

Report on an unannounced full follow-up  
inspection of

# **HMP Styal**

5 – 15 July 2011

by HM Chief Inspector of Prisons

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# Introduction

Styal is one of the country's larger women's prisons, serving the north west of England. Many of the women detained come from relatively deprived communities in the Manchester and Merseyside areas. Like other large local women's prisons, Styal holds a wide range of prisoners, many with significant social needs and a wide range of vulnerabilities, including alcohol and drug problems. Some have severe mental health problems which often manifest in serious self-harm. Forty per cent of women, many more than at comparator prisons, reported having alcohol problems on arrival and, although a lower proportion than previously, 42% said they had a drug problem when they arrived. Nearly a quarter of women in our survey – more than in other comparator prisons and previously – reported having a disability and more than half said they had emotional wellbeing and mental health issues. As well as short sentence and remand women coming directly from the courts, the prison holds young adult women, life sentence women and other women serving longer sentences, and mothers and their babies.

Despite the significant challenges and constraints the prison had responded well to meeting the needs of most women prisoners. Arrival processes were generally efficient but attention was needed to ensure women were properly supported at this vulnerable time and that they received and understood the basic information they needed to manage their lives in the prison. Styal has previously been described as a 'tale of two prisons' with distinct differences between life in the old, and relatively small, Victorian houses and the large purpose-built, but oppressive, Waite wing. It was therefore good to see that there was no longer a large disparity of perceptions of safety between women who lived in the houses and on the wing.

There was good focus on individual risk. The overall level of self-harm had halved from 2009 to 2010 and women at very high risk received close attention, but more effective case management of others was also needed. While relatively few women were involved, managerial oversight of those held in segregated conditions and in special accommodation needed to be strengthened. There was some good clinical support for women with substance use problems and the increasing number of women who arrived needing detoxification from alcohol. We remained very concerned that the Keller Unit was still not an appropriate environment for the small number of women held there, all of whom had serious mental health problems. Resources on the unit were stretched during the night and it was a particular concern that the unit still did not have a clinical lead. Overall, however, it was a credit to the prison that for the first time we judged that outcomes for most women in the area of safety were reasonably good.

Relationships between staff and prisoners were also reasonably good. We saw some positive interactions which were not helped by a too complicated incentives and earned privileges system. Many staff had detailed knowledge of the women in their care but this was not reflected in positive personal officer work. The grounds and gardens were well kept. Living conditions were reasonable, although some of the dormitory rooms in the houses were cramped. The distribution of clothing to women who had few clothes of their own was inconsistent. Many women had insufficient underwear and some had been issued clothes that did not fit. The quality of food was satisfactory but we agreed with prisoners that some portions were very small. Diversity work was well organised and there was particularly good identification and support for women with disabilities. A more supportive approach for lesbian and bisexual women was needed. The drop-in diversity centre was an excellent resource and active diversity representatives were very helpful. Black and minority ethnic women told us they did not experience racism in the prison but in our survey they reported some more negative perceptions than others. Services for foreign national women were generally good but, as we often find, relied too much on the specialist diversity team and prisoner orderlies.

Women were complimentary about the support they received from chaplains. The mother and baby unit, run by Action for Children, continued to provide excellent support. Health care services were satisfactory and the 60-strong nursing work force was a telling indication of the level of need among the 450 women held. Even so, primary mental health services were stretched. Transfer under the Mental Health Act took too long – the longest wait for assessment and transfer had been about five months, which was too long.

Although there was still a difference between the experience of women on the houses and those on Waite wing, time out of cell was mostly good, with daily opportunities to spend time in the open air. Even on the wing a substantial number of women were able to spend approximately 10 hours out of cell. Women on Waite wing did not have evening association every day. This limited the telephone contact some were able to have with their children and families, which some women found very difficult. It was good to find sufficient activities to occupy the population – an important factor in helping to keep vulnerable women safe. The quality of the learning and skills provision was generally good. Access to the library had improved and it was a cheerful environment which promoted a good range of educational activities. There was reasonable PE provision, although women from Waite wing were still under-represented in the use of the facilities.

A good range of services was provided for most resettlement pathways but a more strategic and coordinated approach was needed to help ensure women were directed to appropriate services. A drop-in centre involving a range of voluntary sector support agencies continued to be a good resource. A quarter of the women told us they had housing problems on arrival and although the prison claimed that all women left the prison with accommodation arranged, this was often to a hostel or a friend's sofa. Sentence planning and offender management work was good but there was no custody planning for remand and short sentence women. The needs of women who were mothers of young children were recognised and some good work took place to support contact with families, but it was disappointing that the After Adoption service was no longer run. Entry and search facilities for visitors were poor and prohibitions on touching and kissing in the visits room were too restrictive. We welcomed the development of a much-needed alcohol service for women.

Overall this was a positive inspection of a prison which has had a chequered history, and it was apparent that the upward curve of improvement in recent years had been maintained. However there are two important caveats to this, which deserve national attention. The deaths of six women at Styal between 2002 and 2003 led to the commissioning of the review of vulnerable women in prison led by Baroness Corston. Published in 2007, it recommended a drastic reduction in the use of women's imprisonment. It was therefore disappointing to find, and to be told of by the governor, too many cases of women, some of whom were clearly mentally ill, serving very short prison sentences which served little purpose except to further disrupt sometimes already chaotic lives.

Second, despite the best efforts of the staff at Styal, the Keller Unit remains a wholly unsuitable place to safely hold and manage very seriously damaged and mentally ill women. My inspectors noted bleakly that, 'Officers, particularly on Keller Unit, often had to use force to remove ligatures from women intent on harming themselves.' In 2005 my predecessor noted such concerns about its forerunner, the care and separation unit, and was still concerned in 2008 that, despite the change of name, the Keller Unit was insufficiently resourced to provide a suitable therapeutic regime. In 2009 the Prisons and Probation Ombudsman also raised concerns about the role of the unit following an investigation into a death there. A review by the North West Regional Offender Health Team in 2010 concluded that the building was not fit for purpose and the unit could not deliver appropriate services for the women it held. Our inspection found that very little had changed in the management of these challenging women.

So long as these women remain in prison there is a need to ensure that they receive similar resources to those provided for the most disruptive men in close supervision centres in prisons to help women deal with the root causes of their problems in a suitable, safe and therapeutic environment.

**Nick Hardwick**  
HM Chief Inspector of Prisons

**October 2011**





# Fact page

## Task of the establishment

Closed female local.

## Prison status (public or private, with name of contractor if private)

Public

## Region/Department

North West

## Number held

Adults :

Young Women:

Totals:

## Certified normal accommodation

450

## Operational capacity

459

## Date of last full inspection

1 – 5 September 2008

## Brief history

Styal began life in 1898 as a home for children under the Victorian Poor Law and it continued as a children's home until 1956. Between 1956 and 1959 it was used to house Hungarian refugees. The prisoner's commissioners bought the site in 1960 and three years later it opened as a semi secure prison for women. In April 1999, the women's wing at HMP Risley closed and Styal took all the unsentenced prisoners. HMP Styal is the only female prison establishment in the North West.

## Short description of residential units

- There are 16 detached Victorian houses with mainly shared accommodation for approximately 20 women each.
- Waite wing is a quick build wing holding 134 women on two spurs. Accommodation consists of 92 single cells, 12 double cells and nine single cells with bunks.
- Keller unit accommodates up to nine women with complex needs.

## Escort contractor

G4S

## Health service commissioner and providers

Commissioner: Central and Eastern Cheshire Primary Care Trust

Provider: East Cheshire NHS Trust

## Learning and skills providers

Manchester City College



# Healthy prison summary

## Introduction

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- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | prisoners, even 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 helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. 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 against this healthy prison test.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
  - **outcomes for prisoners are reasonably good against this healthy prison test.**  
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 against this healthy prison test.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
  - **outcomes for prisoners are poor against this healthy prison test.**  
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.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2008, we found that Styal was not performing sufficiently well against the healthy prison test of safety. We made 43 recommendations, of which 11 had been achieved, six had been partially achieved, 26 were not achieved and one was no longer relevant. We have made nine further recommendations, including three main recommendations.
- HP5 In 2008, we found that Styal was performing well against the healthy prison test of respect. We made 66 recommendations, of which 23 had been achieved, 19 had been partially achieved and 24 were not achieved. We have made 12 further recommendations, including one main recommendation.
- HP6 In 2008, we found that Styal was performing reasonably well against the healthy prison test of purposeful activity. We made 18 recommendations, of which seven had been achieved, six had been partially achieved and one was not achieved. We have made seven further recommendations.
- HP7 In 2008, we found that Styal was performing reasonably well against the healthy prison test of resettlement. We made 54 recommendations, of which 20 had been achieved, seven had been partially achieved, 26 were not achieved and two were no longer relevant. We have made 11 further recommendations, including one main recommendation.

## Safety

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- HP8 Reception and first night procedures were generally efficient but the accommodation was difficult to supervise and there was a lack of effective peer support. Induction needed some attention. Most women reported feeling safe and there was less distinction than previously between Waite wing and the houses. Bullying was mostly low level and safety indicators were more effectively monitored. Levels of self-harm and the number of open assessment, care in custody and teamwork (ACCT) documents had fallen but some improvement was needed to ACCT procedures. Keller unit remained an unsuitable and inappropriate environment in which to manage women safely. Clinical management arrangements for substance users were safe but comprehensive assessments took too long to ensure flexibility of prescribing. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP9 Most women had relatively short journeys but found vans uncomfortable and unsafe. Some travelled in vans with men. Some women still arrived at the prison after 7pm, which impacted on what could be done on their first night. Efforts were being made to encourage more use of the video link by courts.
- HP10 In our groups and survey, women were relatively negative about their general treatment in reception and said they did not find staff supportive. The process was efficient and relatively quick. Two orderlies in reception were helpful but there was still no formal peer support function to help ensure that any advice given was appropriate. Although we found sufficient stocks of clothing, many recently arrived women had been given insufficient or oversized clothing in reception.

- HP11 A thorough immediate needs assessment was carried out on the first night centre. Women were able to make a free telephone call and most were able to have a shower unless they arrived late. All new arrivals were checked every hour during their first night but visibility into some rooms was poor and the accommodation was not well designed to ensure safety. Convicted and unconvicted women shared rooms without properly informed consent. Officers on the first night centre were very busy and dealt well with many queries from women who came to them in the office but had little time to be proactively supportive. There was no formal peer support on the unit and no routine Listener presence. Little information was provided for women who did not speak English, either on the first night centre or during induction.
- HP12 Most women in our survey said they had attended an induction programme but only just over a half said it covered all they needed to know. The initial induction to prison procedures was delivered by an orderly reading through a comprehensive information pack, although not all of it was accurate. No written induction material was given and some women said they struggled to remember things, although regular induction information was broadcast on the prison radio.
- HP13 In our survey, 15% of women said they felt unsafe at the time it was conducted, which was similar to the comparator<sup>1</sup>. The previous large disparity of reported perceptions of safety between Waite wing and the houses had decreased significantly. Monitoring and analysis of indicators of violence had improved and figures suggested some reduction in violence incidents but no safety survey had been completed since 2008 to help develop the violence reduction strategy. Weekly multidisciplinary safeguarding meetings had a very good focus on managing individual women and their risks. Formal anti-bullying systems were used frequently, mainly for low level incidents associated with communal living and difficulties with relationships. Allegations made were often difficult to substantiate and in some cases investigations were insufficiently rigorous. There were no specific interventions to challenge bullying and anti-social behaviour, which was managed mainly through using the basic regime or by moving the women involved.
- HP14 A helpful consolidated action plan brought together learning from previous deaths and serious self-harm incidents and was regularly reviewed. Although serious self-harm remained a major concern, levels of self-harm and the number of women involved had reduced significantly. A small number of women on Keller unit and Waite wing accounted for a high proportion of the incidents but, despite some improvements and some good care by staff, the role of Keller unit was still unclear. There remained some confusion about whether the Keller unit was a behavioural management unit or whether it was for women with mental health problems for whom it was not a sufficiently therapeutic environment. During our night visit, we found staffing very stretched considering the high level of risk involved. The use of male staff for constant supervision throughout the night was inappropriate. The number of ACCT documents

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<sup>1</sup> **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*)

open at one time had reduced. Very high risk cases got good attention but some improvements to ACCT procedures were still needed. Assessments were usually of a good standard but many reviews were not multidisciplinary and links between reviews and care maps were not always evident. Around 70% of staff needed ACCT refresher training. The Listener scheme did not operate a 24-hour service and facilities for Listeners were poor.

- HP15 In the absence of a segregation unit, relatively few women were removed from association with others under prison rule 45. They were held either on Keller unit or Waite wing but oversight arrangements were poor. The use of formal disciplinary proceedings was proportionate and records indicated that in most cases sufficient enquiry was made at hearings and punishments were consistent and reasonable. Records of use of force indicated that force was used in appropriate circumstances but the very high level of use on Keller unit underlined the real difficulties of managing the women there.
- HP16 Forty per cent of new arrivals were dependent on drugs and/or alcohol and there had been a large increase in the number of women requiring alcohol detoxification. Clinical management arrangements were safe but comprehensive substance misuse assessments did not take place until after five days, which did not allow sufficient flexibility. There was no GP input into treatment reviews and no dual diagnosis service. The development of the specialist substance use Iris centre had improved integrated working between counselling, assessment, referral, advice and throughcare (CARAT) and clinical staff and service accessibility. At just below 6% for the 12 months to April 2011, the random mandatory drug testing positive rate was relatively low. Positive results from suspicion tests were poor at around 20%.

## Respect

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HP17 Staff-prisoner relationships were satisfactory but personal officer work still needed development. The prison was clean and living conditions were reasonably good. Food quality was satisfactory but portions were small. The incentives and earned privileges system was complex and not well understood. Application and complaints were handled satisfactorily. Diversity work was well organised, there was good identification and support for women with disabilities and diversity representatives were active and supportive. The mother and baby unit was a positive facility. Health care services were satisfactory but primary mental health services were stretched and the Keller unit still did not have a clinical lead. Outcomes for prisoners were reasonably good against this healthy prison test.

HP18 A little lower than the comparator in our survey said most staff treated them with respect or that they had a member of staff they could turn to for support. Interactions we saw were mostly good but there were long gaps between some case note entries, including from personal officers. Most comments were observational rather than interactional but they showed generally good awareness of individual women and their issues, although there was little reference to sentence plans. Fewer than the comparator said they had a personal officer and the scheme was in a state of transition. Most of those who said they had one found them helpful.

HP19 The general environment was good, with well kept grounds, and improved by the removal of the large gate between Waite wing and the rest of the prison. Fire

arrangements needed attention as fire hoses were not unlocked at night and staff did not know where the keys were. Some rooms in houses remained too cramped and some areas, particularly showers, needed refurbishment. Women were able to shower daily but access to baths had been removed. Women on the houses were still not provided with toiletries. There were only limited supplies of clothing and many women with very little means and no outside support had to buy clothes from catalogues.

- HP20 The incentives and earned privileges (IEP) scheme based on a three tick negative or positive ticket system was complex to administer and not fully understood. Staff had received little training and, despite some good monitoring, did not appear to apply the scheme consistently. Credits were issued mostly by non-uniformed staff and officers tended to issue the negative tickets. Some women who achieved regular credits but just below the target number did not achieve enhanced status despite consistent good behaviour. Women on remand or serving short sentences had little opportunity to achieve enhanced as they had to wait at least three months to apply. Few women were held on the basic level for long but they had only one hour a day out of their cell, which provided little opportunity to demonstrate progress.
- HP21 Women were very negative about food and only 20% in our survey said it was good. We found the quality acceptable but agreed with prisoners that some portions were very small. Women on some of the houses were able to cook for themselves using supplied ingredients. Similar to the comparator in our survey said they were satisfied with the range of goods available in the shop but many women complained about prices.
- HP22 Responses to complaints were generally polite and prompt. Most addressed the points raised but not all gave apologies when mistakes had been made. Application forms were easily accessible and logged on submission but often not when they were answered. There were appropriate bail and legal services. .
- HP23 An overarching equality policy incorporated all diversity strands but focused too much on legal duties rather than support services. There was excellent identification of women with disabilities, with good follow up systems to ensure needs were identified and met both for them and older women who needed support. Gay women in our survey indicated concerns about safety, particularly being intimidated by staff and the policy on sexuality concentrated too much on behaviour rather than equality and support.
- HP24 There was good routine consultation with black and minority ethnic women but issues identified at meetings were not always followed through. Reported racist incidents were thoroughly investigated but it was not always clear that staff reporting incidents such as racist abuse also laid appropriate disciplinary charges. Women in groups said they did not experience racism in the prison but black and minority ethnic women in our survey reported feeling much less safe and less respected by staff than white prisoners.
- HP25 Foreign national women received good support from the diversity team, including the diversity orderlies, but residential staff relied on the diversity team too much for matters such as telephone interpreting services rather than using them themselves to help with positive interaction. Foreign national women still did not receive a free telephone call abroad if they had had a social visit, which in some cases restricted

their contact with close family. A new service for independent immigration advice had just been introduced.

- HP26 There were satisfactory chaplaincy facilities and chaplains were actively involved in the life of the prison. Women were very positive about the work of chaplaincy and their access to religious leaders. Women were free to attend services and a wide range of faith-based groups was also run.
- HP27 The mother and baby unit continued to provide a positive, safe and stimulating environment with a clear emphasis on promoting parental responsibility. There were very good care plans for babies in the unit and good support for pregnant women in the prison. The unit was usually full precluding emergency admissions so we were concerned there were insufficient places to meet needs.
- HP28 All women had an effective health screen and assessment on arrival, with a separate mental health assessment that ensured quick identification of mental health needs. Women could see a nurse daily but GP appointments took too long and opportunities to see a female GP were restricted. A high proportion of women received medication, which made administering medicines safely challenging. Very few women had medicines in possession. Chronic disease management was largely ad hoc, although a community practice nurse for asthma ran weekly clinics. General health promotion was very good and there was a good sexual health service. Good quality dental services were provided. Pharmacy arrangements had improved. A resource centre provided good support for a small number of women with low level mental health needs and the mental health in-reach team provided a good service, including drop-in clinics. However, there was a gap in service provision for women with common mental health problems such as anxiety and depression. Weekly review meetings on Keller unit were detailed and comprehensive and staff provided some good support but the environment was inappropriate for mentally ill women. All women on the unit were mental health patients but it was still not led by a clinical manager.

## Purposeful activity

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HP29 Time out of cell was reasonably good with sufficient activities to occupy the population. Learning and skills provision was generally good. Access to the library had improved and there was reasonable PE provision, although women from Waite wing were still under-represented. Outcomes for prisoners in this establishment were good against this healthy prison test.

HP30 Time out of cell for women on the houses remained very good but there was still no separate monitoring of the experience on Waite wing. Most women on the wing appeared to get around 6.75 hours out of their cells on weekdays and those working off the wing, about a third of the population, could get up to 10 hours. This was reasonably good but there was still a significant difference between the two sides of the prison. All women had daily opportunities to spend time in the open air but evening association on Waite wing was restricted to a maximum of four days a week Monday to Thursday, and Thursday's was restricted to enable the distribution of shop orders.

HP31 The learning and skills strategy was well coordinated between the prison and the provider and effectively involved external partnerships. Good initiatives had improved



the range of provision. Quality monitoring and audit arrangements were systematic but some aspects of the education provider's quality assurance arrangements to monitor teaching and learning were insufficiently rigorous to identify and resolve areas for improvement. Data systems needed simplifying and rationalising to improve their effectiveness.

- HP32 A good proportion of women attended at least some education sessions each week and 87 attended full time. Attendance and punctuality were satisfactory but classes were over booked to make most efficient use of the spaces available and this obscured information about patterns of individual attendance. Initial assessment of literacy and numeracy needs was good and women who stayed longer had their progress and assessments reviewed during an advice session. Not all women who would benefit took up literacy and numeracy support but those who did achieved well. Learners were well motivated and produced good standards of work. Those who completed accredited courses achieved their qualification. The quality of teaching and support was good but the standard of individual learning plans and target setting varied widely and many were ineffective. Education accommodation and resources were satisfactory overall and some were good, with readily available access to information and learning technology. The CALM centre continued to offer beneficial experiences for women on Waite wing.
- HP33 Work and vocational training opportunities had generally improved and included good initiatives in areas such as the gardens and a prison radio station. A call centre was about to open. Standards of work were good and those who completed accredited training achieved well. Some work areas now recorded the achievement of social and personal work skills acquired at work but this was not consistent. There were missed opportunities to accredit work skills such as in catering and laundry. The provision of literacy and numeracy support in workshops had improved and women who completed national tests in literacy and numeracy achieved well.
- HP34 The library was a bright and cheerful environment and access was much improved from previously. A range of educational, reading promotion and drama activities was run. Stock was better planned to ensure the range of books matched needs and reflected the educational and vocational training courses offered.
- HP35 PE facilities were reasonably good and participation had improved. Participation in gym activities had improved substantially but women from Waite wing were relatively under-represented. Programmes for older women, diet and nutrition, weight loss and healthy living were run together with a range of accredited courses.

## Resettlement

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- HP36 Sentence planning and offender management work was good but there was no custody planning for remanded and short sentenced women. A good range of services was provided for most resettlement pathways but a more strategic and coordinated approach was needed to help ensure needs were met. There was some good work to support contact with families but aspects of visits arrangements needed improvement. Services for women with substance use problems were good and included a pilot alcohol programme for women. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP37 The resettlement policy was out of date and not based on an up-to-date needs analysis. A community house for category D women was planned to enable women from the north west to stay close to home and work in the community. This appeared a good initiative but had not been developed as part of a national strategic approach to the women's estate. Not all resettlement pathways had an action plan but all had a named lead. Regular pathway meetings updated the plans, although some targets needed review.
- HP38 Offender management work was well established. All women in formal scope for offender management arrangements were seen at least once a month by offender supervisors and a good service was also provided to other women serving 12 months or over who were seen quarterly. Most eligible women including lifers and other women serving indeterminate sentences had up to date regularly monitored sentence plans but there was no custody planning for remanded women or those serving less than 12 months. Sentence planning boards were well attended and there were very good links with offender managers. Family days for indeterminate-sentenced women and annual information days were run. Some meetings between women serving indeterminate sentences and staff responsible for their management were held but action and outcomes were not recorded and some women said they got little support. Public protection arrangements were sound.
- HP39 Most reintegration needs were assessed during women's first days in custody but the process was fragmented and usually based on individual services. The drop-in resettlement centre continued to be a very good resource and allowed women access to a wide variety of voluntary sector groups, including services for women who had been involved in sex work or who were victims of domestic violence. Pathway services were well advertised on houses but not on Waite wing. This was reflected in our survey, where women on Waite wing were less aware than others of where to find help.
- HP40 Good housing support was provided through a number of service providers, including specific services for women from Wales. No women were recorded as released without accommodation to go to but this was not an accurate reflection of housing need on discharge as it included hostel accommodation and other unsettled short-term solutions such as sleeping on a friend's couch.
- HP41 There was no structured assessment of finance and benefit needs on arrival and benefit claims were closed remotely. A JobCentre Plus worker attended the resettlement drop-in centre two days a week to advise women. A useful money management course was run and sentenced women were helped to open a bank account.
- HP42 In the area of education, training and employment, there were highly effective partnerships with a number of agencies and good and developing links with employers to link to work and training after release. A useful pre-release course was run covering a range of appropriate skills and which involved a good range of external agencies to help resettlement.
- HP43 Women with complex health needs were seen before release and given appropriate medication. Other women were given useful localised information and other health promotion material.

- HP44 A reasonable range of interventions included the building skills for recovery programme for substance users and the thinking skills programme (TSP). TSP offered places for 60 women each year and there was no waiting list. Offender supervisors and psychology staff had identified a need for an anger management programme for women who were unsuitable for TSP. Sycamore Tree victim awareness courses were run but insufficient to meet demand. Some women were benefiting from a recent initiative that provided individual life coaching.
- HP45 Women reported positively about the support they received from a family link worker who saw all new arrivals and also held a weekly clinic in the drop-in centre. A range of good services was provided but some, such as the After Adoption service, were no longer run. Parenting programmes were restricted to women on the mother and baby unit. Visitors said they found it difficult to get through to the visits booking line. Entry and search facilities to the visits areas remained poor. Security arrangements in the visits room were too restrictive, including requiring women to wear bibs and a prohibition on kissing or holding visitors' hands. Contact with children was supported through quarterly family fun days open to all women and a range of other special visits, although some were open only to women on the enhanced IEP level.
- HP46 A comprehensive needs analysis had informed the integrated drug treatment system (IDTS) treatment plan and a designated drug strategy manager coordinated and monitored initiatives. There had been some good developments in the provision of services for women with primary alcohol problems, including a pilot alcohol programme for women, but there remained a very high level of need. Women with substance use problems had easy access to CARAT services, specialist support, self-help groups and peer supporters as well as the building skills for recovery programme and were positive about the help they received. There were good links to community services.

## Main concerns and recommendations

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- HP47 Concern: The first night in prison is a very vulnerable time, particularly for women with no previous experience of custody, but there was no formal peer support scheme, officers were often too busy to spot quiet women who needed additional support and the layout of the unit made it difficult to interact informally and provide a fully safe environment.

**Recommendation: All women should have a supportive first night experience with peer support in suitable and safe accommodation.**

- HP48 Concern: Although very high risk women received some good attention general case management of women subject to ACCT procedures had still not improved sufficiently. While initial assessments were of reasonable standard, few reviews involved all the appropriate people or took account of or updated care maps.

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

- HP49 Concern: The role of the Keller unit continued to be unclear and the unit was unable to deliver appropriate services for the very wide range of needs amongst the women it

held. All the women on the unit were mental health patients but the unit still did not have a mental health lead. The building was not fit for purpose. The lack of appropriate services and support for some of the most challenging and damaged women in the prison continued to be a major issue.

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

**HP50** Concern: There was no active personal or named officer system to ensure that all women, particularly on Waite wing received appropriate attention and support. An over complex pilot scheme on Waite wing had been suspended.

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

**HP51** Concern: Delivery of resettlement services was fragmented and uncoordinated and in the absence of any case managed custody planning for women on remand or serving short sentences not all women were aware of or directed to appropriate services.

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

# Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

## Main recommendations

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- MR1 **Better monitoring and analysis of indicators of violence and the operation of the anti-social behaviour procedures should be undertaken to help improve the effectiveness of the violence reduction strategy and ensure any bullying is appropriately tackled. (HP41)**  
**Partially achieved.** Violent incidents were well monitored and analysed. The cases of individual women involved or suspected of being involved in violent or anti-social behaviour were discussed at weekly safeguarding meetings, which meant prompt action could be taken and appropriate management plans developed. A database of violent incidents and quarterly reports for the safer prisons meeting identified the type, location and key individuals involved. Annual comparative data on indicators of violence were collated but there had been no recent survey of prisoners' experience and perceptions of safety to help develop the violence reduction strategy.
- MR2 Women on stage three of the strategy had little opportunity to continue bullying as they were placed on the basic regime with limited and controlled association. Eighty-six per cent of tackling anti-social behaviour documents opened on suspected perpetrators followed low-level incidents and allegations often associated with problem relationships that were difficult to substantiate. On-going monitoring was often ineffective in these cases and one document had been closed after several weeks simply because no entries had been made. Not all investigations were sufficiently rigorous and little was done to attempt to resolve minor issues communally on the houses. Tackling anti-social behaviour procedures were under review.
- MR3 **ACCT procedures should be improved. Reviews should be planned, multidisciplinary and chaired by consistent case managers with the personal officer or other key worker involved. Care maps should reflect identified needs and be updated as necessary. (HP42)**  
**Not achieved.** Although very high-risk women, who were often held on Keller unit, received good attention, overall assessment, care in custody and teamwork (ACCT) procedures had not improved enough. ACCT assessments were usually of a high standard but few reviews were multidisciplinary and some involving women with severe mental health problems took place with no mental health professionals to help develop care plans. ACCT documents went with prisoners to activities only if they were on higher levels of observation, which did not encourage a multidisciplinary approach. ACCT reviews dates were published on the intranet and daily by the gatehouse but this did not always give enough notice for staff who may have had something to contribute. A database of all opened ACCT documents identified case managers and reserve case managers but there was little evidence that this resulted in continuity of case management. Key workers or personal officers were not identified to work with prisoners at risk and links between reviews and care maps were not always evident. **See main recommendation HP48.**
- MR4 **All use of force and special accommodation should be rigorously analysed by a senior manager and feedback provided to the staff involved, with the aim of reducing its use. (HP43)**  
**Partially achieved.** Levels of use of force had fallen and there had clearly been management

focus on achieving this through the safer custody team. The head of safer custody reviewed some use of force paperwork but the sample used was randomly selected rather than taking a more focused approach, such as reviewing all instances where force was used for reasons of non-compliance.

