

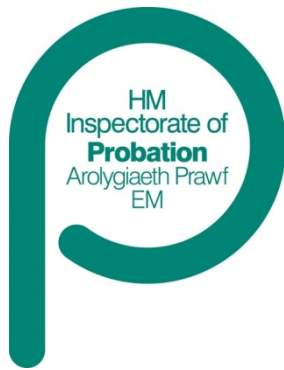
Report on an unannounced inspection of

# **HMP & YOI Foston Hall**

by HM Chief Inspector of Prisons

**13–24 June 2016**

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



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### **Glossary of terms**

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

# Introduction

HMP Foston Hall is a women's local resettlement prison situated near Uttoxeter serving courts in the Midlands and Mid-Wales. Like most other women's local prisons, it continues to hold a complicated mix of women, from those recently remanded in custody to those with lengthy or indeterminate sentences. Levels of need in the population were very high; nearly all the women arrived at the prison with problems of some sort. A significant number felt depressed or suicidal and nearly half reported having mental health problems. Many reported problems with drugs or alcohol. Over half the women had children under the age of 18 and for a similar number it was their first time in prison. At our last inspection in October 2014 we assessed outcomes in three of our four healthy prison areas as reasonably good, but considered that purposeful activity provision was insufficiently good.

At this inspection we found a mixed picture in terms of outcomes for the women held; there were some obvious strengths but also a few areas of significant weakness in each of our healthy prison areas. Some aspects of early days' support needed to be improved, particularly as this was when women were at their most vulnerable. The prison was basically safe but we were extremely concerned that there had been four self-inflicted deaths since our last inspection. We were confident that the prison had taken robust action to address most of the concerns resulting from these deaths, although some issues still needed to be resolved. We saw good care provided to the many women who were at risk of self-harming and a sensible approach adopted to managing those with complex needs. Relationships between women and staff were strong and founded on mutual respect, which supported the safety of the institution, and a respectful approach was adopted in most areas. The living accommodation was mixed but clean and decent, although we were concerned that it was increasingly crowded, putting an additional strain on some services and staff's ability to interact with the women proactively. The outside environment of the prison was excellent. There was some good work to support higher risk women through the release process, although we were surprised that unlike other similar prisons, release on temporary licence was not used to support this work. The community rehabilitation company was delivering pockets of good work, but was not yet fully integrated into the prison or delivering consistently good outcomes. The visits provision remained limited but the family engagement worker was now delivering an excellent range of bespoke support.

Health care provision was in a period of transition and in some areas had started to deliver reasonably good support. However, several aspects of medicines management were deficient; there were delays in prescribed medications and limited administration slots at weekends and on bank holidays, which meant that some medicines were not being given to women at the right time. This was exacerbated by less than a quarter of women getting their medications in possession, a very low number. No pain relief was available out of hours, which was a worrying oversight, and it is pleasing to note that this was rectified immediately following this inspection. Confidentiality at medication hatches was poor, as was staff supervision, which was a concern given the challenges faced with the diversion of medicines. These issues were escalated by prison managers to the NHS commissioner during the inspection and needed to be addressed as a priority.

While some aspects of purposeful activity had improved since the last inspection, particularly the range, quality and outcomes achieved, the overall picture was disappointing. We found around a third of women locked up during the day, which was worse than at the last inspection and far too high. It was particularly concerning that the prison management did not seem to be aware of this. There were still insufficient activity places for all the women to be purposefully occupied, and again similar to the last inspection, not all the places available were used. The range for those staying at the prison for short periods was too restricted.

Overall, Foston Hall remained a reasonably safe and respectful prison, and we found some excellent work being done to manage and support progression for the highly complex mix of women. Managers and staff were focused on improving the weaker aspects of the prison's work, and we

asked them to focus particularly on early days' support, the management of medicines and developing the purposefulness of the regime. The prison's senior team was going through a period of instability but we hoped this would be resolved speedily to ensure continuity in building on the obvious strengths of the institution, and addressing some of the significant challenges ahead.

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

August 2016

# Fact page

## Task of the establishment

A women's local and resettlement prison.

## Prison status

Public

## Department

Women's estate

## Number held

343 on 13 June 2016

## Certified normal accommodation

304

## Operational capacity

344

## Date of last full inspection

13–24 October 2014

## Brief history

Foston Hall was built in 1863 as a family home and was acquired by the Prison Service in 1953. Since then it has been used as a detention centre, an immigration centre and a satellite of nearby HMP Sudbury. Shut in 1996, it reopened on 31 July 1997 as a closed women's prison following major refurbishment and building work.

## Short description of residential units

A wing	Forty-two beds, a mixture of mainly sentenced women and young adults. The wing accommodated many women participating in the Cameo Unit intervention, part of the national offender personality disorder strategy for those with complex needs and personality disorders.
B wing	Forty-two beds, a mixture of mainly sentenced women and young adults.
C wing	Forty-one beds, mainly remanded women and young adults.
D wing	Thirty-five beds for women with no set criteria on status or sentence length in dormitory accommodation. Six cells held three or more women.
D wing annex	Two gated observation cells accommodating women in crisis, separated from D wing by a locked door.
F wing	Sixty-three beds for mainly sentenced women and young adults; 20 cells held two people.
Remand wing	First night and detoxification unit for 63 remand and sentenced women and young adults. Twenty-four cells held two people.
T wing	Fifty-eight beds for mainly sentenced women and young adults. Twenty-five cells held two people and a further eight cells held only one person.

## Name of governor

Carl Davies (acting)

## Escort contractor

GEOAmey

**Health service provider**

Care UK

**Learning and skills providers**

Milton Keynes College

**Independent Monitoring Board chair**

Hilary Campbell

**Community rehabilitation company**

Derbyshire, Nottinghamshire, Leicestershire and Rutland Community Rehabilitation Company



# About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | women, particularly the most vulnerable, are held safely  |
| <b>Respect</b>             | women are treated with respect for their human dignity  |
| <b>Purposeful activity</b> | women are able, and expected, to engage in activity that is likely to benefit them                                      |
| <b>Resettlement</b>        | women are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending. |
- A4 The 2010 'Bangkok Rules'<sup>1</sup> sets out internationally agreed standards that should govern the treatment of women in prison. These standards are directly applicable to women's prisons in England and Wales. Since September 2014 we have Expectations which specifically address the outcomes we expect for women in prison.
- A5 Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for women are good.**  
There is no evidence that outcomes for women are being adversely affected in any significant areas.
  - **outcomes for women are reasonably good.**  
There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

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

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

A6 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for women.

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

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

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

## This report

A10 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follows five sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 6 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

- A11 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A12 Findings from the survey of women and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>2</sup>

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



# Summary

## Safety

- S1** *There were fewer late arrivals at the prison than previously. Some important aspects of support during women's early days required improvement. In our survey many women reported feeling unsafe and victimised, although most issues were not serious and involved verbal bullying. Four self-inflicted deaths had occurred since the last inspection; an action plan had been developed and was being implemented. Care for those at risk of self-harm was generally sound and some good work was undertaken to manage those with complex needs. Security arrangements were appropriate and supported the regime. Concerns regarding illegal drugs were being addressed. The number of adjudications had increased and some issues could have been dealt with through the incentives and earned privileges (IEP) scheme. Most incidents were de-escalated without recourse to force. Segregation was usually used only for short periods. Substance misuse provision did not yet offer the full range of services. **Outcomes for women were reasonably good against this healthy prison test.***
- S2** *At the last inspection in October 2014 we found that outcomes for women in Foston Hall were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, three had been partially achieved and five had not been achieved.*
- S3** Women still shared escort vans with male prisoners and continued to face long delays in court. The number of late arrivals had decreased.
- S4** The reception area was clean but barely big enough for the number of women moving through. Reception processes were thorough but women were not seen in private. Staff were respectful and women were moved promptly to the remand wing. Fewer women than in similar prisoners said they felt safe on their first night in our survey. The remand wing was noisy and busy and staff did not always provide women with adequate support on their first night. Staff were busy and the lack of visible supervision during association periods left some women feeling vulnerable, particularly those new to the prison. Peer mentors provided good support. The induction process started the day after arrival but women who were detoxing who might not have been ready to take part were not sufficiently taken into account.
- S5** In our survey over half of women said they had felt unsafe in the prison at some time and 46% said they had been victimised by other prisoners, more than the comparators. Investigations into antisocial behaviour took place promptly and information was shared across departments. The early intervention system provided a nuanced response to minor bullying. More work was needed to ensure staff understood the process and how it was connected to the IEP scheme. Very few incidents were serious and most problems related to verbal bullying. Wing staff often carried out informal mediation but did not receive formal conflict resolution training. Women on the basic IEP level had their cases reviewed every week and clear targets set. Privileges for women on the enhanced IEP level were not sufficiently distinct from other levels.
- S6** Four self-inflicted deaths had occurred in 2015. An action plan was in place alongside a comprehensive safety strategy to address concerns. Safety data were analysed and discussed at the monthly safer custody meeting, which Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) attended. In our survey, 70% of women said they had emotional, wellbeing or mental health problems, which was much

higher than the comparator, and there were not enough Listeners to meet the demand. The number of women subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was high. Case managers generally knew women well and were caring and supportive. ACCT paperwork had improved since our last inspection but care maps were not sufficiently followed up and health care staff's involvement was inconsistent.

- S7 Links with the local adult safeguarding board were in place but there was no local safeguarding policy and wing staff did not understand their safeguarding responsibilities well enough. The support and interventions meeting provided an effective overview of women with complex needs and monitored individual support plans.
- S8 Security measures were appropriate and the prison focused on keeping women safe. Women could move freely to activities and opportunities were not overly restricted. A good amount of security information was analysed well. Information-sharing with other departments, particularly safer custody, was well developed. The random mandatory drug testing rate was relatively high and less than half of suspicion tests were completed. Although there had been some finds of new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), they were not a significant problem. The prison was reducing the supply and good joint working to address the problem was taking place.
- S9 The number of adjudications was relatively high and had increased since our last inspection. Records generally showed a full investigation and punishments were proportionate, but we found some that could have been dealt with more appropriately through the IEP scheme. Force was used infrequently. Documents we reviewed showed that women were only restrained as a last resort and de-escalation was evident. Monitoring and analysis were developing through the reinstated use of force meeting. Segregation was mainly used for the small number of women with complex needs, including very challenging behaviour, but it was also used too frequently for those awaiting adjudication. The environment and cells were clean and staff understood the women in the unit well. The regime was reasonable.
- S10 Women could access substance misuse psychosocial support but the range of interventions was limited, although this was being addressed. There was an active and well-managed peer support scheme. Women requiring stabilisation or detoxification received prompt treatment and were managed safely. Care was reviewed regularly but stabilisation regimes lacked flexibility.

## Respect

**S11** *Outside areas were excellent and accommodation was clean and generally well maintained. More cells were overcrowded than at the last inspection. Improvements on D wing were welcome, although we remained concerned about dormitories being overcrowded. Staff-prisoner relationships were respectful and a caring approach was generally adopted. Equality and diversity work had recently been re-launched and was starting to produce some positive outcomes. Faith provision was good. Responses to complaints were generally good, but not always timely. Legal services were reasonable. Health services were in transition; some aspects were developing well but we had significant concerns about the management of medicines. Mental health services were reasonable. The food was satisfactory although there were no self-catering facilities. Canteen arrangements were reasonable. **Outcomes for women were reasonably good against this healthy prison test.***

**S12** *At the last inspection in October 2014 we found that outcomes for women in Foston Hall were reasonably good against this healthy prison test. We made 23 recommendations in the area of respect.<sup>3</sup> At this follow-up inspection we found that five of the recommendations had been achieved, eight had been partially achieved and 10 had not been achieved.*

**S13** Outside areas were very pleasant. Most cells were clean and suitably equipped, but the remand wing looked like a traditional men's prison wing and felt much more institutional than we often see in women's prisons. D wing had improved, but some multiple-occupancy cells there were still overcrowded, and others had insufficient ventilation and daylight. More cells designed for one were used for two since the last inspection, putting pressure on communal areas and services. Some women only had one set of clothes and there were many outstanding applications for clothing.

**S14** Most interactions we observed between staff and the women were good. Staff knew the personal circumstances of those in their unit and often demonstrated a caring approach to those with challenging issues. In our survey women were less positive about their relationships with staff than at the last inspection. However, most still said they had a member of staff they could turn to if they had a problem.

**S15** The strategic approach to equality and diversity work had been re-launched at the start of 2016, and lead staff and equality representatives were appointed. There was no external input or scrutiny. The discrimination incident reporting form system was not promoted or supported on wings. Most forms reported racist language between prisoners. Investigations were variable and often took too long. Departments worked collaboratively to support prisoners wishing to celebrate religious festivals and cultural events.

**S16** Black and minority ethnic prisoners felt more victimised by other prisoners because of their ethnicity, religion and nationality compared with their white counterparts and felt they were treated less fairly in their experience of the IEP system. Support for foreign nationals was weak and no independent legal advice was available although a list of local immigration solicitors was. Some good external support was offered to women with disabilities. Other initiatives were being planned including a carers scheme, and support groups for older women and an awareness day for lesbian, gay, bisexual and transgender women were also emerging.

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

- S17 Residential staff knew the pregnant women in their units, however care plans were not routinely used. Local maternity services supported pregnant women well. Pregnant women who were unemployed remained locked up for long periods. There was no clear pathway to support women separated from their babies.
- S18 Faith provision was good. Women could attend corporate worship and a good range of classes to support faith interests were offered.
- S19 Access to complaint forms on wings was poor. Many complaints related to health care and medication. There was no routine analysis of complaints and many received late responses. Of the sample we looked at responses were reasonable overall. Many replied in full and included apologies where appropriate. In some cases, it was clear complaints had been discussed with women personally.
- S20 Offender supervisors supported women to resolve legal issues, but support for those wanting to apply for bail needed further development. The family engagement worker helped some women with child custody proceedings. A good range of legal texts was available through the library as were relevant Prison Service instructions.
- S21 Health care was in a period of transition and a large number of staff vacancies presented significant challenges. There were weaknesses in processes and systems but also early signs of improvement. Women were negative about health care. They received a good initial health screening. Waiting times for routine appointments with nurses and doctors were often too long; however, women had timely access if their case was urgent. The range of primary care services was reasonable and women with long-term conditions received suitable care.
- S22 Medicines management was poor overall. We had concerns about a lack of confidentiality and poor supervision at medicine hatches. Less than 25% of women could keep their own medicines with them and risk assessments were regularly delayed. Not enough women received their medicines promptly. Therapeutic dose intervals and pain relief was compromised by the timing of medicines administration. Sedative medicine was given to women too early and they could not obtain simple pain relief overnight. We were not confident that missed medicine doses were always followed-up. Access to the dentist was reasonable and women with urgent needs were appropriately prioritised.
- S23 Women with diagnosed mental health needs received reasonable support, including interim assistance before the start of their interventions from a dedicated health care support worker. Assessments for women with urgent needs were expedited. Women with less serious mental health needs waited too long for counselling and the service was being remodelled to give more women access. Women with social care needs were identified and provided with excellent support. There were no undue delays in transferring women to specialist mental health care units.
- S24 Food was reasonable and good use was made of home-grown produce. The prison had a lack of self-catering facilities. Canteen provision was satisfactory, although there could be delays in the first order arriving resulting in debt.



## Purposeful activity

**S25** *Time out of cell was good for those in full-time work, but too many women were locked up during the day. The learning and skills provision was better than at the last inspection but still required improvement overall. Partnership working had improved, but there were insufficient activity places and not all those available were being used. A wide range of opportunities was offered but more provision was needed for women whose stays were short. Those in activities achieved some very good outcomes. Teaching was good and peer mentors provided some welcome support. Use of the library needed to improve. The gym provided good opportunities, although it was not used frequently enough. **Outcomes for women were not sufficiently good against this healthy prison test.***

**S26** *At the last inspection in October 2014 we found that outcomes for women in Foston Hall were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, four had been partially achieved and five had not been achieved.*

**S27** Time out of cell for women who were in full-time employment was good but it could be as little as four hours for those who were not working. Women on the remand wing had a poorer experience and some had little time in the open air every day. We found too many women, over 30%, locked in their cells during the core day.

**S28** The leaderships and management of learning and skills and work required improvement. A few learners experienced disruptions to their learning due to ineffective sequencing arrangements. The curriculum was not flexible enough for those at the prison for short periods. The analysis of achievement data did not focus sufficiently on the performance of all groups. Links with a range of employers to support prisoners' transition into work were good.

**S29** There were insufficient activity spaces for all the women and the allocation process did not ensure that all of those available were filled. The breadth and level of education and vocational courses were good. Women in activities were purposefully occupied.

**S30** Learning in most lessons and workshops was planned very effectively, and many developed good skills in English and maths. Staff used their industrial experience well to develop learners' skills, particularly in textiles and horticulture. In most cases learners were supported well and received good feedback on their written work. Additional learning support staff focused too much on course achievements and not enough on developing independent learning skills.

**S31** Attendance was generally good. Women developed appropriate skills and behaviour to support progression, but the large number not in activities missed out on these opportunities. Good use was made of peer mentors. A positive attitude to learning was evident, and women benefited from a wide range of activities that celebrated diversity. Target setting was inconsistent and not all learners were aware of the progress they were making.

**S32** Achievements in education and vocational training were mostly high, including in English and maths. The achievements of those receiving additional learning support were now as good as their peers'. Women in vocational training and work gained good English and maths skills and subject knowledge.

- S33 The library was well managed and had good resources but it was not used frequently enough. The prison had a good range of physical education resources, provision was appropriate and staff were enthusiastic. However, evening access for full-time workers clashed with association. Relationships with the health care department had improved but no fitness or vocational qualifications were offered

## Resettlement

**S34** *Strategic management of resettlement was underdeveloped. Offender management case work was mixed; there were examples of good work, but overall it was too variable. Oversight of the work needed to improve to ensure more consistency, and communication between offender supervisors and offender managers needed to be stronger. The community rehabilitation company (CRC) service was not fully embedded and was not delivering the full range of interventions. Nevertheless, some reasonable outcomes were being achieved in the resettlement pathways. Children and families work was mixed; some excellent family liaison work took place but visits arrangements remained limited. Offending behaviour programmes were useful. Support for sex workers was good, but help for those who had experienced domestic violence and abuse was limited. **Outcomes for women were reasonably good against this healthy prison test.***

S35 *At the last inspection in October 2014 we found that outcomes for women in Foston Hall were reasonably good against this healthy prison test. We made 18 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, five had been partially achieved and nine had not been achieved.*

- S36 The new CRC service was not yet sufficiently visible or well understood across the prison. The service's office and interviewing facilities were inadequate. There was almost no use of release on temporary licence to support resettlement planning or family engagement.
- S37 The backlog of offender assessment system (OASys) documents was too high, potentially compromising work to reduce risks. Communication between offender supervisors and offender managers was often insufficient. In the highest risk cases, we saw some good work, but we also saw some offender supervisors fail to develop a deep understanding of women's offending or assess the impact of interventions. For lower risk women, when OASys documents were completed, they were reasonable. Too many home detention curfew decisions were late.
- S38 In some cases, the assigned risk level was too high, limiting sentence progression. Not all multi-agency public protection arrangements cases were identified six months before release. Public protection contact restrictions were well managed. Women did not have an opportunity to contribute to categorisation or allocation reviews but were provided with a slip identifying the outcome of their reviews. Prisoners serving indeterminate sentences were not fully supported in developing independent living skills.
- S39 CRC caseworkers assessed women's needs on arrival and prepared a resettlement plan but they were too variable and women did not receive a copy. Some we reviewed showed that little ongoing support and few interventions were offered. We met women who were unclear about their release arrangements the day before their release. The Changing Lives programme, a joint National Offender Management Service and European Social Fund initiative, offered some useful support to those who were hardest to reach.
- S40 The visitors' centre was unwelcoming. There were insufficient visits places. The longstanding problem of prisoners' access to toilets during visits was being addressed. The family

engagement worker did some excellent bespoke work to help re-establish and sustain women's contact with their families.

- S41 CRC workers were aware of women's specific issues and routinely asked relevant questions during assessments. A wider variety of agencies now supported women who had been involved in prostitution. The Freedom programme was offered to women who had experienced domestic violence.
- S42 Key workers saw women on reception and helped them with accommodation. The vast majority of women leaving the prison went to sustainable accommodation but finding housing for women with repeated short sentences was problematic. National Careers Service staff provided appropriate advice and guidance but the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not available. Women with health or substance misuse problems received good through-the-gate support. Provision for finance and debt problems needed developing.
- S43 A reasonable range of offending behaviour courses was offered. Women valued the CARE programme and the level of provision matched needs well.
- S44 The Cameo Unit, which ran a specialised programme for women with complex psychological needs, was now well established. A small group of dedicated officers worked with women in their residential units and co-facilitated weekend and evening 'enrichment' activities on A wing. Twenty women were enrolled on the programme; they were the seventh group to start it; several women were due to complete the programme within the year.

