic prisoners were very negative about the range of stock (see paragraph 2.16).
- 3.43** The library offered a comprehensive range of learning resources and reading material, including books, magazines, DVDs, audio books, foreign national texts, and large print

publications. An up-to-date range of legal texts was in stock and copies of Prison Service instructions were available.

- 3.44** Data were collected to assess the needs of the population and a prisoner survey had been undertaken in 2018.

## Recommendation

- 3.45** **Library opening times should be increased to improve access.**

## Physical education and healthy living

### Expected outcomes:

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

- 3.46** Physical education was good. It was varied and offered courses specifically for the population, such as positive body image classes. There were also classes for the 'harder-to-reach' groups. The gym now provided some accredited courses including first aid, healthy living and nutrition.
- 3.47** The gym consisted of a sports hall, a classroom and a weights and cardiovascular area, as well as an outdoor sports field. The lighting in the gym was poor because of two broken lights. Staff and prisoners said they had not been working for some time. Some facilities were underused, such as the sports field, and the climbing wall could not be used owing to maintenance issues. Prisoners could visit the gym on evenings and weekends, although staff shortages meant access could be limited.
- 3.48** The gym focused on healthy living and well-being to encourage more prisoners to access the facilities.

# 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** On average 70 prisoners were released each month. Strategic management of resettlement had good leadership. A structured reducing reoffending meeting took place every month and was well attended by staff from all areas of the prison. The meeting monitored the prison's reducing reoffending action plan, which was good. There was now a reasonable reducing reoffending strategy, but the needs analysis was not up to date and did not include offender assessment system (OASys) data to explore prisoners' distinct needs, relying instead on prisoner surveys.
- 4.2** The Derbyshire, Nottinghamshire, Leicestershire and Rutland Community Rehabilitation Company (CRC) staff cohort was not at full capacity. The CRC had relocated to a new onsite building known as the Forward Steps Unit, which had become the resettlement service hub. Many providers were based in the building and the CRC service now had a phone and computer access. Nonetheless, the building was not big enough and did not have a group-work room or facilities for interviewing prisoners in private.
- 4.3** A new process was in place for identifying and supporting prisoners who might be care leavers (a person aged 25 or under, who has been looked after by a local authority). However, it had not been embedded and staff and prisoners were not aware of it.
- 4.4** Release on temporary licence (ROTL) was used more frequently than at the previous inspection. In the six months before this inspection, 10 prisoners had participated in ROTL on 48 occasions. The purpose of ROTL varied – it was used, for example, to strengthen family ties, for attendance at third sector events and to help prisoners get used to being in the community. Some prisoners filled in feedback forms when they returned from ROTL, which allowed them to reflect on their experience. Risk management for ROTL was good; recording practices were detailed and decisions could be justified. Exclusion and non-contact conditions were applied as necessary. However, more could have been done across the establishment to promote ROTL to improve uptake.

### Recommendations

- 4.5** An updated needs analysis should be completed and should include OASys data.
- 4.6** ROTL should be promoted and used more extensively to support resettlement, including for employment.

## Offender management and planning

### Expected outcomes:

**All prisoners 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. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.**

- 4.7** Offender supervisors consisted of probation and prison staff. Some staff were new in post and found the work challenging. Probation offender supervisors counter-signed OASys documents and provided prisoners with support and guidance where necessary.
- 4.8** In our survey, 77% of prisoners said someone was helping them prepare for their release. However, although an offender management unit (OMU) awareness day was held in January 2018, staff and prisoners still lacked sufficient knowledge of the role of the department. This undermined the 'whole-prison' approach to resettlement and more could have been done to raise awareness among other departments.
- 4.9** A third of prisoners presented a high risk of harm to others. Probation offender supervisors managed these high-risk cases, saw prisoners on their caseload frequently and undertook proactive, well-directed and effective work that focused on offending behaviour and progression. Probation offender supervisors knew their cases well and caseloads of 30 to 40 prisoners were manageable. They were experienced members of staff and retention rates were good. A senior probation officer provided effective supervision and management. Sentence planning objectives were mostly relevant and prisoners were actively involved.
- 4.10** Prison officer offender supervisors managed lower-risk cases and concentrated on key procedural issues that they were responsible for. They were responsive, but had little proactive contact with prisoners during which they could have discussed progression or sentence plan targets. Since the previous inspection, there had been a reduction in the number of OASys documents that were overdue. Some prison officer offender supervisors reported being redeployed, however this appeared minimal.
- 4.11** The number of prisoners released on home detention curfew (HDC), although higher than when we previously inspected, was lower than we normally see. In the previous six months, 42 applications were made for HDC. Twenty-five had been agreed and 17 had been declined. In the previous three months, no Bail Accommodation and Support Service placements were available in the local area. HDC decisions were appropriate, but too many prisoners did not have a suitable address and could not be released.

### Public protection

- 4.12** The prison made every effort to confirm multi-agency public protection arrangement (MAPPA) management levels before release. While this was not achieved in every instance initially, the inter-departmental risk management team (IDRMT) meeting reviewed all MAPPA cases effectively before release. However, pre-release risk management planning was undermined because the prison and community-based offender managers did not communicate well enough or undertake sufficient joint planning in the months leading up to release.
- 4.13** Other public protection arrangements were proportionate. Contact restrictions were applied appropriately on arrival and explained to the prisoners. Applications for contact with named children were suitably processed and there was evidence of managerial oversight. The

monthly IDRMT meetings demonstrated a clear rationale for contact restrictions, and monitoring along with reviews took place regularly.

## Recommendation

- 4.14 Pre-release risk management planning undertaken by the prison-based probation officer and the community-based offender manager should be more proactive and carried out more frequently. It should include a discussion about and agreement on required MAPPA management levels.**

## Allocation

- 4.15** Prisoners were appropriately placed at Foston Hall. The OMU managed any requests for a transfer effectively. It was positive that categorisation work was up to date and that prisoners could be involved in their reviews and were kept informed about the outcome.

## Indeterminate sentence prisoners

- 4.16** Approximately 20% of prisoners were serving indeterminate or life sentences, which was high. Each prisoner was allocated a probation offender supervisor. Probation officers had regular contact with high-risk prisoners and there were examples of good motivational work focusing on offending behaviour and progression. Parole assessments were up to date.
- 4.17** It was good that E wing had reopened. The low supervision accommodation had been received positively by the prisoners now living there. E wing enabled prisoners to live more independently than on the main wings and they had access to a microwave and fridge. Prisoners had free access to an outside area during the day. However, there were only 11 spaces on E wing, which was being used for those who were close to being held on open conditions or being released. Indeterminate sentence prisoners who were not on E wing had little specific support and could not access self-catering facilities or independent living skills training.
- 4.18** The quality of lifer days had improved since the previous inspection. Prisoners were involved in planning the day and some could take their families to the onsite animal sanctuary. However, the lifer buddy system was no longer in place and prisoners on remand and facing a potential indeterminate sentence had little formal support.
- 4.19** The local indeterminate sentence prisoner policy had not been updated since April 2017. However, the regional psychology team continued to support prisoners on indeterminate sentences, and could offer one-to-one support. It also provided advice and support to offender managers on the management of prisoners on indeterminate sentences.