- MR5 **A clear policy should be published setting out the aims of the Keller unit, which should be staffed by a multidisciplinary team led by a clinical manager to ensure appropriate therapeutic interventions for the women there. (HP44)**  
**Not achieved.** No revised policy had been drafted and the unit was still not led by a clinical manager. Managers gave different answers when asked the purpose and aims of the Keller unit and its criteria. While they said women could be placed on the unit for a variety of reasons, it was the practice that one of the mental health team confirmed that mental health issues were at the root of the behaviour, which reinforced the need for a clinical lead. **See main recommendation HP49.**
- MR6 **Personal officers should get to know women prisoners' personal circumstances and record regular contact in wing files to build up an accurate account of a woman's time at Styal, achievements against any objectives and any significant events affecting her or her family. (HP45)**  
**Not achieved.** We sampled 30 sets of P-Nomis case notes, only a third of which included entries from clearly identified personal officers, although some of the other entries might have been made by personal officers. Most were observational, often about behaviour, particularly on Waite wing. Few entries indicated frequent meaningful interactions between prisoners and staff, even though a number demonstrated some good knowledge of the women. The only reference to a sentence plan was from an offender supervisor noting a review. None of the case notes included anything about sentence plan targets or any other objectives. Some had gaps of up to six weeks between entries and often there were no follow up comments for weeks after a woman arrived. None contained any record of a management check. **See main recommendation HP50.**
- MR7 **Improved work opportunities leading to useful qualifications should be provided particularly for women serving life sentences and others who spend long periods at Styal. (HP46)**  
**Partially achieved.** The range of work opportunities had improved. Horticulture was the largest employer of around 40 women, including about seven with longer sentences. A wide range of cooking and related jobs were available in the kitchen for up to 23 prisoners and trainee beauty therapists and hairdressers delivered a service to other prisoners. There were further work opportunities in the information and communication technology (ICT) workshop, broadcasting, stores, housekeeping and laundry. Other developments included the restoration of furniture and soft furnishings to benefit communities in need, including prisoners on release. There were also well-advanced plans to set up a call centre. However, opportunities to develop the range of vocational training and work had been missed. Construction provision was limited to painting and decorating, with no training using a multi-skills approach to extend prisoners' skills for personal use and to improve employment prospects. Many courses offered potential for self-employment following release but this opportunity was not exploited. Work opportunities did not always lead to qualifications (see section on learning and skills and work activities).
- MR8 **An up-to-date health needs assessment should be carried out to ensure that resources are sufficient to cover both the physical and mental health needs of women at Styal. (HP47)**  
**Not achieved.** The last full health needs assessment had taken place in 2009. A limited 'refresh' in 2011 had been confined only to an update on the recommendations made in 2009.

There was evidence of increased numbers of women with alcohol problems and there were a significant proportion of women with primary mental health needs that were still not being adequately met. While some forward planning was undertaken to meet those needs, population issues such as this should have been part of a robust evidence base on which services were properly planned.

**We repeat the recommendation.**

**MR9 A resettlement strategy specific to Styal should be agreed based on a needs analysis of the particular groups of women at the prison with action plans setting out how those needs will be met. (HP48)**

**Not achieved.** The reducing reoffending strategy dated 2009 was not based on an up-to-date needs analysis and did not reflect the specific needs of the groups of women at Styal. Not all action plans were up to date. **See main recommendation HP51** and section on resettlement.

**MR10 All women prisoners should have an up-to-date sentence or custody plan that is regularly monitored. (HP49)**

**Partially achieved.** Women serving sentences of 12 months or more and those subject to offender management arrangements had up-to-date sentence planning but there was no custody planning for remanded women and those serving sentences of less than 12 months. **See main recommendation HP51** and section on resettlement.

**MR11 Sufficient services should be provided to help women deal with alcohol problems. (HP50)**

**Partially achieved.** In our survey, 40% of women against a comparator of 32% reported alcohol problems on arrival and the prison had made considerable progress in developing alcohol services. A designated counselling, assessment, referral, advice and throughcare (CARAT) worker provided structured one-to-one work and ran monthly alcohol awareness group sessions. He had a caseload of 30. Other CARAT workers offered brief interventions to women with a lower level of need. Phoenix Futures were also piloting two new courses. The 10-session 'women and alcohol' course was the first of its kind. Three groups had run to date, with 29 women starting and 23 completing. Styal was also the first women's prison to offer the building skills for recovery (BSR) programme, which was suitable for those with a higher level of need in terms of alcohol and drug dependency. These were positive developments but a high 27% of women admitted to Waite wing in the 12 months to April 2011 had required detoxification from alcohol or from alcohol and drugs, and service provision and support for those undergoing alcohol detoxification remained insufficient.

**We repeat the recommendation.**





# Progress on recommendations since the last report

## Section 1: Arrival in custody

### Courts, escorts and transfers

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#### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 **The option of using the video link for suitable court hearings should be offered to all women prisoners. (1.7)**  
**Partially achieved.** While the prison actively promoted the use of the video link, it was still underused for court hearings. In the year to June 2011, 874 women had attended court compared to 208 who had used the video link for court appearances and greater use would have avoided unnecessary journeys and long waits in court cells.
- 1.2 **Female and male prisoners should be transported separately. (1.8)**  
**Not achieved.** Some women still travelled on the same escort vehicle as male prisoners.  
**We repeat the recommendation.**
- 1.3 **Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm. (1.9)**  
**Not achieved.** Records kept by reception staff indicated that some women still experienced long delays returning from court to prison. One woman booked in to return to Styal at 11.10am did not actually arrive until 6.20pm. The daily log in reception showed that 21 women had arrived at Styal at or after 7pm since the beginning of June.  
**We repeat the recommendation.**
- 1.4 **All women should be given 24 hours notice of planned transfers unless there are well-evidenced individual risk assessments otherwise. (1.10)**  
**Not achieved.** Women on the houses were given 24 hours notice of planned moves but those on Waite wing were not usually told until the morning of their move. Staff said this was to prevent them self-harming or becoming aggressive but this was not subject to evidenced and individualised risk assessment.  
**We repeat the recommendation.**

#### **Additional information**

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- 1.5 GEOAmev were shortly due to take over from G4S as the contracted escort provider. The escort vehicles we inspected were functional but grubby and one had no supplies of water.

# First days in custody

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## Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

## Reception

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- 1.6 **Officers should wear name badges and introduce themselves to prisoners. (1.33)**  
**Not achieved.** We saw one senior officer on duty in reception wearing a name badge but other staff either wore a badge displaying just their number or no badge at all. Staff greeted new arrivals and explained what was going to happen but did not introduce themselves.  
**We repeat the recommendation.**
- 1.7 **Prisoners should wait in reception for as short a time as possible. (1.34)**  
**Achieved.** Reception was busy, with around 600 to 750 movements a month. Despite this, we saw women moved through the reception process and over to the first night centre usually within about an hour.
- 1.8 **Reception orderlies should have a formal peer support role and all women new to custody should receive planned and specific information and support in reception. (1.35)**  
**Not achieved.** Two orderlies based in reception provided basic support as a key part of their role but there was no formal peer support element in the job description, they did not meet with prisoners in private and it was difficult to be sure of the quality or accuracy of the informal advice given.  
**We repeat the recommendation.**

## Additional information

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- 1.9 Reception was clean, safe and relaxed. We saw reception staff treat women politely but only 63% of women in our survey, fewer than the comparator, said they had been treated well there. After searching, new arrivals were interviewed in private by an officer for a cell-sharing risk assessment and the first section of an immediate needs booklet, which noted whether the woman was subject to public protection measures, had a history of self-harm or substance use and had any accommodation or family issues. It also recorded any action taken by reception staff to deal with identified risks and needs. A disability questionnaire was completed and forwarded to the diversity team.
- 1.10 Women were given a toiletries pack and a pen and there was a clothing allowance scheme for those who arrived with few clothes of their own. A leaflet set out how many items they could have but many women were given only one set of underwear when the allowance was seven. Some women also said they had not been given any socks. One woman had been issued clothes too big for her and had therefore had to borrow items from other prisoners. A recently revised welcome leaflet giving a brief outline of the first 48 hours, the rules and the regime was available only in English.

### Further recommendation

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

### Housekeeping point

- 1.12 Women should be issued with sufficient clothing of the correct size.

## First night

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- 1.13 **The first night centre should be staffed by dedicated and experienced officers who interact with and support new arrivals. (1.36)**  
**Partially achieved.** There were dedicated admissions staff but the first night centre was so busy that their time was taken up dealing with a range of issues in the office rather than regularly interacting with and supporting new arrivals. They were clearly ready to help women who came to the office with concerns but some vulnerable women were too nervous to do this and there was a need for a more active approach. (See main recommendation HP47.)
- 1.14 **New arrivals should receive essential first night procedures irrespective of their time of arrival. (1.37)**  
**Not achieved.** Most women received all essential first night procedures but staff confirmed that particularly late arrivals were still not always able to see the doctor, make a telephone call or have a shower.  
**We repeat the recommendation.**
- 1.15 **A contact list of telephone numbers for the police, social services departments and the out-of-hours emergency teams should be readily available to reception and first night centre officers. (1.38)**  
**Not achieved.** Reception and first night centre staff said they used the internet to find relevant contact numbers but they could not always identify telephone numbers for the emergency duty teams and there was no backup should the computer system go down.  
**We repeat the recommendation.**
- 1.16 **Women who are detoxifying on their first night should not share with those who are not. (1.39)**  
**Not achieved.** Detoxifying women were usually put in separate rooms but staff said restrictions on space meant this was not always possible. Some women said they had shared rooms on their first night with women withdrawing from drugs or alcohol.  
**We repeat the recommendation.**
- 1.17 **Sentenced women should not have to share rooms with unsentenced women. (1.40)**  
**Not achieved.** All new arrivals were asked if they agreed to share with a sentenced prisoner if the unit was full and those who did were considered for room sharing. Many women were distressed on arrival, some of whom were in custody for the first time, and we did not consider this general disclaimer was appropriate or constituted fully informed consent.  
**We repeat the recommendation.**
- 1.18 **Rooms without sanitation on the first night centre should not be used. (1.41)**  
**Achieved.** All rooms now had internal sanitation.

## **Additional information**

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- 1.19 The first night centre policy had not been revised since 2008 and some of the detail was inaccurate. The centre could hold up to 24 women and included one adapted room for a woman with disabilities. It was self contained, with its own kitchen, dining room and communal sitting room, and lots of helpful information was displayed on notice boards.
- 1.20 Women were taken to the centre by the reception officer who had interviewed them who gave a verbal handover to first night staff. Women were given important safety information, such as about call bells, the smoking policy and fire evacuation procedures, and issued a smoking or sweet pack. They could make a free five-minute telephone call. Orderlies handed out a microwave meal and a bed pack but there was no formal peer support. Listeners were available until only 10pm and none were based on the centre. In our survey, fewer women than in 2008 said they had felt safe on their first night. All women were checked hourly during their first night but some staff made only one entry in the records covering the whole night. The bunk beds in four-bed rooms blocked officers' line of vision (see section on self-harm and suicide).
- 1.21 Women were seen on the centre the next day by representatives from a range of departments, including the chaplaincy, probation, housing, a bail officer, a benefits worker and a family link worker. (See also main recommendation HP47.)

## **Induction**

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- 1.22 **Women should receive a well-planned and engaging induction presentation. (1.42)**  
**Not achieved.** Induction still involved an orderly simply reading through an information pack. While the information given was detailed and relevant, there was no means of adapting the presentation to women's different learning styles and some said they found it difficult to follow and retain. Not all of the induction information was up to date, including reference to a legal aid facility that no longer operated from the first night centre. The presentation was only in English and women were not given anything in writing to keep. Induction material in other languages was supposed to be available in separate language folders on a few computers available to women in the centre but many of the folders were empty and staff said the computers were rarely used for this purpose. One officer said professional interpreting services had never been used in induction. In our survey, 84% of women said they had been on an induction course but only 55% said it had covered everything they needed to know. Many of the women we spoke to in groups were unaware of basic information about prison procedures.  
**We repeat the recommendation.**

## **Additional information**

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- 1.23 Some induction information was played regularly on the prison radio. Once women had been relocated to the wing or a house, they attended a second-stage induction delivered over 2.5 days in a dedicated room at the drop-in centre. They completed education assessments and were given information about education, health and safety, work opportunities and resettlement. Women who had been in Styal in the previous six months did not have to repeat induction but could do so on request.

# Section 2: Environment and relationships

## Residential units

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### 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.

### Accommodation and facilities

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- 2.1 Prisoners should be able to use telephones in private and the number of telephones should be increased. (8.110)

**Partially achieved.** There were now four telephones on each spur of Waite wing but few telephones could be used in private.

#### Further recommendation

- 2.2 Women should be able to make calls in private.

- 2.3 Calls should be charged at the cheapest possible national rates. (8.111)

**Achieved.** Calls were charged at the same national rate as at other prisons but the cost was not published to women.

- 2.4 Single cells should not be used for two women. (2.16)

**Not achieved.** Single cells were still used for two women.  
**We repeat the recommendation.**

- 2.5 Rooms in the houses should be refurbished and less crowded, with adequate storage space for all women. (2.17)

**Not achieved.** Although the six-bed room on Willow house had been reduced to four beds, three-bed and four-bed rooms were still crowded and many areas were in need of refurbishment. There were not enough tables and chairs for women in shared cells and rooms. Wooden beds/bunks had replaced metal ones in many cases but the remaining metal bunks did not have a ladder to reach the top bunk.  
**We repeat the recommendation.**

- 2.6 The metal netting should be removed from the landings on Waite wing. (2.18)

**Achieved.** The netting had been removed.

- 2.7 All accommodation should be heated to a satisfactory temperature. (2.19)

**Achieved.** Most women said the heating had been satisfactory in winter.

- 2.8 Reception applications should be responded to within five days and this should be monitored by managers. (2.20)

**Achieved.** There was no backlog of reception applications. Responses were monitored through the complaints system and most reception applications were responded to in reasonable time.

- 2.9 The cost of the television in shared dormitories should be proportionate to the number of women using it. (2.21)  
**Achieved.** The cost of televisions in shared rooms was proportionate.
- 2.10 Free basic toiletries should be available to all women. (2.22)  
**Not achieved.** Free toiletries were still provided only to women on Waite wing.  
**We repeat the recommendation.**
- 2.11 All in-cell toilets should be properly screened. (2.23)  
**Not achieved.** Toilets in single cells were only partially screened.  
**We repeat the recommendation.**

### **Additional information**

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- 2.12 The general environment was good, with well kept grounds and clean communal areas, cells and rooms, although women reported difficulties in getting cleaning materials. Many cells on Waite wing had no curtains so women made their own out of torn sheets. Women complained about mattresses and pillows and the governor had taken up the issue with the Prison Service procurement team. Women on the wing used the care, assessment, learning and motivation (CALM) centre and each wing spur had pool and table tennis tables but many complained of boredom. The outside area contained wooden tables and chairs and was fenced off from the rest of the prison. The gate separating the wing from the houses was removed during the inspection.
- 2.13 In our survey, 31% of women, fewer than the comparator but more than in 2008, said their cell bell was responded to within five minutes. Response times were not monitored by managers. On our night visit, we found that fire hoses were not unlocked and staff did not know where the keys were, which had potentially serious implications for safety.
- 2.14 Fewer women than the comparator in our survey said they were usually offered enough clean suitable clothes for the week. Women wore their own clothes and had regular access to laundry facilities but had to hand-wash underwear. They could have clothing sent or posted in during their first 28 days at Styal, after which they had two opportunities a year to exchange clothes for summer and winter. Women who did not have anyone to send clothes in were expected to buy items from catalogues, which was difficult for those with only prison pay. Some women applied for, and were granted, clothing from the stock of clean donated clothes in reception but not all staff were clear about who could access this store and when and there were no maternity or culturally-appropriate items. Women could receive one 'parcel' every three months, although officers had different views on what items of clothing these could contain.
- 2.15 In our survey, 92% of women, more than the comparator, said they could shower every day. One shower on Size house had been out of order for at least six months. Many baths had had the taps removed or the bathrooms had been locked off, which we were told by some managers was due to damage caused by overflowing baths. Others said it was a cost saving measure.

### **Further recommendation**

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

### **Housekeeping points**

- 2.17 Women prisoners should have access to baths.
- 2.18 Response times to cell call bells should be regularly monitored and recorded by managers.
- 2.19 A clear clothing policy should set out what women are allowed and should ensure access to clean suitable donated clothing and more frequent exchanges of clothing.

## Staff-prisoner relationships

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### Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.20 **Officers should make active efforts to communicate and interact with women on the houses and Waite wing during association and at other times. (2.49)**  
**Not achieved.** There was relatively little interaction between officers and women on the houses and on Waite wing. In our survey, only 9% of women, against a comparator of 28%, said staff spoke to them most of the time during association.
- 2.21 **Adult women should not be referred to as girls. (2.50)**  
**Partially achieved.** Managers had encouraged the use of appropriate language, including through the local decency policy, but a number of staff still referred to adult women prisoners as girls.

### Additional information

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- 2.22 Fewer women than the comparator in our survey said most staff treated them with respect or that they had a member of staff they could turn to for help if they had a problem. General interactions between staff and prisoners were mostly positive and substantially fewer women than the comparator and than in 2008 said they had been victimised by staff. Most women in our consultation groups agreed that relationships with officers were generally positive but they said officers were stretched in their work and it was sometimes difficult to get things done.

## Personal officers

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### Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.23 **Wing files should contain care plans for prisoners with identified special needs. (2.57)**  
**Not achieved.** Although good care plans were generated (see section on diversity), these were not readily available to personal officers and others who needed to be aware of them.  
**We repeat the recommendation.**

## **Additional information**

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- 2.24 Fewer women than the comparator said they had a personal officer and the scheme was in a state of transition. An over complex pilot scheme on Waite wing linking personal officers to the introduction of a custody planning passport had just been suspended and how best to ensure that each woman had a named officer to support her was being reconsidered. (See main recommendation HP50.)



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 **Personal officers should provide more timely information on prisoners subject to the anti-social behaviour strategy to the safeguarding meeting. (3.12)**  
**Achieved.** Although personal officers did not attend the weekly safeguarding meeting, up-to-date information on individual women was presented by residential managers and security and other departments provided information about women subject to the anti-social behaviour strategy.
- 3.2 **Members of the safer prisons meeting should attend regularly or send a representative. (3.13)**  
**Not achieved.** Over the previous five months, there had been regular absences from some key areas, including health care, the chaplaincy and admissions.  
**We repeat the recommendation.**
- 3.3 **Job descriptions should be developed for all members of the safer custody team, including the number of hours allocated to each of the roles. (3.14)**  
**Achieved.** There was a clearer allocation of resources to safer custody. A new safer custody team had been established in May 2009 and included a full-time safer custody manager and coordinators for suicide prevention, violence reduction and control and restraint. These staff were rarely cross-deployed to other tasks and regularly consulted with residential staff about the management of prisoners. A full-time administrative officer contributed significantly to the work of the department. All posts had job descriptions.
- 3.4 **More effective interventions should be developed for those identified as perpetrators of anti-social behaviour. (3.15)**  
**Not achieved.** There were no interventions to challenge bullying and anti-social behaviour, which was managed mainly through punishment on the basic regime and by moving women. Psychology staff had previously worked with women placed on the third stage of the tackling anti-social behaviour strategy but had not done so since September 2010 due to a loss of resources.  
**We repeat the recommendation.**
- 3.5 **Support plans for victims should identify specific help and be monitored regularly. (3.16)**  
**Not achieved.** Support plans were weak and focused primarily on reducing the opportunities for further victimisation by moving perpetrators or victims.  
**We repeat the recommendation.**

## **Additional information**

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- 3.6 The violence reduction policy and strategy had last been reviewed in May 2010 and incorporated procedures for tackling anti-social behaviour. A violence reduction continuous improvement plan was regularly updated. A weekly multidisciplinary safeguarding meeting continued to work effectively. A summary of action points from these meetings was discussed at the monthly safer prisons meetings.
- 3.7 The violence reduction strategy was explained to new arrivals at induction. Safer custody was on the agenda of the prisoner forum but minutes of these meetings did not indicate that safety was discussed in depth. Posters around living areas advised women where they could get help if bullied. A safer custody telephone line for visitors with any concerns was advertised but rarely used. The safer custody team now had a higher profile and was more accessible. Although there was little supervision on the house units and, apart from on Willow house, none at night, there was little indication that this led to women feeling unsafe in that environment. In our survey, 15% of women, similar to the comparator, said they felt unsafe. Women on Waite wing felt safer than previously and the previous large disparity between Waite wing and the houses had reduced.
- 3.8 There were strong links between the security and safer custody departments and good systems to record incidents. A violent incident log was kept and figures suggested a reduction in violent incidents from an average of 33 a month in 2010 to 26 a month in the first six months of 2011. Most involved refusal to cooperate and aggressive behaviour. Canteen was now delivered to women's rooms rather than collected, which had reduced the potential for theft. Most violent incidents occurred on Keller unit and Waite wing, where behaviour was often associated with the complex needs of women with mental health problems and drug detoxification. Officers, particularly on Keller unit, often had to use force to remove ligatures from women intent on harming themselves.
- 3.9 A tackling anti-social behaviour log recorded details of prisoners placed on the strategy. The number of documents opened each month for suspected perpetrators and victims had increased from an average of 35 a month in 2009 to 51 a month in the first six months of 2011 but investigations were often weak and there was too much reliance on observations rather than active challenge of poor behaviour. Women placed on the second stage of monitoring were moved to Waite wing. Reviews took place weekly chaired by a senior officer. Targets set were usually too generic to be effective, such as 'to be polite and respectful' and 'to comply at all times with the rules'.
- 3.10 Although there were no specific interventions for victims, the CALM centre and the mental health resource centre in health care offered some support for women who, due to their personality, were vulnerable to being victimised and found prison difficult to cope with. To reduce risks, vulnerable women were not allocated to houses where women catered for themselves. Diversity representatives had been appointed in some cases to support women with additional needs.

### **Further recommendation**

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

# Self-harm and suicide

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## Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.12 **The prison should develop a consolidated action plan from investigations and from learning from deaths in custody. This should be reviewed periodically to ensure that any resultant changes to practice are maintained. (3.36)**  
**Achieved.** A consolidated action plan that brought together learning from previous deaths and serious self-harm incidents and was regularly reviewed. It evidenced work undertaken to meet recommendations, some of which had been completed such as the provision of mental health services on Keller unit every day following a coroner's recommendation.
- 3.13 **A more therapeutic response to dealing with women at risk of suicide or self-harm on Keller unit should be developed. (3.37)**  
**Not achieved.** A small number of women on Keller unit and Waite wing accounted for a high proportion of the incidents of self-harm. Women on the unit had some access to art therapy, gym sessions, an occupational therapist and some education twice a week and had weekly reviews. Staffing by mental health professionals had improved following concerns raised at an Inquest. Staff, including members of the safer custody team, provided good support and care but the role of Keller unit remained unclear and it was not a sufficiently therapeutic environment. The local policy document for the unit was dated 2007. Proposals for change had been made following a review of the unit after a death there but no decisions had yet been made. See main recommendation HP49.
- 3.14 **More ACCT assessors should be recruited from a range of disciplines. (3.38)**  
**Not achieved.** Only two of the 29 trained assessors were non-uniformed grades.  
**We repeat the recommendation.**
- 3.15 **All staff in regular contact with prisoners should be trained in ACCT procedures. (3.39)**  
**Not achieved.** Staff had received initial training but around 70% required ACCT refresher training. All ACCT assessors and case managers responsible for chairing reviews were trained.  
**We repeat the recommendation.**
- 3.16 **Women prisoners should have 24-hour access to Listeners with appropriate facilities. A suitable risk assessment should be completed when access has not been allowed. (3.40)**  
**Not achieved.** Listeners were not available after 10pm. Women wanting to talk to someone later than this were offered a portable telephone with a direct line to the Samaritans but this could not be used in private in shared accommodation. Listeners often had to talk to women through locked cell doors. Small cubicles had been introduced on both sides of Waite wing in March 2011 but these did not provide confidentiality. Dining rooms were used when Listeners were called to see women on the houses. The problem of identifying appropriate facilities for Listeners had been on the safer prisons meeting agenda for over two years.  
**We repeat the recommendation.**

**3.17 All cordless telephones with direct lines to the Samaritans should work and be regularly checked, with records kept of their use. (3.41)**

**Achieved.** The four cordless telephones were checked regularly and a record was kept. We used two of them at various points on the wing and were able to contact the Samaritans. Women could also dial the Samaritans free of charge direct from landing and house unit telephones.

**3.18 Safer cells in line with current guidance should be provided, with a protocol for their use. (3.42)**

**Achieved.** There was one safer cell on Keller unit and two on Waite wing for women thought to be at immediate risk of self-harm. There was a protocol for their use. The two cells on Waite wing had been used 15 times in the previous six months. In most cases, prisoners had been held there for only a few days but one woman had been held for 14 days. Their use was not routinely monitored at the safer prisons meeting.

**Housekeeping point**

**3.19** The use of safer cells should be monitored at the safer prisons meeting.

**3.20 Bunk beds that impede observation should be replaced. (3.43)**

**Not achieved.** Around eight cells on the Y side of Waite wing, which held many detoxifying women and women on ACCT documents and was therefore an area of high risk, still had bunk beds that restricted staff observation of the occupants. There was similar number of these beds on X side. Bunk beds in some rooms on the first night centre, another area of high risk, also impeded observations. Poor night lighting also meant that areas of these rooms could not be seen clearly.

**We repeat the recommendation.**

**3.21 Night staff should be first aid trained. (3.44)**

**Not achieved.** The safer prisons meeting in April 2011 had identified that insufficient staff had completed recent first aid training. There was no system to ensure that all permanent night staff were trained and the orderly officer on our night visit did not know if any staff on duty had been trained.

**We repeat the recommendation.**

**Additional information**

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**3.22** There was an appropriate local policy. The safer prisons meeting met monthly, covered all relevant areas and reviewed progress on action points.

**3.23** Incidents of self-harm were well monitored and, although still a major concern, levels of self-harm and the number of women involved had reduced significantly. The safer custody annual report for 2010 recorded a decrease of 47% on 2009. In 2010, 48% of all self-harm incidents involved just 10 women. The overall number of women who self-harmed had reduced from 210 in 2009 to 101 in 2010.

**3.24** During our night visit, we found staff resources on Keller unit very stretched given the high risk of serious self-harm. Seven of the 10 women were subject to ACCT monitoring, two were on constant supervision and food refusal logs had been opened on two. Only one officer was on duty as staff had been deployed on hospital bed watches. Two male agency nurses were responsible for observing the women on constant supervision. The use of men was

inappropriate and could cause additional anxiety for women, many of whom had previously been abused by men. A constant supervision protocol developed jointly with the department of health did not refer to the gender of staff used for such watches.

- 3.25 The use of strip or protective clothing was almost entirely confined to Keller unit. In a recent two-month period, such clothing had been used for five women. Two women accounted for most uses, mainly during patrol periods and at night.
- 3.26 The number of open ACCT documents had reduced from the high numbers we had found previously, often 60 to 70, that were difficult to manage effectively. Thirty-six documents were opened on one day of this inspection. The prison was trialling a new 'on-going record' in ACCT documents that helped to identify which staff were on duty and responsible for making entries. Staff signed to confirm they had been given a briefing at each handover. It also ensured that regular entries were made but these were not always quality entries showing that the woman had been spoken to and asked how she was feeling.
- 3.27 Although some work with families had taken place, women who self-harmed were not routinely asked if they wanted their next of kin notified. Some counselling services were available through health care, including support for women who had been abused. The mental health in-reach team and chaplaincy also provided counselling. Few women were on waiting lists.
- 3.28 There were nine Listeners, five of whom had only recently completed training, but at times there had been as few as two. Listeners received good support from the Samaritans and the violence reduction coordinator, who also acted as the Listener liaison officer. Listeners attended the monthly safer prisons meeting. There was not enough support for prisoners in the early days of custody. Listeners were not routinely present in reception or on the first night centre and were not involved in induction. No Listeners lived on Waite wing so there was no opportunity for informal contact with many highly vulnerable women who were new to custody.
- 3.29 There were procedures to ensure that information about women who had been at risk of self-harm was passed to prisons where they were being transferred and to probation services for those being released to hostels.

#### Further recommendations

- 3.30 Male staff should not be used for constant supervision of women at night unless there is appropriate individual justification.
- 3.31 Listeners should be informally available to women on the first night centre and during the early days of custody.

