



REPORT ON
AN ANNOUNCED INSPECTION
OF
HMP BUCKLEY HALL

16 – 20 FEBRUARY 2004

BY

HM CHIEF INSPECTOR OF PRISONS

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INTRODUCTION

Buckley Hall has had a disrupted history. It was opened in 1994 by Group 4 as a men's training prison. In 2000, it moved to the public sector, after a successful Prison Service bid, under a Service Level Agreement. Only months later, it was re-roled as a women's prison, because of the sudden unprecedented rise in the female prison population, following a swift transitional period. Managers therefore found themselves with a staff group, procedures, facilities and many contractual obligations that had been configured around an entirely different prisoner population. Much of what we found in this inspection was a consequence of the still unresolved issues that this had produced.

Not only was the prison now receiving women: it was also receiving a more transient population than had been anticipated. The number of prisoners entering reception had doubled as a result of the transition; but this had not been reflected in increased staff numbers, or facilities. First night and induction processes were inadequate to support a more vulnerable population, 79% of whom told us they had immediate problems that needed addressing on arrival. Substance use workers, targeted to carry out 125 assessments, were in fact undertaking 235: a function of the fact that 82% of women arriving in the prison had a recent history of substance abuse. Mental health in-reach and counselling services were struggling to meet the needs of a population where an estimated 40% had serious mental health and substance abuse problems. While levels of self-harm were not high in comparison with other women's prisons, they were high enough to trigger fines under a Service Level Agreement set at a norm for male training prisons.

Some of these issues were outside the control of local managers. However, there were some underlying problems, which needed more proactive and visible management. While staff-prisoner relationships overall were positive, there was a residue of serious disrespect towards women prisoners by a minority of staff, both residential and educational. This manifested itself in inappropriate comments and behaviour, both of which needed to be challenged and eliminated. Similarly, evidence presented at managers' meetings with black and minority ethnic women, and our own observations

and conversations, indicated a level of disrespect by some staff towards minority ethnic women that required immediate attention, investigation and action. Healthcare was also in need of considerable improvement: there were examples of institutional disrespect, poor prescribing practice, and a failure to engage with other key aspects of prisoner safety, such as reception, substance use and the monitoring of those in segregation.

These problems marred what was otherwise a safe and respectful environment, where many staff had worked hard to provide services appropriate to their new population. Most prisoners felt safe, there was little evidence of bullying, and some good work was being undertaken to prevent self-harm and suicide. The CARAT team was carrying out some innovative work, both within the prison and in liaison with outside services. Women had a great deal of time out of cell; and there was a range of activities available – though too few carried useful qualifications. And there was some good resettlement work being carried out; though this was not yet based upon a review of the specific needs of women, rather than men.

There are issues here both for national and local managers. The first is the planning and preparation that should precede a re-role to a different, and more demanding population. Buckley Hall's Service Level Agreement, in certain important aspects, had not been sufficiently amended by the Prison Service to provide for the needs or demands of its new population. Nor had all staff been properly prepared or trained for the change of role. Many staff and managers had risen to the challenge of dealing with an entirely different population, and are to be commended for it. But this inspection revealed some negative undercurrents and poor practice, which women were far from reluctant to discuss with inspectors, and which managers need to tackle robustly.

Anne Owers

HM Chief Inspector of Prisons

June 2004

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Fact Page

Task of the establishment

Closed female training establishment.

Area organisation

North West Region from April 2004.

Number held

309.

Cost per place per annum

£21,722.12.

Certified normal accommodation

350.

Operational capacity

385.

Last full inspection

February 1997.

Last short unannounced inspection

June 2001.

Description of residential units

There are three houseblocks incorporating six individual wings: Alpha, Bravo, Charlie, Delta, Echo and Foxtrot. Two level accommodation – each houseblock consisting of two prisoner accommodation ‘wings’ with communal office space located between. The buildings are of modular construction – factory manufacture and subsequently site assembled. Each individual wing has 60 cells, a varying number of which are double cells. There is a servery, laundry, cleaning store, shower facilities

and a large and small classroom on each (Bravo unit, formally designated the induction unit, being the only variant with additional classrooms and offices and 50 cells). Each cell has integral sanitation, hand-washing facilities and is centrally heated. Cell furniture is of wood construction. Two in-cell power points are available. In-cell television is available for a weekly rental charge.

HEALTHY PRISON SUMMARY

Introduction

HP.01 All inspection 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 criteria are:

- **Safety:** prisoners are held in safety
- **Respect:** prisoners are treated with respect as individuals
- **Purposeful activity:** prisoners are fully and purposefully occupied
- **Resettlement:** prisoners are prepared for their release and resettlement into the community with the aim of reducing the likelihood of their re-offending

HP.02 Buckley Hall last had a full inspection in 1997 when it was run by Group 4 as a category C male training prison. Short unannounced inspections took place in 2000 and 2001, just before and shortly after the prison reverted to management by the Prison Service following a tendering process. At the end of 2001, the rise in the female prison population led to a decision to change Buckley Hall to a closed prison for women. There followed a period of uncertainty, with Buckley Hall continuing to hold male prisoners until March 2002; the first women prisoners arrived a month later in April 2002. We were told that a lot of managerial effort had been devoted to adapting the service level agreement, the regime and the physical environment to meet the needs of women. The prison had expected a relatively stable population of long-term sentenced women but population pressures had meant significantly more movements than anticipated, with some prisoners transferring to Buckley Hall with very little time left to serve.

Safety

HP.03 In our survey, 86% of respondents said that they had never felt unsafe at Buckley Hall. There were no formal first night procedures and the short induction was insufficient. Some good suicide and self-harm systems were in operation but required management monitoring to ensure appropriate quality and provision of care.

HP.04 Population pressures meant that some women were experiencing long journeys to reach Buckley Hall and we were concerned that they were not receiving sufficient comfort breaks. Too many women were being transferred inappropriately to Buckley Hall from other prisons without meeting the allocation criteria; this was a particular concern with those women who were still undergoing, or who had only very recently completed, detoxification. The admissions unit was large and comfortable, and a prisoner peer support group known as Insiders helped welcome and settle the newly arrived women. Prisoners spent too long in reception because not enough staff were detailed to work there. All new arrivals were seen by healthcare staff and a registered mental nurse as part of the admissions procedures. There were no formal first night procedures and only a very short officer induction, which was not sufficiently comprehensive or multidisciplinary. Very little written information was provided.