## Recommendation

- 4.20 Indeterminate sentence prisoners should receive better support through an up-to-date strategy based on their needs, including more opportunities to develop independent living skills.**

## Reintegration planning

### Expected outcomes:

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

- 4.21** An offender supervisor saw all prisoners after they arrived at the prison and a basic custody screening assessment was carried out to assess their immediate resettlement needs. The CRC completed the resettlement plan within the following five days. Assessments were reasonable and most prisoners received a copy. In our survey, 52% of prisoners said they had a custody plan, but almost all of those (82%) knew what they needed to do to achieve their targets.
- 4.22** The peer mentoring service was helpful and prisoners were encouraged to use the provision in the Forward Steps Unit. However, peer mentors did not have access to a phone.
- 4.23** A two-day pre-release programme was in place. It was well attended and provided prisoners with a timetable of activities and access to community partners before release. Prisoners were encouraged to take ownership of their 'through-the-gate' passport and they received reasonable support to make the transition from custody to community.

### Children, families and contact with the outside world

- 4.24** Work to promote prisoners' contact with their children and families was reasonably good. The prison had employed a family engagement officer who worked with the Prison Advice and Care Trust (PACT) to support family ties.
- 4.25** The family engagement officer oversaw the Family Bonding Unit, which had opened in September. A house within the grounds of the prison, the unit consisted of two self-contained living and kitchen areas. It provided prisoners with a space where they could spend time with their families, cooking and socialising together outside normal visiting arrangements. However, it was only available to a small number of prisoners.
- 4.26** The provision for general visits was reasonable and the number of sessions had increased slightly since the previous inspection. The visiting room was bright and welcoming, but space was limited particularly in the children's play area. There were regular family and lifer days, which were supported by a play worker. Families we spoke to said staff treated them respectfully.
- 4.27** The visitors' centre, where families waited before a visit, was underused because it was not staffed. The prison planned to address the problem, but during the inspection nobody was available to answer queries or provide refreshment in the centre.
- 4.28** No parenting courses were available and Storybook Mums (where prisoners record a story for their children to listen to at home) had not been run for approximately two years because of staffing issues in the library. The prison acknowledged this gap and planned to reinstate the service.
- 4.29** Links with local authority social services were good. PACT assisted all prisoners and their families, including approximately 40 prisoners who had ongoing cases with social services. Prisoners we spoke to were complimentary about the support they received from PACT.



- 4.30** The prison was introducing digital technology to promote family contact in the following weeks. The facility was being installed during the inspection.

### Good practice

- 4.31** *Digital technology to promote contact with children and families would enable prisoners to speak directly with their children or other family members through video chat. Foston Hall was the first prison in England and Wales to offer this service.*

### Victimisation, abuse and vulnerability

- 4.32** Most staff had a basic awareness of victimisation, abuse and vulnerability issues. However, not all staff had developed an understanding or awareness of trauma-informed practice. (See paragraphs 1.32 and 2.9 and main recommendation S43.)
- 4.33** Support for prisoners who had experienced victimisation and abuse was good. The monthly reducing reoffending meeting demonstrated proactive partnership working with community partners and some services ran drop-in sessions in the Forward Steps Unit. Prisoners who had been involved in sex work received support through numerous locally based projects. Work with support services began prior to release as part of 'through-the-gate' processes and prisoners' transition into the community.
- 4.34** Little support was available for prisoners who had been trafficked. Staff were unaware of these prisoners and did not understand the national referral mechanism, which supports those who have been subjected to or are at risk of human trafficking.
- 4.35** The Freedom programme for prisoners who had been victims of domestic violence was no longer available. However, Refuge ran weekly sessions for this group. Approximately nine prisoners a week were involved in the intervention.

### Accommodation

- 4.36** According to CRC data, 27% of prisoners released in the six months prior to our inspection had no accommodation on the day of release, despite best efforts from the housing and welfare worker. Finding accommodation for prisoners with repeated short sentences and chaotic lifestyles remained a challenge.
- 4.37** The CRC had an accommodation fund, which key workers in the prison could use to reserve a temporary place for prisoners in suitable housing in the community. However, it had only been used twice in the six months before our inspection.

### Recommendation

- 4.38** **More prisoners should have suitable and sustainable accommodation to go to and their housing situation should be monitored over the first three months following release.**

## Education, training and employment

- 4.39** Milton Keynes College and the Forward Steps team understood local employment needs well. They had developed good links with local and national employers and the team supported prisoners through employment advice, activities and opportunities for work on release. College staff made good use of the virtual campus (prisoner access to community education, training and employment opportunities via the internet) to help prisoners attending education carry out research on jobs, develop employment skills and write CVs. Careers advice for those not attending education was however, patchy, and they could not use the virtual campus.
- 4.40** A pre-release course provided help with accommodation and advice on finance and personal health issues and Jobcentre Plus helped prisoners contact local job centres and write CVs. However, staff did not have accurate data on the number of prisoners getting a job after they were released. They were also unable to provide national labour market advice or comprehensive CV-writing support for all prisoners.

## Recommendations

- 4.41** **The number of prisoners using the virtual campus to prepare for employment and training should be improved further.**
- 4.42** **Data collection on prisoners' destinations after release should be improved and used to measure and increase the effectiveness of the provision.**

## Health care

- 4.43** All prisoners were seen by a health care professional in reception on the morning of their release. At least seven days' medication was provided, along with a printout summarising their care for their community GP. Health promotion advice was offered, including barrier protection. The Care UK smartphone application was also discussed and all prisoners provided with their individual login details, in case they wanted access to it on release.

## Drugs and alcohol

- 4.44** The substance use team referred prisoners to drug and alcohol services when they were transferred to another prison or being released. The clinical and psychosocial substance use service worked well with the OMU to ensure pre-release planning was effective. Inclusion contributed to sentence planning by completing reports.
- 4.45** Staff ensured community prescriptions were arranged and health care staff saw prisoners before their release. All prisoners received a range of information on avoiding drug- and alcohol-related deaths and minimising harm. They were also directed to appropriate support. Some prisoners received naloxone (a drug to manage substance misuse overdose) on release.

## Finance, benefit and debt

- 4.46** Support with finance, benefit and debt issues had improved since the last inspection. An experienced adviser was based in the Forward Steps Unit once a week. They offered prisoners assistance, such as help with opening bank accounts and budgeting on release, as

well as advice on how to deal with debt problems. Ninety-five bank accounts were opened for prisoners in 2018.

- 4.47** A money management course was held once a month. The finance adviser trained peer mentors to deliver the course to other prisoners. However, their lack of phone access limited what support they could offer as they could not contact outside creditors or other bodies.