## Mothers and babies

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### Expected outcomes:

Mothers and babies are provided with a safe, supportive and comfortable environment which prioritises the care and development of the child. Pregnant women receive appropriate support.

- 3.32 An appropriate room should be provided for staff sleeping overnight in the mother and baby unit. (2.40)

**Achieved.** The room was small and still contained some IT wall boxes but an internal wall had been taken down to create more space and this had improved the sleeping space.

**3.33 A suitable outside play area should be provided for the mother and baby unit. (2.41)**

**Achieved.** An outside play area accessed from the inside playroom contained age-appropriate play equipment. The flooring was a mix of grass and soft matting and the area was fenced in safely.

**3.34 The mother and baby unit equipment storage building should be repaired and made weatherproof. (2.42)**

**Achieved.** There was now a pleasant, airy and clean portacabin. It was also suitably furnished for group work and for children to play there during closed visits or supervised access sessions.

### **Additional information**

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**3.35** The mother and baby unit managed and staffed by Action for Children could accommodate nine women and 10 babies (to allow for twins). It was in a secure house out of bounds to other women but was old and in need of updating. The environment was clean and tidy and the communal areas for children and babies, such as the nursery and play areas, were bright and suitably equipped, with age-appropriate toys and books. Women and their children lived on the first floor in single rooms, some of which had integral shower and toilet.

**3.36** Women from Styal and other prisons could apply for a place before their baby was born. Ideally, women came into the unit a few weeks before their due date but the unit was usually full with a waiting list so this and emergency admissions were not always possible. An admissions board screened and considered all applications based on strict risk-based criteria and in 'the best interests of the child'. The unit link social worker requested detailed reports on each woman's history and circumstances from her local authority.

**3.37** Women were allowed to keep their children with them until the age of 18 months and, in exceptional circumstances, until the age of two years. Where relevant, a separation plan was started on admission to the unit. 'Handover' carers were identified and the local authority vetting process started as early as possible to ensure a better transition for the child. This was often not possible with foreign national women.

**3.38** Women could leave their babies in the nursery while they worked. There were good facilities for women to prepare their own and their children's food. A baby shop enabled women to order and buy food and essential items for their children and helped them learn to budget on a limited income. Women with little or no money were helped to obtain essentials such as nappies. Most women spoke positively about the unit, although one or two felt they were told what to do rather than being able to make decisions about what their children needed.

**3.39** There was a dedicated weekly GP session for the children and a community health visitor provided the childhood immunisation programme. A weekly pregnancy group was well attended. Confidential care plans were thorough and provided satisfactory information on each mother and child's progress. Pictorial care plans for each baby were encouraged and supported by staff in partnership with the women and provided a diary of each child's development and activities for the future. Contact with wider families was maintained effectively wherever possible, including closed visits in the adjacent portacabin. There had been a recent video link up between a mother and child and the child's father who was serving a prison sentence elsewhere.

## Applications and complaints

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### Expected outcomes:

Effective application and complaint procedures are in place, 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.

**3.40 All responses to applications should be returned promptly and sent via the residential units to be logged in the applications book. (3.99)**

**Partially achieved.** There had been some progress in that each residential area had application books and the dates when applications were submitted were recorded. Most responses were returned through the residential units and dates logged. Most were answered within five days but it was not always possible to establish how long applications had taken as some dates were missing.

**3.41 Night patrol officers should not be responsible for emptying complaints boxes. (3.100)**

**Achieved.** Complaints boxes were emptied by the night orderly officer and delivered to the request and complaints clerk, who entered them on a complaints log.

### **Additional information**

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**3.42** Application forms were easily accessible on Waite wing and most houses. Most applications on Waite wing were requests for additional telephone credit and tobacco packs following reception.

**3.43** In the previous six months, 980 complaints had been submitted, an average of 163 complaints a month. The most common subjects were health care (12.8%), property and compensation (12.5%) and general conditions (10.4%). Waite wing held around 30% of the population but accounted for 44.5% of all complaints. A monthly breakdown of complaints was reviewed by the senior management team but there was no trend analysis to identify and deal with any emerging areas of concern. Responses to complaints were generally polite and respectful and returned promptly. Most addressed the issue and many, but not all, offered apologies when mistakes had been made. The head of residence quality checked a 5% random sample of completed complaints forms.

## Legal rights

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### Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

**3.44 Legal services should be properly advertised on all residential units. (3.106)**

**Not achieved.** Legal services were advertised in some, but not all, residential areas. Notice boards on two units contained so much information that it was difficult to find the details about legal services and some women said they had not seen the notice and had found out about the service through the drop-in centre.

**We repeat the recommendation.**

### **Additional information**

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- 3.45 A bail officer visited all new arrivals on the first night centre. A bank of local solicitors attended the drop-in centre twice a week to provide free advice about a range of legal issues including bail applications, licence recalls, parole board hearings, adjudications, children and family law, fraud, housing and interpreting legal correspondence. Appointments were available by application, although women said they had been seen without one. Legal visits were available each weekday morning. There were five private interview rooms and women could also use the tables in the main visits hall if the private rooms were full.

## **Faith and religious activity**

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### **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.

- 3.46 The reasons why proportionately fewer women from Waite wing attend chaplaincy services and activities should be explored further by managers and any barriers removed. (5.47)  
**Partially achieved.** Although there had been no formal enquiry into this, the situation had improved with free movement off Waite wing and the removal of the large gate separating Waite wing from the rest of the prison.

### **Additional information**

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- 3.47 Women of all faiths had good access to worship without the need for prior application. Services were well promoted and there was plenty of information about the chaplaincy team and the range of services provided, including a good range of faith-based classes. Reasonable facilities included a main chapel with screening to facilitate private interviews or counselling, a multi-faith room, an interview room and adequate office space. The chaplaincy team were well integrated into the daily life of the prison and were members of all multidisciplinary forums. In our survey, significantly more women than the comparator said they had been visited by a member of the chaplaincy in their first 24 hours at Styal and were able to see a religious leader of their faith in private.

## **Substance use**

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### **Expected outcomes:**

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.48 Methadone should be issued to women who need it without undue delay. (3.121)  
**Achieved.** New arrivals saw a GP on the first night centre and methadone treatment started the same evening. Although methadone administration could be as late as 11.45pm, this was an improvement on 2008.



- 3.49 A dedicated clinical substance misuse team should provide coordinated care and support to drug and/or alcohol dependent women. (3.122)**  
**Not achieved.** A specialist GP focused on first night prescribing but did not participate in clinical reviews. A band 6 integrated drug treatment system (IDTS) nurse led the service supported by one primary care nurse. Five primary care nurses had completed RCGP 2 training and at any time one was seconded to the clinical IDTS service for four months. This resulted in a lack of consistency. Comprehensive substance misuse assessments were not completed until day five at the earliest and several women complained about their initial treatment plan. One woman who had been titrated up to 30ml of methadone did not feel she needed this amount but had not had an opportunity to discuss this until day six.  
**We repeat the recommendation.**
- 3.50 The stabilisation unit should be staffed by a dedicated group of officers who have undergone substance misuse awareness training (3.123)**  
**Partially achieved.** A designated team of officers staffed both sides of Waite wing. Not all had undertaken substance misuse awareness training but staff-prisoner interactions were positive and contact between the officers and nursing and CARAT staff had improved.
- 3.51 The clinical substance misuse and the mental health in-reach teams' skills mix should include dual diagnosis expertise. (3.124)**  
**Not achieved.** There was no dual diagnosis nurse in either of the teams and care coordination for women with complex needs was ad hoc.  
**We repeat the recommendation.**
- 3.52 Mandatory drug testing should be appropriately staffed to ensure that target tests are carried out within the required timescale. (3.125)**  
**Not achieved.** Mandatory drug testing (MDT) officers were still regularly diverted to other duties and in the previous month alone, 25 requests for suspicion tests had not been met. In the previous six months, only 20% of suspicion tests had been positive and between April 2010 and April 2011 the percentage had been as low as 14.1%. Targets for random MDT were met and the random MDT rate averaged 5.9% between April 2010 and April 2011 against a target of 8%. The main drugs of use were benzodiazepines followed by opiates.  
**We repeat the recommendation.**

### **Additional information**

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- 3.53** Forty per cent of new arrivals required clinical management for drug and/or alcohol dependency. Of 738 women admitted to the stabilisation unit in the year to April 2011, 546 were prescribed methadone and 19 buprenorphine but 331 of the opiate users also required alcohol detoxification and 171 women were detoxified from alcohol only. This was a significant increase on 2008, when a quarter of women admitted to Waite wing were alcohol dependent. Overall, clinical management of women was safe. Treatment started on the first night centre and women were provided with a good level of monitoring and care. The Y side of Waite wing was still used for initial stabilisation and alcohol detoxification, after which women could either move to the X side or on to the houses. Those living on the houses received methadone from the health services department. Facilities were cramped and administration was often delayed in the mornings, which made women anxious (see section on health services).



## Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

### Diversity

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- 4.1 **There should be a published diversity policy that outlines arrangements for meeting the needs of all minority groups. (3.53)**  
**Partially achieved.** A diversity policy covered all diversity strands but applied to both staff and prisoners rather than having a separate policy for each group. There was some information about meeting the needs of minority groups but not in sufficient depth, with the focus primarily on legal obligations and duties.  
**We repeat the recommendation.**
- 4.2 **The diversity and equality action plan should include specific identified actions to address the needs of older prisoners. This should be informed by issues identified at the mature women's forum. (3.54)**  
**Not achieved.** Despite excellent routine consultation arrangements with older prisoners, the diversity and equality action plan contained no specific actions to address their needs. This was also the case with other diversity strands where there was good consultation with women but issues identified were not incorporated into the diversity and equality action plan.  
**We repeat the recommendation.**
- 4.3 **The diversity and equality action team should monitor and analyse key information to ensure that prisoners from minority groups are not being victimised or excluded from activities. (3.55)**  
**Not achieved.** Only compulsory monitoring related to ethnicity required by NOMS was carried out. We attended the monthly diversity and equality action team meeting, where some managers did not appear to understand the purpose and implications of such monitoring. Where potential issues were highlighted, such as low numbers of black and minority ethnic women granted release on temporary licence or promoted to the enhanced regime, the diversity team was expected to provide answers rather than managers responsible for those areas carrying out investigations of their own and reporting back where further actions could be implemented if necessary.  
**We repeat the recommendation.**
- 4.4 **Prisoners with disabilities and older prisoners should have a care plan that is regularly reviewed by a multidisciplinary team. (3.56)**  
**Partially achieved.** Care plans were produced for prisoners with disabilities or older prisoners. These were reviewed by multidisciplinary teams but such reviews did not appear to be routine and it was unclear what would trigger one. The care plans were also not available for all staff who might have dealings with a prisoner.

#### Further recommendation

- 4.5 Care plans should be available to all relevant staff.

## **Additional information**

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- 4.6 The drop-in diversity centre remained an excellent resource and a committed team of a diversity manager, race equality officer, disability liaison officer and four paid prisoner orderlies provided invaluable support for women. Women with disabilities and older women with mobility issues reported positively about the support received from the diversity team but were more mixed in their perception of the help they received from other staff. Identification of women with disability or age-related needs was excellent and 37% of women had been entered on a database of women with disabilities, more than the 23% in our survey who reported having a disability, which was unusual.
- 4.7 Identified individual adaptations were good, including orthopaedic mattresses provided for some women with severe back issues. Hearing loops had been fitted in addition to a portable one and a touch-type telephone had been obtained for profoundly deaf women. Identified prisoners acted as carers for women who needed help. Generic adaptations made on the houses were less successful, including showers that often required women to step up into them.
- 4.8 Lesbian and bisexual women were more negative than other women in our survey and several we spoke to said staff were heavy-handed in dealing with women deemed to be behaving 'inappropriately'. We saw two women reprimanded for hugging each other and were shown a number of negative incentives and earned privileges slips for similar actions. This lack of tolerance to non-sexual physical contact and displays of affection was reinforced by the sexuality section of the diversity policy, which focused on how women should behave rather than how lesbian and bisexual women would be supported.
- 4.9 The prison was encountering difficulties maintaining links with external agencies, who themselves were finding it difficult to provide support free of charge. Despite this, a number of events celebrating diversity had been held with the help of some external agencies. Age Concern had recently held an open day and a similar event had taken place involving Cheshire black and minority ethnic group and the African & Caribbean community association. Lesbian, gay, bisexual and transgender month had been marked with a series of displays and international women's day had also been marked by prisoner-produced displays.

## **Race equality**

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- 4.10 **All staff should receive training that enables them to understand and respond appropriately to race and cultural issues. (3.72)**  
**Partially achieved.** Sixty per cent of staff had taken part in the Prison Service 'Challenge It, Change It' training. Managers said they hoped to have every member of staff trained by the end of 2011.
- 4.11 **The race equality policy should be widely publicised and readily accessible to prisoners, staff and visitors. (3.73)**  
**Not achieved.** Although the race equality policy was available to staff through the local intranet, a number of staff we spoke to did not know where to find a copy. Copies were not readily available to prisoners and visitors.  
**We repeat the recommendation.**
- 4.12 **All complaint and request forms that refer to incidents of racism should be passed to the race equality officer before a response is given. (3.74)**

**Achieved.** Request and complaint forms that referred to a racist incident were routinely passed to the race equality officer.

- 4.13 **Groups of black and minority ethnic prisoners should be able to meet prisoner representatives to discuss issues of importance to them and to air their views. These views should be reported to the race equality action team and action taken fed back to black and minority ethnic prisoners. (3.75)**

**Partially achieved.** A monthly black, Asian and minority ethnic prisoners' forum was open to all women. Minutes indicated that all attendees were able to raise and discuss issues of importance. The diversity team sought to address issues but these were not always fed into the equality and diversity committee meeting.

### **Additional information**

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- 4.14 In some parts of our survey, perceptions of black and minority ethnic women were less positive than white women, particularly in relation to being treated with respect by staff and feeling unsafe in the prison. Black and minority ethnic women in groups did not report as negatively but individual women said the lack of progress with issues raised at the black, Asian and minority ethnic prisoners' forum was a source of frustration.
- 4.15 Seventy racist incident report forms had been submitted in the first six months of 2011, with monthly trends monitored at the equality and diversity committee meeting. Investigations were very good, with thorough records detailing interviews with all appropriate parties. While appropriate actions were recommended, there were examples where disciplinary charges would have been appropriate and this was not clarified by the race equality officer or the deputy governor who checked and signed off all forms as completed.

### **Foreign nationals**

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- 4.16 **Accredited translation and interpreting services should be used for women who do not understand English for all matters when accuracy or confidentiality is important. (3.86)**  
**Not achieved.** Managers acknowledged that telephone interpreting services were often not used when they should have been. Prisoners reported that the only time they had seen telephone interpreting used was by a member of the diversity team.  
**We repeat the recommendation.**
- 4.17 **The foreign national policy should be informed by a local needs analysis. (3.87)**  
**Not achieved.** A thorough local needs analysis carried out in April 2010 had highlighted a number of areas for further development but, while the foreign national policy had been reviewed at the same time, it did not incorporate or address any of the findings.  
**We repeat the recommendation.**
- 4.18 **There should be a published agenda for the foreign national forum and foreign national personal officers should attend. (3.88)**  
**Partially achieved.** There was a regular standing agenda for the foreign national forum. All foreign national women were invited to attend but personal officers did not.
- 4.19 **Foreign national women with family abroad should receive a free telephone call irrespective of whether they have had a visit. (3.89)**  
**Not achieved.** The policy still stated that a women could have a free telephone call only if she had not had a domestic visit in the previous month.  
**We repeat the recommendation.**

- 4.20 **Links should be established with accredited, independent immigration advice services to help women obtain appropriate information. (3.90)**  
**Achieved.** A local immigration advice centre had just begun monthly visits to help women requiring advice.

#### **Additional information**

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- 4.21 Thirty-five foreign national women were serving sentences. One detainee transferred to an immigration removal centre during the inspection. A database of all foreign national prisoners was accessible to all staff. Few documents or notices were translated but the lack of interpretation or translation was mitigated by the formal diversity buddy system. Through this, women who spoke little or no English were, where possible, assigned a prisoner who spoke both English and their language to assist them with any arising issues.

# Section 5: Health services

Expected outcomes:

Prisoners should be 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 in the community.

## General

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- 5.1 **A professional cleaning programme should be introduced to ensure that all health care areas meet NHS standards of cleanliness and infection control management. (4.49)**  
**Not achieved.** Nurses and prisoners under supervision cleaned clinical areas and other communal areas were cleaned by a prisoner. All areas were clean and tidy. There were well progressed plans to provide an NHS-level service but these had not yet been implemented. **We repeat the recommendation.**
- 5.2 **The wing treatment room should be fitted with sufficient clinical storage facilities to ensure safe custody of all clinical equipment and all clutter should be removed from floors. (4.50)**  
**Achieved.** The treatment room was suitably fitted with appropriate lockable storage cupboards for medications. The room was reasonably tidy and in good order except that the various resuscitation equipment bags need to be stored better to ensure they were easy to grab in an emergency.

## Additional information

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- 5.3 Health care was commissioned by Central and East Cheshire Primary Care Trust (PCT) and provision had recently transferred to East Cheshire NHS Trust. The last full health needs assessment had been in 2009 and had been refreshed in 2011 (see also section on progress on main recommendations). There was a current health improvement strategy and delivery plan that identified the key outcomes and progress. A bi-monthly prison partnership board was chaired by the governor, with representation from both commissioner and provider services and from the local authority and probation service.
- 5.4 The head of health care was an experienced Band 8C manager registered nurse. The total nursing workforce comprised about 60 whole time equivalent staff, including directly employed and subcontracted staff with a satisfactory mix of registered general and mental health nurses and support workers.
- 5.5 The main health care centre had a pleasant reception area. There were several consulting rooms for use by primary care and visiting services and some small interview rooms, primarily used by the mental health team. A dental surgery and digital x-ray room were on the ground floor. The pharmacy room and adjoining medication rooms were cramped, with poor access by staff and women, and storage was difficult. There was little privacy or confidentiality during administration of medications. Two adjoining rooms in the first night centre were used for reception and secondary screenings and GP consultations. A large treatment room on Waite wing could be accessed from both sides of the wing for medication administration.

- 5.6 Women were given written information about health services on arrival and attended an information and health promotion session during induction. Women were asked to sign an information-sharing consent form to enable requests for previous medical records and information shared across specified prison departments.

#### Further recommendation

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

### Clinical governance

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- 5.8 **A nominated health worker should be given responsibility for the management of older prisoners. (4.51)**  
**Achieved.** A band 7 clinical manager took responsibility for older women. Women could access regular general women's health clinics, although these were not specific to older women. There was some good identification of conditions such as osteoporosis. Plans for a designated house for older women were at an early stage and health care staff were involved in the discussions.
- 5.9 **Chronic disease management should be improved and women should be seen regularly with support from community nurse specialists. (4.52)**  
**Partially achieved.** An asthma practice nurse visited weekly to review and treat chronic asthmatics. There was no chronic disease register. Management of long-term conditions was opportunistic but appeared reasonably satisfactory for individuals.
- 5.10 **Health care team meetings should include support professionals such as the dentist and the pharmacist. (4.53)**  
**Achieved.** The minutes of a weekly clinical meeting showed attendance by the lead GP and pharmacist and all key support professionals had a standing invitation to attend.
- 5.11 **A mental health awareness training programme for wing officers should be formally introduced and delivered regularly. (4.54)**  
**Partially achieved.** There was a recognised mental awareness programme with several scheduled sessions but only 37 officers (16%) had received training in the previous year.  
**We repeat the recommendation.**
- 5.12 **A dedicated health forum for prisoners should be introduced. (4.55)**  
**Achieved.** Although there was no dedicated forum, health care had a regular slot on the prison 'working for prisoners' forum. Health care also sought feedback from women using regular detailed questionnaires, which were collated into an annual report and informed actions to address women's concerns. A series of specially commissioned patient forums had been run in 2010 (see additional information).

#### Additional information

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- 5.13 Governance had improved. Staff were well managed through a system of personal development reviews with their respective team leaders and training needs were aligned with service needs through a comprehensive learning and development plan. There was an appropriate complement of trained nurses, health care support workers and administrative staff.



- 5.14 A total of 112 untoward incidents, two of which were 'serious', had been logged between April 2010 and March 2011. Many were medication related. There was good evidence of action taken to address specific failings but it was not clear how wider learning for all staff was cascaded.
- 5.15 Women could use the prison complaints system and the patient advice and liaison service. There were about 349,000 prisoner contacts with health care services each year. Health care comprised between 7% and 12 % of all prison complaints. The small sample of responses we saw were polite and addressed the issues raised. Where possible, staff clearly tried to resolve issues early. The provider PCT had commissioned Cheshire Voice (a charity specialising in engagement and patient experience) to run a series of patient forums during 2010. The resulting report provided useful feedback from women, including their satisfaction with dental services and sexual health services and their dissatisfaction with waiting times to see a GP, the application process, information about how to access health services, access to simple pain relief and compromised confidentiality when escorted to external appointments by officers. During 2010, a sample of 10 women a month had also been asked about their experience of health care. A report of 100 women had been collated and showed overall good levels of satisfaction with care.
- 5.16 Resuscitation kits were kept in the reception office of health care, the treatment room in the first night centre and the treatment room on Waite wing and on Keller unit. There were defibrillators in health care, Waite wing and Keller Unit. Regular checks were carried out in each of the locations but there appeared to be some inconsistency in their frequency. Only just over 9% of discipline staff had received first aid training and it was not clear whether this included basic life support.
- 5.17 Work had started to review and ratify applicable policies from the new provider, East Cheshire NHS Trust and Cheshire East Community Health policies remained applicable in the interim. There were some prison-specific policies, such as on in possession medication, a pandemic 'flu action plan and over-the-counter remedies. The clinical supervision policy was being reviewed and we did not see an infection control or blood-borne virus policy. There was evidence of use of national institute of clinical excellence (NICE) guidelines and other national guidance.
- 5.18 SystemOne had been introduced in November 2010 and was used by all health care professionals to record individual consultations and hold scanned referral letters and reports. There was no read across between the mental health ISIS system, which meant retrospective recording onto SystemOne and care programme approach recording could only be seen by the mental health team. Electronic prescribing was under consideration. There was limited use of care plans. Remaining paper records were stored securely and confidentially in the resource centre and then archived.

#### Housekeeping points

- 5.19 Learning from incidents should be a regular item within staff forums.
- 5.20 All health care professional staff should be able to access care programme approach documentation.

## Good practice

- 5.21 *Seeking patient feedback and engagement through commissioned forums and regular feedback surveys helped to ensure that women had a voice and their comments informed improvements in services.*

## Primary care

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- 5.22 **The health care appointments system should be reviewed to ensure that appointments reach prisoners and identify the reasons prisoners do not attend appointments and appropriate measures put in place to ensure they do, including the provision of discipline officers rather than clinical staff for escorts to appointments. (4.56)**  
**Partially achieved.** A current analysis of missed appointments was due to report. Women with enhanced status were allowed to attend health care with a movement slip. Clinics were held on Waite wing, which enabled most women subject to restricted movement to attend, but waits for GP clinics were still too long.  
**We repeat the recommendation.**
- 5.23 **Discipline staff should closely supervise the administration of medicines. (4.57)**  
**Achieved.** Discipline staff supervised women at all medication rounds in main health care, Waite wing and Keller unit.
- 5.24 **The primary care trust should assess the need for additional GP surgeries delivered by a female GP. (4.58)**  
**Not achieved.** There was one weekly clinic with a female GP. This was insufficient to enable women to have real choice or to meet the needs of women who would only consult a female GP due to specific anxieties around seeing a male GP.  
**We repeat the recommendation.**
- 5.25 **Nurses carrying out medicine administration should not carry a radio, which should be used only for genuine health care emergencies. (4.59)**  
**Not achieved.** Staffing capacity meant nurses often had to undertake medication while carrying one of the designated radio roles. We also observed nurses answering telephone calls during medication rounds. These interruptions were risks to safe administration of medication.  
**We repeat the recommendation.**
- 5.26 **The sexual health team should have additional administrative and clinical support. (4.60)**  
**Achieved.** There was a band 3 health carer support worker and sufficient administrative capacity in health care to support the team.
- 5.27 **Dental dams should be available to women. (4.61)**  
**Partially achieved.** A policy had been agreed and was awaiting implementation.

## Additional information

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- 5.28 Women were given a reception health screen on arrival in the first night centre. This identified immediate issues including detoxification and medication needs and ACCT referrals where appropriate. A GP was present until 10pm each weekday evening and until 6pm on Saturdays to provide prescribing and medical input. A comprehensive secondary health screen was conducted the following day by a nurse and a health care support worker. This identified and

triggered referrals to other services including the dentist, GP, optician and sexual health. Women were routinely asked about vaccination status and follow-up with Hepatitis B and age-appropriate immunisations was good. Most women took up the invitation for a separate mental health assessment, which enabled early detection of potential mental ill-health.

- 5.29 In our survey, women appeared fairly equally divided as to whether the quality of health care was good or poor and we found a mixed picture. Women either asked for a GP appointment or put in an application using the confidential boxes that were emptied by health care. Daily GP clinics were held in main health care and on Waite wing. There were waits of two to three weeks for some routine appointments, which was too long. Urgent referrals could be seen the same day. In our groups, some women voiced concerns about long waits to see the GP and this was borne out by the time taken between referral to the GP and the actual appointment. Access to out-of-hours medical care was through the local PCT GP service. There had been two instances in recent months where the response time by the ambulance had been too long and, while this had not directly impacted on clinical outcomes, it was under investigation.
- 5.30 Women could see a nurse at triage clinics each day, including Saturdays, in both health care and on Waite wing. Women on Keller unit were visited weekly by a GP. There appeared to be long waits for a monthly optician clinic and women complained that they had difficulties obtaining reading glasses.
- 5.31 A weekly community midwife clinic for pregnant women was held in the IDTS portacabin next to health care. Consultant-led maternity care was provided at Macclesfield Hospital. There were good links between the community midwifery service and the mother and baby unit.
- 5.32 There was good access to the sexual health service. Women were appropriately screened and treated confidentially in the prison for the full range of diseases, including Hepatitis C. Women spoke highly of this service. Women who disclosed they were sex workers were given advice and information about staying safe and access to a visiting service from Manchester Action for Sexual Health.
- 5.33 Health promotion was excellent with a very enthusiastic health care support worker taking responsibility for induction information, smoking cessation clinics, discharge information and general health promotion literature alongside supporting national campaigns. The service was well supported by the PCT.

#### **Further recommendation**

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

#### **Housekeeping point**

- 5.35 A stock of reading glasses should be provided for women who need them.

#### **Good practice**

- 5.36 *The wide range of health promotion inputs provided women with helpful information and advice to enhance their health and well being.*

## Pharmacy

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- 5.37 **The use of general pharmacy stock should be audited so that stock supplied can be reconciled against prescriptions issued. (4.65)**  
**Partially achieved.** A full stock audit was scheduled and would facilitate the inclusion of all pharmacy stock on the 'pharmacy manager' dispensary system.
- 5.38 **Medication should be stored appropriately and pharmacy staff should visit the treatment areas frequently to check stock. (4.66)**  
**Partially achieved.** An air conditioning unit has been installed on Waite wing to ensure suitable temperatures for storage of medicines. Temperature-sensitive stock was stored in refrigerators but the pharmacist and other staff did not know how to reset the maximum/minimum thermometer, which appeared to show a constant maximum well outside the acceptable range. Cold chain storage of products therefore could not be guaranteed. This was rectified during the inspection.

### Housekeeping point

- 5.39 All health care staff should understand how to reset the refrigerator maximum and minimum temperatures.
- 5.40 **The responsible pharmacist should have professional control of stock and a dual labelling system should be introduced to ensure that stock supplied by the prescriber can be audited. (4.67)**  
**Partially achieved.** Stock control was determined by the responsible pharmacist. Dual labelling had not been introduced, although alternative audit trails for medicines from stock appeared robust.
- 5.41 **Secondary dispensing should stop. (4.68)**  
**Achieved.** There was no secondary dispensing of medication.
- 5.42 **Controlled drugs, including methadone, should be supplied and administered only in accordance with the legal written directions of an appropriate prescriber. (4.69)**  
**Achieved.** All controlled drugs were properly prescribed and administered appropriately by one registered nurse with either a second registered nurse or health care support worker checking.
- 5.43 **Additional patient group directions should be considered to enable the pharmacist and nurses to supply more potent medication. (4.70)**  
**Not achieved.** There were no patient group directions but recent minutes of the medicines management committee indicated that they were an agenda item for discussion.  
**We repeat the recommendation.**

### Additional information

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- 5.44 The pharmacy service was provided by Primecare and comprised a full-time pharmacist, a full-time technician and a part-time technician. There was a central pharmacy room in health care fitted with lockable storage wall cabinets and two lockable medicines trolleys secured to the wall. Medicines were also stored in the treatment rooms on Waite wing and the first night centre in lockable cabinets and trolleys secured to the wall. A small number of medicines were stored in a lockable secured trolley on Keller unit. During medication rounds, health care staff

had to access pharmacy through the areas from which nurses were administering. All areas were clean and reasonably tidy.