## Main concerns and recommendations

- S45 Concern: Women did not have a private interview with a member of staff when they arrived in reception, nor when they moved to the remand wing. The remand wing was busy and noisy and staff supervision during evening association was insufficient, leaving some newly arrived women feeling vulnerable. In our survey fewer women than at the last inspection and compared with similar prisons said they felt safe on their first night and over half said they had felt unsafe at some time while at the prison.

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

- S46 Concern: The management of medications was poor. There was no regular pharmacist oversight, and women could not see a pharmacist for information and advice. There were delays in prescribed medications arriving at the prison, and compromised dose intervals on some days. Women could not access simple pain medication overnight. Relatively few women received their medication in possession, risk assessment arrangements needed to be developed and medication hatches were inadequately supervised.

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

S47 Concern: Far too many women had no purposeful activity, spending much of the day locked in cells with little constructive to do. Not all the opportunities available were being used and provision for those spending only a short period of time at the prison was inadequate.

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

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- 1.1** Women still shared escort vehicles with men, which was inappropriate and many still waited a long time in court before being transferred to Foston Hall. Fewer women than at the last inspection arrived at the prison late. This was because the prison was running at full capacity and could not accept new receptions later in the day. Escort vans were clean and women were provided with drinks on the mostly short journeys. We were confident that appropriate transport was provided for disabled and pregnant women. Discharges to court were timely and the information was shared well with escort staff. The video link was used frequently – for 23 hearings per month on average.

### Recommendation

- 1.2** **Men and women should be transported separately.** (Repeated recommendation 1.6)

## Early days in custody

### Expected outcomes:

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

- 1.3** The reception area was clean but barely big enough for the number of women passing through. On average women were taken to and from court 65 times every month; there were 42 new receptions per month. A large amount of information was available in the holding rooms, but only in English. Women could use toilet facilities freely and were provided with food and drinks when needed.
- 1.4** The reception process was thorough but carried out in the main open reception area, compromising confidentiality. Women had to divide their attention between different members of staff completing different elements of the process at the same time, such as accounting for property and undertaking a cell-sharing risk assessment. In our survey, almost half of new arrivals said they had problems feeling depressed or suicidal or had mental health problems, more than the comparator. Only 40% of women, significantly lower than in similar prisons, said they had received help from staff with these and other problems. Health care staff undertook initial health screenings in private. We observed staff treating women respectfully and with good humour and women were moved promptly to the remand wing.
- 1.5** All women received £1 free credit for a phone call and all cells on the remand wing had showers. The wing was noisy and busy. Accommodation was clean but not all women received adequate clothing. We found two women who, after several days in custody, had only the clothes they were wearing. Staff did not carry out a formal first night interview. Peer supporters met all new arrivals on the remand wing, provided them with basic first night information, offered good support and undertook a follow up visit the next morning. In our

survey fewer women than at the last inspection and compared with similar prisons said they felt safe on their first night. While staff checked on new arrivals every half an hour during the night, they did not supervise them while they were unlocked during evening association, leaving them vulnerable.

- 1.6** The induction process started the next working day after their arrival. Agencies, such as the substance misuse team, Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and chaplaincy representatives visited the women and induction peer supporters gave PowerPoint presentations as part of a formal two-part induction process. Staff covered all the basic information about the prison and organised a tour of the establishment. No written information was provided during induction. Education and resettlement assessments were carried out in the women's first few days. A record was kept of all new arrivals detailing when they had completed their induction, but women who had substance misuse problems and who might not have been ready to undertake an induction programme received little consideration.

## Recommendation

- 1.7 All new arrivals should receive sufficient clean clothing.**

## Safe and supportive relationships

### Expected outcomes:

**Safe and supportive relationships are encouraged. Everyone feels and is safe from victimisation (which includes verbal and racial abuse, theft, violence and assault or threats). Women are protected from victimisation through active and fair systems known to staff, women and visitors, and which inform all aspects of the regime. Any sanctions on behaviour are applied fairly, transparently and consistently.**

- 1.8** In our survey, 56% of women said they had felt unsafe in the prison at some time, more than the comparator of 46%. The reasons for the poor perceptions of safety needed exploring but were likely to have been linked to: recent self-inflicted deaths in custody; a small number of women with very challenging behaviour; the lack of staff visibility on wings during association; an increase in the population; and more lock-up time.
- 1.9** Despite some of these challenges, the prison was reasonably safe. A comprehensive safety strategy (which covered suicide and self-harm prevention and violence management) was in place and incidents and indicators of violence were monitored. The prison had one safer prison representative who promoted the work of the department, was very well known around the prison and was active in understanding and addressing any issues relevant to safety; there were plans to expand the scheme.
- 1.10** In our survey, more women said they had been victimised by other prisoners than at similar prisons (46% against 37%). Investigations into allegations of antisocial behaviour took place promptly and visible unexplained injuries were followed up. Concerns about coercive or abusive relationships were addressed. Information was shared well between departments, particularly between security and safer custody. Women could not secure their cells or personal possessions and prisoners and staff told us about thefts from cells and property being damaged.
- 1.11** The early intervention system provided a proportionate and nuanced response to incidents involving minor bullying, which included offering victims support, explaining to perpetrators why the behaviour was unacceptable and monitoring their progress for two weeks. If

behaviour did not improve, women could be placed on report, downgraded via the IEP scheme or be subject to adjudication. However, many staff did not understand the process or how it was connected to the incentives and earned privileges (IEP) scheme.

- I.12 Most allegations of bullying related to verbal intimidation and insults. Although usually minor, sometimes groups of women were involved, which created tension on the wings. Staff often carried out informal mediation between prisoners but had no formal conflict resolution training, which would have enhanced their confidence in managing some situations on the wings. Staff worked hard to identify and support women who were at risk of being bullied because of their personal characteristics or the nature of their offence. The weekly support and interventions meeting discussed women who were being victimised or those involved in antisocial behaviour.
- I.13 The assault rate was relatively high, but very few incidents were serious. Women who had been involved in less significant proven assaults and fights were put on the basic level, monitored and offered support. More serious incidents went through the adjudication process and were occasionally referred to the police for investigation.
- I.14 Details of IEP policy were available on the wings and through prisoner information desk (PID) peer workers. IEP decisions were generally justifiable but not recorded in sufficient detail. Residential managers reviewed 10% of IEP decisions. Women could retain their status on transfer and raise general concerns via the monthly wing representatives meeting.
- I.15 Women on the basic level had their cases reviewed every week and received clear targets for improving their behaviour, alongside support.
- I.16 The regime for women on the enhanced level did not offer enough incentives to influence women's behaviour; those on long sentences in particular might have needed encouragement to remain purposefully engaged.

## Recommendations

- I.17 **The prison should investigate why many women feel unsafe or victimised and address any areas of concern identified.**
- I.18 **The prison should explore options for providing additional incentives for women on the enhanced IEP level.**

## Self-harm and suicide prevention

### Expected outcomes:

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

- I.19 Following four self-inflicted deaths in custody in 2015, the prison put appropriate action plans in place and implemented a comprehensive safety strategy. A full review was carried out to ensure processes to keep women vulnerable to self-harm safe were appropriate. Prisons and Probation Ombudsman (PPO) recommendations from the investigations into the deaths in custody had been followed up but the protocol with the East Midlands Ambulance Service on emergency responses had not been finalised.

- I.20** Data were monitored and analysed effectively at the monthly safer custody meeting. Listeners were now in place and attended the meeting, which was very positive. In our survey, 70% of women said they had emotional or well-being problems (more than the comparator of 59%) and more Listeners were needed.
- I.21** The prison took a proactive approach to ensuring women received the support they needed. The number of women subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was high – 325 documents were opened in the six months prior to the inspection. All staff received a daily email briefing detailing any self-harm incidents and stating which women were on an ACCT. Case managers (wing officers) responsible for women on ACCTs generally knew them well and were caring and supportive. Women who had been on an ACCT for four weeks or more were supported through an enhanced case review process.
- I.22** ACCT paperwork had improved since our last inspection. Self-harm triggers and next of kin were identified, and immediate action plans and assessment interviews were good. Care maps needed more follow up and the health care department's involvement in ACCT reviews was inconsistent. There was too little focus on enabling those who were locked up for long periods to access activities.
- I.23** Some ACCTs demonstrated that staff interacted positively, but documents focused more on observations. The large number of open ACCTs meant staff found it challenging to carry out the required number of observations, which were not all proportionate to the assessed risks. Women on an ACCT were discussed in the weekly support and interventions meeting and could also have her case reviewed during a multidisciplinary meeting (see paragraph I.29).
- I.24** The observation cells on D wing, used for some women at high risk of self-harm, were inappropriately located but rarely used.

## Recommendations

- I.25** **The protocol with the East Midlands Ambulance Service should be agreed.**
- I.26** **ACCT care maps should be reviewed and women on an ACCT should be purposefully occupied wherever possible.**

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

### Expected outcomes:

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

- I.27** Health care staff and social workers seconded to the prison could provide guidance about safeguarding adults, but there was no prison-wide safeguarding policy. Links with the local adult safeguarding board were in place, but wing staff did not sufficiently understand their safeguarding responsibilities.

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<sup>4</sup> We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000)



- I.28** Two social workers worked in the prison to assess and manage the social care provision, which was good for women whose needs had been identified. More could have been done to make wing staff aware of the support the social work team could provide and to ensure women with social care needs were identified and assessed promptly on reception. A buddy scheme was being developed.
- I.29** Women who had been identified as a risk to themselves or others and those with complex needs were managed through an enhanced case review process. The weekly multidisciplinary safety and interventions meeting provided an effective overview of women who were vulnerable or had complex needs and monitored individual support plans.
- I.30** Custodial managers developed care plans for women with complex needs. Multidisciplinary meetings for specific individuals could be held when required. Overall, the support was good and we saw some detailed care plans. However, the systems for recording and storing care plans needed clarifying so that staff could find them easily.
- I.31** There was still no specialist therapeutic unit for women with complex needs or at acute risk of self-harm. It was positive that segregation and observation cells were only used for women with complex needs or those on an ACCT in exceptional circumstances.

## Recommendation

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

## Security

### Expected outcomes:

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

- I.33** Security was well managed and there was a clear focus on keeping women safe. Security arrangements were proportionate and women could move freely to activities under supervision and use movement slips at other times. Women who posed a risk to or were at risk from others were escorted to activities and women who were in conflict with one another were kept apart. A well thought-out approach ensured women were allocated to appropriate activities that gave them the chance to prove themselves for more trusted work positions, giving them greater freedom of movement around the prison.
- I.34** A good amount of security information was received from all areas of the prison. Intelligence was collated and analysed well and requests for searches were acted on promptly. The prison knew what risks the women posed and security objectives were set to reflect threats relating to drugs and minor intimidation. The prison received good support from the police and shared intelligence with the service. In addition, the prison had access to an area drug dog to assist with searches.
- I.35** Representatives from all departments attended monthly security and weekly intelligence meetings, and communication between security and other departments, in particular the safer custody team was good.

- I.36** Posters around the prison informed staff and prisoners of the fact that the governing governor was the local corruption prevention manager. Information-sharing to prevent and detect wrongdoing was good.
- I.37** Strip-searching was intelligence-led and appropriately authorised. Only two women were subject to closed visits, both because of illicit activity during visits. Four visitors had been banned as a result of issues related to visits. Both closed visits and banned visitors were reviewed every month and restrictions removed when the risks had been reduced.
- I.38** The random mandatory drug testing positive rate averaged 9.23% in the previous six months, which exceeded the annual target of 6% and was relatively high. The prison managed to complete less than 50% of requested suspicion tests. The testing suite and the holding room were satisfactory.
- I.39** Women mainly tested positive for illicit subutex and benzodiazepines. In our survey 11% reported developing a problem with diverted medication. There had been finds of new psychoactive substances NPS (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), but they were not a significant problem and appropriate steps had been taken to inform women of the dangers.
- I.40** The prison was taking action to reduce the supply of drugs, substance misuse and health service representatives attended intelligence and security meetings and there was good joint working between departments to address the problem. The supply reduction action plan was reviewed regularly and formed part of the overall substance misuse strategy.

## Disciplinary procedures

### Expected outcomes:

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

### Disciplinary procedures

- I.41** There had been 471 adjudications in the previous six months, which was relatively high and an increase since our last inspection. They were carried out in the segregation unit in a small room that led out to the exercise yard, which meant access was restricted if adjudications were being held. Our own observations and prison records showed that women could have their say, contact legal advisers or call on additional support or witnesses. However, many less serious offences could have been better dealt with using the IEP scheme, which prison managers acknowledged. Adjudications for only the most serious offences were appropriately referred to the independent adjudicator who attended every month. Punishments were proportionate to the offence committed and in line with the published tariff.
- I.42** Adjudication meetings took place quarterly and a wide range of data was considered and trends monitored. The deputy governor reviewed a sample of adjudications, which were discussed at the meeting; issues identified were raised with individual adjudicating staff.

## The use of force

- I.43 Use of force was low; 37 incidents had taken place in the previous six months. A small number of women accounted for a large number of incidents. The two planned interventions had not been recorded on video or reviewed.
- I.44 We examined all documents relating to incidents involving force in the previous six months and found they were justified; force was used only as a last resort and incidents were generally managed well. De-escalation was evident and staff made every effort to remove restraints as early as was safe to do so. Special accommodation had not been used in the previous six months.
- I.45 The recently reinstated use of force meeting monitored and analysed use of force data but it was too early to identify any trends. The prison did not routinely review use of force documentation to ensure force had been justified or used appropriately.

## Recommendation

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

## Segregation

- I.47 Segregation was used for the few women with a combination of very complex needs, and challenging behaviour. In the previous six months, 132 women had been segregated either in the segregation unit or on wings. The majority (66%) were awaiting adjudication, which was high, and it was not justifiable to hold them in segregation. There were no women in the segregation unit during the inspection, although one woman was held in the D wing annex under segregation conditions, which was entirely appropriate for her circumstances. The annex was part of the unit and a door was kept open between the segregation unit and the annex. Recording systems were in place for strip-searching and use of special accommodation.
- I.48 Few women, only four, had remained in the unit for more than 20 days in the previous six months. Some good work had been undertaken with these women so they could return to the normal location. Reviews took place at regular intervals and staff from relevant departments attended; we saw evidence that women receive good support tailored to their individual needs.
- I.49 The environment, including the cells, was clean. The exercise yard now had seating and some exercise equipment was available, but it was still stark.
- I.50 The duty manager visited women everyday; they had daily access to showers, phone calls and exercise. They could now also use the gym and attend some courses and religious services where risk assessments allowed. Women whose behaviour was appropriate were provided with televisions. Staff-prisoner relationships were supportive and staff knew the women very well. Segregation monitoring was undertaken at a quarterly meeting and showed a detailed analysis of the use of segregation.

## Recommendation

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

## Substance misuse

### Expected outcomes:

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

- I.52** The substance misuse strategy policy was up to date and contained an annual action plan, covering both supply and demand reduction measures. Monthly drug strategy meetings were well attended.
- I.53** Inclusion had become the new provider of psychosocial support in April 2016. The service was easily accessible and 186 women (more than half the population) were involved with the team, but all group work modules had been suspended when the new provider took over. A needs analysis was underway and a new package of interventions, including a recovery-focused programme, was due to be implemented.
- I.54** There was evidence of good quality one-to-one work, women could still attend designated substance misuse gym sessions and auricular acupuncture, and Alcoholics Anonymous self-help groups met every two weeks. An active and well-managed peer mentor and peer support scheme continued to offer additional help to women on all wings, but there was no service user consultation forum.
- I.55** Care UK provided clinical substance misuse services. Women dependent on drugs and/or alcohol received prompt treatment on arrival and were located on the prison's remand wing, where 24-hour monitoring and observation took place. In the previous six months, 128 had undergone alcohol detoxification. A community alcohol worker offered weekly support sessions, although in our survey only 66% said they had received help with their alcohol problem, which was lower than last time and compared with other similar prisons.
- I.56** Ninety-three women were prescribed opiate substitution treatment (OST). Women whose opiate substitution prescription in the community was unsupervised or who had used drugs illicitly in addition to supervised treatment were given a standard methadone regime of 20ml rising to 30ml. The protocol was now explained to women on arrival, but many considered it to be 'enforced detox' since their community dosages had often been considerably higher. While the safety of women needed to be paramount, the regime lacked flexibility. Treatment reviews took place regularly and a substance misuse specialist GP offered weekly clinics, but the clinical substance misuse service was insufficiently resourced and could not provide more individual care, support or liaison through community treatment agencies.
- I.57** Arrangements for controlled drug administration on the remand wing were satisfactory and took place privately, but this was not the case in the general health care setting (see paragraph 2.72).
- I.58** The clinical substance misuse lead staff member also managed the mental health team and care for dual diagnosis patients was coordinated at weekly multi-agency meetings.

## Recommendations

- I.59 Women with drug and/or alcohol problems should have access to a range of psychosocial interventions that are consistent with the assessed needs of the population and are developed in consultation with service users.**
- I.60 Opiate substitution regimes should be flexible, and the clinical substance misuse service should be sufficiently resourced to provide individual treatment and support to women during stabilisation.**



## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1 The outside areas were very attractive. Most living areas were clean, well maintained and suitably equipped and in our survey, most women were broadly content with the amenities available.
- 2.2 All cells had suitably screened toilets and with the exception of D wing and a few cells on T wing, all cells had integral showers. D wing, which had been poor at our previous inspection, had now improved. Minor refurbishment, designation as a no smoking unit and a small reduction in the number of women held had somewhat offset the problems of dormitory accommodation – excessive heat from the nearby boiler room, inadequate ventilation and limited daylight. However, in the weeks prior to our inspection, more women had been placed in two dormitories, which were now unacceptably overcrowded. Women’s lockers were outside their cells, which meant they could not access their belongings when they were locked up.
- 2.3 More cells designed for one were being used to hold two women than at our previous inspection. Although they were relatively spacious, overcrowding put pressure on communal areas and services. There were insufficient phones for the population on the remand wing as well as on F and T wings; on F wing, timers delivering hot water at intervals in the in-cell showers limited women’s access; on T wing, 28 women shared three showers because five others were out of order. Overcrowding was particularly noticeable on the remand wing, which was noisy and very busy. It had a design similar to a traditional wing in men’s prisons and felt very institutional, and did not foster the more communal and relationship-based atmosphere that we often see in women’s prisons.
- 2.4 In our survey, women were much less positive than the comparator and compared with our previous inspection about the applications process. Prisoner information desk (PID) peer workers logged and distributed all applications, but could not track responses because most staff returned applications directly to the prisoner. Some women were concerned about confidentiality and disliked the involvement of PID workers.
- 2.5 As at our previous inspection, fewer prisoners than the comparator said they could access stored property. In reception, we found a pile of applications dating back at least two weeks. Many women asked for additional clothing and we found that newly arrived women only received one set of clothes, which meant they had nothing to wear when it needed washing. Women could receive one parcel of clothing within a month of arrival, but difficulties booking visits (see paragraph 4.34) meant some women had to wait several weeks for clothing. After that, women could apply for donated clothing from the limited stock available in the prison or make a catalogue purchase.
- 2.6 Laundry facilities were available on each wing and were in good working order. Each wing had an association room and some recreational equipment, but there was too little seating and the facilities were not well used.

## Staff-prisoner relationships

### Expected outcomes:

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

- 2.7** Overall staff-prisoner relationships were respectful and staff demonstrated a caring approach when managing some challenging issues. Most women said they had a member of staff they could turn to if they had a problem. Most interactions we observed were good.
- 2.8** However, in our survey women were less positive about their relationship with staff than at the last inspection and compared with similar prisons, which required investigation. Prisoners told us they felt less well supported on the remand wing; our observations confirmed this lack of visible supervision and support. In discussion groups and individually, women said a small number of staff caused these poor perceptions. Managers agreed and were addressing the problem.
- 2.9** An up-to-date policy drawn up in March 2016 described the role of the personal officer. Staff knew the personal circumstances of those in their unit, but this was not always reflected in case notes, which largely only outlined women's behaviour; few personal officer entries focused on resettlement or family matters. The personal officer scheme needed to be developed to become more meaningful.
- 2.10** Monthly prisoner council meetings attended by prisoners and staff and chaired by the governor gave women the chance to discuss many aspects of prison life, but minutes indicated that many seemingly simple problems took several months to resolve.
- 2.11** It was positive that the staff group was 60% women. Only a quarter of staff had completed specific training for staff working with women.