HP.05 There was little indication that bullying among prisoners was a major issue. The anti-bullying coordinator had received no specific training but bullying investigations were completed to a reasonable standard. However, there were delays in carrying these out, apparently because the anti-bullying coordinator was not allocated enough time. Monthly monitoring was taking place but we had some concerns about how long women remained subject to anti-bullying procedures. There was little evidence of positive staff engagement with the one woman subject to the procedures at the time of the inspection but a great deal of negative behaviour had been recorded. There were no specific interventions for victims or bullies and, although most staff and prisoners were aware there was one, the anti-bullying policy was not well understood and appeared in need of review.

HP.06 There was a relatively low level of self-harm for a women's prison, though much higher than the SLA had anticipated. Incidents were well managed and trends were monitored. The F2052SH procedures for those identified as potentially at risk of suicide or self-harm were followed appropriately. However, the write-ups of some care plan reviews did not always provide evidence of care or properly record the work undertaken with individual women. Most were no more than a list of departments. Buckley Hall had developed a helpful extra support plan system for those coming off the formal review system. The Listeners scheme was being maintained despite the fact

that the greater than expected throughput of prisoners meant that some trained Listeners were being transferred elsewhere.

HP.07 There were too many adjudications for apparently minor transgressions that could have been dealt with either informally by staff or through the incentives and earned privileges scheme. Punishments were relatively severe with too much use of cellular confinement for long periods. The segregation unit was well ordered and was managing effectively those there for short-term disciplinary reasons and other very difficult and challenging women who remained on the unit for some time. Relationships between segregation unit staff and prisoners were good and prisoners were given good written information about the unit routines. The special cells had never been used. There were high levels of use of force, particularly when compared to when the prison had held men. The use of force appeared to be well managed and documented but there was no managerial oversight of any patterns.

HP.08 Although the level of positive mandatory drug tests was low (5%), this was against a background of infrequent testing. Heroin was the main illicit drug used. A lack of facilities had meant that suspicion testing had restarted only two months before the inspection. An excellent new testing suite was about to open and this would provide facilities for more frequent tests.

Respect

HP.09 We had serious concerns about what we were told about the attitudes of some staff. We witnessed and heard of some racist incidents and black and minority ethnic prisoners were not confident that they would be treated fairly. The standard of healthcare provision was good but healthcare staff's engagement with prisoners was less good. .

HP.10 Our survey did not identify any particular issues about staff attitudes but we nevertheless had some major concerns about what prisoners and others described as a disrespectful attitude of some staff, particularly male staff. The sheer number of similar accounts made it difficult to dismiss these as caused simply by a few disaffected prisoners intent on causing trouble. These accounts appeared to involve

only a small number of staff. However, some very positive work undertaken with staff to model pro-social attitudes had the potential to be undermined if the issue was not tackled. We also found examples of a poor attitude towards women and equal opportunities issues, including in the education department. Staff and prisoners generally addressed each other by their first names, which was good but also highlighted the fact that healthcare staff addressed prisoners by their surnames. While we accepted that the low staff levels caused some difficulties, these did not always explain the relatively little engagement by staff with prisoners during association or the number of prisoners left waiting at gates to move through the prison and to be let on wings. Despite these serious reservations, it was evident that most prisoners believed that the majority of staff were fair and we also witnessed good examples of staff supporting and engaging with prisoners.

HP.11 The external appearance of the prison buildings was austere, although the grounds and surroundings were well maintained. Efforts had been made to improve the internal environment and the living accommodation was very clean and well looked after. A refurbishment programme was in progress to improve the showers and on those wings where this had been done, the work had been completed to a good standard.

HP.12 The prison's strong and diverse chaplaincy team had a high profile across the establishment, was accessible to prisoners and staff and was well integrated into the work of all departments. The team provided good input into particular areas such as its involvement in self-harm reviews. Prisoners had appropriate access to a range of religious services but there was occasional misunderstanding among staff about the entitlement of those on the basic level of the incentives and earned privileges scheme to attend services.

HP.13 The incentives and earned privileges scheme was inconsistently implemented. The standard of documentation differed widely across the prison and there were few contributions from anyone other than wing staff. Being placed on the basic level was used as a threat and prisoners were remaining on this level too long without review or intervention. Prisoners were not appropriately involved in reviews and there was a lack of awareness among staff and prisoners about the operation of the scheme. Pay

levels were linked to whatever incentives and earned privileges level each prisoner was on, although there was no reference to this in the formal written scheme. Such a system, which allowed prisoners to be paid different amounts for undertaking the same work, was inappropriate.

HP.14 The visitors' centre provided good facilities and a range of appropriate information for the families and friends of prisoners. Once visits began, visitors moved quickly from the centre and all received the full published time for visits. The visits hall was comfortable but the play area was inadequate. The majority of women at Buckley Hall had children but many were not able to see them because they were too far away from home. There were no special children's visits but these were about to begin, albeit at what we regarded as an inappropriate time. There was no family support worker to help women engage with their children and their carers or to deal with family litigation issues. Release on temporary licence, available for primary carers, was rarely used to support relationships.

HP.15 Prisoners had good access to applications and complaints forms but the system for tracking the outcomes of applications was inadequate. Nevertheless, 63% of respondents to our survey said that applications were sorted out promptly. Complaints were monitored by subject and area but the responses were not monitored for quality. The replies we examined were generally respectful and timely.

HP.16 There was a high level of satisfaction with the food and 62% of respondents to our survey said that it was good or very good. The menu was healthy, well balanced and varied, and chefs visited the serveries at meal times, showing an interest in the presentation as well as the preparation of meals. Prisoners ate their meals together and at appropriate times. Unfortunately, prisoners working in the kitchen were unable to gain any vocational qualifications for their work or receive a food hygiene certificate.

HP.17 Fourteen per cent of prisoners were black or from minority ethnic communities. The race relations officer, who was at a relatively senior management level received appropriate time for his duties and investigated all racial incident complaints personally. However, prisoners did not express much confidence in the formal racial incidents complaints system. Racism was not raised as a major issue in

our pre-inspection survey but recently instigated meetings with black and minority ethnic prisoners appeared to have led to them identifying instances of what they perceived to be racist behaviour among staff. We attended one such meeting where a number of worrying examples were given. We were also given a number of examples during the week and witnessed some inappropriate behaviour by staff. We welcomed the fact that the prison was prepared to tackle these issues openly through these meetings with black and minority ethnic prisoners. There was a need to demonstrate to prisoners that the concerns they had raised through these meetings would be taken seriously, acted on and investigated where appropriate. There were no interventions available for those exhibiting racist behaviour and little evidence of the prison actively promoting positive race relations and cultural diversity.

HP.18 Approximately 10% of prisoners were foreign nationals. There was a designated foreign nationals liaison officer but no formal written policy and no time was made available for him to do his work. Some appropriate support was provided by the way of extra telephone calls and letters but these were not consistently available. There was a need to provide more information for staff and prisoners about the services available for foreign nationals and about repatriation, deportation and immigration issues. There was no support group where foreign national prisoners could meet together.