- 5.45 A robust in possession risk assessment was carried out and identified patient and medication risks. Risk assessments were regularly reviewed by pharmacy and nursing staff. About 70% of women were on supervised medication, which resulted in long waits at medication rounds in all locations. Supervised night sedation was given at the tea-time round at 5.30pm, which was too early.
- 5.46 A wide range of medication was available using the special sick process. For prescription-only medication out of hours, the prescriber had to fax through a written prescription. Out-of-hours, health care staff could access a wide range of medication from a stock cupboard. Use of emergency stock medicines was recorded on a standard medicines administration chart and the details were transcribed onto the individual prisoner's pharmacy record.
- 5.47 Women complained about medication charts not being available or being mislaid when they attended for appointments, which sometimes led to delays in them getting appropriate and timely medication. The dentist often had to go and retrieve prescription charts to prescribe antibiotics for women on Waite wing. Women were not routinely given patient information leaflets and had no direct access to pharmacy advice. There were no regular medicines reviews for women with long-term conditions.
- 5.48 There was a comprehensive range of standard operating procedures with identified staff responsibilities. Pharmacy-related incidents were recorded on NHS incident report (IR1) forms and reported through the monthly governance meeting. A significant proportion of the previous year's incidents were medication related.
- 5.49 Staff were unaware how to calibrate the meth soft® equipment but this was addressed during the inspection.
- 5.50 A medicines management committee met monthly but the PCT was not always represented. There were no aggregated data, which did not allow for proper reviews of prescribing practices.

#### **Further recommendations**

- 5.51 Night sedation should be given at an appropriate time.
- 5.52 Women should have access to direct pharmacy advice and information.
- 5.53 There should be regular medicines reviews for women with long-term conditions.

#### **Housekeeping points**

- 5.54 Medication charts should be readily available to enable women to receive medication at the appropriate time and prescribers to see the chart to inform their decision-making.
- 5.55 Women should routinely be given patient information leaflets with their medications.
- 5.56 Prescribing data should be collected and aggregated to inform prescribing reviews.

## Dentistry

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- 5.57 **Additional dental sessions should be introduced to reduce waiting times. (4.62)**  
**Achieved.** There were five dentist sessions a week. The waiting list was five weeks for a first routine appointment and three weeks for non-urgent treatment, which was a little longer than some equivalent community services but considerably better than in many other prisons. Women requiring an urgent assessment by the dentist could usually be seen within a few days, following initial triage by the dental nurses. The range of treatments was comprehensive and a weekly dental surgeon session enabled women with complex problems or who required simple oral surgery to be treated in the prison.
- 5.58 **The dedicated decontamination area should be relocated to the dental surgery. (4.63)**  
**Achieved.** There was a decontamination room adjoining the dental surgery. It was appropriately equipped with clearly defined clean and dirty areas, an ultrasonic bath, washer disinfectant and an amalgam separator with printer.
- 5.59 **An EMIS terminal should be provided in the dental surgery. (4.64)**  
**Achieved.** There was a computer terminal with SystemOne, which was used by the dentist and the dental nurses to record individual consultations and make dental appointments. Paper dental records (FP17s and FP25s) were also used to record dentition and details of treatments for PCT cost/charging purposes. Dental x-rays were digital.

### **Additional information**

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- 5.60 Dental services were provided by East Cheshire NHS Trust. There was no cover for annual leave but this was being reviewed. Out of hours, primary care nurses could administer simple pain relief. Out of hours dental emergencies were referred to the PCT dental access service.
- 5.61 A high proportion of women had poor dental and oral health, often due to substance abuse. The dental nurse, dental hygienist and visiting oral educator provided a comprehensive preventive service to women. Oral health education sessions were held monthly and there were weekly sessions in the CALM centre and on the skills for life course.
- 5.62 All health care staff had received annual resuscitation training and a basic first aid kit, oxygen and some emergency medication were kept in the dental surgery.
- 5.63 There had been a recent Radiological Protection Board inspection. The report was not available but we understood was satisfactory. All equipment was serviced annually through the PCT.

## Secondary care

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### **Additional information**

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- 5.64 There was a daily quota of two external appointments in the morning and two in the afternoon. There were some cancellations but these were always screened by clinical staff and usually rebooked within a clinically acceptable timeframe. There had been one instance in June 2011 where a prisoner had missed an appointment, which had potential serious implications and was in the process of being investigated.

## Mental health

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### Additional information

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- 5.65 Mental health services provided a good range of care and interventions and the service was being developed towards a Stepped Model Approach. The primary mental health resource centre was led by a registered learning disabilities nurse supported by a health care support worker. It provided a good service for approximately 55 women who attended at the time of our visit with specific needs and mental health vulnerabilities and acted as gatekeeper for two specialist counselling services, the Manchester Rape Crisis service, which offered a confidential service to women who had experienced sexual abuse, and The Journey, which offered loss counselling to women. The centre provided individual therapy and group sessions and was based on a stepped care approach. The resource centre also provided some needed personal care, such as bathing for women with physical disabilities or specific anxieties. Some primary mental health nurses were trained in brief solution-focused therapy, although it was not clear whether they were yet using these skills.
- 5.66 Mental health in-reach services had been provided by Greater Manchester NHS Foundation Trust since 2009. There was a Monday to Saturday service, with five registered mental health nurses including a band 7 team leader. A forensic psychiatrist held clinics three times a week and women could be seen within a week. A full-time forensic occupational therapist provided a range of interventions on Keller unit and a range of discussion groups in the resource centre. An art therapist held two sessions a week in the resource centre and on Keller unit.
- 5.67 All women were offered a mental health assessment on arrival and both self-referrals and referrals from all prison staff were accepted. Women could also see a mental health nurse at a daily drop-in clinic in health care and on the wing. About 85 women were on the mental health team caseload.
- 5.68 A weekly multidisciplinary referral meeting also included CARATs, the family worker and the diversity worker. Mental health attended the weekly Keller review meeting and provided input to ACCT reviews and other prison forums.
- 5.69 Some of the most severely ill and vulnerable women were housed on Keller unit. There were 10 women there during the inspection, all of whom had significant mental health and/or personality disorders. Seven were on ACCTs. A recent report by the North West Regional Offender Health Team following a death in the unit had identified that the Keller unit was an inappropriate facility and that there were significant gaps in services, including an acknowledged gap in primary mental health care.
- 5.70 Mental health staff recorded on SystemOne and ISIS. Only women seen by the psychiatrist were recorded on ISIS. (See also section on clinical governance.)
- 5.71 There had been 27 transfers under the Mental Health Act between April 2010 and June 2011, of which 19 had waited longer than two weeks. The longest wait for assessment and transfer had been about five months, which was too long.

### Further recommendations

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

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



# Section 6: Activities

## Time out of cell

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### Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.1 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances. (5.53)  
**Partially achieved.** The prison recorded an average of 12 hours a day time out of cell on weekdays. Women on the houses represented around 70% of the population and time out of rooms remained very good for them. Apart from on Willow house, women were not locked in their rooms. On Waite wing, we estimated that most women got around 6.75 hours out of cell and those working off the wing, about a third of the population, could get up to 10 hours. This was reasonably good but there was still a significant difference between the two sides of the prison. Unemployed women were not locked in their cells but there was very little constructive activity for them to do on association. Regime monitoring on Waite wing was poor (see below). Keller unit had a core day that could allow women out of their cells for seven hours each weekday but much depended on the risk assessments of individuals and other disruptions to the regime.  
**We repeat the recommendation.**
- 6.2 Time out of cell for women on Waite wing should be accurately recorded and monitored by managers. (5.54)  
**Not achieved.** A study of time out of cell on the wing had been completed over a two-week period in March 2010 but was limited in scope and included only exercise and association and did not consider women involved in activities off the wing. This estimated that on average prisoners had three hours out of cell each day (association and exercise). There were plans to record time out of cell more accurately as part of a wider action plan for Waite wing.  
**We repeat the recommendation.**

### **Additional information**

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- 6.3 Waite wing held women with a range of needs and had to run several regimes. This included those placed on stages two and three of the tackling anti-social behaviour strategy, those on the basic regime and those serving periods of cellular confinement. These groups associated and exercised separately to the main body of prisoners. All women had daily opportunities to spend time in the open air and this was rarely cancelled. Evening association on Waite wing was restricted to three or four days a week. It was curtailed to one hour on Thursdays to allow canteen to be delivered. An additional hour was provided on Friday afternoons. Although staff remained largely around tables close to the wing office, we observed good informal interaction between prisoners and staff.

# Learning and skills and work activities

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## Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors).

Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

**6.4 All opportunities should be taken to accredit formally skills acquired at work, including those of peer support workers. (5.19)**

**Partially achieved.** Formal accreditation was offered in beauty therapy, broadcasting, hairdressing, horticulture, peer support and ICT but other opportunities for accreditation were missed in a number of work areas. There was no accreditation in the kitchens, laundry, stores, housekeeping or recycling. (See also section on progress on main recommendations.)

**We repeat the recommendation.**

**6.5 The prison should better recognise and record the progress and achievement of non-accredited learning. (5.20)**

**Partially achieved.** All learners seen had individual learning plans but their quality varied significantly across learning and skills provision, whether accredited or non-accredited. In the best individual learning plans, targets were highly focused and meaningful. Records of progress and achievement clearly articulated learning, progress and skills achieved. As targets were achieved, new ones were set to develop a useful record for learners to refer to after release, to help them in compiling curriculum vitae and to show to employers. Weaker individual learning plans featured vague targets, sometimes using criterion numbers or whole qualifications, with no clear target dates and recording activities rather than learning. Personal learning targets were set but this was very patchy. Some records were ineffective in identifying learning and provided little more than evidence of attendance.

### Further recommendation

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

**6.7 Attendance at activities and punctuality should be improved. (5.21)**

**Partially achieved.** Punctuality had improved and prisoners were encouraged to attend regularly and on time. They were discouraged from visiting the health centre at the start of the morning and afternoon sessions and to wait until they were called to do so. This had made a noticeable difference to attendance and punctuality for most women. However, medication processes continued to delay timely attendance in many cases. The practice of over-enrolling learners on courses to maintain classroom efficiency targets allowed for a lower number of attendees than registered to count as full attendance and potentially masked true patterns of individual attendance. Almost all classes observed contained good learner numbers but tutors did not always know the reasons for absence.

## Further recommendation

- 6.8 Registration systems should enable individual attendance to be monitored even when full attendance overall is achieved through over enrolment. Tutors should be provided with reasons for non-attendance and follow these up as appropriate.
- 6.9 **Cover arrangements should be introduced to allow vocational courses to continue when specialist tutors are absent. (5.22)**  
**Achieved.** Significantly improved cover arrangements had been introduced so that wherever possible staff in the prison covered for each other. Good reciprocal arrangements had also been made with neighbouring prisons. Contingency plans ensured that no women returned to their houses when specialist tutors were absent but were instead reallocated to other learning and skills activities that would complement their course.
- 6.10 **Literacy and numeracy support should be provided in the vocational training workshops. (5.23)**  
**Achieved.** Significant improvements had been made. Specialist skills for life tutors visited vocational training workshops to support learners and had carried out good work with vocational tutors to identify the literacy and numeracy requirements. Most learners who completed national tests in literacy or numeracy achieved their qualification.
- 6.11 **The catering equipment in the hospitality and catering unit should be replaced. (5.24)**  
**Achieved.** The hospitality and catering unit was used for the healthy lifestyles programme, which included a domestic cookery unit. A new kitchen had been installed and the adjacent room, with access to six computers, was used for theory training.
- 6.12 **Internet access should be provided to allow women to progress in ICT. (5.25)**  
**Partially achieved.** The virtual campus had recently been installed and would provide prisoners with limited and controlled internet access. Delays in getting broadband connectivity meant the unit was not operational, although it was expected to be so within a short time. This should allow women to progress in ICT and to select modules and units where internet access was a prerequisite.
- 6.13 **The book stock in the library should be increased to complement vocational training and activities in the prison. (5.26)**  
**Achieved.** The library book stock had increased and included a satisfactory range of books relevant to vocational training and wider prison activities, including hair and beauty, parenting, health and fitness, gardening and garden design, managing stress and relaxation and art and crafts. Library staff had anticipated developments, for example in beekeeping and garden design, in the most recent book order.
- 6.14 **The opening hours of the library should be increased and it should be made more exciting to visit and better match community library provision. (5.27)**  
**Achieved.** The library was open during main association times each afternoon and evening from Monday to Thursday, Friday afternoons and Saturday mornings. Women on basic and standard regimes could attend twice a week and enhanced prisoners four times a week, including an additional opportunity to attend on Saturday mornings. Women could attend outside those times when space permitted and on production of a movement slip. A specific session for prisoners on Waite wing was offered on Wednesday evenings. The library environment was bright and well set out for group and individual work and had been enhanced with book displays and good examples of learners' art work. The library provided access to

Publisher on two computers and was well used by various groups throughout the week, particularly by the CALM centre, which had access every day.

### **Additional information**

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- 6.15 The head of reducing reoffending was responsible for education, training and resettlement. The prison's strategy for learning and skills was implemented effectively through a partnership meeting attended by prison operational leads and the education contractor, The Manchester College. Education and vocational training were well coordinated with the prison regime to maximise opportunities to help women develop and reduce reoffending rates.
- 6.16 Induction was thorough. Arrangements to assess literacy and numeracy within five days of a woman leaving the first night centre were well coordinated. The initial assessment results were then passed to the second stage of induction, which included a briefing about education and employment activities in the prison. The initial assessment and induction process were strongly focused on an individual approach and taken into account in allocations.
- 6.17 Data were used in terms of key performance targets but relied on several databases, were cumbersome and confusing to use. Arrangements for monitoring class attendance were equally difficult, focusing on classroom efficiency targets at the expense of learners' attendance patterns.
- 6.18 A good range of quality improvement initiatives to reduce reoffending had been introduced by the prison. A well organised drop-in centre gave women access to information about a wide range of opportunities, an extensive and widely publicised horticultural facility had been established creating good learning and vocational opportunities and plans were well advanced to create a live call centre. The incentives quality meeting met every two months and was effective at generating and monitoring the implementation of a range of improvements to learning and skills. However, aspects of the education contractor's quality arrangements to monitor teaching and learning were weak. In particular, the timing of observation of teaching for new tutors was too slow and some tutors had been in post for nearly a year without observation. The length of observations was very long, ranging from two to three hours in the random sample of records scrutinised. The audit of individual learning plans was based on a checklist approach without sufficiently considering their depth or rigour.
- 6.19 Regular and appropriate meetings ensured learning and skills staff were kept informed of developments. Arrangements for safeguarding were satisfactory and there was regular monitoring of staff performance by internal and external audit procedures. Prisoners had equal access to activities and pay rates across education and employment were equitable and clearly published.
- 6.20 The education provider offered a flexible range of unit based provision that could be tailored to meet the needs of women with sentences of differing lengths. Courses included skills for life in literacy, numeracy and English for speakers of other languages (ESOL), basic IT, art and crafts and broad programmes of life skills and skills for healthy living. The CALM centre continued to provide beneficial opportunities to women on Waite wing. Ten higher level learners studied a range of academic and vocational courses up to degree level. They received good tutor support in their studies.
- 6.21 Those who completed externally accredited education and vocationally-related courses achieved well, with just over 90% achieving at least one qualification in 2010/11. Vocational and education learners had good opportunities to progress to higher levels of study and to different work tasks within their chosen occupation. Many women made good progress if they

were in prison for long enough. In a random sample of 24 education learners, 15 had achieved two or more qualifications or units, with six achieving between four to more than six qualifications or units. Thirteen of the sample had progressed by at least one level, mostly entry level to level 1 or level 1 to level 2. A small number had progressed to level 3. Many women had previously not obtained any qualifications and were proud of the awards they obtained and highly motivated to build on their initial achievements.

- 6.22 In education, work and vocational training, learners participated well, showing good concentration and interest, and were keen to reach high standards. They attributed much of their success to the dedication and patience of their tutors and supervisors. Partnership working between prison staff and the OLASS provider was good. Standards of work were good. In art, work used a good range of two- and three-dimensional media and drew from a wide range of different cultures and art genres for inspiration. Skills for life learners made 'no bake' cakes as the stimulus to work out how much profit they could make by selling them. ESOL learners responded well to visual stimuli helping them extend their vocabulary and develop confidence in their speech.
- 6.23 Vocational work was of a high standard and, in most cases, comparable with that produced by the relevant service or industry. For example, the painters and decorators were able to hang wallpaper with intricate designs and prepare and paint surfaces to a very good standard. The trainee horticulturists kept the garden and grounds in immaculate condition and produced a wide range of vegetables and flowers. In the recently introduced furniture restoration project, a dilapidated chair and settee had been transformed and made into attractive lounge furniture. Orderlies working in housekeeping and the stores systematically received, maintained and distributed stock.
- 6.24 Learners developed a good range of personal and occupational skills. Their self-confidence and self-assurance improved considerably and they became more adept at working with their colleagues, supervisors and tutors. They became more able communicators and commented on the improvements they noticed in their oral communication skills. Through their exposure to education, work and training, they progressively developed good economic potential and social well-being, which provided an excellent platform for helping them to reintegrate into society on release.
- 6.25 Teaching, coaching and support were good. Tutors' planning in schemes of work and sessions was generally detailed. Peer mentors were used effectively, enabling everyone to benefit from the planned activities. The education provider made good use of external partnerships to enhance learning. For example, an artist in residence supported a creative textile project 'castles in the air' and the extensive range of speakers contributing to the life skills programme included magistrates for the citizenship module and bank staff for money management.
- 6.26 In vocational training, learning resources were effectively used, theory and practice were skilfully integrated and learning was matched to learners' needs. The initiatives to engage and enthuse learners were good and they made a strong contribution to learners' achievements in, for example, horticulture, recycling, painting and decorating and ICT. Literacy and numeracy were better integrated into vocational training and taught in the context of prisoners' occupations. However, not all skills for life errors were identified and vocational tutors did not routinely have a literacy and/or numeracy award at least one level higher than the level at which they were coaching learners and workers.
- 6.27 Accommodation in education was generally satisfactory and good in the more recently improved facilities. Access to information and learning technology was good and used by most tutors, although in some instances this did not extend beyond displaying the statement of aims

for the session. The beauty therapy room was too small for the numbers using it and a new facility was taking a long time to refurbish. Similarly, it was taking too long to extend the laundry and to open the new telecentre, depriving learners of more varied work or improved working conditions.

- 6.28 Use of the library had increased significantly by a third since 2009/10 to 13,029 visits in 2010/11. Similarly, stocks of books and other media had increased to just below 10,000 items, providing a good range of fiction and non-fiction reading, books in a range of languages, easy reading and graphic novels, popular newspapers and magazines, film and music CDs/DVDs and games. The library supported a range of reading promotion activities, such as the Toe by Toe reading scheme, Story Book Mums and a drama group. Visiting writers supported reading group activities. Rhyme Time sessions for mothers with their young children were not well attended. Women had ready access to up-to-date Prison Service Orders and Instructions. Library staff worked hard to respond to Prison Service Order requests within the 24-hour target but had been without access to a working printer in the library for the previous 10 weeks.
- 6.29 The part-time librarian and her two assistants were supported by one full-time and two part-time orderlies. The full-time orderly had recently completed a level 3 NVQ in library studies. The basic library qualification for orderlies had been discontinued and replaced by a peer mentoring qualification. Two of the orderlies assisted with production of the prison's magazine with Salford University staff and students.

#### Further recommendations

- 6.30 The prison and education contractor should simplify and rationalise data systems for learning and skills to ensure useful data.
- 6.31 Observation of teaching and learning for newly appointed tutors should start within a few months and each observation should last no more than one hour. Observation records should place a greater focus on judging the effectiveness of individual learning plans and target setting in supporting planning.
- 6.32 Vocational tutors and orderlies should have literacy and numeracy awards at least one level higher than the level at which they are tutoring and supporting.

#### Housekeeping point

- 6.33 Library staff should have access to a working printer in the library to enable them to meet requests for Prison Service Orders without having to leave the library.

## Physical education and health promotion

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### Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.34 **Activities should be provided to meet the needs of specific groups such as older women, the overweight and pre- and post-natal women to encourage a healthy lifestyle. (5.36)**

**Achieved.** Staff training and liaison with the mature women's forum provided a good insight into the type of exercise older women needed. PE officers provided good advice on healthy lifestyles. They regularly visited workplaces and education to conduct health checks, including measurement of height, weight, body mass index, lung function, cholesterol and blood glucose levels, to give an overview of women's general health. Dedicated gym sessions were available to prisoners with severe mental health issues, to young women and to those undergoing counselling, assessment, referral, advice and throughcare. No PE officer was trained to manage pre- and post-natal women. Through the mother and baby unit, however, funding had been obtained to employ an external trainer who was currently awaiting criminal records bureau checks.

- 6.35 **Longer duration vocational courses should be promoted to more women and the courses run more frequently. (5.37)**

**Achieved.** The gym continued to promote its courses throughout the prison. In addition to first aid at work, heart-start and manual handling awards, instructor courses at levels 1 and 2 were available, although there was rarely any demand for the level 2 course. Diet and nutrition courses were also run by PE officers. A four-week detoxification course, with stress management and relaxation techniques, was offered four times a year, although the participation rate was low. This course was also combined with a drugs and alcohol awareness qualification so that those learners who remained at the end of the programme obtained two qualifications. The courses offered were suitable for the population.

### **Additional information**

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- 6.36 Staffing levels were satisfactory, with four full-time PE officers. In addition to holding nationally recognised PE qualifications, they each had relevant specialisms, such as acupuncture, manual handling, physiotherapy and reflexology. The six orderlies employed in the gym received good encouragement to participate in all activities and to gain the gym instructors' qualifications.
- 6.37 PE and health promotion were satisfactorily promoted. Gym inductions took place twice a week and provided a good introduction to PE and health promotion, with appropriate referrals to health care when there were any concerns. Remedial physical exercise programmes provided a specifically designed training programme to meet individual needs.
- 6.38 The gym was open seven days a week, with early morning, evening and weekend sessions for recreational PE, which were well used. Where necessary, women were given a clean gym kit. The cardiovascular equipment had been significantly improved, allowing personal training outside a structured class environment. However, the area was too small for the equipment and the number of women using it.
- 6.39 A suitable range of activities was run but attendance was variable. The sports hall was a good multi-function area that was used for badminton, basketball, football, volleyball and short tennis. It was also used for circuit training, spinning classes, step classes and Pilates. Equipment that allowed women with restricted sporting skills and abilities to participate in games such as Danish long ball, dodge ball, uni hoc and tag rugby had recently been bought. Curling, indoor bowls and other games were provided for women with disabilities. Two dedicated sessions a week were provided for prisoners from Keller unit and one session a week for mature women. They could also attend at other times if they wished to do so. In the

summer, the sports field was used for rounders and football and numbers participating were high. Charity events, such as Race for Life, were also popular.

- 6.40 The gym was open during the core working day but prisoners were discouraged from using it then because education, training and work commitments took precedence and gym attendance resulted in loss of pay. Despite publicising PE and health promotion to prisoners on Waite wing, their participation remained low at 21% compared to 41% of women in the houses. Attendance lists were maintained but data were not analysed sufficiently to show participation rates by different age groups, ethnicity and residential locations to form a basis for targeting groups whose participation was low.
- 6.41 The prisoners' showers were in need of improvement. PE did not have a suitably equipped classroom in which to run training courses or an all-weather area for outdoor sports activities. The large sandpit that was used for outdoor volleyball was poorly maintained.

#### Further recommendations

- 6.42 Gym use should be promoted, including for day-time sessions, with participation rates monitored by age, ethnicity and residential location to target women and groups who are not exercising sufficiently.
- 6.43 Physical education facilities should be improved, including by providing a suitably-equipped classroom, a suitable all-weather outdoor sports area and adequate space for cardiovascular equipment.



# Section 7: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

### Security

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#### Additional information

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- 7.1 Physical security arrangements were sound, although the inadequate gate lodge facilities presented constant challenges for staff to manage daily. The prison had achieved a provisional score of 88% in a recent security audit. Dynamic security also appeared sound, with 250 to 300 security information reports submitted monthly from all departments. This good flow of intelligence was underpinned by good levels of time out of cell, purposeful activity and reasonable staff-prisoner relationships. Analysis fed into a monthly security report that was constructed around a fluid list of security objectives determined by incoming intelligence and a monthly security policy group. A separate monthly security committee meeting was attended by all functions in the prison and important information was also circulated through the local intranet.
- 7.2 Security arrangements were mostly proportionate apart from the ban on kissing and prolonged physical contact in the visits hall, a measure not seen even in high security prisons. Five women were on closed visits. Criteria again appeared proportionate apart from those placed on closed visits for kissing their visitors. Visitors indicated by the drug dog were still subject to being placed on closed visits but a new draft policy required additional security intelligence to support such a sanction.

### Rules

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#### Additional information

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- 7.3 Rules were displayed on all houses and wings. Women complained of staff inconsistency in applying them, which was exacerbated by the unnecessarily complicated incentives and earned privileges (IEP) scheme.

## Discipline

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### 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

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- 7.4 The quality of the records of adjudication should be improved and show that charges are always fully investigated. (6.26)**  
**Achieved.** All but a few records of adjudications sampled demonstrated sufficient enquiry on the part of the adjudicators. Adjudicators appropriately dismissed charges when insufficient evidence was presented.
- 7.5 Referrals to the independent adjudicator should be consistent and made only for the more serious charges. (6.27)**  
**Not achieved.** While the number of adjudications referred to the independent adjudicator had dropped from a monthly average of 20 to just over 16, this was still high for a female local prison, particularly given the stable and generally safe environment and the overall drop in adjudications. There appeared to be no clear criteria for referral, with a number of operational managers reporting that they would refer on the basis of whether or not they deemed the offence to be serious. Minutes from the quarterly adjudications review meeting showed that managers believed the number of referrals was too high but formal action had yet to be taken. **We repeat the recommendation.**
- 7.6 Special accommodation should not be used to manage women at risk of suicide or self-harm unless in exceptional circumstances where the woman is unmanageably violent. (6.28)**  
**Partially achieved.** Special accommodation records were not available. Staff said they had been completed but could not be located. Minutes from the use of force committee meeting suggested that special accommodation had been used three times in the previous 12 months, all for short periods of time and for reasons of violent behaviour.
- Further recommendation**

**7.7** Special accommodation records should be completed and accessible by relevant managers at all times.
- 7.8 All use of special accommodation should be reviewed with a view to reducing its use. (6.29)**  
**Achieved.** Use of special accommodation was a standing agenda item at the regular use of force committee meetings. Circumstances were reviewed to ensure that use was necessary and appropriate.
- 7.9 Training for staff on Keller unit should be provided to allow them to develop skills to deal better with complex problems and difficult behaviours. (6.30)**  
**Achieved.** All but one new member of staff on Keller unit had received a two-day mental health awareness training module.
- 7.10 Ventilation in the special cell should be improved and some seating and a bed should be provided. (6.31)**  
**Not achieved.** No changes had been made but we were assured, despite the absence of records, that the cell was used only very occasionally for short periods (see also paragraph 7.6).
- 7.11 The quiet room on Keller unit should be equipped with comfortable furniture and carpeted. (6.32)**

**No longer relevant.** The former special cell that had been used primarily as a 'quiet room' was no longer used for that purpose.

### **Additional information**

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- 7.12 The level of adjudications had fallen slightly. There had been 330 adjudications in the previous six months, almost a third of which were for testing positive for drugs or possession of unauthorised articles.
- 7.13 An adjudication review meeting was held quarterly, during which a sample of adjudication records was scrutinised primarily for quality assurance of processes and systems, with a lesser focus on the thoroughness of enquiry and appropriateness of the findings. A range of appropriate data was also monitored but this was restricted to comparisons between the current and previous quarters' data.
- 7.14 Adjudications were held in three areas. Women on Waite wing attended adjudications in a designated room on the wing, women on Willow house had their adjudications on their unit and women from all other wings attended a legal room in visits. All three were appropriate environments. Notices of report were issued to women either the evening before or the morning of the adjudication, depending on when the alleged offence had occurred. Appropriate checks were made to ensure prisoners understood the charges and they were given sufficient opportunity to present their version of events. Punishments were mostly consistent and reasonable.