### Recommendation

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

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>5</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), transgender issues, sexual orientation and age.**

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



## Strategic management

- 2.13** Equality and diversity work had been re-launched in January 2016 and was led by the managing chaplain. Structures included dedicated equality lead staff for each of the protected characteristics and prisoner equality representatives. Lead staff came from a range of disciplines and many were new to the role. Each equality strand had a member of the senior management team to support lead staff in developing their work. The wing-based equalities officer had no profiled time for this task, which restricted progress.
- 2.14** There was no local equalities policy document and no active action plans for each of the protected characteristics. A basic needs assessment had been completed in 2015; it had considered the needs of each of the protected groups under areas such as accommodation, activities, resettlement, decency and security. The needs assessment was periodically reviewed.
- 2.15** A monthly equalities action team (EAT) meeting, chaired by the managing chaplain, involved prisoners and senior management representatives. Not all lead staff attended consistently to report on progress. There was no external input or scrutiny of the team's work or of investigations into reports of discrimination.
- 2.16** Prisoner equality representatives were based on each wing; they felt the chaplaincy supported them well. They had had no formal training but were good advocates for equality. They met prior to the EAT meeting to agree on issues to be raised and contributed to the induction programme. Some were working with the national charity Women in Prison to develop a magazine promoting equality.
- 2.17** Outcomes from the service-wide equalities monitoring tool were reported and discussed at the EAT meeting, but discussions were not reflected in minutes. No significant worrying trends had been identified.
- 2.18** Thirty-one discrimination incident reporting forms (DIRFs) had been submitted in the previous six months. Forms were not promoted on wings; they were only available on one wing during the inspection. Most incidents concerned racist language between prisoners. Incidents were investigated by wing managers, but the quality of investigations were variable and often took too long. Individuals were sanctioned through adjudication or the incentives and earned privileges (IEP) scheme but there was no specific intervention to address racist attitudes. DIRFs were quality assured by the governor and further action was taken where necessary. Prisoner equality representatives had little faith in the process.
- 2.19** Departments worked collaboratively to support prisoners wishing to celebrate religious festivals and cultural events.

## Recommendation

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

## Protected characteristics

- 2.21** The developing equalities strategy was starting to produce some positive outcomes for some groups. However, in our survey black and minority ethnic prisoners felt more victimised by other prisoners because of their ethnicity, religion and nationality than their white

counterparts. Forty-four per cent said they felt unsafe at the time of the survey compared with 18% of white prisoners. They believed they were treated less fairly in their experience of the IEP scheme. There were no forums through which to explore these perceptions (see paragraphs 2.15 and 2.32).

- 2.22** Support for foreign nationals was weak and equality representatives had concerns about it. There was no foreign national liaison officer, no specific consultation forums and although the equalities officer and chaplaincy aimed to support individuals, more needed to be done to develop a wider strategy to identify and address needs. The chaplaincy had organised access to translators through local churches. One foreign national woman, whose mail was being monitored, had both her incoming and outgoing mail stopped for over a month as the prison deliberated over the cost of translation. Many received help with telephone costs but it was not always timely. The prison had spent £1887 on translation services since April 2015, but information on which areas of the prison had used them was not available.
- 2.23** The Home Office held bi-monthly surgeries. None of the women were held solely under immigration powers. No independent legal advice was available, although the equalities officer held a list of local immigration solicitors.
- 2.24** Women were asked about any disability as part of an initial assessment and 84 (25%) had been identified as having disabilities. Cells in residential units had been adapted to meet the needs of women with mobility problems. Personal emergency and evacuation plans were in place although they were not detailed enough for them to be effective in the event of an emergency. Most areas were wheelchair-accessible. There was no formal prison carer scheme although one was planned. Women with disabilities relied on friends to assist them with some basic tasks. A social care worker and occupational therapists assessed the women's needs and provided aids. One partially sighted woman had received good support and practical aids. Women with mobility problems could complete education courses on the ground floor.
- 2.25** The prison was planning to hold a second meeting of a support group for older women. An established walking club for older women provided suitable exercise. There was nothing in place specifically for younger women.
- 2.26** The International Day Against Homophobia in May 2016 had been recognised. Eighty women had attended an event promoting awareness of lesbian, gay, bisexual and transgender (LGBT) issues. This had involved input from a local LGBT support group. The prison took a reasonable approach to same-sex relationships. There was good individual knowledge of the small number of women who were transgender.
- 2.27** At the time of the inspection there were six pregnant women and one woman who had recently given birth. There was no formal process for determining where pregnant women were located on arrival. Health staff provided regular information to the prison regarding which women were pregnant and residential staff knew the pregnant women in their units, but these prisoners had no care plans. One senior officer and two wing officers were responsible for ensuring appropriate planning for the care and welfare of pregnant women including applications to mother and baby units.
- 2.28** Links with the local maternity unit were effective and women with complex substance misuse issues had good access to advice from a specialist midwife and doctors. Staff were discussing options for women to have a birth attendant with a local organisation. Pregnant women received appropriate maternity care and links with the local maternity unit were effective.
- 2.29** A multi-agency birthing plan to ensure the safe and appropriate management of the woman and her baby was drawn up at least a month before her due date; the plan was shared with

relevant external agencies and the woman's residential wing officer. Individual offender supervisors kept women informed about local authority decisions regarding the care of the child. Women could choose a birthing partner subject to a risk assessment and vetting outcomes.

- 2.30 We were disappointed to find unemployed pregnant women locked up for long periods during the day.
- 2.31 There was no clear formal pathway to support women separated from their babies or who had lost their baby. Wing officers we spoke to showed sensitivity towards women separated from their babies.

## Recommendations

- 2.32 **The prison should be confident the needs of minority groups are being met. Periodic meetings should be held to identify any concerns and ensure appropriate action is taken. The prison should focus particularly on foreign national women.**
- 2.33 **Pregnant women should remain unlocked during the day to ensure the health and well-being of mother and unborn child and there should be a clear support pathway for women separated from their babies.**

## Faith and religious activity

### Expected outcomes:

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

- 2.34 Faith provision was now good and met women's needs. The managing chaplain was supported by 10 sessional chaplains and volunteers from a range of faith traditions.
- 2.35 Chaplains saw all new receptions who received information about staff, services and activities. Some instances, where chaplains had interviewed new prisoners through locked doors, which Chaplaincy Headquarters had highlighted in October 2015, had been resolved.
- 2.36 Women could attend weekly corporate worship and a good range of classes supported faith interests. Catholic Mass took place on Tuesday afternoons; women were released from activities to attend. Women held in segregation or in cellular confinement in residential units received a visit from a chaplain every day. They could make an application to attend services. Good cooperation between the chaplaincy and other departments supported the celebration of religious festivals.
- 2.37 Chaplaincy facilities were good and included a central chapel and multi-faith room and sufficient resources were available to support services and classes.
- 2.38 Many women were positive about the support available from the chaplaincy and in our survey more women than at the last inspection thought their religious beliefs were respected – although perceptions were poorer on the remand wing.
- 2.39 Women often attended the chapel for periods of reflection and prisoners and families who had been bereaved received support. Two chaplains were assessors for assessment, care in

custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm; chaplains also provided regular support for those at risk of self-harm. They managed a small prison visitors' scheme.

- 2.40** Chaplains were well integrated into the life of the prison and attended key policy meetings and actively promoted the equality strategy.

## Complaints

### Expected outcomes:

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

- 2.41** Access to complaint forms on wings was poor; no complaint forms were readily accessible on three wings.
- 2.42** Complaints were not routinely analysed. An analysis over the previous six months found the most common areas of complaint focused on: medical/health care; reception and property; and residential issues. Complaints about staff accounted for 9%. Most of the complaints about staff related to attitudes towards the complainant. Investigations into these complaints were reasonable. Confidential access complaints (which are only read by the person to whom they are addressed) accounted for 25% of all complaints; they were not analysed.
- 2.43** Many responses were not timely. Over the previous six months an average of 23% did not receive a response within the required timescale.
- 2.44** Of the sample we looked at responses were reasonable overall. Many offered full answers and included apologies where appropriate. In some cases, it was clear complaints had been discussed with women personally. The head of corporate services quality assured a 10% sample of complaints each month.

### Recommendation

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

## Legal rights

### Expected outcomes:

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

- 2.46** Offender supervisors asked women about any outstanding legal issues as part of an initial basic custody screening assessment interview. They supported women to resolve them, but there was a lack of assistance for those wishing to apply for bail. An estimated six bail information reports had been completed in the previous six months, which was low. In our survey, fewer prisoners on the remand wing found it easy to access legal services than other women.

- 2.47** Recalled prisoners were seen promptly but support for foreign national prisoners was limited. Legal visits arrangements were good but there was still no access to laptops to assist eligible women to work on their cases.
- 2.48** The family engagement worker helped women involved in child custody proceedings. A good range of legal texts and Prison Service instructions were available through the library.

## Recommendation

- 2.49** **On arrival women remanded in custody should be asked about their prospects for bail, bail information reports should be prepared in appropriate cases and contact made with legal representatives.** (Repeated recommendation 2.55)

## Health services

### Expected outcomes:

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

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

## Governance arrangements

- 2.51** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).
- 2.52** Health care was in a period of transition. The new provider contract with Care UK had started on 1 April 2016. A comprehensive health needs assessment was published after our last visit in October 2014. It identified the high intensity of women's health needs. Local partnership board working was effective. Policies from the previous provider were still in use. A cycle of infection control audits started in April 2016 with a monitored action plan. Reporting and learning lessons from adverse incidents and near misses was sound.
- 2.53** Local governance was weak but developing. Clinical records were reasonable. There was a lack of formal, systematic follow up of missed appointments and care plans were not always up to date. The complaints system was reasonable and included a new initiative for early face-to-face discussions and the resolution of complaints.
- 2.54** A new service user involvement meeting enabled women to voice concerns and suggest improvements. Health promotion literature was available in residential units alongside plans to develop a health-focused prisoner information desk worker role.

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

- 2.55** There were seven nursing and pharmacy technician vacancies. Continuity was partly offset through the use of long-term agency staff but recruitment remained a challenge.
- 2.56** The daily 'Buzz' meeting provided staff with helpful information on immediate issues. A new multi-professional governance forum had been introduced, to manage and provide assurance on clinical risks. Management supervision was being developed. There was still no formal clinical supervision, but the Buzz meeting supported shared learning. A few staff had not received essential up-to-date training.
- 2.57** The main health suite was small and clinic space was limited. The clinical room in the remand unit was clean and decent and appropriate for confidential consultations. The adaptation of the former counselling room into a safer cell with few ligature points for women at risk of self-harm might have compromised women's privacy and dignity and its close proximity to health care management offices posed a risk to wider patient confidentiality. However, it had not been used since it was introduced. Cleaning arrangements for clinical areas were adequate but did not reflect NHS standards.
- 2.58** Emergency medical response arrangements were reasonable. Approximately 28% of prison officers were trained in basic life support and use of an automated external defibrillator. Two senior nurses were trained in intermediate life support and there were plans to train the nursing team.
- 2.59** Some prison staff were still not using the prison emergency radio code system correctly; it alerted staff to the nature of the emergency, and at a recent medical emergency in April 2016, prison staff had not used the system immediately.
- 2.60** Emergency kits were located in the health care department, the remand unit and the gym; there was no suction apparatus in the main health care kit and no spare electrode for the defibrillator. Kits were checked regularly. The prison planned to introduce more modern kits to reflect nursing staff's enhanced training.

## Recommendations

- 2.61** **The prison should identify and address missed appointments and ensure care plans are updated so that health outcomes for women are not compromised.**
- 2.62** **All clinical staff should have regular clinical supervision to enable them to support this complex and vulnerable population effectively.**

## Delivery of care (physical health)

- 2.63** In our survey fewer women (33%) than at similar prisons (52%) said it was easy to see a nurse and fewer women (13%) than at similar prisons (28%) said it was easy to see a doctor. Fewer than the comparator also said the overall quality of health services was good. Many women we spoke to confirmed these views.
- 2.64** We observed generally decent and responsive care and while it was clear that staff were under pressure, they responded to women appropriately and professionally.
- 2.65** Women received a suitable initial health screening on arrival and had their needs followed up. We saw a new arrival who was at immediate risk of serious self-harm receive good careful assessment.

- 2.66** Nursing staff were available 24 hours and women with urgent needs had reasonable access to nurses and the GP. Waiting times for routine nurse appointments were sometimes too long and waits for routine GP appointments were regularly more than two weeks. The range of primary care services was generally reasonable, as were the waiting times. However, women waited up to nine weeks for an appointment with the optician.
- 2.67** Women with long-term conditions received suitable clinical care and disease-specific screening. Identification of blood borne viruses and sexually transmitted diseases was reasonable and staff from a local specialist hepatology (liver diseases) service visited the prison. Arrangements for external appointments for cervical screening focused on high risk women and there were plans to provide screening at the prison.
- 2.68** A confidential communication template was used to share information between hospital and prison clinicians for hospital appointments and transfers. Too many women attending external hospital appointments were either late or missed their appointments because escorts were delayed. In two reported cases, appointments had to be rescheduled as the women had missed their appointments; this included one woman due to attend a 'rapid access' chest pain clinic.

## Recommendation

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

## Good practice

- 2.70** *The confidential communication template used to share information between hospital and prison clinicians for hospital appointments and transfers supported effective continuity of care.*

## Pharmacy

- 2.71** Medicines management was poor overall. Women complained to us repeatedly about poor access to their prescribed medicines. Prescribing was electronic and pharmacy technicians and nurses administered medicines from paper prescriptions and charts. Electronic administration was implemented the week after our visit.
- 2.72** There was a lack of privacy and confidentiality at the two medicines hatches in the main health care department and inadequate supervision at both the main health care and the remand wing hatches.
- 2.73** Less than 25% of women could keep their own medicines with them. Nurses only completed risk assessments for women who had been transferred to Foston Hall from other prisons; risk assessments for most women were carried out by the GP and were often delayed.
- 2.74** Too many women experienced delays in getting their prescribed medicines often because medicines they had arrived with had to be verified, repeat prescriptions had to be requested or as a result of supply arrival times. Women with pain or minor illnesses were referred to the GP or nurse prescriber. Nursing staff did not use patient group directions (which enable nurses to supply and administer prescription-only medicine).
- 2.75** Supervised medicines were only administered twice a day on Fridays, weekends and bank holidays, which resulted in compromised therapeutic dose intervals, including for antibiotics

and pain relieving medicines. Sedative medicines, including those to help women sleep, were administered at 3.30pm. We could not be confident that women who missed their medicines were always followed-up.

- 2.76** There was no access to simple pain relief overnight, which could be over 16 hours at the weekends. We noted two examples where women with high risk clinical needs were unlocked at night so they could receive their prescribed medicines; this was an exception. Immediately following our visit, the prison agreed to allow women to have pain relief at night.
- 2.77** There was no regular pharmacist oversight or medicine use reviews and women could not seek information or advice about their medicines. A prescribing formulary was in use and apart from reduced medication administration times, prescribing practice was sound.
- 2.78** Storage space was inadequate for the volume of medicines. Medicines were given to women in transparent plastic bags, which compromised confidentiality. There was no audit trail for access to the controlled drugs (CDs) cabinet, no compliant CD register and one CD cabinet was not secured in line with regulations. Not all policies or protocols were up to date and the in-possession policy and formulary had not been ratified.
- 2.79** A well-attended quarterly medicines management meeting took place and incidents were appropriately reported.
- 2.80** Single doses of unlabelled methadone were transported to the segregation unit albeit in a locked container. We noted waste medicines stored in an area where prisoners had daily access, although this was rectified immediately.

## Recommendation

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

## Dentistry

- 2.82** In our survey fewer women (10%) than at comparable prisons (16%) said they had good access to the dentist; we found women had reasonable access. Women with routine needs were seen within five weeks and those with urgent needs were prioritised.
- 2.83** Twice weekly dentist clinics were supported by a dental therapist. The range of treatment was equivalent to what was available in the community and there was scope for referral to specialist secondary services.
- 2.84** The dentist recorded information on SystemOne (the electronic clinical information system) and on paper dentition charts. The stand-alone dental surgery was clean and suitably equipped. There were appropriate arrangements for decontaminating reusable instruments. The suite floor and non-clinical surfaces were cleaned by contract cleaners; dental staff were responsible for ensuring clinical areas were clean.
- 2.85** Emergency drugs were kept in the dental suite and a replacement oxygen cylinder was on order; dental staff would call the emergency radio code if assistance was needed. We were confident the prison complied with all mandatory checks and safety regulations following the change of provider.



## Delivery of care (mental health)

- 2.86** In our survey more women than at similar prisons said they had emotional or mental health problems. A 'stepped model' approach (mental health services that address low level anxiety and depression through to severe and enduring needs), which had been introduced since our last visit, had improved the referral process.
- 2.87** A new staffing model was being developed. The team comprised three registered mental health nurses, including the clinical lead, who carried a caseload and led clinical substance misuse services. The team received regular input from a visiting adult general psychiatrist. This current staffing profile was insufficient for a complex population with particularly high expressed needs.
- 2.88** Women with mental health problems were identified on arrival through the reception screening process or as a result of referrals from community mental health teams, probation and court liaison or diversion services.
- 2.89** Fifty-one women (approximately 15% of population) were on the mental health caseload. Two women were waiting for primary mental health interventions with the longest having waited two weeks; four women with secondary level needs had the longest wait of almost three weeks. Assessments for women with complex and urgent needs were expedited. Delays were partly offset by interim visits from a dedicated health care support worker.
- 2.90** Women with clinically diagnosed mental health needs received a reasonable level of support. Some women with less serious problems did not always get sufficient support. There were plans to introduce some low intensity group work to maximise resources. The counselling service was being remodelled to support more women. There were six women on the waiting list and one woman had waited seven weeks. Women with learning disabilities were identified, but the pilot learning disability service no longer operated.
- 2.91** Local authority social workers who visited the prison regularly identified women with social care needs promptly and provided them with excellent support.
- 2.92** Strenuous efforts by commissioner and providers had meant there were no undue delays in transfers to mental health care units in the previous year. Two women were being assessed under the Mental Health Act; one had been assessed as mentally unwell at court but had nevertheless been diverted to prison prior to release.

## Recommendation

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

## Good practice

- 2.94** *Exceptionally close links with the local authority and a regular social worker presence at the prison meant that women with social care and disability needs received prompt access to aids and specialist occupational therapy assessment.*

## Catering

### Expected outcomes:

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

- 2.95** In our survey, 32% of prisoners said the food was good or very good; however, only 14% of black and minority ethnic women thought the food was good.
- 2.96** There was a four-week menu cycle. The menu had pictures of the food to help those who did not speak English choose meals. Prisoners had a reasonable choice, including healthy options and fruit every day. Special diets were catered for and catering staff met with individual women to discuss and address their needs; pregnant women received additional supplements. Meals were often available for different religious and cultural events. Our inspection took place during Ramadan; arrangements were very good and developed in consultation with the Muslim chaplain.
- 2.97** Wing staff often allowed food to be served before advertised meal times. The evening meal was served too early at weekends. Women could eat together in communal areas, but the lack of self-catering facilities meant women did not have the opportunity to learn valuable life skills.
- 2.98** Consultation arrangements were good. The catering manager attended monthly prisoner council meetings and there were no recurring complaints about the food. Food comments books were available on all wings and catering staff visited wings regularly.
- 2.99** Serveries were better supervised than at our last inspection; they were clean and workers wore appropriate clothing. Servery and kitchen workers had completed basic food hygiene training. The main kitchen was clean and there were appropriate food storage facilities. Women could undertake accredited training in related skills.

## Recommendations

- 2.100 Meals should be served as advertised and the weekend evening meal at an appropriate time.**
- 2.101 Women should be able to cater for themselves.**

## Purchases

### Expected outcomes:

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

- 2.102** The canteen list was reasonable and women were consulted quarterly on the selection of items available. Women received a weekly canteen sheet, which included details of the money they had available. They received basic canteen packs on reception, but those arriving at the prison on a Friday could not make a full canteen order until the following Thursday.
- 2.103** Although 38% of black and minority ethnic women who responded to our survey said the range of items was wide enough, equality staff had developed an additional canteen list to meet their needs, which was positive.

**2.104** Approved catalogues were available on the wings. Not enough hobby material was approved for purchase. There was an administration charge for processing catalogue orders. Women told us there could be delays receiving catalogue goods and sometimes items were out of stock. Although this was outside the prison's control, the internet could have been used to ensure women could order in-stock items and reduce delays.