HP.19 We found examples of institutional disrespect among healthcare staff. One of its manifestations was the difficulty in accessing primary care through an applications and appointment systems that had inherent delays. However, once these delays had been overcome, the waiting lists for services were relatively short and the quality of service was good. The healthcare centre was difficult to access and the waiting area was cramped and overcrowded. A problem with the delivery of basic pain relief, which had led to some women being left in pain, was beginning to be resolved but the situation was indicative of a lack of care and was unacceptable. This also reflected a general problem of poor communication between healthcare and the rest of the prison. There were also instances of poor communication with the PCT. Mental health services were under-resourced and this was being addressed. Nevertheless, a good standard of service was provided and counselling was well integrated. There were

some major problems with the pharmacy service, including a lack of audit, delays and prescribing issues.

Purposeful activity

HP.20 Prisoners had very good time out of cell but insufficient association activities. There were enough activity spaces for the population but these were not being used and opportunities to accredit activities were being missed. More effective use of resources in education was needed to meet the needs of prisoners and more robust quality assurance arrangements were required.

HP.21 Most prisoners had a very good amount of time unlocked but those who were unemployed had only restricted access to exercise in the fresh air in winter when there was no outside association in the evenings. Few activities were available to keep prisoners occupied during evening association and we were told that this was a particular problem at weekends.

HP.22 There was no appropriate allocation to activity following reception and all prisoners were simply allocated to workshops. This was about to change. Although there were 310 activity places available, we found 57 prisoners, almost 20% of the population, inactive on the wing on one afternoon of the inspection; 37 of these were formally notified as unemployed.

HP.23 The standard of prisoners' work in education was good, as was the teaching, learning and support. Efforts were also being made to engage prisoners who were not accessing education. The use of some individual learning plans for students was underdeveloped and there was also some poor targeting of resources with, for example, too many tutors in hairdressing for a very small number of students. Opportunities to promote equal opportunities were also being missed and there was poor quality assurance of education.

HP.24 Only two workshops were in operation, offering basic contract services work and none of the work was accredited or led to qualifications. The painting and decorating workshop had been closed for some time as the instructor had left and had

not been replaced. Opportunities to accredit industrial cleaning were no longer being taken. Some vocational training was taking place in fork-lift truck operating but a problem with the certification needed to be cleared up. The resources available for work and training were fit for purpose.

HP.25 Prisoners were not given a formal introduction to the library, which was difficult to access unless women were participating in education. Even some prisoners in education had not been inducted into the use of the library and did not know how to get to it. Consequently, there was low use of the library. The range of legal and religious books was adequate but that for foreign national prisoners was narrow.

HP.26 The gym facilities were good but there was a need for some outside sports activities, which were planned. Only limited numbers of prisoners were able to participate in physical education and there was poor access to the gym at evening and weekends. There were some good achievements in the available physical education course but there was a question about whether the course, which had previously been run for men, was the most appropriate for women. Exercise in the gym was available on prescription.

Resettlement

HP.27 Some good resettlement initiatives and interventions were provided but a needs analysis was required to ensure that the needs of the current population, which was different from that originally envisaged, were being met. We acknowledged the achievements that were being made given the difficulties inherent in meeting the resettlement needs of a transient population.

HP.28 Sentence planning was provided by a dedicated, trained central team. The team had good tracking systems in place and was committed to meeting sentence planning targets. However, a recent large increase in the number of receptions meant that there were a large number of cases to be dealt with. All cases of prisoners serving more than 12 months were dealt with at sentence planning boards with input from probation and other areas. There was good identification of risk and needs but

sentence plan targets were limited to what was available at Buckley Hall. There was no custody planning for those serving less than 12 months.

HP.29 The personal officer scheme was not fully operational but there had been a recent initiative to re-launch it. In our survey, 34% of respondents said that they had not met their personal officer and personal officers were not attending sentence planning and other meetings. A new job description had been circulated to all officers outlining personal officer duties but these placed too much emphasis on a disciplinary rather than a pastoral role. The regular comments from officers in wing history sheets were not necessarily made by personal officers.

HP.30 In recent months, the prison had begun to take what were described as 'first stage, well progressed' life sentenced prisoners. There was some confusion among staff and the life sentenced prisoners about what this meant in terms of their progression in their sentence. Good records, sentence plans and arrangements for reviews were in place and the prison was meeting agreed targets but personal officers were not contributing to lifer reviews.

HP.31 There was a reasonable range of offending behaviour programmes available, including enhanced thinking skills, anger management, understanding addiction and a programme aimed at crack cocaine users called 'cracking it'. Most of these programmes had been run when Buckley Hall was a medium-secure prison for men and, as there had been no recent offending behaviour needs assessment, it was not possible to determine how well they were meeting the needs of the current population.

HP.32 The resettlement policy had been recently reviewed and the resettlement policy committee was meeting regularly. There was no indication that the policy had been based on the particular resettlement needs of the current population of women prisoners, many of whom were at Buckley Hall for only a short time. Some good work was taking place in the housing and employment areas and respondents to our survey indicated a good knowledge about the existence of these services. However, provision was fragmented between a range of service providers and there was no comprehensive resettlement needs assessment on reception or formal system to check

how well those needs had been met before discharge. There was little use of release on temporary licence to meet the resettlement needs of the eligible population.

HP.33 Buckley Hall provided a methadone maintenance programme for suitable women but there were no joint work protocols between healthcare and the counselling, assessment, referral, advice and throughcare (CARAT) service. The CARAT team was easily accessible and its members were well known and integrated into the prison. There was a need to provide CARAT officers with appropriate casework supervision.

HP.34 CARAT assessments were running at almost double the original target and the advice caseload was high. There were good throughcare links through the Criminal Justice Intervention Partnership Schemes. A good locally developed short programme called 'Rethink' had been adapted for women and we considered it to be an example of good practice. There was scope to develop a longer programme. Women involved in voluntary drug testing were being inappropriately strip-searched and this was stopped during the inspection. Voluntary drug testing arrangements had become inappropriately linked with the incentives and earned privileges scheme.

Main recommendations

HP.35 Women prisoners who do not meet the published allocation criteria should not be transferred to Buckley Hall; in particular, those who are still undergoing, or have recently completed, detoxification.

HP.36 A formal first night system should be introduced followed by an appropriate and properly resourced multidisciplinary induction programme.

HP.37 There should be a regular senior management presence on the wings; the expected professional standards of behaviour towards prisoners should be made clear to all staff and senior managers should consult groups of prisoners regularly about staff attitudes.