## **The use of force**

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### **Additional information**

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- 7.15 Use of force was not high, with 107 incidents in the previous six months compared to 251 in the same timeframe in 2008. Sixty had taken place on Keller unit involving a small number of women exhibiting extremely challenging behaviour. Most use of force records were completed to a good standard and indicated that force had been carried out only when necessary. The number of incidents where force had been used for reasons of non-compliance had reduced. Data were incomplete but indicated that about 5% of use of force incidents in the previous six months had been due to non-compliance compared to 29% in 2008.

## **Segregation unit**

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### **Additional information**

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- 7.16 There was still no formal segregation unit. Women placed under segregation conditions for reasons of good order or discipline (GOOD) were located on Waite wing if they were not already there. Some were also held in the Keller unit. Ten such women had been placed on GOOD in the previous 12 months on Waite, all for periods no longer than 10 days. Four women identified as being potentially at risk from other women due to the nature of their offences had been placed on GOOD for their own protection and had remained on the first night centre until a transfer had been facilitated. Due to transfers and discharges, only three segregation records of such women were available. Staff had made daily entries but these were observational and did not evidence much interaction with the women concerned. It was not clear whether women received daily showers, access to telephones and time in the outside

air and staff on Waite wing indicated that this was difficult to ensure when more than one woman was placed on GOOD at the same time. The apparent lack of managerial oversight was also a concern. Contrary to our own expectations and NOMS explicit procedures, records showed that an operational manager had visited only one of the three women and only on one of the eight days she had been segregated.

#### Further recommendation

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

## Incentives and earned privileges

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### Expected outcomes:

**Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.**

- 7.18 **There should be sufficient difference between standard and enhanced levels to encourage responsible behaviour. (6.39)**  
**Partially achieved.** For some women, an additional 10 pence for each work session as an enhanced prisoner was a meaningful incentive. Other incentives, such as improved access to leisure hobbies, games, extra telephone credit and a duvet, could usually only be realised if women had sufficient private cash to purchase them. Additional visits were an incentive for those who had visitors. A free appointment at the hair salon was offered for enhanced women but many others perceived little worthwhile difference between standard and enhanced levels.
- 7.19 **The incentives and earned privileges policy should clarify the behaviours that attract warnings. (6.40)**  
**Not achieved.** The latest review of the IEP policy dated 2010 provided guidelines for staff on proactive and pro-social behaviour and behaviour that would demonstrate respect for the prison rules and routines but there was little consistency of when warnings were applied and some lack of understanding of the system.
- 7.20 **Prisoners should not lose association or receive other unsanctioned punishments as a result of incentives and earned privileges warnings. (6.41)**  
**Partially achieved.** The policy required the duty governor to sanction the loss of association for any woman given three red ticks following a single incident. This usually happened but not always and we found at least one case where it did not. One woman had received three warning tickets in one day and had been removed from a house unit to Waite wing and placed on the basic regime before a formal review had taken place. The woman had been in the prison only five days and was in prison for the first time.  
**We repeat the recommendation.**
- 7.21 **Regular management checks should be conducted to ensure that warnings issued are fair and consistent. (6.42)**  
**Partially achieved.** Regular management checks took place of the warning tickets issued but we were not satisfied that these consistently identified unfair and inconsistent practices. Comprehensive quarterly reports on the operation of the IEP scheme were produced and

recorded the number of warning tickets rejected by governors. Between March and May 2011, 946 red tickets had been issued and 41 had been rejected, mainly because officers had provided insufficient evidence to support the warning.

### **Additional information**

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- 7.22 The IEP scheme was little changed and had last been reviewed in 2010. It centred on credit and warning tickets. Each ticket included three potential credit or debit marks for three aspects of behaviour: obeying rules, being 'pro-social' and being 'pro-active'. Many women we spoke to did not understand the scheme or were not particularly interested in it. The enhanced level was not actively promoted as something they should aim for. Monitoring of the scheme included a review of formal complaints about it. On average, there were seven a month mostly appealing against the issue of warning tickets. An impact assessment had been completed and SMART data were analysed monthly by the head of diversity. The head of residence quality checked paperwork from five IEP boards a month and alerted staff where any shortcomings were identified.
- 7.23 There was a reasonable balance of credit and warning tickets issued. Over a recent three-month period, 47% of tickets were credits and 53% warnings. However, 95% of warnings but only 49% of credits had been issued by uniformed staff. Some allowances were made for prisoners new to the prison. Women were not issued with warnings in their first 48 hours unless there were exceptional circumstances. Following a recommendation by the Prisons and Probation Ombudsman, the IEP scheme was not used on Keller unit.
- 7.24 An operational support grade officer was responsible for entering the number of marks on credit and warning slips on to a database. IEP boards were convened monthly or on an ad hoc basis where three warning tickets had been issued over a short time and a move to basic regime was being considered. Monthly boards considered women who had received 12 credit or 12 warnings marks within a month when they were considered for promotion or demotion. Boards were required to consider reports from personal officers, activity areas and offender supervisors. Prisoners had the option of completing a self-assessment. Recently, P-Nomis case notes were also considered at boards. Most reports recorded progress by ticks in relevant boxes and there was little to suggest any in-depth knowledge of the woman. Copied of credit and debit slips issued were available.
- 7.25 Women who had not reached the 12-mark threshold for promotion could use a self-assessment form but were required to have been at the prison for two months. The average length of stay of prisoners at Styal was between six and eight weeks. This meant women on remand or serving short sentences had little opportunity to achieve enhanced status. Only 6% of women on Waite wing were on the enhanced level compared to 36% of women on the houses. On one day of the inspection, 27% of women were on the enhanced level of the scheme, 71% were on standard and 2% were on basic. Women new to custody entered the scheme on the standard level. Women transferred from another prison maintained their enhanced status. Although few women were on basic for long, they got only one hour a day out of their cell, they were not allowed to work and there was little opportunity to demonstrate and monitor progress.
- 7.26 The IEP ticket scheme was not suitable in an adult environment and the star chart approach was not appropriate or respectful. Staff had received little training and staff did not appear to apply the scheme consistently and women appeared to get a different number of ticks for similar behaviour. One woman had received three red warning slips within 15 minutes, all related to the same incident which could not be described as pattern of behaviour as the national policy required, and there were other examples of this happening. Many officers and

managers did not fully understand all aspects of the complicated system, which was also resource-intensive to administer.

**Further recommendation**

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

# Section 8: Services

## Catering

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### 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.

- 8.1 Catering staff should regularly attend the residential units when meals are being served. (7.4)  
**Not achieved.** We did not see catering staff on units when food was served and unit officers confirmed that this did not happen regularly.  
**We repeat the recommendation.**
- 8.2 A prisoners' survey on the quality and quantity of meals should be conducted. (7.5)  
**Achieved.** Catering surveys were undertaken twice a year.
- 8.3 Breakfast packs should be issued on the morning they are to be eaten. (7.6)  
**Not achieved.** Breakfast packs were still issued the day before they were to be eaten.  
**We repeat the recommendation.**

### **Additional information**

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- 8.4 The kitchen was clean and properly managed and food was stored, prepared and served in good conditions. Prisoners working in the kitchen could not achieve catering NVQs.
- 8.5 Women could eat together on Waite wing and most houses, except women on Waite wing had to eat lunch in-cell, many with only partially screened toilets.
- 8.6 Pre-select meals were based on a four-week menu cycle and women could choose from five hot and cold options at lunch and evening meals. All diets were catered for. Fresh fruit was provided as a choice but was not freely available. In our survey, 20% of women, fewer than the comparator, said the food was good and 58% said it was bad. Only 10% of young adult women thought the food was good. The food we sampled was satisfactory and served at the correct temperature. Many women complained about portion sizes and we agreed that some portions were small. Budget cuts impacted on quality and the manager had no choice of provider as all goods had to be purchased through centrally negotiated contracts.
- 8.7 There were no food comment books but food comment forms that were sent to the catering manager were available on units. A member of the catering staff attended prisoner consultation meetings but minutes did not reflect the dissatisfaction voiced to inspectors. Women were discouraged from raising catering issues at meetings and were told instead to submit food comment forms.
- 8.8 Women could self-cater in well equipped kitchens on five houses and catering staff met quarterly with the women involved to discuss food storage and preparation. Some food grown in the prison gardens was used by women on these houses.

#### Further recommendation

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

#### Housekeeping point

8.10 Discussion of catering issues should be encouraged at consultative meetings.

## Prison shop

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#### Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

8.11 **New arrivals should be able to buy items from the prison shop within 24 hours. (7.14)**  
**Not achieved.** Although reception packs were provided, women could not place a shop order within 24-hours of arrival. Depending on the day of arrival, packs might have to last some days.  
**We repeat the recommendation.**

8.12 **Regular prison shop surveys should be carried out and the results published to prisoners. (7.15)**  
**Not achieved.** There were no shop surveys and managers relied on feedback from prisoner consultation meetings.  
**We repeat the recommendation.**

#### Additional information

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8.13 The shop was provided through DHL, the national retail provider contracted through NOMS. Women were issued canteen order forms recording the amount they had to spend and could place weekly orders from a list of over 350 items. Orders were packed at HMP Kirkham and delivered in clear sealed bags. No hobby materials were available and women were unable to buy basics such as margarine, butter or cheese. In our survey, fewer than half of women said the shop sold a wide enough range of goods to meet their needs. Dissatisfaction with prices was regularly raised at prisoner consultation meetings, which were occasionally attended by a DHL representative. Some goods were expensive and there was little choice of non-branded goods. Prisoners could use catalogue shopping managed by the prison and prisoner representatives requested changes to the local product list at quarterly meetings with prison managers.



# Section 9: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 **Regular management meetings chaired at a senior level and involving all relevant staff should drive the resettlement strategy forward. (8.11)**  
**Partially achieved.** The reducing reoffending strategy group (RRSG) now met quarterly chaired by the head of reducing reoffending (HoRR). The terms of reference included only four core members: the HoRR and three 'pod' pathway leads (see below). Not all pathways had an action plan and not all existing plans were up to date. Minutes of the April 2011 RRSG meeting recorded that there had been no recent progress on 'head' pod action plans. Some targets had no set completion dates and others needed to be reviewed. (See also section on progress on main recommendations.)

### Further recommendation

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

- 9.3 **Drop-in centre services should be advertised in languages other than English. (8.12)**  
**Not achieved.** Drop-in services were advertised only in English and there were no notices on Waite wing about the drop-in service.  
**We repeat the recommendation.**

- 9.4 **Resettlement partnership meetings should have a strategic focus and fit into the prison's wider resettlement strategy. Minutes should demonstrate that actions have been followed up. (8.13)**  
**Achieved.** Well attended bi-monthly community partnership meetings continued, chaired by the community partnerships manager who was also the lead for the 'home' pod. Meetings had a strategic focus and minutes recorded that action points were followed up.

### Additional information

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- 9.5 The reducing reoffending pathways had been grouped into three 'pods'. The 'home' pod encompassed accommodation, finance, benefit and debt and children and families, the 'heart' pod covered health, drugs and alcohol, support for abused women and those involved in prostitution and the 'head' pod included education, training and employment and attitudes thinking and behaviour. The lead for the 'home' pod held meetings with representatives for the relevant pathways every three months to update action plans. Similar meetings were not held for the 'heart' pod but the lead attended established meetings, such as drug strategy, and updated action plans accordingly. It was not always clear how action plan targets were agreed and monitored.
- 9.6 An annual needs analysis provided some useful information but, as in 2008, did not identify the specific needs of the different groups of women at Styal and did not provide sufficient depth of insight in some areas to inform service delivery. For example, the percentage of women with

children was reported but there was no identification of children's care and status, whether or not contact was maintained or any difficulties with this. Some issues raised by the analysis, such as the need to address alcohol use, had begun to be addressed but others had not.

- 9.7 The drop-in centre continued to provide very good support to women. Prisoners could drop in for information or could attend appointments with representatives of approximately 24 voluntary sector groups who attended weekly. Women were given an information leaflet about the drop-in during induction, although not all the detail was correct. There were no notices advertising the drop-in centre on Waite wing but prisoner orderlies employed in the drop-in attended the wing weekly to talk to women about the support available. (See also section on resettlement pathways.)
- 9.8 There were plans for Bruce house to become a 'community house' accommodating women suitable for open conditions working in the community. While this appeared to be a positive initiative, it had not been developed as part of a national strategic approach to the women's estate but was a local initiative designed to offer the opportunity for women from the north west to stay in their home area rather than moving to HMP Askham Grange in York, the nearest open prison. There was a lack of clarity about the national strategic direction of the prison's role except that it had to meet the needs of diverse groups of women.

#### Further recommendation

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

## Offender management and planning

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### Expected outcomes:

All prisoners have a sentence or custody plan based upon 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 with drawing up and reviewing plans.

### Sentence planning and offender management

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- 9.10 All sentence/custody plan targets should be specific to the woman's needs and should name individual members of staff assigned to help with achieving the target. Sentence plan targets should go beyond the woman's time at Styal where relevant. (8.38)  
**Achieved.** Sentence plan targets were specific, time bound and named those assigned to help achieve the target. Targets went beyond the woman's time in Styal when relevant and included targets for maintaining family ties where appropriate.
- 9.11 Sentence planning boards should be held on time. (8.39)  
**Achieved.** There was no central log to track boards and each offender supervisor kept their own electronic records. The individual records we looked at showed that most boards took place in good time
- 9.12 Offender managers should attend boards for women subject to offender management arrangements within the required timescales. (8.40)  
**Not achieved.** Although many boards for the minority of women who were in scope for formal offender management arrangements were held on time, some continued to be overdue by

several months because offender managers were unable to attend. Offender supervisors did not chair boards in their absence.

**We repeat the recommendation.**

**9.13 Sentence management data should be monitored to provide performance information about the whole population in a single report. (8.41)**

**Not achieved.** Sentence management performance was not available in a single report.

**We repeat the recommendation.**

**9.14 Women who have been recalled on licence, received an IPP sentence or are subject to active public protection arrangements should be given written information about the relevant process and have regular opportunities to discuss related issues with a member of the offender management unit. (8.42)**

**Achieved.** Women received relevant written information and met regularly with their offender supervisor.

**9.15 Accommodation checks should be made for prisoners released on end of custody licence. (8.43)**

**No longer relevant.**

**9.16 Parole dossiers should be submitted on time. (8.44)**

**Partially achieved.** While often not meeting the target date, few dossiers were delayed long. Of nine parole dossiers due to be submitted in the previous 12 months, one had been submitted on time, six within four weeks and two within five weeks of the submission date.

### **Additional information**

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**9.17** Most offender assessment system (OASys) assessments supervised by a probation officer were completed well within the eight-week timescale and 10% were quality checked by the probation manager. In our survey, similar to the comparator said they had a sentence plan and 80%, more than the comparator, said they had been involved in the development of their plan. The average length of stay at Styal was about seven weeks. Observation, classification and allocation (OCA) staff tried not to transfer a prisoner without a completed OASys, although this was sometimes unavoidable.

**9.18** There were 314 sentenced women, 220 of whom were serving sentences of 12 months or more, and 96 remanded and 42 convicted but unsentenced women.

**9.19** The offender management unit (OMU) had recently been split into two pods, one dealing with prisoner surnames A-K and the other L-Z. Staff were managed by a probation manager and consisted of 11 offender supervisors who were a mix of two probation officers, seven probation service officers and two uniformed officers. There was sufficient administrative support and caseloads were manageable. There were mostly good links with offender managers and video conferencing was often used when managers could not attend in person. Offender supervisors' records indicated frequent and regular contact with prisoners and offender managers. Supervisors had at least monthly contact with in-scope women on their caseloads and quarterly contact with others subject to sentence planning. Every month, supervisors copied their records of contact and case notes to offender managers for women in-scope.

## Categorisation

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- 9.20 **Women should be informed personally about negative recategorisation decisions and given written feedback explaining the decision. (8.46)**

**Not achieved.** Women still received negative recategorisation decisions in writing, using a tick-box of generic reasons for refusal. OCA officers said they would speak to the prisoners 'if requested'.

**We repeat the recommendation.**

### **Additional information**

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- 9.21 Sentenced prisoners were categorised quickly and told their initial categorisation in writing, along with their allocated establishment. Most women moved to HMP Drake Hall or HMP Low Newton and progressive moves were made to HMP Askham Grange. Those with sentences of four years and over were recategorised every year and those serving less every six months. Reviews routinely requested contributions from staff working with the woman. Holds were placed on women as necessary. Women received 24-hours notice of planned transfers.

## Public protection

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- 9.22 **Personal officers should be aware when women in their care are subject to active public protection monitoring. (8.45)**

**Achieved.** Most officers were aware of women subject to monitoring.

### **Additional information**

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- 9.23 All new arrivals were screened for public protection issues by a probation officer. Women could be placed on monitoring immediately and weekly interdepartmental risk management meetings attended by a suitable cross-section of staff decided on any action needed and the required level. A computerised electronic spreadsheet was available on the intranet to all staff. It recorded one woman monitored at multi-agency public protection arrangement (MAPPA) level three, nine at level two and 12 at level one, 99 others were MAPPA nominals, 16 had risk to children alerts, 23 had sexual offences alerts and 41 had child contact alerts, including 16 with harassment alerts. Some women were highlighted in more than one category. Those monitored under public protection procedures were seen individually to have their situation and any restrictions explained. Only 34 staff, around 10% of the total, had received safeguarding children training.

### **Further recommendation**

- 9.24 All staff should attend safeguarding children training.

## Indeterminate-sentenced prisoners

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- 9.25 **Potential lifers should be routinely identified and spoken to by a member of the lifer team and given some written information about the life sentence process before and after sentence. (8.47)**

**Not achieved.** Potential lifers and those sentenced to indeterminate sentences for public

protection (IPPs) were not routinely identified.  
**We repeat the recommendation.**

- 9.26 **Life-sentenced prisoners should have the opportunity to undertake work highlighted in their sentence plans within reasonable time and well before their first parole review. (8.48)**

**Achieved.** Lifers had the opportunity to undertake work highlighted in sentence plans within reasonable time.

- 9.27 **Lifer sentence plans should be up to date. (8.49)**

**Achieved.** Life sentence plans were up to date.

- 9.28 **Offending behaviour needs of lifers and IPPs should be specifically explored as part of a needs analysis and a strategy developed to ensure that all indeterminate-sentenced prisoners have the opportunity to address needs. (8.50)**

**Not achieved.** There had been no offending behaviour need analysis for lifers and those serving IPPs.

**We repeat the recommendation.**

### **Additional information**

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- 9.29 There were 28 life-sentenced women and 11 serving IPPs. All newly-sentenced indeterminate-sentenced prisoners were seen by the lifer manager who explained how their sentences would be managed and prisoners were allocated to one of eight lifer officers and an offender supervisor. Some women spoke highly of the support received, while others were less positive.

- 9.30 Some women complained of a lack of suitable interventions and poor access to psychology staff. The part-time head of psychology, a chartered forensic psychologist, also worked at HMP Thorn Cross. She managed a full-time trainee psychologist and a full-time psychological assistant. A vacancy for a further psychological assistant was soon to be filled. There were insufficient resources to provide enough one-to-one work to meet the need of women and additional psychological support was 'borrowed' from local north west prisons such as HMP Risley.

- 9.31 There were two lifer days each year to which women could invite their family and friends. There were also yearly information days, primarily providing information about open conditions. These involved lifer staff, staff from open establishments, offender supervisors and managers and psychology staff. Women could invite a visitor and their legal representative.

#### **Further recommendation**

- 9.32 There should be sufficient psychological resources to meet need.

## **Resettlement pathways**

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### **Expected outcomes:**

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

## Reintegration planning

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### **Accommodation: additional information**

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- 9.33 In our survey, 26% of women said they had problems with housing on arrival and 44%, more than the 35% comparator, said they had been asked by staff if they needed help with this in their first 24 hours. Drop-in centre orderlies interviewed all women on the first night centre to complete an initial housing need assessment and women needing advice about housing or housing benefit were referred to the housing workers in the drop-in centre. A full-time Manchester City Council worker worked in the drop-in centre and a full-time probation officer assisted in finding accommodation in other areas. There was a specific housing service for women from Wales. As in 2008, a range of service providers was available to assist women. In our survey, 40% of women said they envisaged having a problem finding accommodation on release and 37%, far fewer than in 2008, said they knew who to contact in the prison to get help with this. The prison claimed that 100% of women released from Styal had accommodation, although many went to hostels or went 'to sleep on their friends couches'. It appeared unlikely that all women went to 'settled and sustainable' accommodation on release.

### **Education, training and employment**

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*For further details, see Learning and skills and work activities in Section 6*

- 9.34 **Links with local employers should be improved. (8.64)**  
**Achieved.** Two successful links with outside agencies had been established. These agencies linked with many employers to help women find work.
- 9.35 **A pre-release course should be introduced, especially for longer-sentenced women. (8.65)**  
**Achieved.** The education provider's accredited life skills programme was used to support pre-release arrangements. The programme offered a wide range of units including money management that could be combined flexibly to meet particular needs and interests. Further work to support preparation for release was in progress through the Achieve programme and development of the community house.

### **Mental and physical health: additional information**

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- 9.36 Health care had worked hard to ensure effective links with external health services for palliative care. One woman with a diagnosis of an advanced cancer was in hospital on release on temporary licence (ROTL). Health care and prison staff had worked effectively with hospital and specialist Macmillan staff to ensure she could get appropriate care before and during her admission, including making a ROTL arrangement that meant she could be cared for with greater respect and privacy. There was no formal palliative care policy.
- 9.37 Women were not seen routinely by health care staff before release. Health care staff said women with long-term conditions usually let them know when they were going and were then provided with take-home medication and a clinical summary was forwarded to their GP. All women were offered a brightly coloured bag on release containing health information, localised details of how to contact services in their local area and condoms. Women with severe and enduring mental health problems were linked with their community mental health team, who were invited to attend pre-release meetings.

#### Further recommendation

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

#### Housekeeping point

- 9.39 There should be a formal palliative care policy detailing arrangements for women with life-limiting conditions and link arrangements with external services.

### Finance, benefit and debt

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- 9.40 **Women should be given advice on claiming benefits on release. (8.66)**  
**Achieved.** Women were given benefit advice at their pre-release interview.
- 9.41 **Courses on budgeting and finance should be provided. (8.67)**  
**Achieved.** Budgeting and finance courses were available through education.
- 9.42 **Women should be helped to open a bank account before release. (8.68)**  
**Achieved.** Sentenced women with three months left to serve could open bank accounts.

### Additional information

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- 9.43 In our survey, similar to the comparator said they had money problems on arrival. The finance, benefit and debt needs of new arrivals were not formally assessed on arrival and all benefit claims were closed remotely. New arrivals were asked about their benefits by a probation officer the day after arrival. JobCentre Plus and Citizens Advice workers were available in the drop-in centre weekly by appointment and women were told about these services at induction. Only 7% of women on Waite wing, compared to 32% on the houses, said they knew who to contact in the prison for help with finances on release and 17% on the wing, compared to 53% on the houses, said they knew who to ask about benefits.

#### Further recommendation

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

### Drugs and alcohol

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- 9.45 **A member of staff should be appointed to assist with the implementation of the drug and alcohol strategy (8.81).**  
**Achieved.** A designated drug strategy manager appointed in April 2010 was responsible for coordinating clinical IDTS and CARAT services, acted as the programmes manager and monitored MDT as well as compact-based drug testing (CBDT). The drug and alcohol strategy was well managed and joined-up working between departments had improved.
- 9.46 **A comprehensive population needs analysis should be conducted annually to inform future drug and alcohol service provision (8.82).**  
**Achieved.** A detailed needs analysis undertaken in May 2010 by Liverpool John Moore

university had been updated by the prison in December 2010 in light of a prisoner survey and activity data. These needs assessments informed the 2011-12 IDTS treatment plan.

- 9.47 **CARAT services should be more accessible to women on Waite wing (8.83).**  
**Achieved.** Nominated CARAT workers visited Waite wing daily to speak to new arrivals and to make services accessible to women with drug and/or alcohol problems. Contact records were kept and outcomes recorded.
- 9.48 **The content of the short duration programme should be adapted to the specific needs of women (8.84).**  
**No longer relevant.** The short duration programme had ceased to run in February 2011 and had been replaced by the building skills for recovery (BSR) and the new alcohol programme (see additional information below).
- 9.49 **A peer support scheme should be developed to offer ongoing support to women who have completed the SDP (8.85).**  
**Achieved.** A monthly post-programme support group met monthly and five women were working towards a qualification to become peer mentors. Peer support was also an integral part of the new BSR programme and women could, in future, undertake specific training to become 'recovery champions'.
- 9.50 **Voluntary drug testing units where women receive additional support to remain drug free should be reintroduced (8.86).**  
**Not achieved.** Voluntary drug testing was available to women independent of location and all workers on Waite wing, women on the mother and baby unit and young adults on Willow house were required to sign compliance testing compacts. Fox house was a designated voluntary testing unit but the regime did not differ from other locations and women did not receive additional support.  
**We repeat the recommendation.**
- 9.51 **The required level of VDT should take place (8.87).**  
**Partially achieved.** In June 2011, 169 testing compacts were in place against a target of 151 and 172 tests had been completed. With the exception of April and May 2011, the prison had managed to test women monthly.
- 9.52 **The CARAT and the SDP teams should monitor the numbers of young adult women using their services (8.88).**  
**Achieved.** Monitoring had been introduced. Twenty-one per cent of all CARAT clients were young adults but this increased to 40% when looking at the alcohol worker's caseload. Out of 29 women starting the alcohol programme, eight were young adults and another four had started and completed the BSR programme.

### **Additional information**

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- 9.53 Management of the drug and alcohol strategy had improved. Monthly strategy meetings were attended by all relevant departments and a representative from the local drug and alcohol action team but the drug and alcohol policy document had not been reviewed for some time and annual demand and supply reduction action plans were lacking.
- 9.54 An experienced CARAT team from Lifeline and a CARAT officer were co-located together with the IDTS nurse and the drug strategy manager on the Iris centre. This new purpose-built unit provided a welcoming environment, daily drop-in sessions and interview rooms. Services were easily accessible and 94% of women in our survey, against a comparator of 88%, knew who to



contact for help with a drug or an alcohol problem and 90%, against a comparator of 83%, reported that they had received help. Twenty-five per cent, less than in 2008 and against a comparator of 33%, said they thought they would leave with a drug problem.

- 9.55 CARAT workers saw new arrivals on the first night centre and offered induction input twice a week. In July 2011, the active caseload stood at 224 clients with another 20 files suspended. Care plans were of good quality, one-to-one interventions were supplemented with work books and women could access the full range of IDTS modules, with three groups running each week.
- 9.56 An IDTS-funded family worker based on the Iris unit offered one-to-one work as well as a parenting skills course. She held a high caseload of 63 active clients. Women could also be referred to CARAT gym sessions and Alcoholics Anonymous and Narcotics Anonymous meetings were held weekly.
- 9.57 The CARAT service was well integrated in the prison and contributed to relevant multi-agency meetings. The care of women with complex needs was coordinated at weekly case conferences and a CARAT worker now attended five-day clinical reviews but there was no CARAT involvement at future reviews.
- 9.58 Throughcare arrangements continued to be good and designated prison link workers from local drug intervention programme teams visited frequently. A local drug agency held sessions at the drop-in centre.

#### Further recommendation

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

#### Housekeeping point

- 9.60 CARAT workers should have an ongoing involvement in clinical reviews beyond the initial five-day review.

## Children and families of offenders

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- 9.61 **Visitors should be able to book their next visit before the current visit ends. (8.112)**  
**Achieved.** Visitors could book their next visit through the booking clerk before leaving the visits hall.
- 9.62 **Visits should start at the advertised time. (8.113).**  
**Not achieved.** We observed two social visits sessions, both of which started by 2pm, the time the prison said visits should start, although the start time given in the induction booklet, the prisoner welcome leaflet and online was 1.45pm.  
**We repeat the recommendation.**
- 9.63 **Facilities should be provided to ensure babies are searched safely and left safely while their carer is searched. (8.114)**  
**Not achieved.** There were no obvious facilities such as baby chairs or boards in the searching area. The senior officer on duty said that searching of a baby or his/her carer would take place in a small room off the main search area. The room was filled with waste cardboard and

rubbish.