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

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

- 3.1** Time out of cell for women in full-time employment was good at over 10 hours a day from Monday to Thursday; they received slightly less from Friday to Sunday. Unemployed women could have less than four hours out of their cell every day. The number of regime curtailments had been reduced greatly since our last inspection.
- 3.2** Fully employed women on the remand wing, which had a separate regime, had up to eight hours out of their cell every day; unemployed women less than three hours. Their association periods were split between the two landings and access to the open air was infrequent – when it did take place it was curtailed when escort vans arrived at the prison.
- 3.3** Our roll check found over 30% of women locked up during the core day, which was too many and far more than the prison management were aware of. Many women could walk to work in the open air and we observed that all wings except the remand wing had additional time in the open air during the evening.

### Recommendations

- 3.4 Women who are willing to participate in activities, but for whom there are no places available, should be unlocked during core day activity periods.**
- 3.5 All women should be able to exercise in the open air for one hour a day.**

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<sup>7</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

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

**3.6** Ofsted<sup>8</sup> made the following assessments about the learning and skills and work provision:

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

### Management of learning and skills and work

- 3.7** The leadership and management of learning and skills and work required improvement. Although management of the provision had improved since the previous inspection, almost one third of the population was unemployed. The education and vocational training provision provided by Milton Keynes College was good.
- 3.8** Effective partnership work had taken place between prison and college managers. As a result, there had been improvements in the quality of education, vocational training and work and a significant improvement in learners' achievements. However, a few learners had their learning disrupted because activities were not sequenced effectively enough; the curriculum was not sufficiently flexible to engage all learners in education, particularly the large number of prisoners serving short sentences.
- 3.9** The analysis of qualification achievement data did not focus sufficiently on the performance of all groups of learners and was not used well enough to inform decision-making and ensure that nobody was disadvantaged. Prison leaders and managers did not apply sufficient scrutiny to the entire purposeful activity provision. As a consequence, they could not evaluate the provision effectively and were not in a strong position to challenge sufficiently all aspects of the college's and prison's performance. College and prison managers' observations of the provision did not focus sufficiently on learners' progress or achievements.
- 3.10** Prison staff had worked well with the college and the National Careers Service (NCS) to forge good links with a range of national employers so that women's transition into work could be supported. Women had good and increasing opportunities to become involved with employers. For example, external guest speakers from industries, such as construction and

<sup>8</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

employment academies, as well as high street retailers, visited the prison. As a result, prisoners had a better understanding of career opportunities available and employers' expectations; a few attended interviews for job vacancies on release.

## Recommendations

- 3.11 Prison managers should gather and analyse data on the outcomes of different groups of prisoners in every area of purposeful activity, to ensure that none are disadvantaged and to challenge internal and external delivery partners effectively.**
- 3.12 Prison managers should ensure the observation of teaching and learning focuses sufficiently on learners' progress and achievements in learning sessions and that disruptions are kept to a minimum.**

## Provision of activities

- 3.13** The range and level of activity were appropriate for the population. However, the prison did not provide enough purposeful activity places to occupy fully the prison's population.
- 3.14** The allocation process did not ensure all available activity places were fully occupied. For example, too few women attended some education and vocational training programmes such as, hairdressing and advanced waste management. However, women who were allocated were involved in meaningful activities and most prisoners under the age of 21 were also fully engaged.
- 3.15** The prison's pay policy was fair and equitable. It provided women with an incentive to take part in education and training, as pay rates were higher than in the majority of employment activities.
- 3.16** Education included English and mathematics from pre-entry level to level 2 and English for speakers of other languages. A new business administration course was designed to provide learners with the opportunity to develop their information technology skills for the workplace. Learners had good access to appropriate additional learning support. In addition, a small number of parenting and employability courses ran intermittently. However, the peer mentoring course was no longer running because of a withdrawal of funding.
- 3.17** The prison and the college offered a good range of vocational training programmes and qualifications from entry level to level 2. They provided prisoners with activities like horticulture, including hard landscaping. The number of programmes had recently increased and now included: small animal care; beauty; health and safety; manual handling; cleaning and support services; retail; hospitality and catering; and food safety. The horticulture programme was flexible and provided women serving different sentences with good opportunities to obtain a qualification at an appropriate level. A small number of learners were on distance learning and Open University courses. No vocational qualifications were available in the textile workshop.

## Recommendations

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

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

### Quality of provision

- 3.20** Tutors planned lessons and workshops very effectively, which meant almost all prisoners made good progress. Tutors used good practical resources well to motivate learners. They used questioning techniques effectively so that learners were challenged sufficiently and had a thorough understanding of a subject. Consequently, the vast majority were fully involved in learning. However, too many lessons had too few learners, which limited the effectiveness of group work as an approach to learning.
- 3.21** In vocational training, tutors used their industrial experience well to help women develop good practical skills and subject knowledge, particularly in textiles and horticulture. Workshops were well resourced and prisoners used industry-standard tools and equipment, for example, commercial sewing machines in textiles and 'ride-on' lawn mowers in horticulture. Most prisoners enjoyed the workshop sessions and work.
- 3.22** Prisoners' induction to education was informative and helpful; the assessment of their educational starting points was effective. Staff provided women with a good explanation of the benefits of improving their English and maths skills. All sentenced prisoners were expected to achieve English and maths at level 1; many completed these qualifications while undertaking work or vocational training.
- 3.23** Assessment was timely and accurate. Tutors provided women with good constructive verbal and written feedback. For example, tutors used a colour-coded system of feedback on written work, which indicated what learners had done well and where their performance could have been improved further.
- 3.24** Many women received effective individual support in lessons and workshops from peer mentors, learning support staff and tutors. Support received for those with additional learning needs was too focused on course achievements and not enough on individuals developing lifelong independent learning skills.
- 3.25** Tutors promoted literacy and numeracy well in education and vocational training and most women developed good skills. Tutors regularly encouraged learners to adopt the correct use of the English language and promoted the use of maths applications in a vocational context. For example, women used ratios accurately when calculating the correct mix for hair colour in the hairdressing salon. However, in a few instances, tutors did not provide sufficient guidance to help all learners improve their spelling, punctuation or grammar. Tutors managed learning sessions effectively.

### Recommendations

- 3.26 College managers should ensure that additional learning support is gradually withdrawn to enable prisoners to become independent learners.**
- 3.27 All staff should be made aware of the need to promote English and mathematics in a vocational context to help develop prisoners' employability skills.**



## Personal development and behaviour

- 3.28** Attendance and punctuality were mostly good. Women who were involved in activities demonstrated a positive attitude to learning and a good work ethic. However, not enough prisoners were involved in activities and therefore not all of them could build personal, social or employability skills.
- 3.29** Women behaved well in all learning and skills activities. Most developed their self-confidence, communication and caring skills well. For example, in a peer mentoring lesson, learners developed highly effective skills through role play; mentors demonstrated empathy with those they would help. In classrooms and workshops, peer mentors put these new skills to good effect, building the confidence and skills of others and increasing their own assertiveness and self-esteem. In animal care, women developed good management, responsibility and caring skills.
- 3.30** Women were more tolerant and understanding of others as a result of activities that promoted equality and celebrated diversity. For example, tutors led group discussions on topics such as, age, Anne Frank, women's history month, cross-dressing and the traditions of other countries. The provision to help prisoners develop a positive body image was insufficient. Women adopted safe working practices and felt safe in activities.
- 3.31** Most prisoners made informed choices about the learning and training they needed to undertake in preparation for release and resettlement. However, target setting was inconsistent and most learners did not fully understand or sufficiently record the progress they were making.

## Recommendations

- 3.32** **Provision to help prisoners develop a positive body image should be developed further.**
- 3.33** **College managers should ensure that target setting is consistently good and that all learners know how they might improve or where they can receive help and support to achieve their individual targets.**

## Education and vocational achievements

- 3.34** Women's achievements in education and vocational training had significantly improved since the previous inspection and were high in most subjects. English and maths achievements were high, but information and communications technology achievements were low for a small group of learners, particularly at entry level 3.
- 3.35** In 2015, the achievements of women receiving additional learning support were not in line with their peers. Action had been taken to address this and they now achieved as well as their peers.
- 3.36** Most prisoners developed good English and maths skills, which they applied well when undertaking work or vocational training. For example, learners on the industrial cleaning course used their mathematics skills confidently, calculating ratios and dilution rates when preparing cleaning solutions. However, further development and application were required in other vocational and work contexts.

- 3.37** Most women made good progress over time and displayed good standards of work and subject knowledge. In an English class at levels 1 and 2, prisoners articulated their opinions when discussing the significance of the Second World War in breaking the stereotyped roles of working women. Prisoners produced high quality written work with well thought-through accounts of the contribution made by women during wartime.

## Recommendation

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

## Library

- 3.39** Derbyshire County Council provided the library service. A librarian and three part-time library assistants managed the library well; they were supported by three prison orderlies.
- 3.40** Prisoners had good access to a comprehensive range of learning resources and reading material to support their education, vocational training, foreign language needs and wider interests. Copies of Prison Service instructions, legal texts, large print, audio books, and additional reading material were readily available through the inter-library loans service.
- 3.41** Library staff worked effectively with tutors to enable learners to use the facilities to widen their subject knowledge and improve their study skills. They promoted literacy well using a range of initiatives, such as Storybook Mums (in which prisoner's record stories for their children) and writing workshops. The orderlies sensitively mentored prisoners who had poor reading skills. The book stock and resources were renewed regularly. Library staff analysed requests from the women, although they did not canvass the views of the wider population.
- 3.42** Library opening hours were adequate. Prison attendance data showed that less than a third of the population used the library each week, and in our survey 32% said they visited the library at least once a week, lower than the comparator at 43%. Managers' use of data to identify the groups of prisoners that did not attend required improvement.

## Recommendation

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

## Physical education and healthy living

### Expected outcomes:

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

- 3.44** Facilities and equipment in the physical education (PE) department were good. Most prisoners had good access to the well-resourced gym which had ample aerobic equipment and free-weights.

- 3.45** A good-sized sports hall and an outside exercise area complete with external gym equipment were well used. However, access to the sports hall was restricted at the time of the inspection because equipment was being stored there. Instructors were well qualified and experienced, they supervised and motivated prisoners and acted as positive role models. However, evening access often clashed with other activities and meal times, restricting women's opportunities to attend.
- 3.46** Links with the health care department and the mental health team had improved since the previous inspection and were now good. Referrals between the teams of specialists were highly effective and more vulnerable prisoners were involved in exercise. Staff used data and information well to analyse the groups of prisoners that used the gym. The proportion of prisoners using the gym regularly was low.
- 3.47** No gym or fitness accredited qualifications were offered. However, a manual handling qualification was delivered as part of the prison induction process. PE staff were instrumental in organising a well-woman clinic at the gym, where qualifications would be offered to prisoners in the near future.

## Recommendations

- 3.48** **Prison managers should use data to inform decision-making and take action to encourage all groups of prisoners to attend physical education, including minimising regime restrictions to access.**
- 3.49** **Accredited gym qualifications should be introduced.**



# Section 4. Resettlement

## Strategic management of resettlement

### Expected outcomes:

**Planning for a prisoner's release or transfer starts on her arrival at the prison.**

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

**Good planning ensures a seamless transition into the community.**

- 4.1 The Derbyshire, Nottinghamshire, Leicestershire and Rutland Community Rehabilitation Company (CRC) had been working in the prison since May 2015. The team was composed mostly of part-time staff, some on temporary secondment from other sites, which caused inconsistencies. This and the lack of CRC management presence on site meant the service was not yet sufficiently well developed and that staff and prisoners still did not have a good understanding of the work of the company. Managers were replacing some of the staff and increasing their presence but integration of the CRC team into the prison was also hampered by the lack of private space in which to carry out interviews with prisoners and poor access to a phone. Staff saw all new arrivals to assess their needs, but they did not deliver any interventions apart from providing accommodation services.
- 4.2 A good number of community-based providers worked in the prison, but too many staff, including some in the offender management unit (OMU), had very little knowledge of the services they or the CRC provided. There was no up-to-date needs assessment, which meant it was hard to be sure if services met women's needs, particularly those relating to offending behaviour, victimisation, abuse and vulnerability. The reducing reoffending strategy needed updating to reflect the CRC service and to ensure that staff and prisoners knew about the services available.
- 4.3 Release on temporary licence (ROTL) to support resettlement planning had not been used in the previous six months. The prison lacked a clear strategy for identifying eligible women and encouraging applications.

### Recommendations

- 4.4 **A clear strategy for reducing reoffending should be established; it should be based on an up-to-date needs assessment and current commissioning strategies.**
- 4.5 **CRC staff should be able to interview women in a private space with access to a phone and computer.**
- 4.6 **Release on temporary licence should be used to support resettlement planning for eligible women who pass the risk assessment.**

## Offender management and planning

### Expected outcomes:

**All women have a sentence based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody.**

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

- 4.7** Offender supervisors were a mixture of probation and prison staff. Some prison staff were very new in post and found the work challenging. They had received some formal training and the probation team that counter-signed offender assessment system (OASys) documents provided them with ongoing coaching and supervision. Most of the administrative team was inexperienced in offender management and had special tasks because they were not yet confident in all aspects of case management. This approach meant it was difficult to develop an in-depth knowledge of individual cases.
- 4.8** In our survey, more women than in comparator prisons said they had an offender supervisor and that they were working with them to achieve their sentence planning targets.
- 4.9** Probation officers managed the higher risk cases. Levels of contact with the women were reasonable, but some OASys documents, due to be completed by offender managers in the community were unacceptably late. Much work was sufficient and there were some notable examples of good practice. Sentence planning objectives were mostly relevant and prisoners were actively involved. However, the quality of work was too varied. The senior probation officer provided supportive line management, but more active case supervision was required to ensure consistency. Offender supervisors needed to share best practice routinely, escalate concerns appropriately, and work collaboratively with offender managers. This would help them develop detailed analyses of the circumstances of offences and assess the impact of interventions.
- 4.10** Prison officer offender supervisors managed the lower risk cases. Most contact with prisoners in this group took place in response to an application or when a report was due, rather than routinely. This group of offender supervisors did not know the circumstances of all the women on their caseload. However, they were to be assigned caseloads from one particular wing, which would become their work base, and this was likely to improve their knowledge; however, staff were nervous about their workloads. Thirty per cent of OASys documents for prisoners managed by prison officers were overdue, some by many months which potentially compromised work to reduce risks. This was the result of staff shortages, regular deployment of offender supervisors to other duties, and the inexperience of some staff, which meant they took longer to complete assessments.
- 4.11** The National Offender Management Service (NOMS) interim custodial OASys prioritisation policy was being used extensively, so that some women serving over 12 months did not receive a sentence plan. The parts of the assessment that were completed were reasonable. For these women the work of the CRC in assessing their needs was particularly important.
- 4.12** Only 21 women out of the 94 who had applied had been granted home detention curfew in the six months prior to our inspection. A further 26 had had their applications refused, but 40 decisions had not been made in time for the woman to be released. The prison's system for ensuring offender managers and staff from various departments responded promptly was not sufficiently effective.

### Recommendations

- 4.13 OASys assessments should be completed on time.**

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

### Public protection

- 4.15** Too many risk of harm analyses were completed late. However, when they were done, risk management plans were reasonable. In our sample of high risk cases, the approach to the management of serious harm was often overly cautious, which potentially limited sentence progression, for example, women's eligibility for release on temporary licence from closed conditions. This was often the result of inadequate joint work between the offender supervisor and the offender manager. However, in the riskiest cases, the risk management plan was actively implemented. Excellent joint work with the family engagement worker in child protection cases was particularly encouraging.
- 4.16** Although OASys documents were rarely reviewed in response to specific incidents, the day-to-day management of higher risk women was appropriate. Offender supervisors attended the weekly support and interventions meeting (see paragraph 1.12) and security staff included offender supervisors when they disseminated intelligence reports. Prison officer offender supervisors were assessment, care in custody and teamwork (ACCT) case managers for prisoners at risk of suicide or self-harm and we saw examples of probation offender supervisors offering valuable emotional support. Limited use of the violent and sexual offenders register meant that not all relevant information was shared with external agencies, but communication between departments inside the prison was good.
- 4.17** Offender supervisors involved in public protection understood multi-agency public protection arrangements (MAPPAs) well. The agenda of the monthly inter-departmental risk management team meetings was appropriate, but discussions were not always sufficiently meaningful. For example, the meeting was scheduled to discuss MAPPA nominals (those potentially subject to MAPPA arrangements on release) six months prior to discharge and letters were sent to offender managers asking them to confirm the woman's management level. However, the management level for 11 women due for release within six months was still not confirmed, potentially compromising release planning.
- 4.18** Contact restrictions were applied appropriately on arrival and explained to the women. Applications for contact with named children were processed appropriately. Reviews of restrictions were routine, documentation was generally correct and decisions appeared appropriate. In a few cases, where monitoring was continuing, a more detailed record of the rationale for the decision should have been made.

### Recommendation

- 4.19 MAPPA management levels should be confirmed six months prior to release.**

### Good practice

- 4.20** *The family engagement worker, located in the OMU, promoted good communication and facilitated some excellent public protection work.*

## Allocation

- 4.21** The closure of Holloway prison and gradual opening of Downview prison meant that places at Foston Hall were in high demand, and many women were further north than they considered ideal. Some had waited several months to return to prisons such as Send, having been transferred temporarily to complete an offending behaviour programme.
- 4.22** Initial categorisation decisions were delayed by ongoing difficulties obtaining records of women's previous convictions (which still came from HMP Nottingham), but this did not have a great impact on women. It was more significant that women were not involved in categorisation or allocation reviews and were not informed of the outcome.
- 4.23** We did not find any evidence of women being re-categorised to open conditions in the previous six months, except when it was overcrowded at Foston Hall. Only one woman was suitable for open conditions, but she received the same regime as other women.

## Recommendation

- 4.24** **Women should have an opportunity to contribute to decisions about their categorisation and allocation.**

## Indeterminate sentence women

- 4.25** Fifty-six women were serving indeterminate sentences, 40 of whom were lifers. Each was allocated a probation officer offender supervisor, who knew most of those on their caseloads well. Women on remand who were facing serious charges were allocated an offender supervisor who helped them understand the implications of a potential indeterminate sentence. Parole assessments were up to date.
- 4.26** Since our previous inspection, the low supervision accommodation, previously on E wing, had closed and women on indeterminate sentences now felt there were no incentives or goals they could achieve (see 1.16). Women did not have the opportunity to live in less secure accommodation or to develop or maintain independent living skills such as cooking for themselves (see paragraph 2.97 and recommendation 2.101).
- 4.27** The local indeterminate sentence prisoner policy from June 2015 was not meaningful. It described lifer officers and a lifer manager, and, although these staff had been trained, they had no specific duties. Staff had held discussion forums for these women, but they did not take place regularly and had not been productive. Lifer days were barely any better than an ordinary visit. However, the lifer buddy system provided useful support to women on remand who might have been facing an indeterminate sentence.
- 4.28** It was good that the regional psychology team had some new capacity for one-to-one work with prisoners on indeterminate sentences for public protection who were over their tariff.

## Recommendation

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



## Reintegration planning

### Expected outcomes:

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

**4.30** All women were seen by an offender supervisor shortly after arrival; a basic custody screening assessment was carried out to determine their immediate needs. This was followed within five days by a fuller assessment conducted by CRC staff. The assessments were usually reasonable and used to produce individual resettlement plans, although women did not receive a copy. The plans were not quality assured and we found several that failed to demonstrate that women's identified needs were met. These plans should have been reviewed prior to release, but reviews did not take place consistently. In our survey, women were less positive than the comparator about their access to help on release with employment, education and benefits, and only 44% (fewer than the comparator) said they had done anything at Foston Hall to make them less likely to offend in future.

### Recommendation

**4.31 Women should receive a copy of their resettlement plan.**

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

**4.32** The visitor centre was unwelcoming. It was unstaffed so there was nobody to answer questions or deal with the concerns of those new to visiting prisons. A good range of relevant information about visiting prisons was available. The centre was clean and had toilets and baby changing facilities but no refreshments were available. Visitors we met said they were treated with respect during visits and we observed children being searched sensitively.

**4.33** There were insufficient visits places; only 11 visits could take place at each session. This had been compounded by the increased population. Visits took place each afternoon other than on Tuesdays and Thursdays and during mornings and afternoons at weekends. The visits room was bright, had refreshment facilities and a children's play area but furniture was bulky, too close together and restricted privacy. The atmosphere was relaxed and officers' presence was not intrusive. The longstanding problem of failing to allow prisoners access to toilets during visits was being addressed.