## Attitudes, thinking and behaviour

- 4.48** Offending behaviour programmes were well led and mostly met prisoners' needs. The nationally accredited Choices, Actions, Relationships and Emotions (CARE) programme, a high intensity course, delivered by a treatment manager, mental health nurse, probation officer and psychologist, was delivered three times a year. Prisoners could receive one-to-one support before the course to prepare for it and afterwards to evaluate progress. In some instances, the CARE programme was delivered close to a prisoner's release date so they could continue to receive mentoring support in the community. Prisoners we spoke to were positive about the intervention.
- 4.49** The Thinking Skills Programme (TSP) had not been delivered consistently due to staff shortages. However, work had been undertaken collaboratively with Drake Hall prison and as a result, 10 prisoners from Foston Hall had gone there to complete the TSP in the previous year. The prison aimed to provide the programme for 27 prisoners each year, once new staff were in place. However, 35 prisoners were already on the waiting list for the TSP, which meant some might be released without having undertaken it.
- 4.50** A non-accredited Healing Trauma programme had also been developed. It was supported by the psychology department and aimed to help prisoners identify their previous experiences of personal trauma. Prisoners were trained to be facilitators and learned techniques, such as relaxation, breathing and mindfulness. Prisoners were positive about the course. A bereavement support group had been introduced, helping prisoners to understand grief, which appeared promising.
- 4.51** The regional psychology team conducted assessments and delivered one-to-one assistance as directed by the parole board, or when offender supervisors requested them. The team had extended its provision to support prisoners assessed as being at risk of becoming involved in arson or fire setting and they could now also access one-to-one support.

## Specialist units

### Expected outcomes:

**Prisoners undergo assessment and treatment in an environment that is psychologically, emotionally and physically safe, and have a clear understanding of the treatment process.**

### Unit for prisoners with personality disorder

- 4.52** The Cameo Unit offered a specialist programme for prisoners with complex psychological needs. Staff were delivering it to 20 participants. The treatment programme took approximately two years to be completed, but prisoners who withdrew from it received good support within the prison.

**4.53** Qualified staff assessed prisoners, who received a full induction to the programme. Staff working in the unit were trained to manage personality disorder. Prisoners could access the gym and other activities in the evenings and at weekends.

# 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** Management oversight, personal support and training should ensure that all wing staff provide prisoners with day-to-day help that is proactive and effective, reflecting the principles of trauma-informed working. (S43)

## Recommendation

To HM Prison and Probation Service

### Reintegration planning

- 5.2** More prisoners should have suitable and sustainable accommodation to go to and their housing situation should be monitored over the first three months following release. (4.38)

## Recommendations

### Early days in custody

- 5.3** The initial reception interview for new prisoners should be conducted in private so that sensitive matters are discussed confidentially. (1.11)

### Safe and supportive relationships

- 5.4** Investigations following a violent incident should be completed on time and effective support plans for victims and meaningful targets for perpetrators should be established. (1.19)
- 5.5** The IEP scheme should be reviewed and relaunched, and robust quality assurance processes implemented. (1.20)

### Self-harm and suicide prevention

- 5.6** A robust analysis of data should inform a strategic plan to reduce the large number of self-harm incidents. (1.28)

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

- 5.7** The prison's nominated safeguarding manager should attend the local adult safeguarding board. (1.34)

## Security

- 5.8** Security objectives should be shared with the wider prison and monitored for effectiveness. (1.41)
- 5.9** Prisoners on external escorts should only have restraints applied if an individual assessment finds they pose a relevant risk. (1.42)
- 5.10** The prison should have more sophisticated drug detection equipment, such as X-ray machines. (1.43)

## Disciplinary procedures

- 5.11** The prison should ensure all staff use body-worn cameras during any incidents involving force. (1.52)
- 5.12** The prison should use information gathered from reviews to inform individual handling plans for prisoners with complex needs and only place such prisoners in special accommodation in exceptional circumstances. (1.53)
- 5.13** Prisoners should not be automatically segregated pending an adjudication. (1.58)

## Residential units

- 5.14** The applications system should be confidential and responses and their timeliness should be monitored. (2.7)

## Staff-prisoner relationships

- 5.15** Staff should apply wing rules consistently to ensure prisoners are treated equitably. (2.11)

## Equality and diversity

- 5.16** Diversity and equalities work should be given a higher priority across the prison, with each lead manager and department contributing to progress against the overall action plan. (2.14)
- 5.17** Interpretation services should always be used when required and usage should be recorded accurately. (2.25)

## Faith and religious activity

- 5.18** The chaplaincy provision should always meet the needs of the population in full. (2.30)

## Health services

- 5.19** Cleaning schedules should be in place and monitored regularly to ensure the cleaning has been done and infection prevention standards are met. (2.49)
- 5.20** All clinical staff should receive regular clinical supervision. (2.50)
- 5.21** A prison-wide strategy should be established to support health and well-being, and it should include easy access to barrier protection. (2.51)

- 5.22** Health-related peer worker activities should not compromise patient confidentiality. (2.61)
- 5.23** The environment in which medication is administered should ensure patient confidentiality. (2.71)
- 5.24** In-possession medication should not be provided in transparent bags. (2.72)

### Catering

- 5.25** Prisoners should be able to cater for themselves. (2.95, repeated recommendation 2.101)

### Learning and skills and work activities

- 5.26** Steps should be taken to ensure that education sessions are not routinely disrupted because of health or other appointments. (3.13)
- 5.27** Tutors should provide all prisoners with sufficiently challenging activities to keep them purposefully occupied during lessons. (3.27)
- 5.28** Prisoners should receive clear and constructive feedback to ensure that they know what they must do to improve their work. (3.28)
- 5.29** Prison and college leaders should ensure that all prisoners, including those with the most complex and challenging barriers to learning, participate in purposeful activity. (3.35)
- 5.30** Prison managers should ensure that workshop staff record the range of employment skills that prisoners develop during their time in custody. (3.40)
- 5.31** Library opening times should be increased to improve access. (3.45)

### Strategic management of resettlement

- 5.32** An updated needs analysis should be completed and should include OASys data. (4.5)
- 5.33** ROTL should be promoted and used more extensively to support resettlement, including for employment. (4.6)

### Offender management and planning

- 5.34** Pre-release risk management planning undertaken by the prison-based probation officer and the community-based offender manager should be more proactive and carried out more frequently. It should include a discussion about and agreement on required MAPPA management levels. (4.14)
- 5.35** Indeterminate sentence prisoners should receive better support through an up-to-date strategy based on their needs, including more opportunities to develop independent living skills. (4.20)

### Reintegration planning

- 5.36** The number of prisoners using the virtual campus to prepare for employment and training should be improved further. (4.41)

- 5.37** Data collection on prisoners' destinations after release should be improved and used to measure and increase the effectiveness of the provision. (4.42)

## Examples of good practice

- 5.38** Prisoners with relevant knowledge and expertise could deliver training to staff on transgender issues, which was a positive way of raising awareness and developing trust. (2.26)
- 5.39** The weekly in-possession risk assessment clinic ensured risk assessments were completed promptly and enabled patients to discuss their medication with pharmacy staff. (2.73)
- 5.40** The safer prescribing meeting meant staff could focus on how they managed prisoners' medication, which helped improve patient care. (2.74)
- 5.41** Digital technology to promote contact with children and families would enable prisoners to speak directly with their children or other family members through video chat. Foston Hall was the first prison in England and Wales to offer this service. (4.31)



## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Sandra Fieldhouse	Team leader
Paddy Doyle	Inspector
Fionnuala Gordon	Inspector
Jeanette Hall	Inspector
Ian Macfadyen	Inspector
David Owens	Inspector
Rebecca Stanbury	Inspector
Emma Sunley	Inspector
Nadia Syed	Inspector
Darren Wilkinson	Inspector
Sharlene Andrew	Researcher
Charli Bradley	Researcher
Rachel Duncan	Researcher
Catherine Shaw	Researcher
Liz Walsh	Health services inspector
Lynda Day	Care Quality Commission inspector
Malcolm Bruce	Ofsted inspector
Shelia Campbell	Ofsted inspector
Jai Sharda	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 2016, there were fewer late arrivals at the prison than previously. Some important aspects of support during women's early days required improvement. In our survey many women reported feeling unsafe and victimised, although most issues were not serious and involved verbal bullying. Four self-inflicted deaths had occurred since the last inspection; an action plan had been developed and was being implemented. Care for those at risk of self-harm was generally sound and some good work was undertaken to manage those with complex needs. Security arrangements were appropriate and supported the regime. Concerns regarding illegal drugs were being addressed. The number of adjudications had increased and some issues could have been dealt with through the incentives and earned privileges (IEP) scheme. Most incidents were de-escalated without recourse to force. Segregation was usually used only for short periods. Substance misuse provision did not yet offer the full range of services. Outcomes for women were reasonably good against this healthy prison test.*

#### **Main recommendation**

First night support and supervision during women's early days in custody should be improved to ensure that prisoners have the opportunity to discuss any concerns in private and are safe on the remand wing. (S45)

**Partially achieved**

#### **Recommendations**

Men and women should be transported separately. (1.2)

**Not achieved**

All new arrivals should receive sufficient clean clothing. (1.7)

**Achieved**

The prison should investigate why many women feel unsafe or victimised and address any areas of concern identified. (1.17)

**Not achieved**

The prison should explore options for providing additional incentives for women on the enhanced IEP level. (1.18)

**Not achieved**

The protocol with the East Midlands Ambulance Service should be agreed. (1.25)

**Not achieved**

ACCT care maps should be reviewed and women on an ACCT should be purposefully occupied wherever possible. (I.26)

**Not achieved**

A prison-wide safeguarding strategy should be drafted and wing staff should be supported to develop their understanding of safeguarding duties and social care referral mechanisms. (I.32)

**Achieved**

All planned uses of force should be video-recorded and all use of force documentation reviewed promptly after the incident. (I.46)

**Not achieved**

The prison should reduce the number of women being segregated while awaiting adjudication. (I.51)

**Achieved**

Women with drug and/or alcohol problems should have access to a range of psychosocial interventions that are consistent with the assessed needs of the population and are developed in consultation with service users. (I.59)

**Achieved**

Opiate substitution regimes should be flexible, and the clinical substance misuse service should be sufficiently resourced to provide individual treatment and support to women during stabilisation. (I.60)

**Achieved**

## Respect

### **Prisoners are treated with respect for their human dignity.**

*At the last inspection, in 2016, outside areas were excellent and accommodation was clean and generally well maintained. More cells were overcrowded than at the last inspection. Improvements on D wing were welcome, although we remained concerned about dormitories being overcrowded. Staff-prisoner relationships were respectful and a caring approach was generally adopted. Equality and diversity work had recently been re-launched and was starting to produce some positive outcomes. Faith provision was good. Responses to complaints were generally good, but not always timely. Legal services were reasonable. Health services were in transition; some aspects were developing well but we had significant concerns about the management of medicines. Mental health services were reasonable. The food was satisfactory although there were no self-catering facilities. Canteen arrangements were reasonable. Outcomes for women were reasonably good against this healthy prison test.*

### **Main recommendation**

A robust review of medicines management should include better professional oversight and clinically sound procedures to ensure women's needs are met more effectively and support work to reduce the risk of diversion of prescribed medications. (S46)

**Achieved**

## Recommendations

Personal officer work should be developed and should demonstrate staff interacting with women about their personal circumstances and the women's progress towards sentence planning targets and resettlement plans. (2.12)

**Not achieved**

Equality work should be strengthened through ensuring that responsible staff are made more accountable at the EAT meeting and that the work is subject to external scrutiny. (2.20)

**Not achieved**

The prison should be confident the needs of minority groups are being met. Periodic meetings should be held to identify any concerns and ensure appropriate action is taken. The prison should focus particularly on foreign national women. (2.32)

**Achieved**

Pregnant women should remain unlocked during the day to ensure the health and well-being of mother and unborn child and there should be a clear support pathway for women separated from their babies. (2.33)

**Achieved**

Complaint forms should be readily accessible and should be routinely analysed by subject and prison location. This analysis should be used to monitor progress. (2.45)

**Achieved**

On arrival women remanded in custody should be asked about their prospects for bail, bail information reports should be prepared in appropriate cases and contact made with legal representatives. (2.49)

**Not achieved**

The prison should identify and address missed appointments and ensure care plans are updated so that health outcomes for women are not compromised. (2.61)

**Achieved**

All clinical staff should have regular clinical supervision to enable them to support this complex and vulnerable population effectively. (2.62)

**Not achieved**

Women should be able to attend their booked hospital appointments on the scheduled date and time. (2.69)

**Achieved**

Medicines management procedures should ensure the safe and effective ordering, receipt, storage and supply of all medicines. (2.81)

**Achieved**

Mental health service capacity should reflect this particularly needy population and should include offering prompt access to talking therapies and group work. (2.93)

**Achieved**

Meals should be served as advertised and the weekend evening meal at an appropriate time. (2.100)

**Achieved**

Women should be able to cater for themselves. (2.101)

**Not achieved** (recommendation repeated, 2.95)

## Purposeful activity

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

*At the last inspection, in 2016, time out of cell was good for those in full-time work, but too many women were locked up during the day. The learning and skills provision was better than at the last inspection but still required improvement overall. Partnership working had improved, but there were insufficient activity places and not all those available were being used. A wide range of opportunities was offered but more provision was needed for women whose stays were short. Those in activities achieved some very good outcomes. Teaching was good and peer mentors provided some welcome support. Use of the library needed to improve. The gym provided good opportunities, although it was not used frequently enough. Outcomes for women were not sufficiently good against this healthy prison test.*

### Main recommendation

The prison should ensure sufficient activity places are provided to purposefully occupy the population and those that are available should be used to support efforts to rehabilitate the women held. Activities should include a sufficient range to meet the needs of those with only a short stay at the prison. (S47)

**Achieved**

### Recommendations

Women who are willing to participate in activities, but for whom there are no places available, should be unlocked during core day activity periods. (3.4)

**Achieved**

All women should be able to exercise in the open air for one hour a day. (3.5)

**Achieved**

Prison managers should gather and analyse data on the outcomes of different groups of prisoners in every area of purposeful activity, to ensure that none are disadvantaged and to challenge internal and external delivery partners effectively. (3.11)

**Achieved**

Prison managers should ensure the observation of teaching and learning focuses sufficiently on learners' progress and achievements in learning sessions and that disruptions are kept to a minimum. (3.12)

**Partially achieved**

The new business administration course should be evaluated to ensure it provides learners with appropriate IT skills that can be transferred to the workplace. (3.18)

**No longer relevant**

Learners in the textiles workshop should have the opportunity to achieve a vocationally recognised qualification. (3.19)

**Achieved**

College managers should ensure that additional learning support is gradually withdrawn to enable prisoners to become independent learners. (3.26)