HP.38 Efforts should be made to increase the confidence of black and minority ethnic prisoners in the management of race relations and all reports of racial

discrimination, including those received by third parties, should be recorded and investigated thoroughly.

HP.39 Security arrangements should be reviewed with a view to ensuring that gates in fences and wings are locked back to allow freedom of movement within the secure perimeter of the prison during the working day.

HP.40 A comprehensive monitoring system for the use of force should be introduced and used by the security committee to review emerging trends, amend practices where necessary and ensure that there are no inappropriate patterns.

HP.41 A full resettlement needs analysis should be undertaken to identify key characteristics such as age, offence type, length of sentence, home area, family circumstances and housing and employment status.

HP.42 Custody plans should be introduced for all prisoners not subject to formal sentence plan procedures. These should identify immediate needs, targets in prison and resettlement goals.

CHAPTER ONE

ARRIVAL IN CUSTODY

Courts and escorts

Expected outcomes

The expected outcomes for courts and transfers procedures are:

Safety: Prisoners travel in safe conditions to and from court and between establishments

Safety: Prisoners are safe in crown court cells and other holding areas

Respect: Prisoners are held in decent conditions in escort vehicles and at court

Respect: Prisoners are provided with opportunities for refreshment, toilet and washing facilities at reasonable time intervals

Respect: The individual needs of prisoners during escort and while at court are given proper attention

1.01 All prisoners at Buckley Hall were sentenced but there was some movement to court to deal with outstanding offences, appeals and family court hearings. These prisoners were produced at court on time and prisoners' property and cash were taken with them to appeal hearings. Many prisoners were not from the area (only a third were within 50 miles of their home address), so had to attend courts some distance from Buckley Hall. Arrangements were sometimes made to lodge a prisoner at another prison nearer to the court. Prison staff often had to re-arrange court dates because of insufficient notice. There was no video link facility but the prison occasionally used the one at HMP New Hall.

1.02 We looked at two escort vehicles, both of which were clean but had graffiti scratched into the walls of each cubicle. There was sufficient space to accommodate prisoners' property. Escort staff were appropriately briefed and prisoner escort records (PERs) showed that prisoners were observed at regular intervals during their journey. In our survey, 75% of respondents said that they were well or very well treated by

escort staff but 68% described the comfort of the escort vehicle as bad or very bad and 52% said the same about the frequency of comfort breaks.

1.03 A number of women who arrived from HMP Eastwood Park during the inspection had left at 10.15am and did not arrive at Buckley Hall until 3.30pm, a journey of over five hours. They had their first comfort break at 2pm when the escort vehicle called at HMP Styal to collect more women. The escort records indicated that a break had been offered at 12.45pm but had been declined by all the women. The women all denied that such an offer had been made. The escort vehicles were equipped with specially designed bags into which women could urinate if necessary. In our survey, a third of the respondents said that they had spent between two and four hours in the escort vehicle and 13% had spent more than four hours.

1.04 Although the transfer and allocation criteria for Buckley Hall stated that women should not require detoxification facilities, some women arrived still withdrawing from drugs and had to be returned to their sending establishment the same day. The criteria also clearly explained that Buckley Hall was situated up a very steep hill but, again, account was not always taken of this. One prisoner had been transferred to Buckley Hall from Styal with known respiratory difficulties that meant she could not manage the hill. She had spent one night at Buckley Hall before being returned to Styal the following day and had therefore had two days of unnecessary journeys.

1.05 Prisoners were also often transferred to Buckley Hall with little time left to serve, with complicated psychiatric histories and with outstanding medical appointments. One woman had recently been transferred having been moved six times within a four-month period, including three days release on home detention curfew and a short spell in a NHS psychiatric hospital. She was due to be released in April 2004. All her family were in the Birmingham area, as was her community psychiatric nurse who had visited her several times while she was at HMP Brockhill. Buckley Hall had not been informed of her difficulties before the transfer and the mental health team had only discovered her psychiatric history and ongoing treatment plan during their initial assessment.

Conclusion

1.06 Effective relationships existed between the prison and the escort contractor and prisoners were well treated by escort staff. Some women experienced long journeys in cramped conditions in escort vehicles with insufficient breaks and many were far from their home areas. Some prisoners were inappropriately transferred to Buckley Hall.

Recommendations

1.07 **Women prisoners should be held nearer to their home areas.**

1.08 **Regular comfort breaks should be provided on escorted journeys.**

Housekeeping point

1.09 Hygiene packs containing items of sanitary protection should be made available in the reception area for prisoners going out on escort.

First days in prison

Expected outcomes

The expected outcomes for arrival in custody procedures (reception, first night and induction) are:

Safety: Everything reasonable is done to help prisoners feel safe on their reception into prison; prisoners' needs are identified, including physical and mental healthcare, in order that they may be cared for and supported by competent trained staff

Respect: The way in which entry procedures are conducted and the approach of competent staff preserves the personal identity of prisoners, respects their privacy and dignity and is responsive to their individual needs

Respect: Prisoners are made aware of prison routines, how to access available services and cope with imprisonment

Purposeful activity: Prisoners are constructively occupied during their first days in prison, preferably as part of a comprehensive induction programme

Resettlement and reducing re-offending: Prisoners' welfare needs are identified and appropriate help offered to deal with them

Reception

1.10 The reception area was spacious, clean and well maintained. There were two suitable holding rooms, each with access to a toilet. A range of written information was available in these rooms but none of it was in languages other than English. There were clear lines of sight into both holding rooms, although the clear glass also meant that prisoners in the rooms could see events outside. In our survey, 47% of respondents said that the strip-searching in reception was not carried out sensitively. The searching we observed was carried out appropriately.

1.11 Prisoners were interviewed and had a cell-sharing risk assessment conducted in an office with two counters. This did not provide sufficient privacy. One woman was being interviewed at the counter with 10 staff in the immediate office area. A member of healthcare interviewed all prisoners in private. Every woman was also seen individually and assessed in private by a community psychiatric nurse. Support plans were prepared for any prisoners identified as at risk of suicide or self-harm.

1.12 Prisoners could spend a considerable amount of time in reception. Some prisoners who arrived at 11.30am did not reach the induction wing until 4.30pm. We met others who had left HMP Brockhill at 11.05am, arrived at Buckley Hall at 1.20pm and were still being held in reception at 5pm. There was no television or reading material other than prison information available in the initial holding room and, although it had a television, the second holding room was similarly devoid of magazines, newspapers or other light reading material to help prisoners pass the time.