**4.34** New receptions waited around two weeks for an initial visit and a reception parcel that their first visitors could bring in. This was too long, particularly for primary carers. Efforts were made to improve this situation during the inspection. The increase in the population had also affected women's access to phones (see paragraphs 2.3 and 2.5).

**4.35** A family engagement worker did some excellent bespoke, intensive work to help re-establish and sustain family contact. She worked closely with other departments and had organised video links with families through offender managers in the community. She supported women through their final contact visits with children who were being taken into local authority care.

**4.36** The prison planned to extend family visits so they took place bi-monthly and were open to wider family members, although it intended to reduce the sessions from four to two hours.

Only women who had had no positive drug test or adjudications in the previous six months could meet the criteria for these visits.

- 4.37** Parenting courses were offered through the education department but there was no direct family relationships work with partners.

## Recommendation

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

## Victimisation, abuse and vulnerability

- 4.39** Most staff had a basic awareness of victimisation, abuse and vulnerability issues. The all-woman CRC team had specific expertise and routinely asked relevant questions during assessments. However, opportunities to promote available interventions and raise the profile of women-specific issues were missed.
- 4.40** At our previous inspection support for women who had been involved in prostitution was limited to women from the West Midlands. Provision had now improved, and staff from support services from other major cities visited the prison or met women on release. All women were provided with contraception on discharge.
- 4.41** Fifteen women had participated in the Freedom programme, a 12-session course designed to support women who had experienced domestic violence. It had not been available at our previous inspection and was still relatively new.
- 4.42** It was positive that women had access to counselling but the provision was not sufficient to meet the high need. Staff had little knowledge or awareness of women who had been trafficked and showed a lack of understanding of the national referral mechanism (which identifies, protects and supports victims of human trafficking).

## Recommendation

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

## Accommodation

- 4.44** Key workers from the CRC saw women on reception and helped them retain their accommodation where possible. Their work was compromised by the lack of confidential interview facilities and computer access necessary for effective housing casework.
- 4.45** Most women leaving the prison in the six months prior to our inspection (303 out of 326) had been released to sustainable accommodation. Finding housing for women with repeated short sentences and chaotic lifestyles was particularly problematic. When women were released without fixed accommodation, staff enquired with the offender manager to find out if they had secured accommodation. A housing peer support worker was supervised by the St Giles Trust and helped women to complete forms.

## Education, training and employment

- 4.46** The quality of the National Careers Service (NCS) provided by Futures Nottingham was good. Good partnership working between NCS, college and prison staff had resulted in a well-developed induction, which provided prisoners with good careers advice and guidance. NCS staff worked well with prisoners to developing skills action plans focusing on long-term career objectives and the activities available during the women's sentence.
- 4.47** NCS, college and prison staff had a good understanding of local and regional employment needs. They had developed good links with high profile national employers, which had benefited prisoners by providing them with a range of employment training activities prior to their release. There were no pre-release courses.
- 4.48** The NCS contractor had tried to gather comprehensive data on the number of prisoners who gained employment or training after release. However, this had proved to be difficult as many prisoners were unable or reluctant to share their contact details prior to release.
- 4.49** While the NCS did provide job search opportunities for prisoners, the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used.

## Recommendations

- 4.50** Prison managers should improve their collection of data on women's destinations after release and use it to measure and improve the effectiveness of the provision for all released prisoners.
- 4.51** Prison managers should ensure that all prisoners use the virtual campus to prepare them for progression to employment and training.

## Health care

- 4.52** Women were given a discharge pack on release, including a clinical record summary and information on how to register with a GP and dentist. There were effective links with local community mental health teams for women subject to the care programme approach (mental health services for individuals diagnosed with a mental illness) and complex needs.

## Drugs and alcohol

- 4.53** Good joint working took place between the clinical and the psychosocial substance misuse service to ensure treatment continuation on release, and some local drug intervention programmes offered an in-reach service that involved visiting women prior to release. The substance misuse team contributed to sentence planning, release plans were good and women were consistently provided with harm reduction and overdose prevention information.

## Finance, benefit and debt

- 4.54** Benefits advice was good and a scheme enabling some women to apply for bank accounts was available. CRC key workers gave women self-help debt packs and made initial contact with creditors. A debt adviser was available twice a month. Despite this, the overall

provision for those with finance and debt problems was too limited and further coordination between project staff and the CRC was necessary to ensure it was effective.

### **Attitudes, thinking and behaviour**

- 4.55** A variety of useful offending behaviour programmes was available. The well-established Choices, Actions, Relationships and Emotions (CARE) programme, a national resource designed to help women build confidence in their future, was delivered three times a year, which met women's needs. It incorporated two years' post-course mentoring and advocacy, including post-release where appropriate. Women were very positive about this intervention, but some were frustrated that they could not return to their home establishment soon after completing the course.
- 4.56** The Thinking Skills programme had been delivered consistently, but had been temporarily suspended pending a recruitment exercise. The prison intended to run three courses in the current financial year and planned to use facilitators from other establishments if necessary.
- 4.57** The Changing Lives charity delivered interventions for particularly hard-to-reach women serving three years or less. Jointly funded by the European Social Fund and NOMS, staff ran a range of short courses, often one to one, and had specialist workers for debt advice, family matters, mental health issues and substance misuse concerns. They had delivered one Chrysalis programme, a 12-session group work course helping women live crime-free lives, build confidence and self-esteem and explore a wide range of resettlement themes, including relationships, emotions and education, training and employment. The support from Changing Lives continued through the gate.
- 4.58** The regional psychology team conducted assessments and delivered one-to-one work as directed by the parole board, or when requested by offender supervisors. Four women had been assessed using the women's sex offender framework in the previous 12 months.
- 4.59** We were not confident that the available offending behaviour programmes completely met the needs of the population. Our sample of cases suggested that some women not eligible for CARE or the Cameo Unit (see paragraph 5.1) would have benefited from an intervention designed to address violence and anger management, but none was available. We did not see any evidence of victim awareness work delivered by offender supervisors.

# Section 5. Specialist units

## Units for women with personality disorder

### Expected outcomes:

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

- 5.1 The Cameo Unit, offering a specialist programme for women with complex psychological needs, was now well established. A small group of dedicated officers was now working with women on their residential units, which was beginning to enhance continuity and support for the 20 women involved in the programme. They co-facilitated weekend and evening 'enrichment' activities on A wing. This was the seventh group to start the programme; several women were due to complete it within the year. Cameo Unit officers received specific training for their role and there were plans to include them in clinical supervision alongside clinical colleagues and enrichment workers.



# Section 6. Summary of recommendations and good practice

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

## Main recommendations

To the governor

- 6.1** First night support and supervision during women's early days in custody should be improved to ensure that prisoners have the opportunity to discuss any concerns in private and are safe on the remand wing. (S45)
- 6.2** A robust review of medicines management should include better professional oversight and clinically sound procedures to ensure women's needs are met more effectively and support work to reduce the risk of diversion of prescribed medications. (S46)
- 6.3** The prison should ensure sufficient activity places are provided to purposefully occupy the population and those that are available should be used to support efforts to rehabilitate the women held. Activities should include a sufficient range to meet the needs of those with only a short stay at the prison. (S47)

## Recommendations

To the governor

### Courts, escort and transfers

- 6.4** Men and women should be transported separately. (1.2, repeated recommendation 1.6)

### Early days in custody

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

### Safe and supportive relationships

- 6.6** The prison should investigate why many women feel unsafe or victimised and address any areas of concern identified. (1.17)
- 6.7** The prison should explore options for providing additional incentives for women on the enhanced IEP level. (1.18)

### Self-harm and suicide prevention

- 6.8** The protocol with the East Midlands Ambulance Service should be agreed. (1.25)
- 6.9** ACCT care maps should be reviewed and women on an ACCT should be purposefully occupied wherever possible. (1.26)

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

- 6.10** A prison-wide safeguarding strategy should be drafted and wing staff should be supported to develop their understanding of safeguarding duties and social care referral mechanisms. (1.32)

### **Disciplinary procedures**

- 6.11** All planned uses of force should be video-recorded and all use of force documentation reviewed promptly after the incident. (1.46)
- 6.12** The prison should reduce the number of women being segregated while awaiting adjudication. (1.51)

### **Substance misuse**

- 6.13** Women with drug and/or alcohol problems should have access to a range of psychosocial interventions that are consistent with the assessed needs of the population and are developed in consultation with service users. (1.59)
- 6.14** Opiate substitution regimes should be flexible, and the clinical substance misuse service should be sufficiently resourced to provide individual treatment and support to women during stabilisation. (1.60)

### **Staff-prisoner relationships**

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

### **Equality and diversity**

- 6.16** Equality work should be strengthened through ensuring that responsible staff are made more accountable at the EAT meeting and that the work is subject to external scrutiny. (2.20)
- 6.17** The prison should be confident the needs of minority groups are being met. Periodic meetings should be held to identify any concerns and ensure appropriate action is taken. The prison should focus particularly on foreign national women. (2.32)
- 6.18** Pregnant women should remain unlocked during the day to ensure the health and well-being of mother and unborn child and there should be a clear support pathway for women separated from their babies. (2.33)

### **Complaints**

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

### **Legal rights**

- 6.20** On arrival women remanded in custody should be asked about their prospects for bail, bail information reports should be prepared in appropriate cases and contact made with legal representatives. (2.49, repeated recommendation 2.55)



### Health services

- 6.21** The prison should identify and address missed appointments and ensure care plans are updated so that health outcomes for women are not compromised. (2.61)
- 6.22** All clinical staff should have regular clinical supervision to enable them to support this complex and vulnerable population effectively. (2.62)
- 6.23** Women should be able to attend their booked hospital appointments on the scheduled date and time. (2.69)
- 6.24** Medicines management procedures should ensure the safe and effective ordering, receipt, storage and supply of all medicines. (2.81)
- 6.25** Mental health service capacity should reflect this particularly needy population and should include offering prompt access to talking therapies and group work. (2.93)

### Catering

- 6.26** Meals should be served as advertised and the weekend evening meal at an appropriate time. (2.100)
- 6.27** Women should be able to cater for themselves. (2.101)

### Time out of cell

- 6.28** Women who are willing to participate in activities, but for whom there are no places available, should be unlocked during core day activity periods. (3.4)
- 6.29** All women should be able to exercise in the open air for one hour a day. (3.5)

### Learning and skills and work activities

- 6.30** Prison managers should gather and analyse data on the outcomes of different groups of prisoners in every area of purposeful activity, to ensure that none are disadvantaged and to challenge internal and external delivery partners effectively. (3.11)
- 6.31** Prison managers should ensure the observation of teaching and learning focuses sufficiently on learners' progress and achievements in learning sessions and that disruptions are kept to a minimum. (3.12)
- 6.32** The new business administration course should be evaluated to ensure it provides learners with appropriate IT skills that can be transferred to the workplace. (3.18)
- 6.33** Learners in the textiles workshop should have the opportunity to achieve a vocationally recognised qualification. (3.19)
- 6.34** College managers should ensure that additional learning support is gradually withdrawn to enable prisoners to become independent learners. (3.26)
- 6.35** All staff should be made aware of the need to promote English and mathematics in a vocational context to help develop prisoners' employability skills. (3.27)

- 6.36** Provision to help prisoners develop a positive body image should be developed further. (3.32)
- 6.37** College managers should ensure that target setting is consistently good and that all learners know how they might improve or where they can receive help and support to achieve their individual targets. (3.33)
- 6.38** Prison managers should ensure that learners' achievement rates on all courses are high and that all learners develop good English and maths skills and apply them well in education, vocational and work contexts. (3.38)
- 6.39** Prison managers should regularly canvass feedback from the prisoner population to ensure the stock and resources meet their needs. They should also analyse data regularly and encourage attendance at the library. (3.43)

### Physical education and healthy living

- 6.40** Prison managers should use data to inform decision-making and take action to encourage all groups of prisoners to attend physical education, including minimising regime restrictions to access. (3.48)
- 6.41** Accredited gym qualifications should be introduced. (3.49)

### Strategic management of resettlement

- 6.42** A clear strategy for reducing reoffending should be established; it should be based on an up-to-date needs assessment and current commissioning strategies. (4.4)
- 6.43** CRC staff should be able to interview women in a private space with access to a phone and computer. (4.5)
- 6.44** Release on temporary licence should be used to support resettlement planning for eligible women who pass the risk assessment. (4.6)

### Offender management and planning

- 6.45** OASys assessments should be completed on time. (4.13)
- 6.46** Home detention curfew decisions should be taken in time for women to be released on their eligibility date or (at worst) before the last possible date. (4.14)
- 6.47** MAPPA management levels should be confirmed six months prior to release. (4.19)
- 6.48** Women should have an opportunity to contribute to decisions about their categorisation and allocation. (4.24)
- 6.49** Subject to risk assessment, women serving indeterminate or very long sentences should be able to develop independent living skills. (4.29)

### Reintegration planning

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

- 6.51** Sufficient visit spaces should be available to ensure all women can get an initial visit within one week and primary carers within 48 hours. (4.38)
- 6.52** Staff should be aware of what to look out for to identify women who might have been trafficked, and how to refer them to the national referral mechanism. (4.43)
- 6.53** Prison managers should improve their collection of data on women's destinations after release and use it to measure and improve the effectiveness of the provision for all released prisoners. (4.50)
- 6.54** Prison managers should ensure that all prisoners use the virtual campus to prepare them for progression to employment and training. (4.51)

## Examples of good practice

- 6.55** The confidential communication template used to share information between hospital and prison clinicians for hospital appointments and transfers supported effective continuity of care. (2.70)
- 6.56** Exceptionally close links with the local authority and a regular social worker presence at the prison meant that women with social care and disability needs received prompt access to aids and specialist occupational therapy assessment. (2.94)
- 6.57** The family engagement worker, located in the OMU, promoted good communication and facilitated some excellent public protection work. (4.20)



# Section 7. Appendices

## Appendix I: Inspection team

Peter Clarke	Chief Inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Karen Dillon	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Anna Fenton	Researcher
Alissa Redmond	Researcher
Catherine Shaw	Researcher
Joe Simmonds	Researcher
Sigrid Engelen	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Noor Mohammed	Pharmacist
Malcolm Irons	Care Quality Commission inspector
Cat Raycraft	Care Quality Commission inspector
Malcolm Bruce	Ofsted inspector
Keith Hughes	Ofsted inspector
Gerard McGrath	Ofsted inspector
Denise Olander	Ofsted inspector
Ruth Johnson	Offender management inspector
Nicola McCloskey	Offender management inspector



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2014, women experienced delays when they were moved from court, some arriving at the prison too late in the evening. Some provision during prisoners' early days at the prison needed improvement. Most prisoners felt safe but more than usual reported victimisation. The prison's many vulnerable women generally received good care although those with complex needs required a more consistent approach. Constant watch cells were poorly located. Security was proportionate, but drugs and trading in medication created challenges. Formal disciplinary processes were used when needed but governance needed improvement and the segregation unit was very poor. Nevertheless, some good care was provided in the unit. Substance misuse support was generally sound. Outcomes for women were reasonably good against this healthy prison test.*

#### **Main recommendation**

There should be a specialist, therapeutic environment to support the care of all women with complex needs and those at acute risk of suicide and self-harm. (S37)

**Not achieved**

#### **Recommendations**

Women should be held in court cells for the minimum possible period and arrive at the prison early enough for their immediate needs to be met and for them to settle in on the first night unit before lock up. (1.5)

**Partially achieved**

Men and women should be transported separately. (1.6)

**Not achieved** (recommendation repeated, 1.2)

All reception and first night interviews should be private, and enquiries should not be duplicated. (1.15)

**Not achieved**

Newly arrived prisoners should be carefully supervised so that they do not experience intimidation on their first night. (1.16)

**Not achieved**

The local approach to violence reduction should be clear to all staff and prisoners and should be proportionate. (1.27)

**Partially achieved**

Prisoners with proven antisocial or violent behaviour should receive support to encourage them to behave acceptably. (I.28)

**Achieved**

All prisoners on the basic regime should have a weekly review. (I.29)

**Achieved**

Women on open ACCT documents should only be segregated in exceptional circumstances, and when necessary to ensure their own safety or the safety of others. (I.37)

**Achieved**

The prison should have an active Listener scheme. (I.38)

**Achieved**

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.43)

**Achieved**

All requested suspicion tests should be carried out promptly. (I.52)

**Not achieved**

The prison should improve the segregation unit and the exercise yard. (I.68)

**Partially achieved**

The segregation unit regime should be improved and include some purposeful activity. (I.69)

**Achieved**

The prison should maintain a log of strip-searches and use of special accommodation for women in the segregation unit, including details outlining the number involved, reasons and authorisation. (I.70)

**Achieved**

Full details and an explanation of the protocols for the prescribing of opiate substitution should be made available to women on arrival at the prison. (I.76)

**Achieved**

## Respect

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

*At the last inspection, in 2014, most living accommodation was good but D wing remained very poor and overcrowded. Women were frustrated about many aspects of everyday life in the prison. Relationships were generally strong. Some significant gaps in equality and diversity work were identified, but there were signs of improvement. Chaplaincy services were improving. Responses to complaints were reasonable but legal services were underdeveloped. Overall health services met women's needs. Food was reasonable. Women complained about delays in catalogue shop orders. Outcomes for women were reasonably good against this healthy prison test.*

### Main recommendation

The population on D wing should be reduced and the environment and facilities improved so that women can live in decent and properly equipped accommodation. (S38)

**Partially achieved**



## Recommendations

Single cells should not be used as doubles. (2.12)

**Not achieved**

Women should have a range of options to obtain clothing at affordable prices. (2.13)

**Not achieved**

The personal officer scheme should function consistently on all wings to ensure women receive individual support with day-to-day issues; it should also focus on resettlement and offender management. (2.20)

**Partially achieved**

The equalities strategy and action planning should be developed through a needs analysis, better consultation with women from protected groups and links with external support agencies. (2.18)

**Partially achieved**

Provision of telephone interpreting and translated materials for foreign national women should be improved and foreign national women facing deportation should have access to independent legal advice. (2.39)

**Partially achieved**

Staff should receive training to identify and address the needs of isolated foreign national women, particularly those who do not speak English. (2.40)

**Not achieved**

All disabled and older prisoners should have equitable access to education and offending behaviour programmes, and where necessary, be provided with a paid carer. (2.41)

**Partially achieved**

Staff should have access to up-to-date information on evacuation plans. (2.42)

**Not achieved**

There should be faith based classes. (2.49)

**Achieved**

On arrival women remanded in custody should be asked about their prospects for bail, bail information reports should be prepared in appropriate cases and contact made with legal representatives. (2.55)

**Partially achieved** (recommendation repeated, 2.49)

The health needs assessment should reflect the health requirements of the population, including their mental health needs, and be used to inform service provision. (2.64)

**Achieved**

Clinical supervision and support should be available to all health staff to enable them to work effectively with this demanding population. (2.65)

**Partially achieved**

Repeated missed appointments should trigger a review and risk assessment. (2.78)

**Not achieved**

Pregnant women displaying any indication of labour or distress should be referred promptly to the local maternity unit for advice and possible transfer. (2.79)

**Achieved**

Women should be appropriately risk assessed and as many as possible should have their medicines in possession. (2.88)

**Not achieved**

Women should have access to appropriate pain relief during and outside health service hours. (2.89)

**Not achieved**

All supervised medicines should be administered at times that reflect therapeutic dose intervals and safe administration; this should include suitable arrangements for women going to court. (2.90)

**Not achieved**

The medicines management meeting should meet regularly and provide all stakeholders with assurance on all aspects of the management of medicines. (2.91)

**Partially achieved**

Primary mental health services should reflect women's needs, including ensuring that women with anxiety and depression can access talking therapies promptly. (2.107)

**Not achieved**

Transfers to hospital should be expedited to ensure women with mental health problems are cared for in an appropriate setting. (2.108)

**Achieved**

Serveries should be adequately supervised at all mealtimes to ensure equitable portion control. (2.115)

**Achieved**

Goods ordered through catalogues should be delivered promptly. (2.120)

**Not achieved**

## Purposeful activity

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

*At the last inspection, in 2014, curtailments in the regime had a significant impact on women's time out of cell. Too many women were locked up during the core day and access to outside exercise was poor. Leadership and management of learning and skills were weak but positive steps were being taken to improve them. Not all activity places were used and too many women were unemployed. There were insufficient vocational training opportunities, the quality of provision was mixed and success rates variable. Access to the library and gym was inadequate. Outcomes for women were not sufficiently good against this healthy prison test.*

### Main recommendation

The prison should have enough full-time activity places for the population. (S39)