**Achieved**

All staff should be made aware of the need to promote English and mathematics in a vocational context to help develop prisoners' employability skills. (3.27)

**Achieved**

Provision to help prisoners develop a positive body image should be developed further. (3.32)

**Achieved**

College managers should ensure that target setting is consistently good and that all learners know how they might improve or where they can receive help and support to achieve their individual targets. (3.33)

**Achieved**

Prison managers should ensure that learners' achievement rates on all courses are high and that all learners develop good English and maths skills and apply them well in education, vocational and work contexts. (3.38)

**Achieved**

Prison managers should regularly canvass feedback from the prisoner population to ensure the stock and resources meet their needs. They should also analyse data regularly and encourage attendance at the library. (3.43)

**Achieved**

Prison managers should use data to inform decision-making and take action to encourage all groups of prisoners to attend physical education, including minimising regime restrictions to access. (3.48)

**Achieved**

Accredited gym qualifications should be introduced. (3.49)

**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 2016, strategic management of resettlement was underdeveloped. Offender management case work was mixed; there were examples of good work, but overall it was too variable. Oversight of the work needed to improve to ensure more consistency, and communication between offender supervisors and offender managers needed to be stronger. The community rehabilitation company (CRC) service was not fully embedded and was not delivering the full range of interventions. Nevertheless, some reasonable outcomes were being achieved in the resettlement pathways. Children and families work was mixed; some excellent family liaison work took place but visits arrangements remained limited. Offending behaviour programmes were useful. Support for sex workers was good, but help for those who had experienced domestic violence and abuse was limited. Outcomes for women were reasonably good against this healthy prison test.*

## Recommendations

A clear strategy for reducing reoffending should be established; it should be based on an up-to-date needs assessment and current commissioning strategies. (4.4)

**Not achieved**

CRC staff should be able to interview women in a private space with access to a phone and computer. (4.5)

**Partially achieved**

Release on temporary licence should be used to support resettlement planning for eligible women who pass the risk assessment. (4.6)

**Achieved**

OASys assessments should be completed on time. (4.13)

**Achieved**

Home detention curfew decisions should be taken in time for women to be released on their eligibility date or (at worst) before the last possible date. (4.14)

**Achieved**

MAPPA management levels should be confirmed six months prior to release. (4.19)

**Not achieved**

Women should have an opportunity to contribute to decisions about their categorisation and allocation. (4.24)

**Achieved**

Subject to risk assessment, women serving indeterminate or very long sentences should be able to develop independent living skills. (4.29)

**Not achieved**

Women should receive a copy of their resettlement plan. (4.31)

**Achieved**

Sufficient visit spaces should be available to ensure all women can get an initial visit within one week and primary carers within 48 hours. (4.38)

**Achieved**

Staff should be aware of what to look out for to identify women who might have been trafficked, and how to refer them to the national referral mechanism. (4.43)

**Not achieved**

Prison managers should improve their collection of data on women's destinations after release and use it to measure and improve the effectiveness of the provision for all released prisoners. (4.50)

**Not achieved**

Prison managers should ensure that all prisoners use the virtual campus to prepare them for progression to employment and training. (4.51)

**Achieved**



## Appendix III: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	6	140	54.5
Recall	1	27	10.4
Convicted unsentenced	3	14	6.3
Remand	1	29	11.2
Civil prisoners	0	0	0
Detainees	0	1	0.4
Indeterminate Sentence	0	46	17.2
<b>Total</b>	<b>11</b>	<b>257</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	6	50	20.9
Less than 6 months	1	31	11.9
6 months to less than 12 months	1	12	4.9
12 months to less than 2 years	0	15	5.6
2 years to less than 4 years	1	32	12.3
4 years to less than 10 years	2	52	20.1
10 years and over (not life)	0	13	4.9
ISPP (indeterminate sentence for public protection)	0	10	3.7
Life	0	42	19.4
<b>Total</b>	<b>11</b>	<b>257</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	11	4.1
21 years to 29 years	54	20.1
30 years to 39 years	124	46.3
40 years to 49 years	53	19.8
50 years to 59 years	17	6.3
60 years to 69 years	8	3.0
70 plus years	1	0.4
Please state maximum age here:	70	
<b>Total</b>	<b>268</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	10	239	92.9
Foreign nationals	1	18	7.1
<b>Total</b>	<b>11</b>	<b>257</b>	<b>100</b>

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced	3	37	14.9
Unclassified	1	14	5.6
YOI Closed	2	0	0.75
Fem Closed	5	187	71.6
Fem Open	0	19	7.1
<b>Total</b>	<b>11</b>	<b>257</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	5	198	75.7
Irish	0	3	1.1
Gypsy/Irish Traveller	0	10	3.7
Other white	2	13	5.6
<b>Mixed</b>			
White and black Caribbean	1	12	4.9
White and black African	0	0	0
White and Asian	1	0	0.4
Other mixed	0	0	0
<b>Asian or Asian British</b>			
Indian	1	5	2.2
Pakistani	0	2	0.7
Bangladeshi	0	0	0
Chinese	0	0	0.0
Other Asian	0	1	0.4
<b>Black or black British</b>			
Caribbean	1	9	3.70
African	0	1	0.4
Other black	0	1	0.4
<b>Other ethnic group</b>			
Arab	0	0	0
Other ethnic group	0	1	0.4
Not stated	0	1	0.4
<b>Total</b>	<b>11</b>	<b>257</b>	<b>100</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	0	0
Church of England	0	57	21.3
Roman Catholic	1	45	17.2
Other Christian denominations	4	63	25
Muslim	3	10	4.9
Sikh	0	3	1.1
Hindu	0	3	1.1
Buddhist	0	1	0.4
Jewish	0	1	0.4
Other	0	12	4.5
No religion	3	62	24.3
<b>Total</b>	<b>11</b>	<b>257</b>	<b>100</b>

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

### Sentenced prisoners only

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	3	1.1	43	16
1 month to 3 months	0	0	31	11.6
3 months to 6 months	0	0	32	11.9
6 months to 1 year	0	0.7	33	12.3
1 year to 2 years	2	0	26	9.7
2 years to 4 years	0	0	21	7.8
4 years or more	0	0	21	7.8
<b>Total</b>	<b>5</b>	<b>1.9</b>	<b>207</b>	<b>77.2</b>

### Sentenced prisoners only

	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Unsentenced prisoners only

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	3	5.4	18	32.1
1 month to 3 months	1	1.8	17	30.4
3 months to 6 months	1	1.8	4	7.1
6 months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	1	1.8	11	19.6
4 years or more	0	0	0	0
<b>Total</b>	<b>6</b>	<b>2.2</b>	<b>50</b>	<b>18.7</b>

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person	4	123	50
Sexual offences	0	10	4
Burglary	0	22	9
Robbery	1	20	8
Theft and handling	1	31	12
Fraud and forgery	0	5	2
Drugs offences	0	16	6
Other offences	2	20	9
Civil offences	0	0	0
Offence not recorded /holding warrant	0	0	0
<b>Total</b>	<b>8</b>	<b>247</b>	<b>100</b>

# Appendix IV: Prisoner survey methodology and results

## 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 (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *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.<sup>14</sup>

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

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

### Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.<sup>15</sup>

### Distributing and collecting questionnaires

HMI Prisons 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.<sup>16</sup> Prisoners are made aware that participation in the survey is voluntary; prisoners who decline to participate are 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 4 February 2019 the prisoner population at HMP & YOI Foston Hall was 263. Using the sampling method described above, questionnaires were distributed to 156 prisoners. We received a total of 130 completed questionnaires, a response rate of 83%. This included one questionnaire completed via face-to-face interviews. Thirteen prisoners declined to participate in the survey and 13 questionnaires were either not returned at all, or returned blank.