**We repeat the recommendation.**

- 9.64 Improved facilities for receiving and searching visitors should be provided. (8.115)**  
**Not achieved.** Facilities were unchanged. Funding had been sought for a new gate complex, incorporating the visitors' reception and searching area but this had not been successful.  
**We repeat the recommendation.**
- 9.65 Closed visits should be authorised only when there is significant risk justified by security intelligence. (8.116)**  
**Not achieved.** Both the visits policy and induction information stated that a closed visit would be authorised on the basis of a drug dog indication alone without the need for additional security intelligence. However, we were told that this policy was about to change in line with our recommendation.  
**We repeat the recommendation.**
- 9.66 Women prisoners should not have to wear a sash in the visits room. (8.117)**  
**Not achieved.** Women had to wear bibs, some of which were very dirty.  
**We repeat the recommendation.**
- 9.67 Mothers should be able to play with their children in the play area. (8.118)**  
**Not achieved.** During normal social visits, women were not allowed to move from their designated seat for any reason, including to play with their child in the play area.  
**We repeat the recommendation.**
- 9.68 Closed visits facilities should offer privacy and adequate audibility. (8.119)**  
**Not achieved.** Audibility remained poor in closed visits booths. We saw one visitor struggling to hear what the prisoner was saying through the intercom system. If more than one prisoner was on closed visits, there was no privacy due to the layout of the booths.  
**We repeat the recommendation.**
- 9.69 Prisoners should not be prevented from appropriate physical contact with their visitors. (8.120)**  
**Not achieved.** Prisoners and their visitors were not allowed to kiss each other on the mouth and nor were they allowed to hold hands. These security arrangements were unnecessarily restrictive and caused many women and their families anxiety and distress about what contact was allowed.  
**We repeat the recommendation.**
- 9.70 The work of all agencies and family support workers helping women maintain contact with their families should be identified in one document linked to the resettlement policy and publicised to all managers, staff and prisoners. (8.121)**  
**Partially achieved.** A local action plan for the children and families pathway set out a strategic aim of 'helping women become effective parents'. However, the plan had not been updated and still contained actions with implementation targets for 2009. Some more current work was not included.
- 9.71 The reducing reoffending action plan should include targets for the delivery of objectives relevant to children and families and should be informed by a needs analysis. (8.122)**  
**Partially achieved.** An annual needs analysis was undertaken and there was a reducing reoffending plan with objectives under the children and families pathway. However, the plan

was dated November 2009, was based on that year's needs analysis and had not been updated to reflect the findings of the 2010 analysis.

#### Further recommendation

- 9.72 The reducing reoffending strategy and the children and families local action plan should be updated and include all relevant work and information.
- 9.73 **The low take-up of the weekend family visits should be evaluated with prisoners and their families to identify reasons and make any necessary changes. (8.123)**  
**Not achieved.** Despite take-up remaining low, no evaluation of weekend family visits had been undertaken and no changes implemented. One woman said she was sometimes the only prisoner in the visits hall during these visits. She felt the 9.30am start time was potentially difficult for those travelling a long way. The most recent measuring the quality of prison life survey determined that, of those travelling to visits by train, 68% travelled for over an hour compared to 22% who travelled by car for over an hour.  
**We repeat the recommendation.**
- 9.74 **Carers should be able to participate in family visits. (8.124)**  
**Not achieved.** Carers were not able to participate in family visits. We spoke to one prisoner who said her mother got up early and travelled a long way to bring her daughter to a 9.30am family visit but was unable to stay so would either have to travel into town and sit in a coffee bar for two hours or wait in the visitors' centre.  
**We repeat the recommendation.**
- 9.75 **Women should have the opportunity for general relationship counselling with their immediate family where necessary. (8.125)**  
**Not achieved.** Individual counselling was available but no general relationship counselling for women and their immediate families.  
**We repeat the recommendation.**
- 9.76 **Women with identified need should be able to access programmes aimed at improving parenting skills and relationships. (8.126)**  
**Not achieved.** Parenting programmes were still available only to women resident on the mother and baby unit.  
**We repeat the recommendation.**
- 9.77 **Evening visits and weekend family visits should be open to all women. (8.127)**  
**Not achieved.** There were no longer any evening visits after the prison said there was low take-up during a pilot phase. The timing of the visits, which ran from 5pm to 7pm, may have been a barrier to attendance but no consideration had been given to changing the times and assessing the impact on attendance. Weekend family visits were not open to the few women on the basic level of the IEP scheme.

#### Further recommendation

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

## Housekeeping point

9.79 Weekend family visits should be open to all women.

9.80 **Women should be able to exchange unused visiting orders for telephone credit. (8.128)**  
**Achieved.** The responsible manager confirmed that this was available, although women we spoke to were not aware of it and there was a need to publicise this arrangement.

9.81 **Women identified as carers should be given free telephone calls specifically to maintain contact with their children. (8.129)**  
**Not achieved.** There was still no such provision for women identified as carers.  
**We repeat the recommendation.**

9.82 **There should be provision for women to have incoming telephone calls from children or to deal with arrangements for them. (8.130)**  
**Not achieved.** There was still no such provision.  
**We repeat the recommendation.**

## Additional information

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9.83 A significant amount of positive work was taking place under the children and families pathway and some operational staff demonstrated a real commitment to keeping women in contact with their families. However, this was not well co-ordinated at a strategic level and did not link into an up-to-date reducing reoffending strategy.

9.84 In our survey, 57% of women said they had children under the age of 18 and significantly fewer than the comparator said had problems contacting family when they first arrived. Thirty-nine per cent said they had received a visit in their first week and the same percentage said they had received one or more visits in the previous week. Social visits ran every afternoon except Fridays. Booking was through the telephone booking line, open every weekday morning, or via email. The booking clerk said that, despite the email facility, there remained a heavy demand on the telephone booking system, particularly at the beginning of the week. Unconvicted prisoners could have visits every day except Friday. Women on the standard level of the IEP scheme received two visiting orders and one privilege visiting order each month and those on enhanced had two of each. Those on basic had two visiting orders. Prisoners could accumulate 26 visits in a 12-month period. They could also apply to use the video link for inter-prison visits and 59 such visits had taken place to date in 2011. Those who did not receive visits could apply to the chaplaincy-run prison visitor scheme.

9.85 All visitors booked in at the visitors' centre, which was well managed by the Contact Cheshire support group. New visitors were identified, offered a complimentary hot drink and help and information in a private setting. Refreshments were available to buy, baby change facilities and toilets were provided, including adapted facilities, and there was a small well-equipped play room. Visitors could buy vouchers to spend in the tea bar in the visits hall, which was also staffed by Contact Cheshire. There was a good range of information in the centre and a comments book for feedback. Staff at the centre had recently started to send out written information to first-time visitors giving details of what to expect.

9.86 Visitors moved from the visitors' centre across to the gatehouse where their identity was checked before moving through to property lockers and then the search area. All visitors had to move across to the visits hall as one group, which led to delays for some while they waited

for others to be searched. Female staff searched female visitors. During the inspection, a male member of staff searched male visitors but we also saw a female member of staff doing so without asking them first if this was acceptable. Once inside the large and brightly coloured visits hall, visitors could buy a good range of refreshments and children could play in a good sized and well stocked play area supervised by a Contact Cheshire play leader.

- 9.87 Family fun days were held four times a year, facilitated by Contact Cheshire, and were open to all women regardless of their IEP status. These were popular, with an average of 30 women and 86 visitors attending the previous four. A buffet was provided, entertainers were brought in and the usual seating restrictions on women were lifted so they could play with their children. In warm weather, a bouncy castle was set up in the small area immediately outside the visits hall. The chaplaincy also ran family days for women on the enhanced IEP level who had children under the age of 12, lifer days and long-sentence prisoner family days.
- 9.88 The After Adoption service was no longer running due to loss of funding. However, an externally-funded family link worker managed by Contact Cheshire was highly thought of by the women we spoke to who had worked with her to address family issues. The worker visited new arrivals on the first night centre, operated a weekly clinic at the drop-in centre, attended the visitors' centre and visits hall and helped facilitate family fun days, acting as a referral route into other services and carrying a caseload. One woman whose teenage daughter had suffered a breakdown when her mother was sentenced said she would have given up if it were not for the family link worker. Among many other things, the worker had helped support the woman's son to apply to have the tenancy of the family home transferred into his name, liaised directly with the peer mentor assigned to the daughter and acted as a link between the woman and her children so that any concerns or fears were shared and addressed quickly.

## Attitudes, thinking and behaviour

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- 9.89 **Issuing of medications should not disrupt programmes. (8.138)**  
**Not achieved.** The issuing of medication continued to disrupt programme delivery.  
**We repeat the recommendation.**
- 9.90 **Personal officers should routinely attend post-programme case reviews. (8.139)**  
**Not achieved.** Although invited, personal officers rarely attended post-programme case reviews.  
**We repeat the recommendation.**
- 9.91 **A resettlement needs analysis should pay particular attention to the offending behaviour needs of all women and services to meet needs should be provided. Where this is not possible, there should be a strategy facilitating needs to be met elsewhere. (8.140)**  
**Not achieved.** Although the 2010 needs analysis had identified the effect of alcohol on prisoners' health, relationships and offending, it did not provide any in-depth analysis of offending behaviour needs or the suitability of existing programmes. All offender supervisors identified a need for anger management interventions. The 2011 needs analysis survey, not yet given to prisoners, included questions specific to attitudes, thinking and behaviour.  
**We repeat the recommendation.**
- 9.92 **The needs analysis should explore the needs of women who have experienced abuse, rape or domestic violence as well as women who have been involved in prostitution, and appropriate services provided. (8.147)**  
**Achieved.** The analysis identified that 14% of women had been involved in sex work and that

70% had experienced domestic violence. A range of suitable interventions offering individual and group support to women was available through the drop-in, including Manchester Rape Crisis, Manchester Action on Street Health and Women in Prison. There was a waiting list of women wanting to attend the domestic violence support group. Women could be linked with suitable support services in their home area on release. Regular multi-agency sex worker meetings involving prison staff and north west agency representatives took place in the prison to develop services to women while in custody and on release.

### **Additional information**

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- 9.93 The thinking skills programme (TSP), the Sycamore Tree victim awareness and restorative justice programme and building skills for recovery programme were run and an alcohol programme designed specifically for use with women prisoners had recently been piloted. Six programmes of TSP were run a year for 60 women and there was no waiting list. Availability of the Sycamore Tree programme was subject to funding and offender supervisors said that many more women would benefit from this programme if more places were available. 'Coaching in Styal', a recently introduced life-coaching course, offered women six one-to-one hourly sessions with a life coach. Offender supervisors said it effectively increased confidence and helped some women develop their skills.
- 9.94 The 2010 needs analysis reported that 'most women were unaware of any interventions to address domestic violence' and that there was 'generally a lack of awareness of any input' regarding sex work. No information was included in the drop-in centre leaflet about the help available to address domestic violence, rape, abuse or sex work and women were not told about these services during induction. 'Sex workers in custody and community training' (SWICC) was available but only 26 staff had undertaken this.

#### **Further recommendation**

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

# Section 10: Summary of recommendations, housekeeping points and good practice

The following is a listing of 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.

## Main recommendation

To NOMS

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

## Main recommendations

To the governor

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- 10.2 All women should have a supportive first night experience with peer support in suitable and safe accommodation. (HP47)
- 10.3 ACCT reviews should be planned, multidisciplinary and chaired by consistent case managers with the personal officer or other key worker involved. Care maps should reflect identified needs and be updated as necessary. (HP48)
- 10.4 A simple personal officer or named officer system should be introduced to ensure each woman has a named officer who checks and is aware of her individual needs and provides a first point of support and help with access to services. (HP50)
- 10.5 A more strategic and coordinated approach to the delivery of resettlement services combined with actively managed custody or sentence plans for all women should ensure that women are informed of and directed to appropriate resettlement services. (HP51)
- 10.6 An up-to-date health needs assessment should be carried out to ensure that resources are sufficient to cover both the physical and mental health needs of women at Styal. (MR8)
- 10.7 Sufficient services should be provided to help women deal with alcohol problems. (MR11)

## Recommendation

To NOMS

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### **Indeterminate-sentenced prisoners**

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

## Recommendations

To the governor

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### **Courts, escorts and transfers**

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

- 10.10 Women should be held in court cells for the minimum possible period and arrive at Styal before 7pm. (1.3)
- 10.11 All women should be given 24 hours notice of planned transfers unless there are well-evidenced individual risk assessments otherwise. (1.4)

### **Reception**

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- 10.12 Officers should wear name badges and introduce themselves to prisoners. (1.6)
- 10.13 Reception orderlies should have a formal peer support role and all women new to custody should receive planned and specific information and support in reception. (1.8)
- 10.14 Information in reception should be available in a range of languages. (1.11)

### **First night**

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- 10.15 New arrivals should receive essential first night procedures irrespective of their time of arrival. (1.14)
- 10.16 A contact list of telephone numbers for the police, social services departments and the out-of-hours emergency teams should be readily available to reception and first night centre officers. (1.15)
- 10.17 Women who are detoxifying on their first night should not share with those who are not. (1.16)
- 10.18 Sentenced women should not have to share rooms with unsentenced women. (1.17)

### **Induction**

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

### **Accommodation and facilities**

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- 10.20 Women should be able to make calls in private. (2.2)
- 10.21 Single cells should not be used for two women. (2.4)
- 10.22 Rooms in the houses should be refurbished and less crowded, with adequate storage space for all women. (2.5)
- 10.23 Free basic toiletries should be available to all women. (2.10)
- 10.24 All in-cell toilets should be properly screened. (2.11)
- 10.25 Night staff should have ready access to fire hoses in an emergency situation. (2.16)

### **Personal officers**

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



## **Bullying and violence reduction**

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- 10.27 Members of the safer prisons meeting should attend regularly or send a representative. (3.2)
- 10.28 More effective interventions should be developed for those identified as perpetrators of anti-social behaviour. (3.4)
- 10.29 Support plans for victims should identify specific help and be monitored regularly. (3.5)
- 10.30 Investigations into incidents of suspected bullying should be sufficiently thorough to provide evidence to justify women being subject to anti-bullying procedures. (3.11)

## **Self-harm and suicide**

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- 10.31 More ACCT assessors should be recruited from a range of disciplines. (3.14)
- 10.32 All staff in regular contact with prisoners should be trained in ACCT procedures. (3.15)
- 10.33 Women prisoners should have 24-hour access to Listeners with appropriate facilities. A suitable risk assessment should be completed when access has not been allowed. (3.16)
- 10.34 Bunk beds that impede observation should be replaced. (3.20)
- 10.35 Night staff should be first aid trained. (3.21)
- 10.36 Male staff should not be used for constant supervision of women at night unless there is appropriate individual justification. (3.30)
- 10.37 Listeners should be informally available to women on the first night centre and during the early days of custody. (3.31)

## **Legal rights**

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

## **Substance use**

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- 10.39 A dedicated clinical substance misuse team should provide coordinated care and support to drug and/or alcohol dependent women. (3.49)
- 10.40 The clinical substance misuse and the mental health in-reach teams' skills mix should include dual diagnosis expertise. (3.51)
- 10.41 Mandatory drug testing should be appropriately staffed to ensure that target tests are carried out within the required timescale. (3.52)

## **Diversity**

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

- 10.43 The diversity and equality action plan should include specific identified actions to address the needs of older prisoners. This should be informed by issues identified at the mature women's forum. (4.2)
- 10.44 The diversity and equality action team should monitor and analyse key information to ensure that prisoners from minority groups are not being victimised or excluded from activities. (4.3)
- 10.45 Care plans should be available to all relevant staff. (4.5)

### **Race equality**

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

### **Foreign nationals**

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- 10.47 Accredited translation and interpreting services should be used for women who do not understand English for all matters when accuracy or confidentiality is important. (4.16)
- 10.48 The foreign national policy should be informed by a local needs analysis. (4.17)
- 10.49 Foreign national women with family abroad should receive a free telephone call irrespective of whether they have had a visit. (4.19)

### **Health services**

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- 10.50 A professional cleaning programme should be introduced to ensure that all health care areas meet NHS standards of cleanliness and infection control management. (5.1)
- 10.51 There should be a suitable physical location for administering medications that enables women to collect their medications safely with privacy and confidentiality. (5.7)
- 10.52 A mental health awareness training programme for wing officers should be formally introduced and delivered regularly. (5.11)
- 10.53 The health care appointments system should be reviewed to ensure that appointments reach prisoners and identify the reasons prisoners do not attend appointments and appropriate measures put in place to ensure they do, including the provision of discipline officers rather than clinical staff for escorts to appointments. (5.22)
- 10.54 The primary care trust should assess the need for additional GP surgeries delivered by a female GP. (5.24)
- 10.55 Nurses carrying out medicine administration should not carry a radio, which should be used only for genuine health care emergencies. (5.25)
- 10.56 Waits for the GP and opticians should be equivalent to waiting times in the community. (5.34)
- 10.57 Additional patient group directions should be considered to enable the pharmacist and nurses to supply more potent medication. (5.43)
- 10.58 Night sedation should be given at an appropriate time. (5.51)

- 10.59 Women should have access to direct pharmacy advice and information. (5.52)
- 10.60 There should be regular medicines reviews for women with long-term conditions. (5.53)
- 10.61 There should be adequate primary mental health interventions and therapies to meet the needs of women. (5.72)
- 10.62 Women waiting for transfer to secure units under the Mental Health Act should not have to wait inappropriately long. (5.73)

### **Time out of cell**

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- 10.63 All prisoners should be allowed to spend at least 10 hours out of their cells on weekdays, except in exceptional circumstances. (6.1)
- 10.64 Time out of cell for women on Waite wing should be accurately recorded and monitored by managers. (6.2)

### **Learning and skills and work activities**

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- 10.65 All opportunities should be taken to accredit formally skills acquired at work, including those of peer support workers. (6.4)
- 10.66 Individual learning plans and target setting should be developed and used to ensure that targets are meaningful, achievable within the time available and clearly record and recognise achievements. (6.6)
- 10.67 Registration systems should enable individual attendance to be monitored even when full attendance overall is achieved through over enrolment. Tutors should be provided with reasons for non-attendance and follow these up as appropriate. (6.8)
- 10.68 The prison and education contractor should simplify and rationalise data systems for learning and skills to ensure useful data. (6.30)
- 10.69 Observation of teaching and learning for newly appointed tutors should start within a few months and each observation should last no more than one hour. Observation records should place a greater focus on judging the effectiveness of individual learning plans and target setting in supporting planning. (6.31)
- 10.70 Vocational tutors and orderlies should have literacy and numeracy awards at least one level higher than the level at which they are tutoring and supporting. (6.32)

### **Physical education and health promotion**

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- 10.71 Gym use should be promoted, including for day-time sessions, with participation rates monitored by age, ethnicity and residential location to target women and groups who are not exercising sufficiently. (6.42)
- 10.72 Physical education facilities should be improved, including by providing a suitably-equipped classroom, a suitable all-weather outdoor sports area and adequate space for cardiovascular equipment. (6.43)

### **Disciplinary procedures**

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- 10.73 Referrals to the independent adjudicator should be consistent and made only for the more serious charges. (7.5)
- 10.74 Special accommodation records should be completed and accessible by relevant managers at all times. (7.7)

### **Segregation unit**

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

### **Incentives and earned privileges**

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- 10.76 Prisoners should not lose association or receive other unsanctioned punishments as a result of incentives and earned privileges warnings. (7.20)
- 10.77 An appropriate and simplified incentives and earned privileges system that staff and prisoners fully understand should be implemented and should operate consistently. (7.27)

### **Catering**

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- 10.78 Catering staff should regularly attend the residential units when meals are being served. (8.1)
- 10.79 Breakfast packs should be issued on the morning they are to be eaten. (8.3)
- 10.80 Meal portions should be sufficient to meet women's need. (8.9)

### **Prison shop**

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- 10.81 New arrivals should be able to buy items from the prison shop within 24 hours. (8.11)
- 10.82 Regular prison shop surveys should be carried out and the results published to prisoners. (8.12)

### **Strategic management of resettlement**

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- 10.83 All resettlement pathways should have up-to-date action plans. (9.2)
- 10.84 Drop-in centre services should be advertised in languages other than English. (9.3)
- 10.85 The development and monitoring of pathway action plans should be clearly and effectively managed. (9.9)

## **Sentence planning and offender management**

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- 10.86 Offender managers should attend boards for women subject to offender management arrangements within the required timescales. (9.12)
- 10.87 Sentence management data should be monitored to provide performance information about the whole population in a single report. (9.13)

## **Categorisation**

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

## **Public protection**

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- 10.89 All staff should attend safeguarding children training. (9.24)

## **Indeterminate-sentenced prisoners**

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- 10.90 Potential lifers should be routinely identified and spoken to by a member of the lifer team and given some written information about the life sentence process before and after sentence. (9.25)
- 10.91 Offending behaviour needs of lifers and IPPs should be specifically explored as part of a needs analysis and a strategy developed to ensure that all indeterminate-sentenced prisoners have the opportunity to address needs. (9.28)

## **Resettlement pathways**

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- 10.92 Women should be offered a pre-release health care appointment. (9.38)
- 10.93 The apparent relative lack of knowledge by women on Waite wing about where to get help with resettlement services should be investigated and addressed. (9.44)
- 10.94 Voluntary drug testing units where women receive additional support to remain drug free should be reintroduced. (9.50)
- 10.95 The drug and alcohol strategy document should be updated and contain detailed action plans and performance measures for supply and demand reduction measures. (9.59)
- 10.96 Visits should start at the advertised time. (9.62)
- 10.97 Facilities should be provided to ensure babies are searched safely and left safely while their carer is searched. (9.63)
- 10.98 Improved facilities for receiving and searching visitors should be provided. (9.64)
- 10.99 Closed visits should be authorised only when there is significant risk justified by security intelligence. (9.65)

- 10.100 Women prisoners should not have to wear a sash in the visits room. (9.66)
- 10.101 Mothers should be able to play with their children in the play area. (9.67)
- 10.102 Closed visits facilities should offer privacy and adequate audibility. (9.68)
- 10.103 Prisoners should not be prevented from appropriate physical contact with their visitors. (9.69)
- 10.104 The reducing reoffending strategy and the children and families local action plan should be updated and include all relevant work and information. (9.72)
- 10.105 The low take-up of the weekend family visits should be evaluated with prisoners and their families to identify reasons and make any necessary changes. (9.73)
- 10.106 Carers should be able to participate in family visits. (9.74)
- 10.107 Women should have the opportunity for general relationship counselling with their immediate family where necessary. (9.75)
- 10.108 Women with identified need should be able to access programmes aimed at improving parenting skills and relationships. (9.76)
- 10.109 A further pilot of evening visits should be run, incorporating lessons learned from the previous pilot and informed by consultation with prisoners and visitors fully to evaluate the need. (9.78)
- 10.110 Women identified as carers should be given free telephone calls specifically to maintain contact with their children. (9.81)
- 10.111 There should be provision for women to have incoming telephone calls from children or to deal with arrangements for them. (9.82)
- 10.112 Issuing of medications should not disrupt programmes. (9.89)
- 10.113 Personal officers should routinely attend post-programme case reviews. (9.90)
- 10.114 A resettlement needs analysis should pay particular attention to the offending behaviour needs of all women and services to meet needs should be provided. Where this is not possible, there should be a strategy facilitating needs to be met elsewhere. (9.91)
- 10.115 The availability of services to address domestic violence, rape, abuse or sex work should be effectively publicised to all women. (9.95)

## Housekeeping points

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### **Reception**

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- 10.116 Women should be issued with sufficient clothing of the correct size. (1.12)

### **Accommodation and facilities**

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- 10.117 Women prisoners should have access to baths. (2.17)
- 10.118 Response times to cell call bells should be regularly monitored and recorded by managers. (2.18)
- 10.119 A clear clothing policy should set out what women are allowed and should ensure access to clean suitable donated clothing and more frequent exchanges of clothing. (2.19)

### **Self-harm and suicide**

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- 10.120 The use of safer cells should be monitored at the safer prisons meeting. (3.19)

### **Health services**

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- 10.121 Learning from incidents should be a regular item within staff forums. (5.19)
- 10.122 All health care professional staff should be able to access care programme approach documentation. (5.20)
- 10.123 A stock of reading glasses should be provided for women who need them. (5.35)
- 10.124 All health care staff should understand how to reset the refrigerator maximum and minimum temperatures. (5.39)
- 10.125 Medication charts should be readily available to enable women to receive medication at the appropriate time and prescribers to see the chart to inform their decision-making. (5.54)
- 10.126 Women should routinely be given patient information leaflets with their medications. (5.55)
- 10.127 Prescribing data should be collected and aggregated to inform prescribing reviews. (5.56)

### **Learning and skills and work activities**

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- 10.128 Library staff should have access to a working printer in the library to enable them to meet requests for Prison Service Orders without having to leave the library. (6.33)

### **Catering**

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- 10.129 Discussion of catering issues should be encouraged at consultative meetings. (8.10)

### **Resettlement pathways**

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- 10.130 There should be a formal palliative care policy detailing arrangements for women with life-limiting conditions and link arrangements with external services. (9.39)
- 10.131 CARAT workers should have an ongoing involvement in clinical reviews beyond the initial five-day review. (9.60)

10.132 Weekend family visits should be open to all women. (9.79)

## Good Practice

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### **Health services**

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10.133 Seeking patient feedback and engagement through commissioned forums and regular feedback surveys helped to ensure that women had a voice and their comments informed improvements in services. (5.21)

10.134 The wide range of health promotion inputs provided women with helpful information and advice to enhance their health and well being. (5.36)



## Appendix I: Inspection team

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Nigel Newcomen	Deputy Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Martin Owens	Inspector
Beverley Alden	Inspector

Adam Altoft	Researcher
Rachel Murray	Researcher
Mike Skidmore	Researcher
Chloe Flint	Research trainee

### **Specialist inspectors**

Nicola Rabjohns	Health services inspector
Sigrid Engelen	Drugs inspector
Stan Brandwood	Pharmacist
Susan Bain	Ofsted inspector
Nick Brown	Ofsted inspector

## Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	40	274	70.9
Recall	0	23	5.2
Convicted unsentenced	4	38	9.5
Civil prisoners	0	0	0
Detainee	0	0	0
Other	8	56	14.4
<b>Total</b>	<b>52</b>	<b>391</b>	<b>100</b>

Sentence	18-20 yr olds	21 and over	%
Unsentenced	11	85	21.7
Less than 6 months	11	69	18.1
6 months to less than 12 months	5	41	10.4
12 months to less than 2 years	11	45	12.6
2 years to less than 3 years	4	34	8.6
3 years to less than 4 years	5	33	8.6
4 years to less than 10 years	4	43	10.6
10 years and over (not life)	0	7	1.6
Life	1	34	7.9
<b>Total</b>	<b>52</b>	<b>391</b>	<b>100</b>

Age	Number of prisoners	%
Under 21 years	52	11.7
21 years to 29 years	132	29.8
30 years to 39 years	153	34.5
40 years to 49 years	81	18.3
50 years to 59 years	20	4.5
60 years to 69 years	5	1.1
70 plus years: maximum age=62	0	0
<b>Total</b>	<b>443</b>	<b>100</b>

Nationality	18-20 yr olds	21 and over	%
British	47	361	92.1
Foreign nationals	5	26	7
Not stated	0	4	0.9
<b>Total</b>	<b>52</b>	<b>391</b>	<b>100</b>

Security category	18-20 yr olds	21 and over	%
Female closed	40	259	67.5
Female open	0	24	5.4
Unclassified	12	108	27.1
<b>Total</b>	<b>52</b>	<b>391</b>	<b>100</b>

Ethnicity	18–20 yr olds	21 and over	%
White:			
British	46	329	84.7
Irish	0	1	0.2
Other white	3	12	3.4
Mixed:			
White and black Caribbean	0	5	1.1
White and black African	0	0	0
White and Asian	0	1	0.2
Other mixed	1	0	0.2
Asian or Asian British:			
Indian	0	0	0
Pakistani	0	1	0.2
Bangladeshi	0	1	0.2
Other Asian	1	4	1.1
Black or black British:			
Caribbean	0	3	0.7
African	0	3	0.7
Other black	0	15	3.4
Chinese or other ethnic group:			
Chinese	0	0	0
Other ethnic group	1	2	0.7
Not stated	0	14	3.2
<b>Total</b>	<b>52</b>	<b>391</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Church of England	5	109	25.7
Roman Catholic	5	97	23
Other Christian denominations	8	21	6.5
Muslim	0	14	3.2
Sikh	0	0	0
Hindu	0	1	0.2
Buddhist	1	1	0.5
Jewish	0	0	0
Other	0	1	0.2
No religion	31	134	37.2
Not stated	2	13	3.4
<b>Total</b>	<b>52</b>	<b>391</b>	<b>100</b>

#### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	10	2.3	74	16.7
1 month to 3 months	14	3.2	83	18.7
3 months to 6 months	12	2.7	62	14
6 months to 1 year	5	1.1	47	10.6
1 year to 2 years	0	0	27	6.1
2 years to 4 years	0	0	13	2.9
4 years or more	0	0	0	0
<b>Total</b>	<b>41</b>	<b>9.3</b>	<b>306</b>	<b>69.1</b>

**Unsentenced prisoners only**

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	5.2	29	30.2
1 month to 3 months	1	1	26	27.1
3 months to 6 months	4	4.2	26	27.1
6 months to 1 year	1	1	4	4.2
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
<b>Total</b>	<b>11</b>	<b>2.5</b>	<b>85</b>	<b>19.2</b>

# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

### Choosing the sample size

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The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on the 5 July 2011 the prisoner population at HMP&YOI Styal was 443. The Keller Unit was excluded from the prisoner sample. The sample size was 186. Overall, this represented 42% of the prisoner population.