**Not achieved**

## Recommendations

Time out of cell should be improved. Women who are willing to participate in activities, but for whom there are no places available, should be unlocked during core day activity periods. (3.5)

**Partially achieved**

A period of exercise outside should be included in the core day and offered consistently. (3.6)

**Not achieved**

Managers should ensure that accurate data are collected, effectively analysed and used to identify trends and emerging issues to inform improvements. (3.17)

**Partially achieved**

The prison self-assessment report should better identify strengths and areas for improvement. (3.18)

**Partially achieved**

Observations of teaching and learning should be undertaken across all provision. (3.19)

**Not achieved**

The quality improvement group should be re-established and should monitor and manage effectively improvements in the quality of learning and skills. (3.20)

**Achieved**

A more suitable range of learning opportunities should be developed for more able and longer-term prisoners and sentenced prisoners should be prioritised. (3.26)

**Achieved**

Job-related courses should be introduced in work areas where no vocational qualifications are currently available. (3.27)

**Partially achieved**

Teaching, learning and assessment should be consistently good and teachers should have access to better resources and facilities. (3.33)

**Achieved**

Prisoners on wings, at work and on vocational training courses should receive appropriate additional learning support. (3.34)

**Not achieved**

Success rates on courses should be improved where necessary. (3.37)

**Achieved**

Prisoners should have better access to the library. (3.43)

**Achieved**

Recreational PE arrangements should be improved to ensure fair and equal access. (3.50)

**Achieved**

PE staff should establish stronger links with the health care department to ensure all prisoners' remedial support needs are clearly identified and met. (3.51)

**Achieved**

A wider variety of appropriate PE courses should be introduced to increase prisoners' opportunities for employment on release. (3.52)

**Not achieved**

## Resettlement

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

*At the last inspection, in 2014, strategic resettlement work was improving as was the focus on pathway provision. Offender management arrangements were generally reasonable, but some assessments were delayed. Public protection arrangements were generally good, as was support for indeterminate sentence prisoners. Some good mentoring opportunities were offered 'through the gate', but pre-release reviews needed strengthening. Children and families work was limited but improving. Support in the other resettlement pathways was reasonable and some very good programme opportunities were available. Outcomes for women were reasonably good against this healthy prison test.*

### Recommendations

The reducing reoffending strategy should be informed by a local needs analysis. (4.8)

**Not achieved**

Resettlement ROTL should be a key part of the resettlement strategy, and appropriate use significantly increased. (4.9)

**Not achieved**

All eligible prisoners should receive a prompt and sufficient assessment of their likelihood of reoffending. (4.20)

**Not achieved**

The establishment should have direct access to the PNC. (4.21)

**Not achieved**

Sentence plans should identify outcome-focused objectives to address offending and reduce prisoners' risk of serious harm. (4.22)

**Partially achieved**

IDRMT meetings should monitor and consider all MAPPAs and high risk of harm cases, and where necessary prompt external probation offender managers about MAPPA levels pre-release. (4.31)

**Partially achieved**

Foreign national women should be considered for open conditions whether or not they face deportation. (4.36)

**Not achieved**

The resettlement needs of remanded women should be identified on arrival. Referrals should be made to relevant agencies and followed up to ensure action is taken. (4.44)

**Achieved**

The resettlement needs of all prisoners should be reviewed shortly prior to release to ensure they have been met. (4.45)

**Partially achieved**

The number of family days should be increased and all women, irrespective of their IEP status, should be able to attend them. (4.50)

**Achieved**

Women should have access to the toilet during visits. (4.51)

**Not achieved**

There should be sufficient phones on all wings to meet women's needs. (4.52)

**Not achieved**

The prison should establish specialist services to support women who have been victims of domestic violence or human trafficking. (4.57)

**Partially achieved**

There should be greater supervision and oversight of the housing orderly's work and a review undertaken of the personal details she collates. (4.59)

**Achieved**

Links with an appropriate range of employers should be improved to ensure prisoners have a wide range of work opportunities on release. (4.62)

**Partially achieved**

The virtual campus should be re-installed and accessible to all prisoners. (4.63)

**Not achieved**

Women should be able to obtain advice and information about community health services and women's health issues to better prepare them for release. (4.65)

**Achieved**

A needs analysis should be undertaken to assess the suitability of current interventions. (4.74)

**Not achieved**



# Appendix III: Care Quality Commission Requirement Notice



## Requirement Notices

**Provider:** Care UK Clinical Services Limited

**Location:** Foston Hall Prison (Health Care Centre)

**Location ID:** 1-2503137279

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

### Action we have told the provider to take

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

#### Regulation 12 Safe Care and treatment

We found that the registered person had not ensured that care and treatment was provided in a safe way for service users. Service users were not protected against the risks of receiving inappropriate treatment, associated with the proper and safe management of medicines. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### How the regulation was not being met:

The risks associated with the proper and safe management of medicines were not identified or mitigated effectively. Limited medicines administration times encouraged the inappropriate use of medicines.

We found that from Monday to Thursday medicines were administered three times a day in the morning, midday and afternoon. Therefore, medicines due to be administered at night were either not administered or administered too early. On Fridays, weekends and bank holidays medicines were administered twice a day in the morning and afternoon. Therefore, medicines due to be administered at midday or at night were either not administered or administered too early.

These omitted or early medicines administrations could result in the following depending on the medicine:

- Ineffective levels of antibiotics in the person leading to infections not responding to the treatment and increasing antibiotic resistance
- Inadequate pain relief for patients due to administration gaps or a lack of access to pain relief
- Medicine to aid sleep or those medicines that can make people sleepy as a side effect may be taken too early in the day resulting in people being sleepy during the evening rather than at night



## Appendix IV: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	3	270	79.6
Recall	1	18	5.5
Convicted unsentenced	0	17	5
Remand	3	30	9.6
Civil prisoners	0	1	0.3
Detainees	0	0	0
<b>Total</b>	<b>7</b>	<b>336</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	3	59	18.1
Less than six months	0	48	14
six months to less than 12 months	1	22	6.7
12 months to less than 2 years	3	31	9.9
2 years to less than 4 years	0	60	17.5
4 years to less than 10 years	0	45	13.1
10 years and over (not life)	0	15	4.4
ISPP (indeterminate sentence for public protection)	0	16	4.7
Life	0	40	16.3
<b>Total</b>	<b>7</b>	<b>336</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	7	2
21 years to 29 years	103	30
30 years to 39 years	134	39.1
40 years to 49 years	60	17.5
50 years to 59 years	31	9
60 years to 69 years	8	2.3
70 plus years	0	0
Please state maximum age here: 68		
<b>Total</b>	<b>343</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	7	314	93.6
Foreign nationals	0	22	6.4
<b>Total</b>	<b>7</b>	<b>336</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Female Closed	5	288	85.4
Female Open	0	1	0.3
Unclassified	0	9	2.6
Unsentenced	2	38	11.7
<b>Total</b>	<b>7</b>	<b>336</b>	<b>100</b>

Ethnicity	18–20 yr olds	21 and over	%
White	6	271	80.8
British	6	254	75.8
Irish	0	5	1.5
Gypsy/Irish Traveller	0	1	0.3
Other white	0	11	3.2
Mixed	1	11	3.5
White and black Caribbean	1	8	2.6
White and black African	0	2	0.6
White and Asian	0	1	0.3
Other mixed	0	0	0
Asian or Asian British	0	24	7
Indian	0	8	2.3
Pakistani	0	8	2.3
Bangladeshi	0	1	0.3
Chinese	0	2	0.6
Other Asian	0	5	1.5
Black or black British	0	29	8.5
Caribbean	0	15	4.4
African	0	8	2.3
Other black	0	6	1.7
Other ethnic group	0	1	0.3
Arab	0	0	0
Other ethnic group	0	1	0.3
Not stated	0	0	0
<b>Total</b>	<b>7</b>	<b>336</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Baptist	0	2	0.6
Church of England	0	82	23.9
Roman Catholic	0	69	20.1
Other Christian denominations	1	90	26.5
Muslim	1	25	7.6
Sikh	0	3	0.9
Hindu	0	2	0.6
Buddhist	0	7	2
Jewish	0	0	0
Other	0	1	0.3
No religion	5	55	17.5
<b>Total</b>	<b>7</b>	<b>336</b>	<b>100</b>

**Sentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.6	57	16.6
1 month to 3 months	2	0.6	70	20.4
3 months to six months	0	0	47	13.7
six months to 1 year	0	0	43	12.5
1 year to 2 years	0	0	19	5.5
2 years to 4 years	0	0	25	7.3
4 years or more	0	0	16	4.7
<b>Total</b>	<b>4</b>	<b>1.2</b>	<b>277</b>	<b>80.8</b>

**Sentenced prisoners only**

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

**Unsentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	0.9	28	8.2
1 month to 3 months	0	0	12	3.5
3 months to six months	0	0	14	4.1
six months to 1 year	0	0	5	1.5
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>3</b>	<b>0.9</b>	<b>59</b>	<b>17.2</b>



# Appendix V: Summary of prisoner questionnaires and interviews

## Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>9</sup>. Respondents were then randomly selected from a P-Nomis prisoner population printout using a systematic sampling method.

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 13 June 2016 the prisoner population at HMP Foston Hall was 343. Using the method described above, questionnaires were distributed to a sample of 170 women.

We received a total of 156 completed questionnaires, a response rate of 92%. Seven respondents refused to complete a questionnaire and seven questionnaires were not returned.

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<sup>9</sup> 95% confidence interval with a sampling error of 7%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
A	22
B	19
C	15
D	17
F	29
R	24
T	29
Segregation unit	1

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Foston Hall.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences<sup>10</sup> are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in women's background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Foston Hall in 2016 compared with responses from women surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in seven women's local prisons since April 2013.
- The current survey responses from HMP Foston Hall in 2016 compared with the responses of women surveyed at HMP Foston Hall in 2014.
- A comparison within the 2016 survey between the responses of white women and those from a black and minority ethnic group.
- A comparison within the 2016 survey between the responses of women who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between women who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between responses of women who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.
- A comparison within the 2016 survey between the responses of prisoners on the remand wing (R) and the rest of the establishment.

<sup>10</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	2 (1%)
	<i>21 - 29</i> .....	50 (32%)
	<i>30 - 39</i> .....	57 (37%)
	<i>40 - 49</i> .....	28 (18%)
	<i>50 - 59</i> .....	15 (10%)
	<i>60 - 69</i> .....	2 (1%)
	<i>70 and over</i> .....	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	124 (80%)
	<i>Yes - on recall</i> .....	12 (8%)
	<i>No - awaiting trial</i> .....	13 (8%)
	<i>No - awaiting sentence</i> .....	5 (3%)
	<i>No - awaiting deportation</i> .....	1 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<i>Not sentenced</i> .....	19 (13%)
	<i>Less than 6 months</i> .....	27 (18%)
	<i>6 months to less than 1 year</i> .....	11 (7%)
	<i>1 year to less than 2 years</i> .....	19 (13%)
	<i>2 years to less than 4 years</i> .....	19 (13%)
	<i>4 years to less than 10 years</i> .....	23 (15%)
	<i>10 years or more</i> .....	9 (6%)
	<i>IPP (indeterminate sentence for public protection)</i> .....	9 (6%)
	<i>Life</i> .....	15 (10%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	<i>Yes</i> .....	13 (9%)
	<i>No</i> .....	138 (91%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	<i>Yes</i> .....	150 (99%)
	<i>No</i> .....	2 (1%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	<i>Yes</i> .....	151 (98%)
	<i>No</i> .....	3 (2%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish) .....	99 (65%)	Asian or Asian British - Chinese ..... 2 (1%)
	White - Irish.....	2 (1%)	Asian or Asian British - other..... 2 (1%)
	White - other.....	14 (9%)	Mixed race - white and black Caribbean 7 (5%)
	Black or black British - Caribbean.....	10 (7%)	Mixed race - white and black African ..... 0 (0%)
	Black or black British - African .....	3 (2%)	Mixed race - white and Asian .....
	Black or black British - other .....	0 (0%)	Mixed race - other..... 2 (1%)
	Asian or Asian British - Indian.....	2 (1%)	Arab..... 0 (0%)
	Asian or Asian British - Pakistani.....	5 (3%)	Other ethnic group..... 2 (1%)
	Asian or Asian British - Bangladeshi.....	0 (0%)	
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes .....		14 (9%)
	No.....		134 (91%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None.....	32 (21%)	Hindu..... 0 (0%)
	Church of England .....	63 (42%)	Jewish..... 0 (0%)
	Catholic.....	25 (17%)	Muslim..... 12 (8%)
	Protestant.....	1 (1%)	Sikh .....
	Other Christian denomination.....	12 (8%)	Other .....
	Buddhist.....	1 (1%)	3 (2%)
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight .....		104 (69%)
	Homosexual/Gay.....		19 (13%)
	Bisexual.....		27 (18%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?</b>		
	Yes .....		55 (36%)
	No.....		97 (64%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes .....		1 (1%)
	No.....		152 (99%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes .....		76 (49%)
	No.....		78 (51%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		79 (52%)
	No.....		74 (48%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>	
	Less than 2 hours .....	90 (58%)
	2 hours or longer .....	52 (34%)
	Don't remember .....	12 (8%)



<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours</i> .....	90 (58%)
	<i>Yes</i> .....	36 (23%)
	<i>No</i> .....	20 (13%)
	<i>Don't remember</i> .....	9 (6%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i> .....	90 (58%)
	<i>Yes</i> .....	2 (1%)
	<i>No</i> .....	60 (39%)
	<i>Don't remember</i> .....	2 (1%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	<i>Yes</i> .....	93 (60%)
	<i>No</i> .....	44 (29%)
	<i>Don't remember</i> .....	17 (11%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	<i>Yes</i> .....	116 (75%)
	<i>No</i> .....	32 (21%)
	<i>Don't remember</i> .....	7 (5%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i> .....	46 (30%)
	<i>Well</i> .....	76 (49%)
	<i>Neither</i> .....	21 (14%)
	<i>Badly</i> .....	5 (3%)
	<i>Very badly</i> .....	0 (0%)
	<i>Don't remember</i> .....	7 (5%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i> .....	121 (79%)
	<i>Yes, I received written information</i> .....	8 (5%)
	<i>No, I was not told anything</i> .....	19 (12%)
	<i>Don't remember</i> .....	7 (5%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	<i>Yes</i> .....	126 (82%)
	<i>No</i> .....	23 (15%)
	<i>Don't remember</i> .....	4 (3%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i> .....	100 (65%)
	<i>2 hours or longer</i> .....	43 (28%)
	<i>Don't remember</i> .....	11 (7%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	<i>Yes</i> .....	139 (91%)
	<i>No</i> .....	10 (7%)
	<i>Don't remember</i> .....	4 (3%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	34 (23%)
	Well.....	65 (43%)
	Neither.....	32 (21%)
	Badly.....	10 (7%)
	Very badly.....	6 (4%)
	Don't remember.....	4 (3%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>	
	Loss of property.....	15 (10%)
	Housing problems.....	44 (29%)
	Contacting employers.....	4 (3%)
	Contacting family.....	44 (29%)
	Childcare.....	5 (3%)
	Money worries.....	31 (20%)
	Feeling depressed or suicidal.....	69 (45%)
	Physical health.....	45 (30%)
	Mental health.....	73 (48%)
	Needing protection from other prisoners.....	6 (4%)
	Getting phone numbers.....	39 (26%)
	Other.....	8 (5%)
	Did not have any problems.....	23 (15%)
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes.....	48 (34%)
	No.....	72 (50%)
	Did not have any problems.....	23 (16%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	Tobacco.....	122 (80%)
	A shower.....	81 (53%)
	A free telephone call.....	78 (51%)
	Something to eat.....	114 (75%)
	PIN phone credit.....	108 (71%)
	Toiletries/ basic items.....	106 (70%)
	Did not receive anything.....	3 (2%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	
	Chaplain.....	81 (54%)
	Someone from health services.....	104 (69%)
	A Listener/Samaritans.....	59 (39%)
	Prison shop/ canteen.....	34 (23%)
	Did not have access to any of these.....	21 (14%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	
	What was going to happen to you.....	58 (39%)
	What support was available for people feeling depressed or suicidal.....	64 (43%)
	How to make routine requests (applications).....	59 (40%)
	Your entitlement to visits.....	45 (30%)
	Health services.....	66 (45%)
	Chaplaincy.....	66 (45%)
	Not offered any information.....	46 (31%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes.....	91 (60%)
	No.....	52 (34%)
	Don't remember.....	8 (5%)

<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	<i>Have not been on an induction course</i> .....	24 (16%)
	<i>Within the first week</i> .....	58 (39%)
	<i>More than a week</i> .....	57 (38%)
	<i>Don't remember</i> .....	11 (7%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i> .....	24 (16%)
	<i>Yes</i> .....	59 (40%)
	<i>No</i> .....	53 (36%)
	<i>Don't remember</i> .....	12 (8%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i> .....	29 (20%)
	<i>Within the first week</i> .....	31 (21%)
	<i>More than a week</i> .....	77 (52%)
	<i>Don't remember</i> .....	11 (7%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	<i>Communicate with your solicitor or legal representative?</i>	13 (9%)	37 (26%)	26 (18%)	33 (23%)	20 (14%)
	<i>Attend legal visits?</i>	25 (18%)	50 (36%)	17 (12%)	15 (11%)	6 (4%)
	<i>Get bail information?</i>	5 (4%)	8 (6%)	13 (10%)	29 (22%)	20 (15%)
						<i>N/A</i>
						16 (11%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	<i>Not had any letters</i> .....					25 (17%)
	<i>Yes</i> .....					57 (39%)
	<i>No</i> .....					66 (45%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	<i>Yes</i> .....					61 (42%)
	<i>No</i> .....					11 (8%)
	<i>Don't know</i> .....					73 (50%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	106 (72%)	40 (27%)	2 (1%)		
	<i>Are you normally able to have a shower every day?</i>	135(91%)	12 (8%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	129(89%)	10 (7%)	6 (4%)		
	<i>Do you normally get cell cleaning materials every week?</i>	131(89%)	11 (7%)	5 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	64 (44%)	74 (51%)	8 (5%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	83 (58%)	58 (41%)	1 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	22 (15%)	76 (53%)	45 (31%)		
<b>Q4.5</b>	<b>What is the food like here?</b>					
	<i>Very good</i> .....					3 (2%)
	<i>Good</i> .....					43 (30%)
	<i>Neither</i> .....					42 (29%)
	<i>Bad</i> .....					35 (24%)
	<i>Very bad</i> .....					22 (15%)

<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>	
	<i>Have not bought anything yet/ don't know</i> .....	5 (3%)
	Yes.....	71 (48%)
	No.....	71 (48%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes.....	108 (72%)
	No.....	15 (10%)
	<i>Don't know</i> .....	28 (19%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes.....	95 (64%)
	No.....	19 (13%)
	<i>Don't know/ N/A</i> .....	35 (23%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes.....	109 (73%)
	No.....	12 (8%)
	<i>Don't know/ N/A</i> .....	29 (19%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i> .....	25 (17%)
	<i>Very easy</i> .....	25 (17%)
	<i>Easy</i> .....	49 (33%)
	<i>Neither</i> .....	23 (15%)
	<i>Difficult</i> .....	7 (5%)
	<i>Very difficult</i> .....	4 (3%)
	<i>Don't know</i> .....	17 (11%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes.....	116 (77%)
	No.....	28 (19%)
	<i>Don't know</i> .....	7 (5%)

<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>			
		<i>Not made one</i>	Yes	No
	Are applications dealt with fairly?	13 (9%)	60 (43%)	66 (47%)
	Are applications dealt with quickly (within seven days)?	13 (9%)	44 (31%)	84 (60%)

<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes.....	78 (53%)
	No.....	34 (23%)
	<i>Don't know</i> .....	35 (24%)

<b>Q5.4</b>	<b>Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)</b>			
		<i>Not made one</i>	Yes	No
	Are complaints dealt with fairly?	62 (43%)	25 (17%)	56 (39%)
	Are complaints dealt with quickly (within seven days)?	62 (43%)	22 (15%)	60 (42%)

<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes .....	30 (21%)
	No.....	115 (79%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i> .....	41 (28%)
	<i>Very easy</i> .....	21 (14%)
	<i>Easy</i> .....	29 (20%)
	<i>Neither</i> .....	33 (23%)
	<i>Difficult</i> .....	14 (10%)
	<i>Very difficult</i> .....	8 (5%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	15 (10%)
	Yes .....	71 (49%)
	No .....	45 (31%)
	<i>Don't know</i> .....	14 (10%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	15 (10%)
	Yes .....	63 (43%)
	No.....	52 (36%)
	<i>Don't know</i> .....	15 (10%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes .....	7 (5%)
	No.....	138 (95%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i> .....	110 (80%)
	<i>Very well</i> .....	7 (5%)
	<i>Well</i> .....	8 (6%)
	<i>Neither</i> .....	8 (6%)
	<i>Badly</i> .....	3 (2%)
	<i>Very badly</i> .....	2 (1%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes .....	97 (67%)
	No.....	47 (33%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes .....	111 (76%)
	No.....	35 (24%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes .....	39 (26%)
	No.....	110 (74%)