<sup>14</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>15</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>16</sup> For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP & YOI Foston Hall. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>17</sup> Missing responses have been excluded from all analyses.

### 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 Foston Hall 2019<sup>18</sup> compared with those from other HMI Prisons surveys<sup>19</sup>

- Survey responses from HMP & YOI Foston Hall in 2019 compared with survey responses from other local women's prisons since September 2017.
- Survey responses from HMP & YOI Foston Hall in 2019 compared with survey responses from from HMP & YOI Foston Hall in 2016.

### Comparisons between different residential locations within HMP & YOI Foston Hall 2019

- Responses of prisoners on A wing (the personality disorder unit) compared with those from the rest of the establishment.

### Comparisons between sub-populations of prisoners within HMP & YOI Foston Hall 2019<sup>20</sup>

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- 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 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.<sup>21</sup>

In the comparator analyses, statistically significant differences are indicated by shading.<sup>22</sup> 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.

<sup>17</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>18</sup> Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

<sup>19</sup> 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.

<sup>20</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>21</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>22</sup> 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.

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.

# Survey

## Background information

<b>I.1</b>	<b>What wing or house block are you currently living on?</b>	
	A wing .....	22 (17%)
	B wing .....	16 (12%)
	C wing .....	23 (18%)
	D wing .....	14 (11%)
	E wing .....	7 (5%)
	R wing .....	19 (15%)
	T wing .....	28 (22%)
	Segregation unit.....	2 (2%)
	Health care unit.....	1 (1%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21 .....	8 (6%)
	21 - 25.....	8 (6%)
	26 - 29.....	16 (13%)
	30 - 39.....	60 (47%)
	40 - 49.....	24 (19%)
	50 - 59.....	9 (7%)
	60 - 69.....	3 (2%)
	70 or over.....	0 (0%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	99 (77%)
	White - Irish.....	0 (0%)
	White - Gypsy or Irish Traveller.....	4 (3%)
	White - any other White background .....	5 (4%)
	Mixed - White and Black Caribbean .....	5 (4%)
	Mixed - White and Black African .....	0 (0%)
	Mixed - White and Asian .....	2 (2%)
	Mixed - any other Mixed ethnic background .....	3 (2%)
	Asian/ Asian British - Indian.....	2 (2%)
	Asian/ Asian British - Pakistani.....	0 (0%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background .....	0 (0%)
	Black/ Black British - Caribbean.....	4 (3%)
	Black/ Black British - African .....	0 (0%)
	Black - any other Black/ African/ Caribbean background.....	2 (2%)
	Arab.....	0 (0%)
	Any other ethnic group.....	3 (2%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	49 (40%)
	6 months or more .....	74 (60%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes .....	95 (74%)
	Yes - on recall.....	14 (11%)
	No - on remand or awaiting sentence.....	19 (15%)
	No - immigration detainee.....	0 (0%)



<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months.....	16 (13%)
	6 months to less than 1 year.....	14 (11%)
	1 year to less than 4 years.....	21 (16%)
	4 years to less than 10 years.....	27 (21%)
	10 years or more.....	2 (2%)
	IPP (indeterminate sentence for public protection).....	7 (5%)
	Life.....	22 (17%)
	Not currently serving a sentence.....	19 (15%)

## Arrival and reception

<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes.....	25 (19%)
	No.....	92 (71%)
	Don't remember.....	12 (9%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours.....	77 (60%)
	2 hours or more.....	35 (27%)
	Don't remember.....	17 (13%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes.....	101 (79%)
	No.....	14 (11%)
	Don't remember.....	13 (10%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	37 (29%)
	Quite well.....	58 (45%)
	Quite badly.....	19 (15%)
	Very badly.....	7 (5%)
	Don't remember.....	7 (5%)
<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers.....	55 (43%)
	Contacting family.....	50 (39%)
	Arranging care for children or other dependants.....	14 (11%)
	Contacting employers.....	7 (5%)
	Money worries.....	49 (38%)
	Housing worries.....	39 (30%)
	Feeling depressed.....	87 (68%)
	Feeling suicidal.....	49 (38%)
	Other mental health problems.....	66 (52%)
	Physical health problems.....	35 (27%)
	Drug or alcohol problems (e.g. withdrawal).....	55 (43%)
	Problems getting medication.....	60 (47%)
	Needing protection from other prisoners.....	15 (12%)
	Lost or delayed property.....	19 (15%)
	Other problems.....	19 (15%)
	Did not have any problems.....	8 (6%)
<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes.....	43 (36%)
	No.....	69 (58%)
	Did not have any problems when I first arrived.....	8 (7%)

## 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.....	87 (67%)
Toiletries / other basic items .....	78 (60%)
A shower.....	80 (62%)
A free phone call .....	68 (53%)
Something to eat.....	90 (70%)
The chance to see someone from health care .....	89 (69%)
The chance to talk to a Listener or Samaritans.....	51 (40%)
Support from another prisoner (e.g. Insider or buddy).....	49 (38%)
Wasn't offered any of these things .....	9 (7%)

### 3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean .....	10 (8%)
Quite clean .....	51 (40%)
Quite dirty .....	32 (25%)
Very dirty .....	29 (23%)
Don't remember .....	5 (4%)

### 3.3 Did you feel safe on your first night here?

Yes .....	69 (55%)
No.....	46 (37%)
Don't remember .....	11 (9%)

### 3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	38 (32%)	72 (60%)	10 (8%)
Free PIN phone credit?	80 (65%)	36 (29%)	7 (6%)
Numbers put on your PIN phone?	50 (41%)	63 (52%)	9 (7%)

### 3.5 Did your induction cover everything you needed to know about this prison?

Yes.....	48 (38%)
No.....	56 (44%)
Have not had an induction.....	22 (17%)

## On the wing

### 4.1 Are you in a cell on your own?

Yes.....	78 (61%)
No, I'm in a shared cell or dormitory.....	50 (39%)

### 4.2 Is your cell call bell normally answered within 5 minutes?

Yes.....	49 (39%)
No.....	59 (47%)
Don't know.....	16 (13%)
Don't have a cell call bell.....	1 (1%)

**4.3 Please answer the following questions about the wing or house block you are currently living on:**

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	91 (72%)	33 (26%)	2 (2%)
Can you shower every day?	122 (97%)	4 (3%)	0 (0%)
Do you have clean sheets every week?	106 (85%)	16 (13%)	2 (2%)
Do you get cell cleaning materials every week?	107 (84%)	17 (13%)	3 (2%)
Is it normally quiet enough for you to relax or sleep at night?	75 (60%)	50 (40%)	1 (1%)
Can you get your stored property if you need it?	29 (23%)	67 (54%)	29 (23%)