1.13 Smoking was not allowed anywhere in the reception building, which was difficult and frustrating for prisoners spending some time there and also created additional monitoring work for staff. Smoker and non-smoker reception packs were available; 93% of respondents to our survey had received one. A free two-minute telephone call was offered, although only 30% of respondents said that they had received one. The telephone was immediately beside one of the interviewing counters and provided no privacy.

1.14 Reception was staffed by two officers, usually one male and one female from a pool of 20 from the operations group. Two officers detailed on a daily basis to

provide cover for unexpected bed-watches or escorts would also work in reception when their allocated duties were not required.

1.15 Unlike when it had accommodated male prisoners, Buckley Hall was receiving daily transfers in from other establishments. The total movements through the reception area had increased: between April 2001 and March 2002 (before re-role), 555 male prisoners had been received into the prison; between April 2002 and March 2003 (after re-role), 1087 women had been transferred to Buckley Hall – an increase of almost 100%. The number of prisoners being released back into the community and the number being transferred to other establishments had also increased. Staffing levels in reception had not increased to meet the need. Officers were posted to work there to help out on an ad hoc basis but had not been trained in reception duties.

1.16 A prisoner orderly in reception was also an ‘Insider’ (a prisoner who helped welcome and settle new arrivals to the prison) and engaged with prisoners to offer information, support and advice, and shared any immediate concerns with staff. The scheme was relatively new and a job description, statement of purpose and compact for the Insiders scheme was in draft form but had not yet been formally agreed.

1.17 Prisoners’ property was stored in a secure room in reception. There were limits to how much could be stored regardless of circumstances, such as foreign nationals who had no one to whom they could hand out property. Access was by applications and these were generally dealt with at weekends. Officers told us there were no long outstanding applications but 27% of respondents to our survey told us that they experienced delays in accessing their stored property. We were unable to check this during the inspection, as staff were unable to produce the application log book, which had apparently gone missing.

1.18 A stock of clean donated clothing was available and women without a change of clothes were provided with two sets of clothing and footwear. Women were provided with suitable new underwear and nightwear where necessary.

First night

1.19 The cell sharing risk assessment completed in reception went with each woman to the induction wing. There were no formal first night procedures and no written information was provided on the induction wing other than on notice boards. In our survey, 79% of respondents said that they had problems on arrival but only 29% said that they had received help in dealing with these within the first 24 hours. Less than a third (31%) said that they had received information about what was going to happen to them on the day of their arrival and only 42% said that they had received information about support for feeling depressed. Seventeen per cent said that they had received information about routine requests on arrival.

1.20 All new arrivals were allocated to a single cell with a television. Women were shown to their cell and were then free to join other prisoners on the wing in association. Night staff were aware of which prisoners had arrived on the wing during the day.

Induction

1.21 Prisoners were not assessed by a reception board or an individual officer on the day of their arrival or the following day.

1.22 Two out of six induction officers were detailed to induction each day. None had received any formal training. Although specifically profiled to work with newly arrived prisoners, they also carried out general wing duties.

1.23 In our survey, 77% of respondents said that they had attended an induction course within a week of their arrival. Induction staff delivered what was called 'domestics' to new prisoners the day after their arrival. This involved giving a large amount of verbal information about regimes and services in approximately two hours. A Listener gave some information about support services but there were no contributions from other departments. A prisoner handbook was being developed but was not yet available and a structured five-day induction programme was also under development. A recently produced video with a range of information was shown on the television on the wing and could also be viewed on all televisions in the cells.

1.24 After the ‘domestics’ session, the education department ran an accredited three-day preparation for work course. All prisoners were required to take an individual education assessment. The course included literacy and numeracy work as well as other information about jobs and education.

1.25 Senior managers told us that laminated information books were available on the wings but these were found only on E and F wings. The notice board on B wing had 45 pages of typed information, while those on C and D wings had insufficient information about the regime and the range of services.

1.26 Each prisoner signed the wing compact and kept a copy in her possession. This described what was expected of both prisoners and the establishment. The compact also set out avenues of appeal, information about the use of the in-cell television, a decency policy and information about the mandatory drug testing policy, fire procedures and the Health and Safety at Work Act 1974.

Conclusion

1.27 The reception area was spacious and comfortable but prisoners spent too long there; this was particularly difficult for smokers. Interviews were not carried out in sufficient privacy and this did not help women to raise sensitive matters. A member of healthcare and a community psychiatric nurse saw every prisoner. There were insufficient officers profiled to work in reception. There were no formal first night procedures and the existing officer-led induction was unsatisfactory. Many prisoners did not receive the information they needed about regimes, services and facilities.

Recommendations

1.28 **Additional officers should be profiled to manage the increased traffic of prisoners in reception.**

1.29 **Prisoners should be moved from reception as quickly as possible.**

1.30 **Prisoners should not be able to see into the reception area from the holding rooms.**

1.31 Reception interviews should be carried out in private and prisoners should be able to use the reception telephone in private.

Housekeeping points

1.32 A smoking area should be made available.

1.33 Induction officers should receive appropriate formal training.

1.34 Volumetric control of stored property should take account of the different needs of the population.

1.35 The job description, compact and statement of purpose for the Insider should be formally agreed.

1.36 Items to help prisoners pass the time while waiting in the holding rooms should be provided.

1.37 Managers should satisfy themselves that the existing arrangement for prisoners accessing their stored property is meeting prisoner need.

CHAPTER TWO

RESIDENTIAL UNITS

Expected outcomes

The expected outcomes for accommodation and facilities, clothing and possessions, and hygiene are:

Safety: Prisoners live in a safe and hygienic environment

Safety: Prisoners are risk and needs assessed before being placed with other prisoners in shared cells

Respect: Prisoners have their dignity and privacy of life respected while in prison

Respect: Prisoners are encouraged, enabled and expected to maintain an acceptable level of personal hygiene in appropriate, decent residential accommodation

Purposeful activity: Suitable space and facilities on residential units are available and used to permit association activities that meet prisoners' needs

Environment

Accommodation and facilities

2.01 Prisoner accommodation comprised three similar units, each containing two floors with two wings on each unit. At the time of the inspection, all wings except B wing contained 60 cells, a varying number of which were double. B Wing contained 50 cells and had additional classroom and office space, having originally been designed as the induction wing. In-cell emergency bells were tested regularly. Observation panels in the doors were kept free of obstruction.

2.02 All prisoners were risk-assessed before allocation to their cell (see paragraph 1.11) and the policy on offensive displays was displayed on wing notice boards. Residential units were generally calm at night and 75% of respondents, against a benchmark of 57% in other women's prisons¹, said that the wings were quiet enough for them to be able to relax or sleep during the night.

¹ The benchmark figure is calculated by aggregating all survey responses together.