<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	11 (7%)
	<i>Never</i> .....	28 (19%)
	<i>Rarely</i> .....	38 (25%)
	<i>Some of the time</i> .....	49 (33%)
	<i>Most of the time</i> .....	16 (11%)
	<i>All of the time</i> .....	8 (5%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	56 (38%)
	<i>In the first week</i> .....	30 (20%)
	<i>More than a week</i> .....	44 (30%)
	<i>Don't remember</i> .....	18 (12%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	56 (38%)
	<i>Very helpful</i> .....	18 (12%)
	<i>Helpful</i> .....	42 (28%)
	<i>Neither</i> .....	12 (8%)
	<i>Not very helpful</i> .....	11 (7%)
	<i>Not at all helpful</i> .....	9 (6%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i> .....	83 (56%)
	<i>No</i> .....	66 (44%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i> .....	35 (25%)
	<i>No</i> .....	107 (75%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<b>Never felt unsafe</b> .....	66 (46%)
	<i>Everywhere</i> .....	20 (14%)
	<i>Segregation unit</i> .....	3 (2%)
	<i>Association areas</i> .....	24 (17%)
	<i>Reception area</i> .....	3 (2%)
	<i>At the gym</i> .....	9 (6%)
	<i>In an exercise yard</i> .....	6 (4%)
	<i>At work</i> .....	18 (13%)
	<i>During movement</i> .....	28 (20%)
	<i>At education</i> .....	12 (8%)
	<i>At meal times</i> .....	16 (11%)
	<i>At health services</i> .....	15 (11%)
	<i>Visits area</i> .....	1 (1%)
	<i>In wing showers</i> .....	5 (4%)
	<i>In gym showers</i> .....	1 (1%)
	<i>In corridors/stairwells</i> .....	23 (16%)
	<i>On your landing/wing</i> .....	28 (20%)
	<i>In your cell</i> .....	18 (13%)
	<i>At religious services</i> .....	8 (6%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i> .....	68 (45%)
	<i>No</i> .....	82 (55%)

<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	42 (28%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	16 (11%)
	<i>Sexual abuse .....</i>	2 (1%)
	<i>Feeling threatened or intimidated .....</i>	43 (29%)
	<i>Having your canteen/property taken .....</i>	12 (8%)
	<i>Medication .....</i>	8 (5%)
	<i>Debt .....</i>	1 (1%)
	<i>Drugs .....</i>	7 (5%)
	<i>Your race or ethnic origin .....</i>	8 (5%)
	<i>Your religion/religious beliefs .....</i>	5 (2%)
	<i>Your nationality .....</i>	7 (5%)
	<i>You are from a different part of the country than others .....</i>	8 (5%)
	<i>You are from a traveller community .....</i>	3 (2%)
	<i>Your sexual orientation .....</i>	4 (3%)
	<i>Your age .....</i>	4 (3%)
	<i>You have a disability .....</i>	11 (7%)
	<i>You were new here .....</i>	15 (10%)
	<i>Your offence/ crime .....</i>	13 (9%)
	<i>Gang related issues .....</i>	3 (2%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes .....	48 (32%)
	No .....	103 (68%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	21 (14%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	0 (0%)
	<i>Sexual abuse .....</i>	1 (1%)
	<i>Feeling threatened or intimidated .....</i>	18 (12%)
	<i>Medication .....</i>	7 (5%)
	<i>Debt .....</i>	0 (0%)
	<i>Drugs .....</i>	4 (3%)
	<i>Your race or ethnic origin .....</i>	2 (1%)
	<i>Your religion/religious beliefs .....</i>	5 (3%)
	<i>Your nationality .....</i>	2 (1%)
	<i>You are from a different part of the country than others .....</i>	1 (1%)
	<i>You are from a traveller community .....</i>	0 (0%)
	<i>Your sexual orientation .....</i>	3 (2%)
	<i>Your age .....</i>	4 (3%)
	<i>You have a disability .....</i>	4 (3%)
	<i>You were new here .....</i>	5 (3%)
	<i>Your offence/ crime .....</i>	6 (4%)
	<i>Gang related issues .....</i>	1 (1%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised .....	59 (43%)
	Yes .....	42 (31%)
	No .....	35 (26%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	10 (7%)	3 (2%)	16 (11%)	17 (11%)	53 (35%)	51 (34%)
	The nurse	8 (5%)	8 (5%)	41 (28%)	19 (13%)	47 (32%)	26 (17%)
	The dentist	18 (12%)	1 (1%)	13 (9%)	10 (7%)	42 (28%)	65 (44%)

<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	17 (12%)	7 (5%)	31 (21%)	17 (12%)	36 (25%)	38 (26%)
	The nurse	8 (6%)	10 (7%)	37 (26%)	24 (17%)	30 (21%)	33 (23%)
	The dentist	34 (24%)	8 (6%)	30 (21%)	20 (14%)	21 (15%)	27 (19%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i> .....						8 (6%)
	<i>Very good</i> .....						3 (2%)
	<i>Good</i> .....						30 (21%)
	<i>Neither</i> .....						16 (11%)
	<i>Bad</i> .....						35 (25%)
	<i>Very bad</i> .....						50 (35%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes.....						108 (75%)
	No.....						36 (25%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i> .....						36 (25%)
	<i>Yes, all my meds</i> .....						12 (8%)
	<i>Yes, some of my meds</i> .....						21 (15%)
	<i>No</i> .....						74 (52%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes.....						101 (70%)
	No.....						44 (30%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i> .....						44 (32%)
	Yes.....						45 (33%)
	No.....						47 (35%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>		
	Yes.....		60 (42%)
	No.....		83 (58%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>		
	Yes.....		52 (36%)
	No.....		93 (64%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>		
	<i>Very easy</i> .....		25 (17%)
	<i>Easy</i> .....		23 (16%)
	<i>Neither</i> .....		11 (8%)
	<i>Difficult</i> .....		8 (6%)
	<i>Very difficult</i> .....		7 (5%)
	<i>Don't know</i> .....		69 (48%)



<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	0 (0%)
	Easy.....	5 (3%)
	Neither.....	12 (8%)
	Difficult.....	8 (6%)
	Very difficult.....	27 (19%)
	Don't know.....	93 (64%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	11 (8%)
	No.....	133 (92%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	16 (11%)
	No.....	128 (89%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	Did not / do not have a drug problem.....	76 (54%)
	Yes.....	51 (36%)
	No.....	13 (9%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	Did not / do not have an alcohol problem.....	93 (65%)
	Yes.....	33 (23%)
	No.....	17 (12%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	Did not have a problem/ did not receive help.....	79 (59%)
	Yes.....	39 (29%)
	No.....	17 (13%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	8 (5%)	20(14%)	43(29%)	18(12%)	40(27%)	18(12%)
	Vocational or skills training	18(13%)	12 (9%)	36(26%)	20(15%)	40(29%)	11 (8%)
	Education (including basic skills)	16(11%)	17(12%)	49(35%)	22(16%)	29(21%)	8 (6%)
	Offending behaviour programmes	39(29%)	4 (3%)	26(19%)	19(14%)	30(22%)	18(13%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	Not involved in any of these.....					32 (23%)	
	Prison job.....					97 (69%)	
	Vocational or skills training.....					16 (11%)	
	Education (including basic skills).....					24 (17%)	
	Offending behaviour programmes.....					17 (12%)	

<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	23 (17%)	62 (47%)	34 (26%)	14 (11%)
	Vocational or skills training	38 (36%)	41 (38%)	13 (12%)	15 (14%)
	Education (including basic skills)	33 (29%)	54 (47%)	15 (13%)	13 (11%)
	Offending behaviour programmes	45 (41%)	39 (36%)	13 (12%)	12 (11%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i> .....				13 (9%)
	<i>Never</i> .....				37 (26%)
	<i>Less than once a week</i> .....				48 (33%)
	<i>About once a week</i> .....				38 (26%)
	<i>More than once a week</i> .....				9 (6%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i> .....				32 (23%)
	<i>Yes</i> .....				66 (47%)
	<i>No</i> .....				43 (30%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i> .....				40 (29%)
	<i>0</i> .....				43 (31%)
	<i>1 to 2</i> .....				36 (26%)
	<i>3 to 5</i> .....				19 (14%)
	<i>More than 5</i> .....				2 (1%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i> .....				8 (6%)
	<i>0</i> .....				12 (8%)
	<i>1 to 2</i> .....				59 (41%)
	<i>3 to 5</i> .....				46 (32%)
	<i>More than 5</i> .....				18 (13%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i> .....				4 (3%)
	<i>0</i> .....				7 (5%)
	<i>1 to 2</i> .....				22 (15%)
	<i>3 to 5</i> .....				37 (26%)
	<i>More than 5</i> .....				72 (51%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>				
	<i>Less than 2 hours</i> .....				17 (12%)
	<i>2 to less than 4 hours</i> .....				29 (20%)
	<i>4 to less than 6 hours</i> .....				21 (15%)
	<i>6 to less than 8 hours</i> .....				20 (14%)
	<i>8 to less than 10 hours</i> .....				22 (15%)
	<i>10 hours or more</i> .....				18 (13%)
	<i>Don't know</i> .....				17 (12%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes .....	53 (37%)
	No .....	91 (63%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	57 (39%)
	No .....	88 (61%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	42 (29%)
	No .....	102 (71%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	33 (23%)
	<i>Very easy</i> .....	14 (10%)
	<i>Easy</i> .....	25 (17%)
	<i>Neither</i> .....	12 (8%)
	<i>Difficult</i> .....	23 (16%)
	<i>Very difficult</i> .....	34 (24%)
	<i>Don't know</i> .....	3 (2%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i> .....	19 (13%)
	Yes .....	101 (69%)
	No .....	26 (18%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i> .....	45 (31%)
	<i>No contact</i> .....	48 (33%)
	<i>Letter</i> .....	26 (18%)
	<i>Phone</i> .....	16 (11%)
	<i>Visit</i> .....	32 (22%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	89 (64%)
	No .....	50 (36%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i> .....	19 (13%)
	Yes .....	61 (42%)
	No .....	65 (45%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	84 (58%)
	<i>Very involved</i> .....	13 (9%)
	<i>Involved</i> .....	22 (15%)
	<i>Neither</i> .....	10 (7%)
	<i>Not very involved</i> .....	7 (5%)
	<i>Not at all involved</i> .....	9 (6%)

**Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)**

<i>Do not have a sentence plan/ not sentenced</i> .....	84 (59%)
<i>Nobody</i> .....	14 (10%)
<i>Offender supervisor</i> .....	32 (22%)
<i>Offender manager</i> .....	21 (15%)
<i>Named/ personal officer</i> .....	14 (10%)
<i>Staff from other departments</i> .....	17 (12%)

**Q13.7 Can you achieve any of your sentence plan targets in this prison?**

<i>Do not have a sentence plan/ not sentenced</i> .....	84 (58%)
<i>Yes</i> .....	41 (28%)
<i>No</i> .....	5 (3%)
<i>Don't know</i> .....	16 (11%)

**Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?**

<i>Do not have a sentence plan/ not sentenced</i> .....	84 (57%)
<i>Yes</i> .....	15 (10%)
<i>No</i> .....	26 (18%)
<i>Don't know</i> .....	23 (16%)

**Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**

<i>Do not have a sentence plan/ not sentenced</i> .....	84 (57%)
<i>Yes</i> .....	18 (12%)
<i>No</i> .....	18 (12%)
<i>Don't know</i> .....	28 (19%)

**Q13.10 Do you have a needs based custody plan?**

<i>Yes</i> .....	6 (4%)
<i>No</i> .....	53 (38%)
<i>Don't know</i> .....	80 (58%)

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

<i>Yes</i> .....	22 (16%)
<i>No</i> .....	117 (84%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	27 (21%)	37 (29%)	64 (50%)
Accommodation	26 (19%)	54 (40%)	54 (40%)
Benefits	26 (19%)	48 (36%)	60 (45%)
Finances	26 (21%)	32 (25%)	68 (54%)
Education	31 (25%)	35 (28%)	60 (48%)
Drugs and alcohol	42 (32%)	58 (44%)	33 (25%)

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

<i>Not sentenced</i> .....	19 (13%)
<i>Yes</i> .....	53 (38%)
<i>No</i> .....	69 (49%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Foston Hall 2016

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

#### Key to tables

		HMP Foston Hall 2016	Local women's prisons comparator	HMP Foston Hall 2016	HMP Foston Hall 2014
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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>156</b>	<b>1,071</b>	<b>156</b>	<b>150</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	6%	1%	5%
1.3	Are you sentenced?	88%	79%	88%	81%
1.3	Are you on recall?	8%	7%	8%	6%
1.4	Is your sentence less than 12 months?	25%	25%	25%	28%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	2%	6%	6%
1.5	Are you a foreign national?	9%	12%	9%	4%
1.6	Do you understand spoken English?	99%	98%	99%	99%
1.7	Do you understand written English?	98%	97%	98%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	24%	18%	24%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	6%	10%	2%
1.1	Are you Muslim?	8%	6%	8%	10%
1.11	Are you homosexual/gay or bisexual?	31%	26%	31%	27%
1.12	Do you consider yourself to have a disability?	36%	33%	36%	32%
1.13	Are you a veteran (ex-armed services)?	1%	1%	1%	2%
1.14	Is this your first time in prison?	49%	53%	49%	49%
1.15	Do you have any children under the age of 18?	52%	56%	52%	55%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	34%	40%	34%	34%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	55%	48%	55%	46%
2.3	Were you offered a toilet break?	3%	13%	3%	13%
2.4	Was the van clean?	61%	58%	61%	60%
2.5	Did you feel safe?	75%	76%	75%	72%
2.6	Were you treated well/very well by the escort staff?	79%	78%	79%	80%
2.7	Before you arrived here were you told that you were coming here?	79%	72%	79%	76%
2.7	Before you arrived here did you receive any written information about coming here?	5%	4%	5%	5%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	80%	82%	83%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	65%	52%	65%	69%
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	89%	91%	92%
3.3	Were you treated well/very well in reception?	66%	77%	66%	78%
When you first arrived:					
3.4	Did you have any problems?	85%	79%	85%	77%
3.4	Did you have any problems with loss of property?	10%	11%	10%	8%
3.4	Did you have any housing problems?	29%	26%	29%	21%
3.4	Did you have any problems contacting employers?	3%	3%	3%	2%
3.4	Did you have any problems contacting family?	29%	29%	29%	27%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	5%	3%	5%
3.4	Did you have any money worries?	20%	26%	20%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	45%	38%	45%	43%
3.4	Did you have any physical health problems?	30%	24%	30%	27%
3.4	Did you have any mental health problems?	48%	37%	48%	38%
3.4	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	7%
3.4	Did you have problems accessing phone numbers?	26%	27%	26%	22%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	40%	50%	40%	40%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	80%	80%	80%	80%
3.6	A shower?	53%	43%	53%	47%
3.6	A free telephone call?	51%	77%	51%	46%
3.6	Something to eat?	75%	82%	75%	73%
3.6	PIN phone credit?	71%	56%	71%	71%
3.6	Toiletries/ basic items?	70%	74%	70%	61%

Key to tables

Main comparator and comparator to last time

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HMP Foston Hall 2016	HMP Foston Hall 2014
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**SECTION 3: Reception, first night and induction continued**

	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	54%	50%	54%	41%
3.7	Someone from health services?	69%	70%	69%	75%
3.7	A Listener/Samaritans?	39%	43%	39%	34%
3.7	Prison shop/ canteen?	23%	29%	23%	19%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	39%	52%	39%	50%
3.8	Support was available for people feeling depressed or suicidal?	43%	49%	43%	46%
3.8	How to make routine requests?	40%	41%	40%	37%
3.8	Your entitlement to visits?	30%	40%	30%	34%
3.8	Health services?	45%	49%	45%	49%
3.8	The chaplaincy?	45%	46%	45%	39%
3.9	Did you feel safe on your first night here?	60%	71%	60%	63%
3.10	Have you been on an induction course?	84%	88%	84%	88%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	48%	58%	48%	45%
3.12	Did you receive an education (skills for life) assessment?	80%	83%	80%	69%

**SECTION 4: Legal rights and respectful custody**

	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	35%	39%	35%	38%
4.1	Attend legal visits?	54%	56%	54%	51%
4.1	Get bail information?	10%	18%	10%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	40%	39%	45%
4.3	Can you get legal books in the library?	42%	40%	42%	39%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	72%	69%	72%	69%
4.4	Are you normally able to have a shower every day?	91%	90%	91%	92%
4.4	Do you normally receive clean sheets every week?	89%	90%	89%	84%
4.4	Do you normally get cell cleaning materials every week?	89%	83%	89%	84%
4.4	Is your cell call bell normally answered within five minutes?	44%	43%	44%	42%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	65%	59%	70%
4.4	Can you normally get your stored property, if you need to?	15%	28%	15%	16%
4.5	Is the food in this prison good/very good?	32%	26%	32%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	48%	48%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	68%	72%	35%
4.8	Are your religious beliefs are respected?	64%	60%	64%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	66%	73%	65%
4.10	Is it easy/very easy to attend religious services?	49%	54%	49%	40%

## Main comparator and comparator to last time

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	77%	83%	77%	86%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	48%	64%	48%	58%
5.2	Do you feel applications are dealt with quickly (within seven days)?	34%	47%	34%	31%
5.3	Is it easy to make a complaint?	53%	61%	53%	59%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	31%	41%	31%	34%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	27%	38%	27%	31%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	19%	21%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	34%	35%	34%	37%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	50%	49%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	51%	44%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%	5%	4%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	53%	48%	53%	52%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	67%	79%	67%	82%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	80%	76%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	39%	26%	38%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	26%	16%	20%
7.5	Do you have a personal officer?	62%	56%	62%	67%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	66%	65%	60%



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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	56%	46%	56%	44%
8.2	Do you feel unsafe now?	25%	15%	25%	19%
8.4	Have you been victimised by other prisoners here?	46%	37%	46%	45%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	28%	20%	28%	23%
8.5	Hit, kicked or assaulted you?	11%	9%	11%	11%
8.5	Sexually abused you?	1%	2%	1%	1%
8.5	Threatened or intimidated you?	29%	26%	29%	30%
8.5	Taken your canteen/property?	8%	9%	8%	8%
8.5	Victimised you because of medication?	6%	7%	6%	6%
8.5	Victimised you because of debt?	1%	2%	1%	0%
8.5	Victimised you because of drugs?	5%	5%	5%	2%
8.5	Victimised you because of your race or ethnic origin?	6%	4%	6%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
8.5	Victimised you because of your nationality?	5%	4%	5%	2%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	4%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	1%
8.5	Victimised you because of your sexual orientation?	3%	2%	3%	4%
8.5	Victimised you because of your age?	3%	4%	3%	7%
8.5	Victimised you because you have a disability?	7%	4%	7%	6%
8.5	Victimised you because you were new here?	10%	9%	10%	14%
8.5	Victimised you because of your offence/crime?	9%	7%	9%	12%
8.5	Victimised you because of gang related issues?	2%	4%	2%	2%

## Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	32%	29%	32%	37%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	14%	12%	14%	13%
8.7	Hit, kicked or assaulted you?	0%	3%	0%	4%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	12%	13%	12%	18%
8.7	Victimised you because of medication?	5%	6%	5%	6%
8.7	Victimised you because of debt?	0%	1%	0%	0%
8.7	Victimised you because of drugs?	3%	3%	3%	2%
8.7	Victimised you because of your race or ethnic origin?	1%	3%	1%	3%
8.7	Victimised you because of your religion/religious beliefs?	3%	2%	3%	4%
8.7	Victimised you because of your nationality?	1%	2%	1%	2%
8.7	Victimised you because you were from a different part of the country?	1%	2%	1%	3%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	1%
8.7	Victimised you because of your sexual orientation?	2%	3%	2%	2%
8.7	Victimised you because of your age?	3%	2%	3%	4%
8.7	Victimised you because you have a disability?	3%	3%	3%	6%
8.7	Victimised you because you were new here?	3%	4%	3%	4%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	6%
8.7	Victimised you because of gang related issues?	1%	2%	1%	0%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	54%	49%	54%	54%