**4.4 Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?**

Very clean .....	20 (16%)
Quite clean .....	64 (50%)
Quite dirty .....	31 (24%)
Very dirty .....	12 (9%)

**Food and canteen**

**5.1 What is the quality of food like in this prison?**

Very good .....	4 (3%)
Quite good .....	42 (33%)
Quite bad .....	39 (31%)
Very bad .....	41 (33%)

**5.2 Do you get enough to eat at mealtimes?**

Always .....	10 (8%)
Most of the time .....	40 (31%)
Some of the time .....	51 (40%)
Never .....	27 (21%)

**5.3 Does the shop / canteen sell the things that you need?**

Yes .....	75 (60%)
No .....	44 (35%)
Don't know .....	6 (5%)

**Relationships with staff**

**6.1 Do most staff here treat you with respect?**

Yes .....	82 (65%)
No .....	44 (35%)

**6.2 Are there any staff here you could turn to if you had a problem?**

Yes .....	95 (75%)
No .....	32 (25%)

**6.3 In the last week, has any member of staff talked to you about how you are getting on?**

Yes .....	46 (36%)
No .....	82 (64%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful.....	22 (17%)
	Quite helpful.....	29 (23%)
	Not very helpful .....	25 (20%)
	Not at all helpful.....	26 (20%)
	Don't know.....	20 (16%)
	Don't have a personal / named officer .....	6 (5%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly.....	16 (13%)
	Sometimes.....	31 (25%)
	Hardly ever.....	67 (53%)
	Don't know.....	12 (10%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	60 (48%)
	No.....	66 (52%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change.....	30 (24%)
	Yes, but things don't change.....	57 (45%)
	No.....	22 (17%)
	Don't know.....	17 (13%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion.....	40 (32%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	71 (56%)
	Buddhist.....	0 (0%)
	Hindu.....	2 (2%)
	Jewish .....	1 (1%)
	Muslim.....	5 (4%)
	Sikh .....	0 (0%)
	Other .....	7 (6%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes .....	52 (43%)
	No.....	18 (15%)
	Don't know.....	10 (8%)
	Not applicable (no religion).....	40 (33%)
<b>7.3</b>	<b>Are you able to speak to a chaplain of your faith in private, if you want to?</b>	
	Yes.....	63 (50%)
	No.....	11 (9%)
	Don't know.....	11 (9%)
	Not applicable (no religion).....	40 (32%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	73 (58%)
	No.....	8 (6%)
	Don't know.....	4 (3%)
	Not applicable (no religion).....	40 (32%)

**Contact with family and friends**

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes .....	52 (41%)
	No .....	74 (59%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	67 (53%)
	No .....	59 (47%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	114 (92%)
	No .....	10 (8%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	8 (6%)
	Quite easy .....	37 (30%)
	Quite difficult .....	21 (17%)
	Very difficult .....	45 (36%)
	Don't know .....	13 (10%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week .....	2 (2%)
	About once a week .....	19 (16%)
	Less than once a week .....	55 (45%)
	Not applicable (don't get visits) .....	46 (38%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	42 (58%)
	No .....	30 (42%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	49 (70%)
	No .....	21 (30%)

**Time out of cell**

<b>9.1</b>	<b>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)?</b>	
	Yes, and these times are usually kept to .....	56 (45%)
	Yes, but these times are not usually kept to .....	58 (47%)
	No .....	10 (8%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc)?</b>	
	Less than 2 hours .....	16 (13%)
	2 to 6 hours .....	35 (29%)
	6 to 10 hours .....	38 (31%)
	10 hours or more .....	15 (12%)
	Don't know .....	17 (14%)
<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours .....	21 (17%)
	2 to 6 hours .....	62 (50%)
	6 to 10 hours .....	26 (21%)
	10 hours or more .....	5 (4%)
	Don't know .....	10 (8%)

<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc)?</b>		
	None .....	1	(1%)
	1 or 2 .....	15	(12%)
	3 to 5.....	24	(20%)
	More than 5.....	74	(60%)
	Don't know.....	9	(7%)
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>		
	None .....	8	(7%)
	1 or 2 .....	11	(9%)
	3 to 5.....	14	(11%)
	More than 5.....	77	(63%)
	Don't know.....	12	(10%)
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>		
	None .....	29	(24%)
	1 or 2 .....	41	(34%)
	3 to 5.....	15	(12%)
	More than 5.....	14	(11%)
	Don't know.....	23	(19%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>		
	Twice a week or more .....	28	(23%)
	About once a week.....	22	(18%)
	Less than once a week.....	13	(11%)
	Never .....	59	(48%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>		
	Twice a week or more .....	8	(7%)
	About once a week.....	44	(36%)
	Less than once a week.....	46	(37%)
	Never .....	25	(20%)
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>		
	Yes .....	49	(41%)
	No.....	45	(38%)
	Don't use the library .....	25	(21%)

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>			
	Yes.....	90	(72%)	
	No.....	25	(20%)	
	Don't know.....	10	(8%)	
<b>10.2</b>	<b>If you have made any applications here, please answer the questions below:</b>			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	57 (48%)	51 (43%)	12 (10%)
	Are applications usually dealt with within 7 days?	31 (27%)	72 (63%)	12 (10%)

**I0.3 Is it easy for you to make a complaint?**

Yes.....	75 (59%)
No.....	31 (24%)
Don't know.....	21 (17%)

**I0.4 If you have made any complaints here, please answer the questions below:**

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	28 (24%)	48 (41%)	41 (35%)
Are complaints usually dealt with within 7 days?	20 (18%)	53 (46%)	41 (36%)

**I0.5 Have you ever been prevented from making a complaint here when you wanted to?**

Yes.....	33 (27%)
No.....	63 (52%)
Not wanted to make a complaint.....	26 (21%)

**I0.6 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?	35 (28%)	41 (33%)	22 (18%)	25 (20%)
Attend legal visits?	54 (45%)	22 (18%)	23 (19%)	21 (18%)
Get bail information?	12 (10%)	30 (26%)	32 (28%)	41 (36%)

**I0.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?**

Yes.....	52 (42%)
No.....	56 (46%)
Not had any legal letters.....	15 (12%)

**Health care****I1.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	7 (6%)	23 (18%)	48 (38%)	42 (34%)	5 (4%)
Nurse	9 (7%)	39 (32%)	39 (32%)	29 (24%)	5 (4%)
Dentist	2 (2%)	19 (16%)	37 (31%)	48 (40%)	14 (12%)
Mental health workers	7 (6%)	23 (19%)	41 (34%)	32 (27%)	17 (14%)

**I1.2 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	21 (17%)	52 (42%)	18 (15%)	17 (14%)	15 (12%)
Nurse	16 (13%)	47 (39%)	23 (19%)	23 (19%)	11 (9%)
Dentist	21 (18%)	42 (35%)	12 (10%)	14 (12%)	31 (26%)
Mental health workers	15 (13%)	38 (32%)	17 (14%)	20 (17%)	29 (24%)

**I1.3 Do you have any mental health problems?**

Yes.....	91 (74%)
No.....	32 (26%)

**I1.4 Have you been helped with your mental health problems in this prison?**

Yes.....	48 (40%)
No.....	41 (34%)
Don't have any mental health problems.....	32 (26%)