### Selecting the sample

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Respondents were randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-NOMIS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Two respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In this case, no respondents required an interview.

## Methodology

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Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

## Response rates

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In total, 170 respondents completed and returned their questionnaires. This represented 38% of the prison population. The response rate was 91%. In addition to the two respondents who refused to complete a questionnaire, seven questionnaires were not returned and seven were returned blank.

## Comparisons

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The following details the results from the survey. Data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local women's prisons. This comparator is based on all responses from prisoner surveys carried out in seven local women's prisons since March 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP&YOI Styal in 2008.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 21 and under and those over 21.
- A comparison within the 2011 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

## Summary

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In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2 % from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

# Survey results

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	21 (12%)
	<i>21 - 29</i> .....	50 (30%)
	<i>30 - 39</i> .....	59 (35%)
	<i>40 - 49</i> .....	31 (18%)
	<i>50 - 59</i> .....	5 (3%)
	<i>60 - 69</i> .....	2 (1%)
	<i>70 and over</i> .....	1 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	127 (75%)
	<i>Yes - on recall</i> .....	8 (5%)
	<i>No - awaiting trial</i> .....	17 (10%)
	<i>No - awaiting sentence</i> .....	18 (11%)
	<i>No - awaiting deportation</i> .....	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	35 (21%)
	<i>Less than 6 months</i> .....	32 (19%)
	<i>6 months to less than 1 year</i> .....	21 (13%)
	<i>1 year to less than 2 years</i> .....	18 (11%)
	<i>2 years to less than 4 years</i> .....	27 (16%)
	<i>4 years to less than 10 years</i> .....	20 (12%)
	<i>10 years or more</i> .....	3 (2%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	3 (2%)
	<i>Life</i> .....	8 (5%)
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b><i>Not sentenced</i></b> .....	35 (24%)
	<i>6 months or less</i> .....	75 (51%)
	<i>More than 6 months</i> .....	38 (26%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	31 (19%)
	<i>1 to less than 3 months</i> .....	44 (27%)
	<i>3 to less than 6 months</i> .....	25 (15%)
	<i>6 to less than 12 months</i> .....	29 (18%)
	<i>12 months to less than 2 years</i> .....	17 (10%)
	<i>2 to less than 4 years</i> .....	9 (5%)
	<i>4 years or more</i> .....	9 (5%)
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>	
	<i>Yes</i> .....	10 (6%)



No..... 155 (94%)

**Q1.8 Is English your first language?**

Yes..... 150 (94%)  
No..... 10 (6%)

**Q1.9 What is your ethnic origin?**

<i>White - British</i> .....	141 (84%)	<i>Asian or Asian British - Bangladeshi</i> .....	1 (1%)
<i>White - Irish</i> .....	6 (4%)	<i>Asian or Asian British - Other</i> .....	1 (1%)
<i>White - Other</i> .....	3 (2%)	<i>Mixed Race - White and Black Caribbean</i> .....	2 (1%)
<i>Black or Black British - Caribbean</i> .....	5 (3%)	<i>Mixed Race - White and Black African</i> .....	0 (0%)
<i>Black or Black British - African</i> .....	3 (2%)	<i>Mixed Race - White and Asian</i> .....	1 (1%)
<i>Black or Black British - Other</i> .....	0 (0%)	<i>Mixed Race - Other</i> .....	1 (1%)
<i>Asian or Asian British - Indian</i> .....	1 (1%)	<i>Chinese</i> .....	0 (0%)
<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i> .....	1 (1%)

**Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?**

Yes..... 5 (3%)  
No..... 159 (97%)

**Q1.11 What is your religion?**

<i>None</i> .....	38 (23%)	<i>Hindu</i> .....	1 (1%)
<i>Church of England</i> .....	54 (32%)	<i>Jewish</i> .....	0 (0%)
<i>Catholic</i> .....	56 (33%)	<i>Muslim</i> .....	6 (4%)
<i>Protestant</i> .....	1 (1%)	<i>Sikh</i> .....	0 (0%)
<i>Other Christian denomination</i>	7 (4%)	<i>Other</i> .....	4 (2%)
<i>Buddhist</i> .....	1 (1%)		

**Q1.12 How would you describe your sexual orientation?**

*Heterosexual/straight*..... 132 (80%)  
*Homosexual/gay*..... 13 (8%)  
*Bisexual*..... 19 (11%)  
*Other*..... 2 (1%)

**Q1.13 Do you consider yourself to have a disability?**

Yes..... 38 (23%)  
No..... 130 (77%)

**Q1.14 How many times have you been in prison before?**

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
83 (50%)	27 (16%)	39 (23%)	18 (11%)

**Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?**

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
118 (76%)	35 (23%)	2 (1%)

<b>Q1.16</b>	<b>Do you have any children under the age of 18?</b>	
	Yes .....	95 (57%)
	No.....	73 (43%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>We want to know about the most recent journey you have made either to or from court or between prisons. How was:</b>							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van?	13 (8%)	60 (36%)	23 (14%)	39 (23%)	15 (9%)	13 (8%)	3 (2%)
	Your personal safety during the journey?	21 (14%)	71 (47%)	26 (17%)	19 (13%)	9 (6%)	5 (3%)	1 (1%)
	The comfort of the van?	4 (2%)	19 (11%)	12 (7%)	61 (36%)	69 (41%)	3 (2%)	1 (1%)
	The attention paid to your health needs?	16 (10%)	40 (25%)	39 (24%)	37 (23%)	15 (9%)	2 (1%)	11 (7%)
	The frequency of toilet breaks?	1 (1%)	20 (12%)	25 (15%)	30 (18%)	53 (32%)	4 (2%)	31 (19%)

<b>Q2.2</b>	<b>How long did you spend in the van?</b>				
	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
	46 (28%)	83 (50%)	31 (19%)	3 (2%)	4 (2%)

<b>Q2.3</b>	<b>How did you feel you were treated by the escort staff?</b>					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	31 (19%)	88 (53%)	30 (18%)	14 (8%)	1 (1%)	3 (2%)

<b>Q2.4</b>	<b>Please answer the following questions about when you first arrived here:</b>			
		<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?	135 (80%)	30 (18%)	4 (2%)
	Before you arrived here did you receive any written information about what would happen to you?	17 (10%)	146 (87%)	5 (3%)
	When you first arrived here did your property arrive at the same time as you?	107 (65%)	54 (33%)	4 (2%)

## Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)</b>		
	<i>Didn't ask about any of these.....</i>	16 (10%)	<i>Money worries.....</i> 36 (22%)
	<i>Loss of property.....</i>	28 (17%)	<i>Feeling depressed or suicidal .....</i> 113 (69%)
	<i>Housing problems.....</i>	71 (44%)	<i>Health problems.....</i> 113 (69%)

Contacting employers .....	27 (17%)	Needing protection from other prisoners.....	31 (19%)
Contacting family.....	100 (61%)	Accessing phone numbers...	87 (53%)
Ensuring dependants were being looked after .....	54 (33%)	Other.....	9 (6%)

**Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**

<b>Didn't have any problems</b> ....	30 (20%)	Money worries.....	33 (22%)
Loss of property.....	18 (12%)	Feeling depressed or suicidal.	50 (33%)
Housing problems.....	39 (26%)	Health problems.....	61 (40%)
Contacting employers .....	5 (3%)	Needing protection from other prisoners .....	10 (7%)
Contacting family.....	59 (39%)	Accessing phone numbers.....	36 (24%)
Ensuring dependants were looked after .....	18 (12%)	Other.....	3 (2%)

**Q3.3 Please answer the following questions about reception:**

	Yes	No	Don't remember
Were you seen by a member of health services?	126 (75%)	31 (18%)	12 (7%)
When you were searched, was this carried out in a respectful way?	142 (90%)	9 (6%)	7 (4%)

**Q3.4 Overall, how well did you feel you were treated in reception?**

Very well	Well	Neither	Badly	Very badly	Don't remember
30 (18%)	77 (46%)	32 (19%)	21 (12%)	5 (3%)	4 (2%)

**Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**

Information about what was going to happen to you .....	87 (56%)
Information about what support was available for people feeling depressed or suicidal .....	94 (61%)
Information about how to make routine requests .....	68 (44%)
Information about your entitlement to visits.....	71 (46%)
Information about health services .....	89 (57%)
Information about the chaplaincy .....	91 (59%)
<b>Not offered anything</b> .....	30 (19%)

**Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**

A smokers/non-smokers pack.....	156 (92%)
The opportunity to have a shower.....	116 (69%)
The opportunity to make a free telephone call.....	135 (80%)
Something to eat.....	150 (89%)
<b>Did not receive anything</b> .....	0 (0%)

**Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)**

Chaplain or religious leader .....	117 (72%)
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Someone from health services .....	148 (91%)
A Listener/Samaritans.....	35 (21%)
<b>Did not meet any of these people.....</b>	<b>8 (5%)</b>

**Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**

Yes .....	9 (5%)
No.....	160 (95%)

**Q3.9 Did you feel safe on your first night here?**

Yes.....	116 (69%)
No.....	42 (25%)
Don't remember.....	10 (6%)

**Q3.10 How soon after your arrival did you go on an induction course?**

<b>Have not been on an induction course.....</b>	<b>26 (16%)</b>
Within the first week .....	72 (43%)
More than a week .....	50 (30%)
Don't remember.....	18 (11%)

**Q3.11 Did the induction course cover everything you needed to know about the prison?**

<b>Have not been on an induction course.....</b>	<b>26 (16%)</b>
Yes .....	73 (46%)
No.....	40 (25%)
Don't remember.....	21 (13%)

## Section 4: Legal rights and respectful custody

**Q4.1 How easy is it to:**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	14 (8%)	62 (38%)	19 (12%)	37 (22%)	16 (10%)	17 (10%)
Attend legal visits?	24 (15%)	78 (49%)	20 (13%)	5 (3%)	7 (4%)	24 (15%)
Obtain bail information?	4 (3%)	37 (24%)	20 (13%)	29 (19%)	21 (14%)	41 (27%)

**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**

<b>Not had any letters .....</b>	<b>16 (10%)</b>
Yes.....	79 (47%)
No.....	72 (43%)

**Q4.3 Please answer the following questions about the wing/unit you are currently living on:**

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	65 (40%)	68 (42%)	3 (2%)	26 (16%)
Are you normally able to have a shower every day?	150 (92%)	11 (7%)	1 (1%)	1 (1%)
Do you normally receive clean sheets every week?	140 (85%)	16 (10%)	3 (2%)	6 (4%)
Do you normally get cell cleaning materials every week?	115 (70%)	40 (24%)	5 (3%)	4 (2%)
Is your cell call bell normally answered within five minutes?	50 (31%)	86 (53%)	9 (6%)	16 (10%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	95 (60%)	58 (37%)	4 (3%)	1 (1%)
Can you normally get your stored property if you need to?	34 (21%)	87 (54%)	31 (19%)	8 (5%)

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
3 (2%)	30 (18%)	37 (22%)	52 (31%)	45 (27%)

**Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**

<i>Have not bought anything yet</i> .....	15 (9%)
Yes.....	75 (45%)
No.....	77 (46%)

**Q4.6 Is it easy or difficult to get:**

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	87 (53%)	56 (34%)	4 (2%)	4 (2%)	2 (1%)	11 (7%)
An application form	85 (52%)	60 (36%)	7 (4%)	5 (3%)	2 (1%)	6 (4%)

**Q4.7 Have you made an application?**

Yes.....	139 (84%)
No.....	26 (16%)

**Q4.8 Please answer the following questions concerning applications:**

*(If you have not made an application please tick the 'not made one' option.)*

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	26 (16%)	79 (50%)	54 (34%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	26 (17%)	72 (46%)	58 (37%)

**Q4.9 Have you made a complaint?**

Yes.....	78 (47%)
No.....	87 (53%)

**Q4.10 Please answer the following questions concerning complaints:**

*(If you have not made a complaint please tick the 'not made one' option.)*

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	87 (53%)	33 (20%)	45 (27%)
Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	87 (53%)	48 (29%)	28 (17%)
Were you given information about how to make an appeal?	58 (39%)	40 (27%)	52 (35%)

**Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**

<b>Not made a complaint</b> .....	87 (53%)
Yes .....	14 (8%)
No.....	64 (39%)

**Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
71 (44%)	9 (6%)	30 (19%)	26 (16%)	17 (10%)	9 (6%)

**Q4.13 What level of the IEP scheme are you on now?**

<b>Don't know what the IEP scheme is</b> .....	25 (15%)
<i>Enhanced</i> .....	54 (33%)
<i>Standard</i> .....	83 (50%)
<i>Basic</i> .....	1 (1%)
<i>Don't know</i> .....	3 (2%)

**Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**

<b>Don't know what the IEP scheme is</b> .....	25 (16%)
Yes .....	81 (52%)
No .....	35 (22%)
<i>Don't know</i> .....	16 (10%)

**Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?**

<b>Don't know what the IEP scheme is</b> .....	25 (16%)
Yes .....	68 (44%)
No.....	43 (28%)
<i>Don't know</i> .....	17 (11%)

**Q4.16 Please answer the following questions about this prison?**

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	4 (2%)	161 (98%)
In the last six months have you spent a night in the segregation/care and separation unit?	5 (3%)	153 (97%)

<b>Q4.17</b>	<b>Please answer the following questions about your religious beliefs?</b>	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	107 (64%)	20 (12%)	39 (23%)
	Are you able to speak to a religious leader of your faith in private if you want to?	109 (69%)	6 (4%)	43 (27%)
<b>Q4.18</b>	<b>Can you speak to a listener at any time, if you want to?</b>	Yes 99 (59%)	No 17 (10%)	<i>Don't know</i> 51 (31%)
<b>Q4.19</b>	<b>Please answer the following questions about staff in this prison?</b>	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	122 (74%)	42 (26%)	
	Do <b>most</b> staff treat you with respect?	110 (69%)	49 (31%)	

### Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>	Yes ..... 65 (39%)	No..... 103 (61%)																				
<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>	Yes ..... 25 (15%)	No..... 140 (85%)																				
<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)</b>	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 103 (65%)</td> <td><i>At mealtimes</i>..... 14 (9%)</td> </tr> <tr> <td><i>Everywhere</i>..... 12 (8%)</td> <td><i>At health services</i>..... 8 (5%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 4 (3%)</td> <td><i>Visit's area</i> ..... 8 (5%)</td> </tr> <tr> <td><i>Association areas</i>..... 25 (16%)</td> <td><i>In wing showers</i>..... 18 (11%)</td> </tr> <tr> <td><i>Reception area</i> ..... 7 (4%)</td> <td><i>In gym showers</i>..... 8 (5%)</td> </tr> <tr> <td><i>At the gym</i>..... 8 (5%)</td> <td><i>In corridors/stairwells</i>..... 12 (8%)</td> </tr> <tr> <td><i>In an exercise yard</i> ..... 16 (10%)</td> <td><i>On your landing/wing</i>..... 26 (16%)</td> </tr> <tr> <td><i>At work</i>..... 7 (4%)</td> <td><i>In your cell</i>..... 16 (10%)</td> </tr> <tr> <td><i>During movement</i>..... 23 (14%)</td> <td><i>At religious services</i>..... 3 (2%)</td> </tr> <tr> <td><i>At education</i>..... 4 (3%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> ..... 103 (65%)	<i>At mealtimes</i> ..... 14 (9%)	<i>Everywhere</i> ..... 12 (8%)	<i>At health services</i> ..... 8 (5%)	<i>Segregation unit</i> ..... 4 (3%)	<i>Visit's area</i> ..... 8 (5%)	<i>Association areas</i> ..... 25 (16%)	<i>In wing showers</i> ..... 18 (11%)	<i>Reception area</i> ..... 7 (4%)	<i>In gym showers</i> ..... 8 (5%)	<i>At the gym</i> ..... 8 (5%)	<i>In corridors/stairwells</i> ..... 12 (8%)	<i>In an exercise yard</i> ..... 16 (10%)	<i>On your landing/wing</i> ..... 26 (16%)	<i>At work</i> ..... 7 (4%)	<i>In your cell</i> ..... 16 (10%)	<i>During movement</i> ..... 23 (14%)	<i>At religious services</i> ..... 3 (2%)	<i>At education</i> ..... 4 (3%)	
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<i>At education</i> ..... 4 (3%)																							
<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>	Yes ..... 50 (30%)	No..... 117 (70%)																				
<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends).....</i></td> <td>26 (16%)</td> <td><i>Because of your sexuality.....</i></td> <td>5 (3%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends).....</i>	26 (16%)	<i>Because of your sexuality.....</i>	5 (3%)																
<i>Insulting remarks (about you or your family or friends).....</i>	26 (16%)	<i>Because of your sexuality.....</i>	5 (3%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	11 (7%)	<i>Because you have a disability</i>	6 (4%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your religion/religious beliefs.....</i>	5 (3%)
<i>Because of your race or ethnic origin.....</i>	7 (4%)	<i>Because of your age.....</i>	8 (5%)
<i>Because of drugs.....</i>	9 (5%)	<i>Being from a different part of the country than others.....</i>	3 (2%)
<i>Having your canteen/property taken.....</i>	9 (5%)	<i>Because of your offence/ crime.....</i>	12 (7%)
<i>Because you were new here..</i>	20 (12%)	<i>Because of gang related issues.....</i>	6 (4%)

**Q5.6 Have you been victimised by a member of staff or group of staff here?**

Yes.....	22 (13%)
No.....	144 (87%)

**Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends).....</i>	9 (5%)	<i>Because you have a disability...</i>	3 (2%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	2 (1%)	<i>Because of your religion/religious beliefs.....</i>	0 (0%)
<i>Sexual abuse.....</i>	0 (0%)	<i>Because of your age.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	1 (1%)	<i>Being from a different part of the country than others.....</i>	2 (1%)
<i>Because of drugs.....</i>	4 (2%)	<i>Because of your offence/ crime.</i>	6 (4%)
<i>Because you were new here.....</i>	3 (2%)	<i>Because of gang related issues</i>	0 (0%)
<i>Because of your sexuality.....</i>	5 (3%)		

**Q5.8 If you have been victimised by prisoners or staff, did you report it?**

<b><i>Not been victimised</i></b> .....	101 (64%)
Yes.....	32 (20%)
No.....	26 (16%)

**Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**

Yes.....	53 (32%)
No.....	112 (68%)

**Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**

Yes.....	36 (22%)
No.....	129 (78%)

**Q5.11 Is it easy or difficult to get illegal drugs in this prison?**

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
18 (11%)	22 (13%)	11 (7%)	11 (7%)	11 (7%)	94 (56%)



## Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:**
- |              | <b>Don't know</b> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor   | 14 (8%)           | 6 (4%)           | 38 (23%)    | 13 (8%)        | 68 (41%)         | 26 (16%)              |
| The nurse    | 11 (7%)           | 17 (11%)         | 76 (48%)    | 13 (8%)        | 35 (22%)         | 8 (5%)                |
| The dentist  | 19 (12%)          | 5 (3%)           | 36 (23%)    | 13 (8%)        | 56 (35%)         | 30 (19%)              |
| The optician | 33 (21%)          | 5 (3%)           | 29 (18%)    | 17 (11%)       | 46 (29%)         | 27 (17%)              |
- Q6.2 Are you able to see a pharmacist?**
- |           |          |
|-----------|----------|
| Yes ..... | 72 (49%) |
| No .....  | 76 (51%) |
- Q6.3 What do you think of the quality of the health service from the following people:**
- |              | <b>Not been</b> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor   | 21 (13%)        | 18 (11%)         | 50 (31%)    | 22 (14%)       | 30 (19%)   | 21 (13%)        |
| The nurse    | 9 (6%)          | 35 (22%)         | 63 (40%)    | 11 (7%)        | 31 (20%)   | 9 (6%)          |
| The dentist  | 39 (26%)        | 24 (16%)         | 41 (27%)    | 14 (9%)        | 24 (16%)   | 9 (6%)          |
| The optician | 55 (37%)        | 10 (7%)          | 35 (23%)    | 19 (13%)       | 20 (13%)   | 10 (7%)         |
- Q6.4 What do you think of the overall quality of the health services here?**
- |                 |                  |             |                |            |                 |
|-----------------|------------------|-------------|----------------|------------|-----------------|
| <b>Not been</b> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
| 4 (2%)          | 23 (14%)         | 51 (31%)    | 27 (17%)       | 35 (22%)   | 22 (14%)        |
- Q6.5 Are you currently taking medication?**
- |           |           |
|-----------|-----------|
| Yes ..... | 109 (67%) |
| No .....  | 54 (33%)  |
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- |                                    |          |
|------------------------------------|----------|
| <b>Not taking medication</b> ..... | 54 (33%) |
| Yes .....                          | 31 (19%) |
| No .....                           | 77 (48%) |
- Q6.7 Do you feel you have any emotional well-being/mental health issues?**
- |           |          |
|-----------|----------|
| Yes ..... | 87 (53%) |
| No .....  | 76 (47%) |
- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- |  |           |
|--|-----------|
| <b>Do not have any issues/not receiving any help</b> ..... | 104 (67%) |
| <i>Doctor</i> .....  | 28 (18%)  |
| <i>Nurse</i> .....   | 13 (8%)   |
| <i>Psychiatrist</i> .....                                  | 9 (6%)    |
| <i>Mental health in-reach team</i> .....                   | 29 (19%)  |
| <i>Counsellor</i> .....                                    | 15 (10%)  |
| <i>Other</i> .....   | 6 (4%)    |

<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>			
		Yes	No	
	Drugs	63 (42%)	88 (58%)	
	Alcohol	58 (40%)	86 (60%)	
<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>			
	Yes .....		10 (6%)	
	No .....		152 (94%)	
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....		80 (50%)	
	No .....		5 (3%)	
	<i>Did not/do not have a drug or alcohol problem</i> .....		75 (47%)	
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem while in this prison?</b>			
	Yes .....		79 (48%)	
	No .....		9 (6%)	
	<i>Did not/do not have a drug or alcohol problem</i> .....		75 (46%)	
<b>Q6.13</b>	<b>Was the intervention or help you received, while in this prison, helpful?</b>			
	Yes .....		59 (37%)	
	No .....		16 (10%)	
	<i>Did not have a problem/have not received help</i> .....		84 (53%)	
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		Yes	No	<i>Don't know</i>
	Drugs	9 (6%)	117 (75%)	30 (19%)
	Alcohol	7 (5%)	114 (74%)	33 (21%)
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes .....		50 (31%)	
	No .....		6 (4%)	
	N/A .....		105 (65%)	

## Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>		
	Prison job .....		81 (51%)
	Vocational or skills training .....		25 (16%)
	Education (including basic skills) .....		46 (29%)
	Offending behaviour programmes .....		21 (13%)

**Not involved in any of these**..... 47 (29%)

**Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?**

	<b>Not been involved</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Prison job	23 (19%)	61 (49%)	22 (18%)	18 (15%)
Vocational or skills training	28 (28%)	35 (35%)	21 (21%)	16 (16%)
Education (including basic skills)	23 (20%)	61 (54%)	15 (13%)	15 (13%)
Offending behaviour programmes	29 (29%)	39 (39%)	17 (17%)	15 (15%)

**Q7.3 How often do you go to the library?**

<b>Don't want to go</b> .....	15 (9%)
<i>Never</i> .....	22 (14%)
<i>Less than once a week</i> .....	29 (18%)
<i>About once a week</i> .....	62 (39%)
<i>More than once a week</i> .....	25 (16%)
<i>Don't know</i> .....	7 (4%)

**Q7.4 On average how many times do you go to the gym each week?**

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
36 (22%)	47 (29%)	10 (6%)	22 (13%)	20 (12%)	17 (10%)	12 (7%)

**Q7.5 On average how many times do you go outside for exercise each week?**

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
15 (9%)	15 (9%)	36 (22%)	35 (21%)	45 (28%)	17 (10%)

**Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)**

<i>Less than 2 hours</i> .....	21 (13%)
<i>2 to less than 4 hours</i> .....	16 (10%)
<i>4 to less than 6 hours</i> .....	30 (19%)
<i>6 to less than 8 hours</i> .....	20 (13%)
<i>8 to less than 10 hours</i> .....	18 (11%)
<i>10 hours or more</i> .....	32 (20%)
<i>Don't know</i> .....	23 (14%)

**Q7.7 On average, how many times do you have association each week?**

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
9 (6%)	6 (4%)	15 (9%)	27 (17%)	88 (54%)	18 (11%)

**Q7.8 How often do staff normally speak to you during association time?**

<b>Do not go on association</b> .....	19 (12%)
<i>Never</i> .....	34 (21%)
<i>Rarely</i> .....	50 (31%)
<i>Some of the time</i> .....	45 (28%)
<i>Most of the time</i> .....	10 (6%)
<i>All of the time</i> .....	4 (2%)

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>					
	<i>Still have not met him/her</i> .....					57 (35%)
	<i>In the first week</i> .....					58 (35%)
	<i>More than a week</i> .....					34 (21%)
	<i>Don't remember</i> .....					15 (9%)
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	57 (35%)	44 (27%)	31 (19%)	15 (9%)	7 (4%)	8 (5%)
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....					35 (22%)
	<i>Yes</i> .....					69 (43%)
	<i>No</i> .....					58 (36%)
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					93 (58%)
	<i>Very involved</i> .....					23 (14%)
	<i>Involved</i> .....					31 (19%)
	<i>Neither</i> .....					6 (4%)
	<i>Not very involved</i> .....					6 (4%)
	<i>Not at all involved</i> .....					2 (1%)
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					93 (60%)
	<i>Yes</i> .....					54 (35%)
	<i>No</i> .....					9 (6%)
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					93 (60%)
	<i>Yes</i> .....					22 (14%)
	<i>No</i> .....					40 (26%)
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?</b>					
	<i>Not sentenced</i> .....					35 (22%)
	<i>Yes</i> .....					57 (36%)
	<i>No</i> .....					68 (43%)
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....					44 (28%)
	<i>No</i> .....					115 (72%)
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>					
	<i>Yes</i> .....					57 (35%)

No..... 87 (53%)  
 Don't know..... 19 (12%)

**Q8.10 Have you had any problems getting access to the telephones?**

Yes ..... 26 (16%)  
 No..... 132 (80%)  
 Don't know..... 6 (4%)

**Q8.11 Did you have a visit in the first week that you were here?**

**Not been here a week yet** ..... 12 (7%)  
 Yes..... 63 (39%)  
 No..... 84 (52%)  
 Don't remember..... 3 (2%)

**Q8.12 How many visits did you receive in the last week?**

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
12 (8%)	83 (53%)	58 (37%)	3 (2%)	0 (0%)

**Q8.13 How are you and your family/friends usually treated by visits staff?**

**Not had any visits**..... 44 (27%)  
 Very well..... 27 (16%)  
 Well..... 45 (27%)  
 Neither..... 17 (10%)  
 Badly..... 13 (8%)  
 Very badly..... 7 (4%)  
 Don't know..... 11 (7%)

**Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**

Yes ..... 92 (58%)  
 No..... 67 (42%)

**Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)**

<b>Don't know who to contact</b> . 44 (41%)	<i>Help with your finances in preparation for release</i> ..... 27 (25%)
<i>Maintaining good relationships</i> ..... 29 (27%)	<i>Claiming benefits on release</i> .. 46 (43%)
<i>Avoiding bad relationships</i> ..... 24 (22%)	<i>Arranging a place at college/continuing education on release</i> ..... 30 (28%)
<i>Finding a job on release</i> ..... 37 (35%)	<i>Continuity of health services on release</i> ..... 37 (35%)
<i>Finding accommodation on release</i> ..... 40 (37%)	<i>Opening a bank account</i> ..... 34 (32%)

**Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**

<i>No problems</i> .....	37 (34%)	<i>Help with your finances in preparation for release</i> .....	30 (28%)
<i>Maintaining good relationships</i> .....	22 (20%)	<i>Claiming benefits on release</i> ..	37 (34%)
<i>Avoiding bad relationships</i> .....	22 (20%)	<i>Arranging a place at college/continuing education on release</i> .....	23 (21%)
<i>Finding a job on release</i> .....	45 (41%)	<i>Continuity of health services on release</i> .....	22 (20%)
<i>Finding accommodation on release</i> .....	44 (40%)	<i>Opening a bank account</i> .....	23 (21%)

**Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**

<i>Not sentenced</i> .....	35 (30%)
<i>Yes</i> .....	50 (43%)
<i>No</i> .....	32 (27%)

Main comparator and comparator to last time



Prisoner survey responses HMP&YOI Styal 2011

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

Key to tables

		HMP & YOI Styal	Women's local comparator	HMP & YOI Styal	HMP & YOI Styal 2008
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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		170	852	170	107
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	12%	12%	12%	12%
3a	Are you sentenced?	80%	70%	80%	79%
3b	Are you on recall?	5%	6%	5%	7%
4a	Is your sentence less than 12 months?	32%	27%	32%	20%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	2%	2%	5%
5	Do you have six months or less to serve?	51%	41%	51%	40%
6	Have you been in this prison less than a month?	19%	24%	19%	26%
7	Are you a foreign national?	6%	15%	6%	6%
8	Is English your first language?	94%	89%	94%	95%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	11%	25%	11%	13%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	7%	3%	
11	Are you Muslim?	4%	6%	4%	4%
12	Are you homosexual/gay or bisexual?	21%	27%	21%	29%
13	Do you consider yourself to have a disability?	23%	18%	23%	16%
14	Is this your first time in prison?	50%	47%	50%	39%
15	Have you been in more than five prisons this time?	1%	3%	1%	2%
16	Do you have any children under the age of 18?	57%	51%	57%	56%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	44%	49%	44%	42%
1b	Was your personal safety during the journey good/very good?	61%	59%	61%	55%
1c	Was the comfort of the van good/very good?	14%	15%	14%	11%
1d	Was the attention paid to your health needs good/very good?	35%	35%	35%	35%
1e	Was the frequency of toilet breaks good/very good?	13%	14%	13%	16%
2	Did you spend more than four hours in the van?	2%	5%	2%	7%
3	Were you treated well/very well by the escort staff?	71%	75%	71%	70%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	80%	80%	85%
4b	Before you arrived here did you receive any written information about what would happen to you?	10%	15%	10%	18%
4c	When you first arrived here did your property arrive at the same time as you?	65%	84%	65%	78%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>				
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:			
<b>1b</b>	17%	12%	17%	12%
<b>1c</b>	44%	35%	44%	34%
<b>1d</b>	17%	12%	17%	9%
<b>1e</b>	61%	66%	61%	59%
<b>1f</b>	33%	28%	33%	27%
<b>1g</b>	22%	18%	22%	19%
<b>1h</b>	69%	58%	69%	67%
<b>1i</b>	69%	63%	69%	62%
<b>1j</b>	19%	13%	19%	18%
<b>1k</b>	53%	46%	53%	53%
<b>2</b>	When you first arrived:			
<b>2a</b>	80%	78%	80%	82%
<b>2b</b>	12%	12%	12%	23%
<b>2c</b>	26%	28%	26%	34%
<b>2d</b>	3%	6%	3%	3%
<b>2e</b>	39%	31%	39%	46%
<b>2f</b>	12%	9%	12%	15%
<b>2g</b>	22%	24%	22%	19%
<b>2h</b>	33%	37%	33%	37%
<b>2i</b>	40%	38%	40%	42%
<b>2j</b>	7%	7%	7%	7%
<b>2k</b>	24%	29%	24%	33%
<b>3a</b>	75%	91%	75%	70%
<b>3b</b>	90%	85%	90%	89%
<b>4</b>	63%	69%	63%	69%
<b>5</b>	On your day of arrival, were you offered information about any of the following:			
<b>5a</b>	56%	54%	56%	57%
<b>5b</b>	61%	57%	61%	57%
<b>5c</b>	44%	39%	44%	37%
<b>5d</b>	46%	45%	46%	46%
<b>5e</b>	58%	48%	58%	45%
<b>5f</b>	59%	45%	59%	50%



## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	92%	85%	92%	89%
<b>6b</b>	The opportunity to have a shower?	69%	43%	69%	61%
<b>6c</b>	The opportunity to make a free telephone call?	80%	83%	80%	73%
<b>6d</b>	Something to eat?	89%	82%	89%	89%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	72%	48%	72%	58%
<b>7b</b>	Someone from health services?	91%	78%	91%	81%
<b>7c</b>	A Listener/Samaritans?	21%	29%	21%	24%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	5%	17%	5%	4%
<b>9</b>	Did you feel safe on your first night here?	69%	67%	69%	71%
<b>10</b>	Have you been on an induction course?	84%	84%	84%	83%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	55%	61%	55%	56%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	46%	41%	46%	39%
<b>1b</b>	Attend legal visits?	65%	58%	65%	66%
<b>1c</b>	Obtain bail information?	27%	27%	27%	23%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	35%	47%	53%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	40%	54%	40%	53%
<b>3b</b>	Are you normally able to have a shower every day?	92%	86%	92%	80%
<b>3c</b>	Do you normally receive clean sheets every week?	85%	84%	85%	55%
<b>3d</b>	Do you normally get cell cleaning materials every week?	70%	80%	70%	72%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	31%	49%	31%	22%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	61%	60%	51%
<b>3g</b>	Can you normally get your stored property if you need to?	21%	30%	21%	15%
<b>4</b>	Is the food in this prison good/very good?	20%	27%	20%	28%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	48%	45%	48%
<b>6a</b>	Is it easy/very easy to get a complaints form?	87%	80%	87%	86%
<b>6b</b>	Is it easy/very easy to get an application form?	88%	85%	88%	89%
<b>7</b>	Have you made an application?	84%	87%	84%	80%

## Main comparator and comparator to last time

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Percentages which are not highlighted show there is no significant difference					
<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	59%	64%	59%	55%
8b	Do you feel applications are dealt with promptly (within seven days)?	55%	47%	55%	48%
9	Have you made a complaint?	47%	45%	47%	52%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	43%	43%	43%	42%
10b	Do you feel complaints are dealt with promptly (within seven days)?	63%	46%	63%	56%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	18%	27%	18%	34%
10c	Were you given information about how to make an appeal?	27%	22%	27%	22%
12	Is it easy/very easy to see the Independent Monitoring Board?	24%	32%	24%	26%
13	Are you on the enhanced (top) level of the IEP scheme?	33%	30%	33%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	52%	52%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	46%	45%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%	3%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	3%	8%	3%	
13a	Do you feel your religious beliefs are respected?	65%	57%	65%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	69%	59%	69%	64%
14	Are you able to speak to a Listener at any time, if you want to?	59%	65%	59%	60%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	80%	74%	82%
15b	Do most staff, in this prison, treat you with respect?	69%	74%	69%	71%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	39%	44%	39%	44%
2	Do you feel unsafe in this prison at the moment?	15%	16%	15%	14%
4	Have you been victimised by another prisoner?	30%	28%	30%	30%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	16%	17%	16%	14%
5b	Hit, kicked or assaulted you?	7%	6%	7%	7%
5c	Sexually abused you?	1%	1%	1%	3%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	1%
5e	Victimised you because of drugs?	5%	5%	5%	2%
5f	Taken your canteen/property?	5%	7%	5%	6%
5g	Victimised you because you were new here?	12%	8%	12%	8%
5h	Victimised you because of your sexuality?	3%	2%	3%	2%
5i	Victimised you because you have a disability?	4%	3%	4%	2%
5j	Victimised you because of your religion/religious beliefs?	3%	3%	3%	1%
5k	Victimised you because of your age?	5%	3%	5%	
5l	Victimised you because you were from a different part of the country?	2%	3%	2%	3%
5m	Victimised you because of your offence/crime?	7%	5%	7%	6%
5n	Victimised you because of gang related issues?	4%	2%	4%	

## Main comparator and comparator to last time

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<b>SECTION 5: Safety continued</b>					
6	Have you been victimised by a member of staff?	13%	21%	13%	23%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	5%	9%	5%	11%
7b	Hit, kicked or assaulted you?	1%	2%	1%	2%
7c	Sexually abused you?	0%	1%	0%	0%
7d	Victimised you because of your race or ethnic origin?	1%	3%	1%	0%
7e	Victimised you because of drugs?	3%	3%	3%	8%
7f	Victimised you because you were new here?	2%	4%	2%	3%
7g	Victimised you because of your sexuality?	3%	3%	3%	3%
7h	Victimised you because you have a disability?	2%	2%	2%	1%
7i	Victimised you because of your religion/religious beliefs?	0%	2%	0%	2%
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	1%	2%	1%	2%
7l	Victimised you because of your offence/crime?	4%	4%	4%	2%
7m	Victimised you because of gang related issues?	0%	1%	0%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	55%	45%	55%	37%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	32%	32%	32%	34%
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	21%	22%	23%
11	Is it easy/very easy to get illegal drugs in this prison?	24%	26%	24%	28%
<b>SECTION 6: Health services</b>					
1a	Is it easy/very easy to see the doctor?	27%	27%	27%	18%
1b	Is it easy/very easy to see the nurse?	58%	56%	58%	45%
1c	Is it easy/very easy to see the dentist?	26%	9%	26%	16%
1d	Is it easy/very easy to see the optician?	22%	8%	22%	22%
2	Are you able to see a pharmacist?	49%	38%	49%	47%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	48%	50%	48%	47%
3b	The nurse?	66%	63%	66%	63%
3c	The dentist?	58%	37%	58%	33%
3d	The optician?	48%	33%	48%	41%
4	The overall quality of health services?	47%	41%	47%	44%

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<b>Health services continued</b>					
<b>5</b>	Are you currently taking medication?	67%	69%	67%	73%
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	29%	41%	29%	16%
<b>7</b>	Do you feel you have any emotional well being/mental health issues?	53%	45%	53%	59%
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
<b>8a</b>	Not receiving any help?	36%	24%	36%	0%
<b>8b</b>	A doctor?	36%	51%	36%	51%
<b>8c</b>	A nurse?	17%	22%	17%	39%
<b>8d</b>	A psychiatrist?	11%	24%	11%	24%
<b>8e</b>	The mental health in-reach team?	37%	41%	37%	53%
<b>8f</b>	A counsellor?	19%	19%	19%	45%
<b>9a</b>	Did you have a drug problem when you came into this prison?	42%	44%	42%	55%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	40%	32%	40%	38%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	6%	6%	6%	23%
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	94%	88%	94%	90%
<b>12</b>	Have you received any help or intervention while in this prison?	90%	83%	90%	96%
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	79%	80%	79%	82%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	25%	33%	25%	40%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	26%	26%	26%	32%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	90%	73%	90%	80%

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<b>SECTION 7: Purposeful activity</b>				
<b>1</b> Are you currently involved in any of the following activities:				
<b>1a</b> A prison job?	51%	55%	51%	55%
<b>1b</b> Vocational or skills training?	16%	14%	16%	12%
<b>1c</b> Education (including basic skills)?	29%	45%	29%	28%
<b>1d</b> Offending Behaviour Programmes?	13%	11%	13%	26%
<b>2ai</b> Have you had a job while in this prison?	81%	81%	81%	
For those who have had a prison job while in this prison:				
<b>2aii</b> Do you feel the job will help you on release?	60%	54%	60%	
<b>2bi</b> Have you been involved in vocational or skills training while in this prison?	72%	64%	72%	
For those who have had vocational or skills training while in this prison:				
<b>2bii</b> Do you feel the vocational or skills training will help you on release?	49%	58%	49%	
<b>2ci</b> Have you been involved in education while in this prison?	80%	84%	80%	
For those who have been involved in education while in this prison:				
<b>2cii</b> Do you feel the education will help you on release?	67%	65%	67%	
<b>2di</b> Have you been involved in offending behaviour programmes while in this prison?	71%	61%	71%	
For those who have been involved in offending behaviour programmes while in this prison:				
<b>2dii</b> Do you feel the offending behaviour programme(s) will help you on release?	55%	55%	55%	
<b>3</b> Do you go to the library at least once a week?	54%	47%	54%	37%
<b>4</b> On average, do you go to the gym at least twice a week?	36%	32%	36%	24%
<b>5</b> On average, do you go outside for exercise three or more times a week?	49%	35%	49%	59%
<b>6</b> On average, do you spend ten or more hours out of your cell on a weekday?	20%	16%	20%	26%
<b>7</b> On average, do you go on association more than five times each week?	54%	53%	54%	50%
<b>8</b> Do staff normally speak to you most of the time/all of the time during association?	9%	28%	9%	10%
<b>SECTION 8: Resettlement</b>				
<b>1</b> Do you have a personal officer?	65%	71%	65%	74%
For those with a personal officer:				
<b>2</b> Do you think your personal officer is helpful/very helpful?	72%	70%	72%	63%
For those who are sentenced:				
<b>3</b> Do you have a sentence plan?	54%	48%	54%	65%
For those with a sentence plan?				
<b>4</b> Were you involved/very involved in the development of your plan?	80%	70%	80%	65%
<b>5</b> Can you achieve some/all of your sentence plan targets in this prison?	86%	82%	86%	82%
<b>6</b> Are there plans for you to achieve some/all your targets in another prison?	35%	42%	35%	50%
For those who are sentenced:				
<b>7</b> Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	46%	41%	46%	49%
<b>8</b> Do you feel that any member of staff has helped you to prepare for release?	28%	23%	28%	24%
<b>9</b> Have you had any problems with sending or receiving mail?	35%	34%	35%	46%
<b>10</b> Have you had any problems getting access to the telephones?	16%	26%	16%	14%
<b>11</b> Did you have a visit in the first week that you were here?	39%	39%	39%	46%
<b>12</b> Did you receive one or more visits in the last week?	39%	40%	39%	51%

## Main comparator and comparator to last time

### Key to tables

		HMP&YOI Styal	Women's local comparator	HMP&YOI Styal	HMP&YOI Styal 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	60%	54%	60%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	58%	56%	58%	57%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	27%	19%	27%	30%
15c	Avoiding bad relationships?	22%	16%	22%	25%
15d	Finding a job on release?	35%	36%	35%	40%
15e	Finding accommodation on release?	37%	43%	37%	57%
15f	With money/finances on release?	25%	26%	25%	29%
15g	Claiming benefits on release?	43%	47%	43%	53%
15h	Arranging a place at college/continuing education on release?	28%	26%	28%	33%
15i	Accessing health services on release?	35%	26%	35%	34%
15j	Opening a bank account on release?	32%	16%	32%	18%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	20%	18%	20%	18%
16c	Avoiding bad relationships?	20%	22%	20%	25%
16d	Finding a job?	41%	48%	41%	61%
16e	Finding accommodation?	40%	40%	40%	45%
16f	Money/finances?	27%	30%	27%	31%
16g	Claiming benefits?	34%	35%	34%	34%
16h	Arranging a place at college/continuing education?	21%	24%	21%	24%
16i	Accessing health services?	20%	23%	20%	27%
16j	Opening a bank account?	21%	28%	21%	37%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	61%	55%	61%	62%

## Diversity Analysis



### Key question responses (ethnicity) HMP&YOI Styal 2011

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>18</b>	<b>150</b>
<b>1.3</b>	Are you sentenced?	77%	79%
<b>1.7</b>	Are you a foreign national?	29%	3%
<b>1.8</b>	Is English your first language?	83%	96%
<b>1.9</b>	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
<b>1.1</b>	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	3%
<b>1.11</b>	Are you Muslim?	28%	6%
<b>1.12</b>	Do you consider yourself to have a disability?	28%	22%
<b>1.13</b>	Is this your first time in prison?	56%	49%
<b>2.1d</b>	Was the attention paid to your health needs good/very good on your journey here?	29%	36%
<b>2.3</b>	Were you treated well/very well by the escort staff?	53%	74%
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	56%	84%
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	59%	62%
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	65%	71%
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	71%	70%
<b>3.2a</b>	Did you have any problems when you first arrived?	67%	81%
<b>3.3a</b>	Were you seen by a member of health care staff in reception?	88%	73%
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	88%	91%
<b>3.4</b>	Were you treated well/very well in reception?	50%	66%
<b>3.7b</b>	Did you have access to someone from health care within the first 24 hours?	88%	91%
<b>3.9</b>	Did you feel safe on your first night here?	56%	72%
<b>3.10</b>	Have you been on an induction course?	88%	84%
<b>4.1a</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	46%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	56%	39%
4.3b	Are you normally able to have a shower every day?	95%	92%
4.3e	Is your cell call bell normally answered within five minutes?	35%	31%
4.4	Is the food in this prison good/very good?	16%	20%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	40%	45%
4.6a	Is it easy/very easy to get a complaints form?	84%	88%
4.6b	Is it easy/very easy to get an application form?	88%	88%
4.9	Have you made a complaint?	56%	46%
4.13	Are you on the enhanced (top) level of the IEP scheme?	33%	33%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	44%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	3%
4.17a	Do you feel your religious beliefs are respected?	67%	64%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	95%	66%
4.18	Are you able to speak to a Listener at any time if you want to?	61%	59%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	84%	74%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	53%	71%
5.1	Have you ever felt unsafe in this prison?	50%	37%
5.2	Do you feel unsafe in this prison at the moment?	28%	13%
5.4	Have you been victimised by another prisoner?	44%	28%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	33%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	5%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	16%	1%
5.6	Have you been victimised by a member of staff?	23%	12%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	0%



## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.7h	Have you been victimised because you have a disability? (By staff)	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	56%	29%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	21%
5.11	Is it easy/very easy to get illegal drugs in this prison?	23%	25%
6.1a	Is it easy/very easy to see the doctor?	29%	27%
6.1b	Is it easy/ very easy to see the nurse?	83%	55%
6.2	Are you able to see a pharmacist?	50%	48%
6.5	Are you currently taking medication?	77%	66%
6.7	Do you feel you have any emotional well-being/mental health issues?	67%	51%
7.1a	Are you currently working in the prison?	50%	51%
7.1b	Are you currently undertaking vocational or skills training?	40%	13%
7.1c	Are you currently in education (including basic skills)?	44%	27%
7.1d	Are you currently taking part in an offending behaviour programme?	5%	14%
7.3	Do you go to the library at least once a week?	74%	52%
7.4	On average, do you go to the gym at least twice a week?	50%	33%
7.5	On average, do you go outside for exercise three or more times a week?	71%	47%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	29%	19%
7.7	On average, do you go on association more than five times each week?	50%	55%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	0%	10%
8.1	Do you have a personal officer?	77%	65%
8.9	Have you had any problems sending or receiving mail?	44%	34%
8.10	Have you had any problems getting access to the telephones?	23%	15%

Diversity Analysis - Disability



Key questions (disability analysis) HMP&YOI Styal 2011

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>38</b>	<b>130</b>
1.3	Are you sentenced?	74%	82%
1.7	Are you a foreign national?	2%	7%
1.8	Is English your first language?	98%	93%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	14%	10%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	3%
1.11	Are you Muslim?	6%	3%
1.14	Is this your first time in prison?	43%	51%
2.1d	Was the attention paid to your health needs good/very good?	25%	38%
2.3	Were you treated well/very well by the escort staff?	61%	74%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	67%	85%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	56%	64%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	56%	74%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	71%	70%
3.2a	Did you have any problems when you first arrived?	87%	78%
3.3a	Were you seen by a member of health care staff in reception?	63%	78%
3.3b	When you were searched in reception, was this carried out in a respectful way?	80%	93%
3.4	Were you treated well/very well in reception?	60%	65%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	85%	92%
3.9	Did you feel safe on your first night here?	65%	71%
3.10	Have you been on an induction course?	67%	89%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	47%

## Diversity Analysis - Disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	39%	41%
4.3b	Are you normally able to have a shower every day?	92%	93%
4.3e	Is your cell call bell normally answered within five minutes?	38%	29%
4.4	Is the food in this prison good/very good?	11%	22%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	43%
4.6a	Is it easy/very easy to get a complaints form?	88%	87%
4.6b	Is it easy/very easy to get an application form?	89%	87%
4.9	Have you made a complaint?	54%	45%
4.13	Are you on the enhanced (top) level of the IEP scheme?	30%	34%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	4%
4.17a	Do you feel your religious beliefs are respected?	71%	62%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	78%	67%
4.18	Are you able to speak to a Listener at any time if you want to?	50%	62%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	74%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	63%	70%
5.1	Have you ever felt unsafe in this prison?	56%	34%
5.2	Do you feel unsafe in this prison at the moment?	24%	13%
5.4	Have you been victimised by another prisoner?	38%	28%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	5%
5.5i	Victimised you because you have a disability?	16%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	3%
5.6	Have you been victimised by a member of staff?	13%	13%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
5.7h	Victimised you because you have a disability?	8%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%

## Diversity Analysis - Disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	51%	27%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	34%	17%
5.11	Is it easy/very easy to get illegal drugs in this prison?	29%	23%
6.1a	Is it easy/very easy to see the doctor?	11%	32%
6.1b	Is it easy/ very easy to see the nurse?	58%	58%
6.2	Are you able to see a pharmacist?	30%	55%
6.5	Are you currently taking medication?	92%	59%
6.7	Do you feel you have any emotional well being/mental health issues?	84%	43%
7.1a	Are you currently working in the prison?	34%	56%
7.1b	Are you currently undertaking vocational or skills training?	14%	16%
7.1c	Are you currently in education (including basic skills)?	20%	32%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	15%
7.3	Do you go to the library at least once a week?	49%	57%
7.4	On average, do you go to the gym at least twice a week?	24%	39%
7.5	On average, do you go outside for exercise three or more times a week?	35%	53%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	8%	24%
7.7	On average, do you go on association more than five times each week?	38%	60%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	6%	10%
8.1	Do you have a personal officer?	60%	68%
8.9	Have you had any problems sending or receiving mail?	29%	36%
8.10	Have you had any problems getting access to the telephones?	21%	15%



Diversity Analysis - Age  
Key question responses (age - under 21) HMP&YOI Styal 2011

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

**Key to tables**

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		21	148
1.3	Are you sentenced?	86%	78%
1.7	Are you a foreign national?	11%	6%
1.8	Is English your first language?	86%	95%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	4%	11%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
1.11	Are you Muslim?	0%	4%
1.13	Do you consider yourself to have a disability?	0%	25%
1.14	Is this your first time in prison?	58%	49%
2.1d	Was the attention paid to your health needs good/very good?	52%	33%
2.3	Were you treated well/very well by the escort staff?	72%	71%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	80%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	70%	60%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	75%	69%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	79%	68%
3.2a	Did you have any problems when you first arrived?	77%	80%
3.3a	Were you seen by a member of health care staff in reception?	72%	75%
3.3b	When you were searched in reception, was this carried out in a respectful way?	89%	90%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	58%	64%
3.7b	Did you have access to someone from health care within the first 24 hours?	86%	91%
3.9	Did you feel safe on your first night here?	62%	70%
3.10	Have you been on an induction course?	86%	84%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	48%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	52%	38%
4.3b	Are you normally able to have a shower every day?	96%	91%
4.3e	Is your cell call bell normally answered within five minutes?	42%	29%
4.4	Is the food in this prison good/very good?	10%	21%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	45%
4.6a	Is it easy/very easy to get a complaints form?	86%	87%
4.6b	Is it easy/very easy to get an application form?	85%	88%
4.9	Have you made a complaint?	62%	46%
4.13	Are you on the enhanced (top) level of the IEP scheme?	28%	33%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	73%	48%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	69%	41%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	4%	3%
4.17a	Do you feel your religious beliefs are respected?	58%	65%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	69%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	66%	58%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	85%	73%
4.15b	Do <b>most</b> staff, in this prison, treat you with respect?	80%	67%
5.1	Have you ever felt unsafe in this prison?	34%	40%
5.2	Do you feel unsafe in this prison at the moment?	14%	15%
5.4	Have you been victimised by another prisoner?	34%	30%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	4%
5.5i	Victimised you because you have a disability?	0%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	4%
5.5k	Have you been victimised because of your age? (By prisoners)	4%	5%
5.6	Have you been victimised by a member of staff?	0%	15%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
5.7h	Victimised you because you have a disability?	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
5.7j	Have you been victimised because of your age? (By staff)	0%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	32%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	10%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	14%	26%
6.1a	Is it easy/very easy to see the doctor?	58%	22%
6.1b	Is it easy/ very easy to see the nurse?	66%	57%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>6.2</b>	Are you able to see a pharmacist?	62%	46%
<b>6.5</b>	Are you currently taking medication?	55%	68%
<b>6.7</b>	Do you feel you have any emotional well-being/mental health issues?	24%	57%
<b>7.1a</b>	Are you currently working in the prison?	45%	52%
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	10%	16%
<b>7.1c</b>	Are you currently in education (including basic skills)?	40%	27%
<b>7.1d</b>	Are you currently taking part in an offending behaviour programme?	35%	10%
<b>7.3</b>	Do you go to the library at least once a week?	70%	53%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	42%	35%
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	52%	48%
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	21%	20%
<b>7.7</b>	On average, do you go on association more than five times each week?	66%	52%
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	6%
<b>8.1</b>	Do you have a personal officer?	76%	63%
<b>8.9</b>	Have you had any problems sending or receiving mail?	42%	34%
<b>8.10</b>	Have you had any problems getting access to the telephones?	21%	15%



Diversity Analysis - Sexual Orientation



Key questions (sexual orientation analysis) HMP&YOI Styal 2011

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

Key to tables

		Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		34	132
1.3	Are you sentenced?	77%	80%
1.7	Are you a foreign national?	0%	7%
1.8	Is English your first language?	100%	93%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	6%	12%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	3%
1.11	Are you Muslim?	0%	5%
1.13	Do you consider yourself to have a disability?	24%	23%
1.14	Is this your first time in prison?	36%	54%
2.1d	Was the attention paid to your health needs good/very good?	27%	37%
2.3	Were you treated well/very well by the escort staff?	67%	73%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	79%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	59%	61%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	75%	69%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	62%	72%
3.2a	Did you have any problems when you first arrived?	80%	80%
3.3a	Were you seen by a member of health care staff in reception?	68%	76%
3.3b	When you were searched in reception, was this carried out in a respectful way?	87%	91%
3.4	Were you treated well/very well in reception?	56%	66%
3.7b	Did you have access to someone from health care within the first 24 hours?	91%	92%
3.9	Did you feel safe on your first night here?	74%	68%
3.10	Have you been on an induction course?	79%	85%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	51%	45%

## Diversity Analysis - Sexual Orientation

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	37%
4.3b	Are you normally able to have a shower every day?	77%	96%
4.3e	Is your cell call bell normally answered within five minutes?	20%	33%
4.4	Is the food in this prison good/very good?	16%	21%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	45%
4.6a	Is it easy/very easy to get a complaints form?	93%	86%
4.6b	Is it easy/very easy to get an application form?	93%	87%
4.9	Have you made a complaint?	70%	41%
4.13	Are you on the enhanced (top) level of the IEP scheme?	42%	30%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	52%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	3%	3%
4.17a	Do you feel your religious beliefs are respected?	65%	64%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	69%
4.18	Are you able to speak to a Listener at any time if you want to?	58%	59%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	74%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	62%	70%
5.1	Have you ever felt unsafe in this prison?	46%	38%
5.2	Do you feel unsafe in this prison at the moment?	24%	13%
5.4	Have you been victimised by another prisoner?	42%	26%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	6%
5.5h	Victimised you because of your sexuality?	15%	0%
5.5i	Victimised you because you have a disability?	6%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	4%
5.6	Have you been victimised by a member of staff?	18%	12%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
5.7f	Victimised you because of your sexuality?	13%	0%
5.7h	Victimised you because you have a disability?	9%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%

## Diversity Analysis - Sexual Orientation

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
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	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	39%	31%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	37%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	42%	20%
6.1a	Is it easy/very easy to see the doctor?	28%	27%
6.1b	Is it easy/ very easy to see the nurse?	68%	56%
6.2	Are you able to see a pharmacist?	54%	46%
6.5	Are you currently taking medication?	66%	67%
6.7	Do you feel you have any emotional well-being/mental health issues?	49%	55%
7.1a	Are you currently working in the prison?	58%	49%
7.1b	Are you currently undertaking vocational or skills training?	15%	16%
7.1c	Are you currently in education (including basic skills)?	15%	33%
7.1d	Are you currently taking part in an offending behaviour programme?	24%	10%
7.3	Do you go to the library at least once a week?	59%	54%
7.4	On average, do you go to the gym at least twice a week?	37%	36%
7.5	On average, do you go outside for exercise three or more times a week?	50%	49%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	18%	21%
7.7	On average, do you go on association more than five times each week?	72%	50%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	3%	10%
8.1	Do you have a personal officer?	67%	65%
8.9	Have you had any problems sending or receiving mail?	32%	36%
8.10	Have you had any problems getting access to the telephones?	14%	17%