2.03 There were no safer cells on any of the wings and none of the accommodation had been adapted for prisoners with disabilities. Most cells had been personalised by their occupants and all communal areas were clean and well maintained. Apart from those on the induction wing, all prisoners held a cell key. The cells were well furnished and all contained a television, hairdryer, kettle and in-cell sanitation screened by a curtain.

2.04 Equipment such as pool tables, wing televisions and board games were available for use during association periods. Wing staff also occasionally offered extra activities such as karaoke and wing competitions on bank holidays but we were told they were unable to do so regularly at weekends because of insufficient staff.

2.05 There were insufficient interview rooms on the wings where prisoners could speak to staff in private.

2.06 Each wing contained three telephones, two in booths on the ground floor and one on the second landing with a metal hood. Women could choose to eat communally or in their cells. None of the wings was fitted with an external bell and we observed many women having to wait for some time for wing staff to let them onto the wing.

2.07 A lot of work had been undertaken on the general wing environment, including deep cleaning of cells, decoration, rectifying heating system defects, converting some cells to bathrooms and replacing some floor coverings.

Hygiene, clothing and possessions

2.08 Prisoners had access to free prison-issue toiletries daily and sanitary products were issued in full packs on request. Prisoners were also able to buy toiletries each week and a wider, more culturally diverse range of toiletries and cosmetics was available through a monthly pre-order system.

2.09 There was a well-maintained bathroom on all wings and four showers were provided on each landing. The showers on B, E and F wings had been refurbished and this was planned for those on C and D wings, which were clean but clearly in need of

it. All showers provided privacy but were also easily supervised by staff. All prisoners reported having daily access to showers, although some women complained that hot water was not always available.

2.10 Prisoners had access to cleaning material during each daily association period. Bedding exchange was available weekly, although the manager reported concern that some prisoners did not make use of this service. Plans were in place to introduce a system to ensure this. In our survey, 90% of respondents said that they got clean bedding every week and 91% said that they had access to cell cleaning materials.

2.11 Cells had internal sanitation and additional toilets on each landing were available during the day and evening, which allowed those in shared cells to use the toilet in more privacy than could be provided in the cells.

2.12 Each wing had its own laundry, managed by a prisoner who laundered prisoners' clothes on a rota basis that allowed each person a weekly service. Ironing facilities were also freely available.

2.13 Prisoners wore their own clothes and 74% of respondents to our survey said that they were normally offered enough suitable clean clothes for the week. A facilities list displayed on each wing clearly identified prisoners' entitlement to in-possession property, including the links to the incentives and earned privileges scheme.

Conclusion

2.14 Significant refurbishment and building work had been, and continued to be, carried out at Buckley Hall. Accommodation and wing facilities were clean and maintained to a high standard. There was a lack of interview rooms on wings. Women were often kept waiting for officers to unlock the main wing gate to let them into the unit. Access to baths and showers was good and the refurbished showers provided a respectful and private facility. Provision of cleaning materials, laundry and toiletries was also good. Women wore their own clothes and the in-possession allowance was sufficient.

Recommendations

2.15 **Sufficient rooms should be created to allow staff to interview prisoners in private.**

2.16 **Bells should be installed at the entrance to wings to help ensure that prisoners are not kept waiting for long periods at wing gates.**

Housekeeping point

2.17 Sufficient hot water should be available to prisoners on the wings.

Relationships

Staff/prisoner relationships

2.18 Our pre-inspection survey did not identify any specific concerns about relationships between staff and prisoners but some of the findings could have been indicators of poor relationships. For example, only 29% of respondents, against a benchmark of 42%, said that they had received any help or support from staff in dealing with their problems when they first arrived. Equally, a relatively low proportion (19%) reported being on the enhanced level of the incentives and earned privileges scheme, while a relatively high proportion (22%) said that they had spent a night in the segregation unit in the last six months. Eleven per cent, only slightly higher than usual, said that they had experienced insulting remarks from staff.

2.19 However, during the inspection itself, many prisoners told us about the disrespectful attitude of some staff, predominantly male staff. The number of similar such accounts from different sources, including some staff, meant that it was not possible to discount them as emanating from a minority of disaffected prisoners. We were told of staff using unacceptable language, such as telling prisoners to ‘get back to their kennels’ or referring to prisoners as ‘crack heads’ and ‘crack rats’. If such incidents were happening, even if, as likely, they involved only a small number of staff, then much of the positive work initiated by the governor to develop pro-social modelling among the whole staff group was in danger of being undermined.

2.20 We found some examples of a poor attitude towards women and equal opportunities issues. Derogatory remarks were made about the change from the

‘business-like’ nature of the prison since it had become a women’s prison and there were some stereotypical views in education about the ability of women to handle tools and equipment.

2.21 It should be stressed that we did not witness any of these alleged extremely disrespectful incidents. On the whole, we mainly saw positive encounters between staff and prisoners, who generally addressed each other by their first names. While this helped to promote positive relationships on the wings, it also made it all the more noticeable that healthcare staff addressed patients by their surnames. The relatively low staffing levels did not always explain the low level of engagement by staff with prisoners that we observed during association and other times. There was little senior management presence on the wings.

2.22 Despite these concerns, the fact remained that the majority of prisoners at Buckley Hall believed that most staff were fair and relationships were generally relaxed and informal. We also witnessed some very good examples of staff support and engagement with prisoners.

Personal officers

Expected outcomes

The expected outcomes for key workers (personal officers) are:

Safety: Key workers provide a first line level of care promoting safety in the prison environment

Respect: Prisoners experience relationships with their key workers that are based on mutual respect, high expectations and affirmation

Respect: Prisoners know that their key worker will support them fully in their involvement in the prison system and throughout the progress of their sentence, based on sound knowledge of the prisoner, including any special needs

Purposeful activity: Key workers encourage the best use of their prisoners’ time out of cell

Resettlement and reducing offending: Key workers ensure that prisoners start and maintain the process of resettlement from the beginning of the sentence and in each new location

2.23 There was an acknowledgement that the personal officer scheme was not operating as it should and an attempt had been made to revive it only two weeks before the inspection. In our survey, 31% of respondents said that they had met their personal officer in their first week and 40% said that they had been helpful or very helpful; 34% said that they had not met their personal officer. While these figures are better than we find in some women's establishments, they did not reflect positively on a training establishment.

2.24 Personal officers were allocated by cell and their names were posted in notices over the doors, although prisoners were keen to tell us that these notices had appeared only at the beginning of the week of the inspection. The head of residence explained that there had been a decision to re-launch the personal officer scheme as a means of identifying what training was required to enable officers to carry out their personal officer responsibilities. The new notice to officers setting out personal officer responsibilities referred to the role as one of 'mentor, advisor, authoritarian, disciplinarian, supporter'. It advised personal officers to make at least regular monthly entries in wing files, to complete documentation such as sentence plans and to attend relevant reviews and boards 'where possible'. It made no reference to the need for personal officers to introduce themselves to prisoners or to get to know them and their family circumstances.