<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good .....	12 (10%)
	Quite good .....	35 (28%)
	Quite bad .....	34 (28%)
	Very bad .....	34 (28%)
	Don't know.....	8 (7%)

### Other support needs

<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes .....	66 (53%)
	No.....	59 (47%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes .....	21 (18%)
	No.....	38 (32%)
	Don't have a disability .....	59 (50%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes .....	63 (52%)
	No.....	59 (48%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes .....	31 (25%)
	No.....	32 (26%)
	Have not been on an ACCT in this prison.....	59 (48%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy .....	27 (22%)
	Quite easy .....	31 (26%)
	Quite difficult .....	12 (10%)
	Very difficult .....	14 (12%)
	Don't know.....	35 (29%)
	No Listeners at this prison .....	2 (2%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes .....	36 (29%)
	No.....	88 (71%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes .....	27 (22%)
	No.....	9 (7%)
	Did not / do not have an alcohol problem .....	88 (71%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	54 (44%)
	No.....	69 (56%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes .....	20 (16%)
	No.....	104 (84%)



<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes .....	24 (19%)
	No .....	100 (81%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	40 (33%)
	No .....	19 (16%)
	Did not / do not have a drug problem.....	61 (51%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	35 (28%)
	Quite easy .....	26 (21%)
	Quite difficult .....	11 (9%)
	Very difficult .....	4 (3%)
	Don't know.....	48 (39%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	11 (9%)
	Quite easy .....	14 (11%)
	Quite difficult .....	14 (11%)
	Very difficult .....	21 (17%)
	Don't know.....	64 (52%)
<b>Safety</b>		
<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	72 (58%)
	No .....	53 (42%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	28 (23%)
	No .....	94 (77%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here?</b>	
	Verbal abuse .....	65 (52%)
	Threats or intimidation.....	52 (42%)
	Physical assault.....	31 (25%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	42 (34%)
	Other bullying / victimisation .....	37 (30%)
	Not experienced any of these from prisoners here.....	39 (31%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes .....	67 (56%)
	No .....	53 (44%)
<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here?</b>	
	Verbal abuse .....	41 (35%)
	Threats or intimidation.....	20 (17%)
	Physical assault.....	10 (8%)
	Sexual assault.....	5 (4%)
	Theft of canteen or property.....	7 (6%)
	Other bullying / victimisation .....	20 (17%)
	Not experienced any of these from staff here.....	64 (54%)

<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes .....	75 (64%)
	No .....	43 (36%)

### Behaviour management

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>	
	Yes .....	54 (45%)
	No .....	51 (43%)
	Don't know what the incentives / rewards are .....	15 (13%)

<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>	
	Yes .....	53 (42%)
	No .....	47 (38%)
	Don't know.....	9 (7%)
	Don't know what this is .....	16 (13%)

<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>	
	Yes .....	15 (12%)
	No .....	112 (88%)

<b>15.4</b>	<b>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?</b>	
	Yes .....	5 (4%)
	No .....	10 (8%)
	Don't remember .....	0 (0%)
	Not been restrained here in last 6 months .....	112 (88%)

<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>	
	Yes .....	14 (11%)
	No .....	110 (89%)

**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?	8 (67%)	4 (33%)
Could you shower every day?	7 (70%)	3 (30%)
Could you go outside for exercise every day?	7 (70%)	3 (30%)
Could you use the phone every day (if you had credit)?	5 (50%)	5 (50%)

### Education, skills and work

<b>16.1</b>	<b>Is it easy or difficult to get into the following activities in this prison?</b>			
		Easy	Difficult	Don't know
				Not available here
	Education	73 (61%)	29 (24%)	16 (13%)
	Vocational or skills training	45 (41%)	37 (33%)	29 (26%)
	Prison job	78 (68%)	28 (24%)	9 (8%)
	Voluntary work outside of the prison	6 (5%)	30 (27%)	53 (48%)
	Paid work outside of the prison	4 (4%)	30 (27%)	52 (47%)
				24 (22%)

**I6.2 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	73 (63%)	30 (26%)	13 (11%)
Vocational or skills training	53 (49%)	21 (19%)	34 (31%)
Prison job	70 (61%)	34 (30%)	10 (9%)
Voluntary work outside of the prison	22 (21%)	15 (14%)	70 (65%)
Paid work outside of the prison	22 (21%)	14 (13%)	69 (66%)

**I6.3 Do staff encourage you to attend education, training or work?**

Yes .....	74 (60%)
No .....	42 (34%)
Not applicable (e.g. if you are retired, sick or on remand) .....	7 (6%)

**Planning and progression****I7.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes .....	63 (52%)
No .....	58 (48%)

**I7.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?**

Yes .....	51 (82%)
No .....	3 (5%)
Don't know what my objectives or targets are .....	8 (13%)

**I7.3 Are staff here supporting you to achieve your objectives or targets?**

Yes .....	31 (53%)
No .....	20 (34%)
Don't know what my objectives or targets are .....	8 (14%)

**I7.4 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 (56%)	3 (6%)	21 (39%)
Other programmes	29 (56%)	3 (6%)	20 (38%)
One to one work	28 (56%)	4 (8%)	18 (36%)
Being on a specialist unit	9 (18%)	5 (10%)	35 (71%)
ROTL - day or overnight release	8 (16%)	2 (4%)	39 (80%)

**Preparation for release****I8.1 Do you expect to be released in the next 3 months?**

Yes .....	38 (31%)
No .....	64 (52%)
Don't know .....	21 (17%)

**I8.2 How close is this prison to your home area or intended release address?**

Very near .....	4 (11%)
Quite near .....	12 (32%)
Quite far .....	12 (32%)
Very far .....	9 (24%)

<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>		
	Yes .....	27 (77%)	
	No .....	8 (23%)	
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>		
		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	16 (44%)	8 (22%)
	Getting employment	8 (23%)	9 (26%)
	Setting up education or training	6 (19%)	10 (31%)
	Arranging benefits	12 (35%)	3 (9%)
	Sorting out finances	10 (29%)	9 (26%)
	Support for drug or alcohol problems	16 (47%)	10 (29%)
	Health / mental health support	11 (32%)	7 (21%)
	Social care support	10 (30%)	12 (36%)
	Getting back in touch with family or friends	15 (43%)	8 (23%)

### More about you

<b>19.1</b>	<b>Do you have children under the age of 18?</b>	
	Yes .....	67 (54%)
	No .....	57 (46%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>	
	Yes .....	117 (95%)
	No .....	6 (5%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>	
	Yes .....	9 (7%)
	No .....	114 (93%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>	
	Yes .....	2 (2%)
	No .....	121 (98%)
<b>19.5</b>	<b>What is your gender?</b>	
	Male .....	0 (0%)
	Female .....	123 (99%)
	Non-binary .....	0 (0%)
	Other .....	1 (1%)
<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual .....	89 (74%)
	Gay / lesbian / homosexual .....	15 (12%)
	Bisexual .....	16 (13%)
	Other .....	1 (1%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes .....	3 (2%)
	No .....	119 (98%)

**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.....	9 (8%)
Less likely to offend.....	79 (66%)
Made no difference .....	32 (27%)