## Main comparator and comparator to last time

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	13%	28%	13%	22%
9.1	Is it easy/very easy to see the nurse?	33%	52%	33%	44%
9.1	Is it easy/very easy to see the dentist?	10%	16%	10%	18%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	30%	47%	30%	39%
9.2	The nurse?	35%	56%	35%	60%
9.2	The dentist?	36%	42%	36%	47%
9.3	The overall quality of health services?	25%	40%	25%	36%
9.4	Are you currently taking medication?	75%	74%	75%	75%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	31%	43%	31%	19%
9.6	Do you have any emotional well being or mental health problems?	70%	59%	70%	70%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	49%	58%	49%	49%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	42%	44%	42%	38%
10.2	Did you have a problem with alcohol when you came into this prison?	36%	28%	36%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	34%	31%	34%	27%
10.4	Is it easy/very easy to get alcohol in this prison?	3%	3%	3%	1%
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	6%	8%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	9%	11%	11%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	79%	81%	79%	73%
10.8	Have you received any support or help with your alcohol problem while in this prison?	66%	79%	66%	79%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	70%	84%	70%	68%

## Main comparator and comparator to last time

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<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	43%	49%	43%	42%
11.1	Vocational or skills training?	35%	41%	35%	37%
11.1	Education (including basic skills)?	47%	55%	47%	55%
11.1	Offending behaviour programmes?	22%	28%	22%	28%
Are you currently involved in any of the following activities:					
11.2	A prison job?	69%	60%	69%	66%
11.2	Vocational or skills training?	11%	14%	11%	9%
11.2	Education (including basic skills)?	17%	33%	17%	32%
11.2	Offending behaviour programmes?	12%	14%	12%	22%
11.3	Have you had a job while in this prison?	83%	78%	83%	86%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	56%	56%	56%	46%
11.3	Have you been involved in vocational or skills training while in this prison?	64%	65%	64%	72%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	59%	57%	59%	60%
11.3	Have you been involved in education while in this prison?	71%	75%	71%	79%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	66%	65%	66%	61%
11.3	Have you been involved in offending behaviour programmes while in this prison?	59%	61%	59%	74%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	61%	54%	61%	66%
11.4	Do you go to the library at least once a week?	32%	43%	32%	40%
11.5	Does the library have a wide enough range of materials to meet your needs?	47%	49%	47%	42%
11.6	Do you go to the gym three or more times a week?	15%	23%	15%	9%
11.7	Do you go outside for exercise three or more times a week?	45%	37%	45%	24%
11.8	Do you go on association more than five times each week?	51%	49%	51%	44%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	17%	13%	12%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	37%	51%	37%	39%
12.2	Have you had any problems with sending or receiving mail?	39%	42%	39%	44%
12.3	Have you had any problems getting access to the telephones?	29%	21%	29%	33%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	33%	27%	24%

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP Foston Hall 2016	Local womens prisons comparator	HMP Foston Hall 2016	HMP Foston Hall 2014
	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>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	80%	67%	80%	68%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	49%	43%	49%	35%
13.2	Contact by letter?	26%	27%	26%	37%
13.2	Contact by phone?	16%	11%	16%	14%
13.2	Contact by visit?	32%	37%	32%	37%
13.3	Do you have a named offender supervisor in this prison?	64%	49%	64%	57%
For those who are sentenced:					
13.4	Do you have a sentence plan?	48%	51%	48%	48%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	58%	60%	58%	62%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	24%	34%	24%	23%
13.6	Offender supervisor?	54%	35%	54%	60%
13.6	Offender manager?	35%	25%	35%	36%
13.6	Named/ personal officer?	24%	18%	24%	38%
13.6	Staff from other departments?	29%	29%	29%	31%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	66%	68%	66%	68%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	18%	23%	29%
13.9	Are there plans for you to achieve any of your targets in the community?	28%	32%	28%	31%
13.10	Do you have a needs based custody plan?	4%	7%	4%	2%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	22%	16%	22%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	37%	51%	37%	41%
13.12	Accommodation?	50%	56%	50%	48%
13.12	Benefits?	45%	59%	45%	56%
13.12	Finances?	32%	41%	32%	35%
13.12	Education?	37%	49%	37%	42%
13.12	Drugs and alcohol?	64%	68%	64%	58%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	44%	57%	44%	53%

## Diversity analysis



### Key question responses (ethnicity) HMP Foston Hall 2016

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners
	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>37</b>	<b>115</b>
1.3	Are you sentenced?	86%	88%
1.5	Are you a foreign national?	14%	6%
1.6	Do you understand spoken English?	98%	100%
1.7	Do you understand written English?	98%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	9%
1.1	Are you Muslim?	23%	4%
1.12	Do you consider yourself to have a disability?	30%	38%
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	54%	48%
2.6	Were you treated well/very well by the escort staff?	78%	80%
2.7	Before you arrived here were you told that you were coming here?	76%	81%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	94%
3.3	Were you treated well/very well in reception?	57%	68%
3.4	Did you have any problems when you first arrived?	84%	85%
3.7	Did you have access to someone from health care when you first arrived here?	57%	74%
3.9	Did you feel safe on your first night here?	47%	64%
3.10	Have you been on an induction course?	95%	82%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	35%

## 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		
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	73%
4.4	Are you normally able to have a shower every day?	81%	95%
4.4	Is your cell call bell normally answered within five minutes?	30%	48%
4.5	Is the food in this prison good/very good?	14%	37%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	67%	74%
4.8	Do you feel your religious beliefs are respected?	76%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	78%	72%
5.1	Is it easy to make an application?	71%	79%
5.3	Is it easy to make a complaint?	45%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	57%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	20%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	4%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	55%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	18%
7.4	Do you have a personal officer?	81%	57%
8.1	Have you ever felt unsafe here?	68%	52%
8.2	Do you feel unsafe now?	44%	18%
8.3	Have you been victimised by other prisoners?	53%	44%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	28%	30%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	10%

## 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		
8.6	Have you been victimised by a member of staff?	42%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	3%
8.7	Have you been victimised because of your nationality? (By staff)	3%	0%
8.7	Have you been victimised because you have a disability? (By staff)	3%	3%
9.1	Is it easy/very easy to see the doctor?	9%	14%
9.1	Is it easy/ very easy to see the nurse?	34%	33%
9.4	Are you currently taking medication?	71%	78%
9.6	Do you feel you have any emotional well being/mental health issues?	52%	76%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	35%
11.2	Are you currently working in the prison?	83%	65%
11.2	Are you currently undertaking vocational or skills training?	9%	13%
11.2	Are you currently in education (including basic skills)?	24%	15%
11.2	Are you currently taking part in an offending behaviour programme?	5%	15%
11.4	Do you go to the library at least once a week?	45%	29%
11.6	Do you go to the gym three or more times a week?	10%	17%
11.7	Do you go outside for exercise three or more times a week?	35%	48%
11.8	On average, do you go on association more than five times each week?	40%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	16%	12%
12.2	Have you had any problems sending or receiving mail?	27%	43%
12.3	Have you had any problems getting access to the telephones?	34%	27%



## Diversity Analysis



### Key question responses (disability, age over 50) HMP Foston Hall 2016

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

#### Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>55</b>	<b>97</b>	<b>17</b>	<b>137</b>
1.3	Are you sentenced?	89%	86%	82%	89%
1.5	Are you a foreign national?	6%	10%	5%	9%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	100%	99%	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	27%	26%	24%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	17%	5%	0%	11%
1.1	Are you Muslim?	6%	10%	0%	9%
1.12	Do you consider yourself to have a disability?			53%	34%
1.13	Are you a veteran (ex-armed services)?	2%	0%	0%	1%
1.14	Is this your first time in prison?	47%	52%	60%	48%
2.6	Were you treated well/very well by the escort staff?	79%	79%	82%	78%
2.7	Before you arrived here were you told that you were coming here?	79%	79%	76%	79%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	90%	89%	91%
3.3	Were you treated well/very well in reception?	74%	60%	65%	65%
3.4	Did you have any problems when you first arrived?	94%	79%	81%	86%
3.7	Did you have access to someone from health care when you first arrived here?	81%	63%	74%	69%
3.9	Did you feel safe on your first night here?	60%	59%	50%	62%
3.10	Have you been on an induction course?	83%	85%	94%	83%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	36%	34%	39%	34%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	68%	69%	72%
4.4	Are you normally able to have a shower every day?	94%	90%	81%	92%
4.4	Is your cell call bell normally answered within five minutes?	50%	41%	57%	43%
4.5	Is the food in this prison good/very good?	36%	30%	37%	32%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	51%	50%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	75%	71%	69%	72%
4.8	Do you feel your religious beliefs are respected?	69%	60%	63%	64%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	74%	73%	57%	74%
5.1	Is it easy to make an application?	78%	78%	74%	78%
5.3	Is it easy to make a complaint?	54%	54%	55%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	48%	67%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	42%	46%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%	6%	5%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	74%	63%	73%	66%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	75%	81%	76%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	15%	11%	16%
7.4	Do you have a personal officer?	72%	58%	81%	60%
8.1	Have you ever felt unsafe here?	65%	52%	50%	57%
8.2	Do you feel unsafe now?	29%	22%	21%	25%
8.3	Have you been victimised by other prisoners?	55%	41%	31%	47%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	36%	25%	26%	29%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	7%	0%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	4%	0%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	6%	0%	5%
8.5	Have you been victimised because of your age? (By prisoners)	2%	3%	19%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	17%	2%	6%	8%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	25%	35%	26%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	12%	11%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	4%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	2%	3%	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	8%	0%	6%	2%
9.1	Is it easy/very easy to see the doctor?	16%	12%	11%	13%
9.1	Is it easy/ very easy to see the nurse?	37%	32%	31%	33%
9.4	Are you currently taking medication?	88%	69%	74%	75%
9.6	Do you feel you have any emotional well being/mental health issues?	90%	59%	50%	73%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	36%	26%	35%
11.2	Are you currently working in the prison?	68%	71%	86%	68%
11.2	Are you currently undertaking vocational or skills training?	8%	13%	14%	11%
11.2	Are you currently in education (including basic skills)?	17%	17%	14%	17%
11.2	Are you currently taking part in an offending behaviour programme?	17%	10%	14%	12%
11.4	Do you go to the library at least once a week?	39%	29%	50%	31%
11.6	Do you go to the gym three or more times a week?	10%	17%	6%	16%
11.7	Do you go outside for exercise three or more times a week?	45%	45%	57%	43%
11.8	On average, do you go on association more than five times each week?	48%	52%	69%	49%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	13%	0%	14%
12.2	Have you had any problems sending or receiving mail?	35%	40%	27%	41%
12.3	Have you had any problems getting access to the telephones?	23%	32%	12%	31%

## Diversity analysis



### Key question responses (sexual orientation) HMP Foston Hall 2016

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

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be homosexual or bisexual</b>	<b>Consider themselves to be heterosexual</b>
	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>46</b>	<b>104</b>
1.3	Are you sentenced?	91%	86%
1.5	Are you a foreign national?	4%	10%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	28%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	13%	8%
1.1	Are you Muslim?	7%	9%
1.12	Do you consider yourself to have a disability?	48%	31%
1.13	Are you a veteran (ex-armed services)?	2%	0%
1.14	Is this your first time in prison?	39%	54%
2.6	Were you treated well/very well by the escort staff?	78%	81%
2.7	Before you arrived here were you told that you were coming here?	78%	80%
3.2	When you were searched in reception, was this carried out in a respectful way?	96%	89%
3.3	Were you treated well/very well in reception?	60%	69%
3.4	Did you have any problems when you first arrived?	87%	85%
3.7	Did you have access to someone from health care when you first arrived here?	73%	69%
3.9	Did you feel safe on your first night here?	65%	57%
3.10	Have you been on an induction course?	77%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	35%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	69%
4.4	Are you normally able to have a shower every day?	98%	89%
4.4	Is your cell call bell normally answered within five minutes?	41%	45%
4.5	Is the food in this prison good/very good?	31%	34%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	69%	74%
4.8	Do you feel your religious beliefs are respected?	63%	64%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	72%
5.1	Is it easy to make an application?	81%	75%
5.3	Is it easy to make a complaint?	56%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	4%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	64%	68%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	19%
7.4	Do you have a personal officer?	58%	65%
8.1	Have you ever felt unsafe here?	54%	58%
8.2	Do you feel unsafe now?	23%	25%
8.3	Have you been victimised by other prisoners?	49%	46%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	35%	27%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	4%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	4%	2%
8.5	Have you been victimised because of your age? (By prisoners)	0%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	11%	6%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	40%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	3%
8.7	Have you been victimised because of your sexual orientation? (By staff)	7%	0%
8.7	Have you been victimised because of your age? (By staff)	4%	2%
8.7	Have you been victimised because you have a disability? (By staff)	4%	2%
9.1	Is it easy/very easy to see the doctor?	9%	15%
9.1	Is it easy/ very easy to see the nurse?	35%	31%
9.4	Are you currently taking medication?	79%	74%
9.6	Do you feel you have any emotional well being/mental health issues?	91%	62%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	29%
11.2	Are you currently working in the prison?	70%	69%
11.2	Are you currently undertaking vocational or skills training?	10%	13%
11.2	Are you currently in education (including basic skills)?	12%	20%
11.2	Are you currently taking part in an offending behaviour programme?	14%	11%
11.4	Do you go to the library at least once a week?	26%	34%
11.6	do you go to the gym three or more times a week?	15%	16%
11.7	Do you go outside for exercise three or more times a week?	44%	45%
11.8	On average, do you go on association more than five times each week?	61%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	19%	9%
12.2	Have you had any problems sending or receiving mail?	42%	37%
12.3	Have you had any problems getting access to the telephones?	26%	30%



## Prisoner survey responses HMP Foston Hall 2016

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

### Key to tables

	Any percentage highlighted in green is significantly better	R Wing	A, B, C, D, F and T Wings
	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>24</b>	<b>131</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	4%	1%
1.3	Are you sentenced?	79%	90%
1.3	Are you on recall?	17%	6%
1.4	Is your sentence less than 12 months?	70%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	7%
1.5	Are you a foreign national?	14%	8%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	4%	28%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	13%	8%
1.1	Are you Muslim?	13%	7%
1.11	Are you homosexual/gay or bisexual?	25%	32%
1.12	Do you consider yourself to have a disability?	25%	38%
1.13	Are you a veteran (ex-armed services)?	4%	0%
1.14	Is this your first time in prison?	42%	51%
1.15	Do you have any children under the age of 18?	66%	48%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	17%	37%
2.5	Did you feel safe?	83%	73%
2.6	Were you treated well/very well by the escort staff?	79%	78%
2.7	Before you arrived here were you told that you were coming here?	76%	79%
2.8	When you first arrived here did your property arrive at the same time as you?	86%	82%

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<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	66%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	92%	91%
3.3	Were you treated well/very well in reception?	62%	66%
	When you first arrived:		
3.4	Did you have any problems?	87%	84%
3.4	Did you have any problems with loss of property?	17%	9%
3.4	Did you have any housing problems?	50%	24%
3.4	Did you have any problems contacting employers?	8%	1%
3.4	Did you have any problems contacting family?	45%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	8%	1%
3.4	Did you have any money worries?	38%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	50%	44%
3.4	Did you have any physical health problems?	34%	29%
3.4	Did you have any mental health problems?	55%	46%
3.4	Did you have any problems with needing protection from other prisoners?	0%	5%
3.4	Did you have problems accessing phone numbers?	50%	21%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	96%	77%
3.6	A shower?	59%	52%
3.6	A free telephone call?	66%	48%
3.6	Something to eat?	76%	75%
3.6	PIN phone credit?	79%	70%
3.6	Toiletries/ basic items?	62%	71%



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<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	43%	56%
3.7	Someone from health services?	57%	72%
3.7	A Listener/Samaritans?	43%	38%
3.7	Prison shop/ canteen?	8%	25%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	52%	36%
3.8	Support was available for people feeling depressed or suicidal?	61%	40%
3.8	How to make routine requests?	48%	38%
3.8	Your entitlement to visits?	35%	29%
3.8	Health services?	43%	44%
3.8	The chaplaincy?	52%	43%
3.9	Did you feel safe on your first night here?	71%	58%
3.10	Have you been on an induction course?	82%	84%
3.12	Did you receive an education (skills for life) assessment?	70%	82%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	14%	38%
4.1	Attend legal visits?	33%	58%
4.1	Get bail information?	8%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	22%	41%
4.3	Can you get legal books in the library?	41%	43%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	30%	79%
4.4	Are you normally able to have a shower every day?	96%	90%
4.4	Do you normally receive clean sheets every week?	78%	91%
4.4	Do you normally get cell cleaning materials every week?	70%	93%
4.4	Is your cell call bell normally answered within five minutes?	39%	44%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	23%	65%
4.4	Can you normally get your stored property, if you need to?	18%	15%
4.5	Is the food in this prison good/very good?	23%	34%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	76%	71%
4.8	Are your religious beliefs are respected?	34%	69%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	75%
4.10	Is it easy/very easy to attend religious services?	39%	51%

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<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	66%	79%
5.3	Is it easy to make a complaint?	43%	54%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	14%	38%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	4%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	52%	70%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	61%	79%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	17%	28%
7.4	Do staff normally speak to you most of the time/all of the time during association?	4%	18%
7.5	Do you have a personal officer?	4%	73%

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<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	59%	56%
8.2	Do you feel unsafe now?	18%	26%
8.4	Have you been victimised by other prisoners here?	42%	46%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	21%	29%
8.5	Hit, kicked or assaulted you?	8%	11%
8.5	Sexually abused you?	4%	1%
8.5	Threatened or intimidated you?	21%	31%
8.5	Taken your canteen/property?	17%	7%
8.5	Victimised you because of medication?	4%	6%
8.5	Victimised you because of debt?	0%	1%
8.5	Victimised you because of drugs?	4%	5%
8.5	Victimised you because of your race or ethnic origin?	4%	6%
8.5	Victimised you because of your religion/religious beliefs?	0%	4%
8.5	Victimised you because of your nationality?	4%	5%
8.5	Victimised you because you were from a different part of the country?	0%	7%
8.5	Victimised you because you are from a traveller community?	4%	1%
8.5	Victimised you because of your sexual orientation?	4%	3%
8.5	Victimised you because of your age?	4%	3%
8.5	Victimised you because you have a disability?	8%	7%
8.5	Victimised you because you were new here?	8%	11%
8.5	Victimised you because of your offence/crime?	0%	11%
8.5	Victimised you because of gang related issues?	0%	2%

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<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	29%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	8%	15%
8.7	Hit, kicked or assaulted you?	0%	0%
8.7	Sexually abused you?	4%	0%
8.7	Threatened or intimidated you?	8%	13%
8.7	Victimised you because of medication?	17%	3%
8.7	Victimised you because of debt?	0%	0%
8.7	Victimised you because of drugs?	4%	3%
8.7	Victimised you because of your race or ethnic origin?	0%	1%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%
8.7	Victimised you because of your nationality?	0%	1%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	0%	3%
8.7	Victimised you because of your age?	0%	3%
8.7	Victimised you because you have a disability?	0%	3%
8.7	Victimised you because you were new here?	0%	4%
8.7	Victimised you because of your offence/crime?	0%	5%
8.7	Victimised you because of gang related issues?	0%	1%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	4%	15%
9.1	Is it easy/very easy to see the nurse?	25%	35%
9.1	Is it easy/very easy to see the dentist?	4%	11%
9.4	Are you currently taking medication?	73%	75%
9.6	Do you have any emotional well being or mental health problems?	69%	70%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	63%	38%
10.2	Did you have a problem with alcohol when you came into this prison?	54%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	21%	36%
10.4	Is it easy/very easy to get alcohol in this prison?	4%	3%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	12%

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<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	18%	47%
11.1	Vocational or skills training?	15%	38%
11.1	Education (including basic skills)?	24%	50%
11.1	Offending Behaviour Programmes?	9%	24%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	28%	77%
11.2	Vocational or skills training?	20%	10%
11.2	Education (including basic skills)?	15%	18%
11.2	Offending Behaviour Programmes?	4%	14%
11.4	Do you go to the library at least once a week?	0%	38%
11.5	Does the library have a wide enough range of materials to meet your needs?	41%	47%
11.6	Do you go to the gym three or more times a week?	24%	14%
11.7	Do you go outside for exercise three or more times a week?	28%	47%
11.8	Do you go on association more than five times each week?	25%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	14%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	25%	39%
12.2	Have you had any problems with sending or receiving mail?	33%	40%
12.3	Have you had any problems getting access to the telephones?	48%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	9%	30%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	30%	70%
13.10	Do you have a needs based custody plan?	0%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	17%	16%