2.25 Managers acknowledged that personal officers were not allocated time to attend meetings such as sentence planning boards and enhanced thinking skills reviews. It was not therefore surprising that personal officers rarely attended such occasions. Most wing history sheets contained regular entries but these had not necessarily been made by personal officers; most referred to events in the prison and there were few references to prisoners' personal and social circumstances.

Conclusion

2.26 Relationships between staff and prisoners were mostly positive but we had serious concerns about the level of complaints about the attitudes of some staff that we received during the course of the inspection. There was not a great deal of engagement by staff with prisoners on the wings.

2.27 The personal officer scheme had not been given a high priority and many prisoners did not know who their personal officer was. There had been a recent attempt to re-launch the scheme but personal officers were not allocated the time to attend sentence planning and other meetings. The new description of duties placed too much emphasis on a disciplinary rather than a pastoral role. While there were regular comments in wing history sheets, these were not necessarily being made by personal officers.

Recommendation

2.28 The operation of the personal officer scheme should be fully reviewed, a new description of duties should be drawn up and time allocated for personal officers to attend and contribute to reviews and other important meetings relating to their allocated prisoners.

CHAPTER THREE

DUTY OF CARE

Safer custody

Anti-bullying

Expected outcomes

The expected outcomes for creating an environment safe from bullying are:

- **Safety:** Prisoners are as safe as possible from bullying behaviour and bullied prisoners are always given full support in any bullying incident
- **Respect:** Neither staff nor prisoner uses their position or power to bully others
- **Respect:** Bullying and bullied prisoners are treated fairly and are aware of the systems that operate to prevent bullying behaviour
- **Purposeful activity:** Activities take place to develop self-esteem within an environment which discourages bullying and assists those who are or might be bullied
- **Resettlement and reducing offending:** Street and prison cultures are challenged through effective anti-bullying measures and programmes for all who are involved

3.01 In our survey, 86% of respondents told us that they had never felt unsafe at Buckley Hall and 86% said that they had never been victimised by a prisoner or group of prisoners. Of those who had, most had experienced insulting remarks about themselves or their family or friends; 12% said that they had been victimised by staff in the same way. The majority of those who said that they had been victimised by either staff or prisoners had chosen not to report it.

3.02 Anti-bullying information was displayed on all wings. Most of it was not eye-catching, although more creative displays had been put up in the foyers of two of the accommodation units.

3.03 Anti-bullying and suicide and self-harm policies came under the umbrella of the safer prisons team. A dedicated anti-bullying committee met quarterly chaired by a senior manager and attended by staff from across the establishment but there was no prisoner representation. Minutes of the meeting in November 2003 noted that the anti-bullying strategy 'was not working' and would be 're-launched'.

3.04 The anti-bullying coordinator had been in post approximately four months. He had not been formally trained and did not receive any profiled time to carry out his duties alongside his other work. Despite this, he was keen to carry out this work and produced statistics on victims and bullies for the committee. Assistant anti-bullying coordinators had also been identified on the wings. One of these assistants indicated that the position had been forced on him, that he was unclear about his responsibilities and that he was unable to attend meetings because of his shift pattern.

3.05 All bullying incidents were recorded by staff on a security information report (SIR) and forwarded to the security department before being logged and forwarded to the anti-bullying coordinator. Those containing racial allegations were also passed to the race relations liaison officer. The wing senior officers were responsible for investigations. Investigations were carried out well, although there was a backlog of eight investigations at the time of the inspection, including one that had been outstanding for seven weeks.

3.06 A bullying survey had taken place in June 2003 but only 40 of the 316 forms distributed had been returned. The analysis had identified the type of bullying (mostly threats and name-calling), where it had taken place (primarily in cells and during association) and if the respondent felt that the anti-bullying strategy was working (most felt that it was). Prisoners had also been asked for suggestions to stop bullying. A number had suggested more staff presence on the wings generally and more supervision when canteen was collected. A note in the minutes of the prisoner consultative meeting in November 2003 recorded that 'it was clear that medication and shop order time was an area of concern'.

3.07 The anti-bullying policy was dated 2002 and stated that personal officers should have regular contact with prisoners and 'should be the first point of contact to

a prisoner to discuss any problems'. In reality, many prisoners did not have regular contact with their personal officer (see section on personal officers at paragraph 2.23). The policy encouraged the use of outside agencies and families in improving supervision and detection, yet the establishment did not provide a confidential telephone line or display the telephone number of a named manager to whom families and friends could speak. The policy also stated that prisoners leaving the establishment would be asked to complete an exit questionnaire but this was not happening.

3.08 The anti-bullying strategy was in three stages and a bully could remain subject to it for several months:

- Stage 1 required monitoring for a minimum of three months
- Stage 2 required a minimum of 28 days prior to review
- Stage 3 required the prisoner to remain at that level for six weeks before review (prisoners on this stage were also downgraded to the basic level of the incentives and earned privileges scheme)

Prisoners could also move back from stage 3 to stage 2 or from stage 2 to stage 1. There were no planned interventions to support victims or challenge bullies.

3.09 Only two prisoners had progressed to stage 2 in the previous four months and only one prisoner was subject to anti-bullying procedures at the time of this inspection. The latter prisoner had been placed on the strategy on 13 January 2004 and was held in the segregation unit. Daily entries had been recorded by staff and the anti-bullying booklet had been seen and signed regularly by managers. Most of the comments were negative and none offered any insight to or personal knowledge of the woman. Managers accepted that the strategy had done little to assist her.

3.10 Few prisoners fully understood the strategy. All staff could identify the anti-bullying coordinator and most knew what they should do in a case of bullying, although some new staff were unsure about the procedures. Many staff did not know who the assistant anti-bullying coordinators were for their wing; those who did were unaware of their duties.

3.11 A pilot scheme on E and F wings had introduced two prisoners called ‘settlers’. Their role was to befriend prisoners on the wing and offer advice and support concerning bullying and intimidation. The scheme had been operating for less than two weeks at the time of the inspection and no published description of the role was available.

Conclusion

3.12 There was little evidence of bullying at Buckley Hall and most prisoners felt safe. The anti-bullying coordinator had only recently taken up post, had received no formal training and did not receive allocated time for his duties. Investigations were thorough but some were taking too long. There were some doubts about the effectiveness of the anti-bullying strategy. There were no specific interventions for bullies or victims and prisoners could remain on the strategy for some months to little purpose. The response to an anti-bullying survey had been low but provided some useful information. Few prisoners fully understood the strategy.

Recommendations

3.13 **The operation and effectiveness of the anti-bullying strategy should be reviewed and evaluated.**

3.14 **The anti-bullying co-ordinator should receive appropriate training and sufficient allocated time to carry out his duties.**

3.15 **Interventions for victims and bullies should be developed.**

Housekeeping points

3.16 The anti-bullying information given during induction should be presented more creatively.

3.17 Prisoners should be represented on the anti-bullying committee.

3.18 A further survey of the population should be undertaken, utilising appropriate systems to increase the response rate.

Preventing self-harm and suicide

Expected outcomes

The expected outcomes for preventing self-harm and suicide are:

Safety: Prisoners are held in an environment in which all reasonable steps are taken to protect prisoners from self-harm and suicide and honouring the prison's duty of care to every prisoner

Safety: Significant information about individual prisoners at risk of self-harm or suicide is communicated effectively by those who hold it to those who need it and integrated into the support plan

Respect: Prisoners know where to find help and access it in times of crisis or need

Respect: Raising and maintaining prisoners' self esteem, especially in times of transition or change, should be inherent in the prison's culture, management, regimes and activity

Respect: The treatment of those at risk of self-harm or suicide shall always maintain confidentiality, preserve or enhance the dignity of the prisoner and shall not itself be dehumanising

Purposeful activity: Those prisoners at risk of self-harm or suicide are encouraged to participate in appropriate purposeful activities including specific programmes for their needs in this respect

3.19 As with anti-bullying, suicide and self-harm policies came under the umbrella of the safer prisons team that met monthly. A suicide prevention team met quarterly and included the prisoner Listeners and representatives of the Samaritans team that supported them. A suicide and self-harm coordinator supported the work of the team, monitored compliance with procedures and developed the strategy. 74% of staff had been trained in suicide prevention.

3.20 Escort staff used the self-harm warning form and reception staff were alert to this issue during the initial reception of the prisoners. The admission procedure included a healthcare and mental health assessment and a cell-sharing risk assessment.

3.21 Self-harm was monitored, including the type and location of self-harm incidents and the reasons for opening F2052SH (self-harm) forms. The system differentiated between the levels of self-harm of ‘main self-harmers’ and other prisoners who hurt themselves. In the month before the inspection, nine prisoners had accounted for 88 of the 96 recorded acts of self-harm. Over half (58%) of the incidents had involved cutting and 13% had involved the use of a ligature. However, the system did not include monitoring of the time of day of self-harm incidents or stage of sentence and there was no system to cross-reference self-harm incidents with records of bullying.

3.22 In the 10 months before the inspection, 250 new F2052SH forms had been opened and 587 individual acts of self-harm had been recorded. At the time of the inspection, 15 prisoners were subject to self-harm support plans managed under the F2052SH procedures. The name and location of each of these prisoners were on display at the gate for the information of all staff.

3.23 Whenever F2052SH forms were opened, the initial review included a requirement to nominate a level of observation as well as a care plan. Observation frequency ranged from four times a day (‘infrequent observation’) to constant watch. All observations were recorded.

3.24 We looked at 13 of the 15 current F2052SH forms and attended two review meetings. Daily observations and review meetings were undertaken and recorded in line with the required timescales; management checks of the timeliness of procedures in these forms were recorded. Review meetings and interviews with prisoners evidenced a wide range of multidisciplinary support for those who self-harmed.

3.25 Most reviews were attended by the prisoner and two staff, usually a wing principal officer acting as chair and a community psychiatric nurse, chaplain or probation officer. Discussions with wing staff and specialists revealed that prisoners who were at risk were generally well known and the nature of the risk was understood but this was not reflected in the record of reviews and daily observations. Specialist interventions were frequently undertaken but were omitted from the record. Daily wing records usually failed to address the nature of a prisoner’s underlying problem or

the nature of her risk. As an example, all the routine observations of one high-risk prisoner had been noted but no one had recorded her failure to get up for her medication on two consecutive mornings.

3.26 Reviews were held in a private, quiet, appropriately decorated room. Those that we observed were handled sensitively but there was a tendency to focus on the form and the process rather than on the individual prisoner. Support plans were very brief and generally lacking in detail, typically merely listing departments such as ‘probation, community psychiatric nurse, Listeners’.

3.27 The audit review provided to the suicide prevention team showed that timeliness issues and the quality of plans were reviewed systematically and in detail, although improvements measured had been more quantitative than qualitative.

3.28 The self-harm policy included the provision of an ‘extra support plan’ both for those coming off a F2052SH form and for those who were the subject of a lower level of concern who did not require full F2052SH procedures. This support plan required staff to have daily conversations with the prisoner and to make daily entries in her record. We looked at nine such plans and all but one contained up-to-date records.

3.29 There was a good prisoner Listener scheme with four members at the time of the inspection and eight people about to begin the Samaritans training course. Training of new Listeners had been increased as trained prisoners were frequently transferred to other establishments. The suicide prevention team and the Listener scheme were well supported by the local Samaritans, who provided training, attended weekly to support the Listeners and attended the suicide prevention team meetings. Listeners were available to all prisoners at all times and a relatively new Listeners’ ‘buddy cell’ had been designed and furnished to allow two Listeners to spend the night with a vulnerable prisoner when necessary. This room had been used four times.

3.30 Since it had been re-roled as a women’s prison, there had been no deaths at Buckley Hall but there had been three incidents when prisoners had come close to killing themselves. ‘Hot’ debriefs had taken place in two of the incidents and a full critical incident debrief was held in the other. However, there was no established

formal means of identifying examples of good practice and learning points from all such incidents.

3.31 Prisoners subject to F2052SH procedures were routinely located in the segregation unit but there was no consistent means of monitoring this trend in the segregation unit records. At the time of the inspection, healthcare staff were refusing to complete an algorithm designed to assess suitability for segregation and no alternative assessment strategy was in place. There was no system to record the exceptional circumstances in which each vulnerable person could be segregated and no intensive care and review plan.

Conclusion

3.32 There was a good system for monitoring self-harm and timeliness of procedures for the administration of F2052SHs and staff generally had a high level of knowledge of vulnerable prisoners. However, the detail and quality of some work was not recorded. Plans were not individual or detailed, although there was evidence of a high standard of support from specialist staff. There was a good Listener scheme. There was inadequate oversight of use of the segregation unit for those on open F2053SHs.

Recommendations

3.33 **A system to debrief and learn from all incidents when prisoners had almost killed themselves should be developed.**

3.34. **Support plans drawn up at F2052SH reviews should identify prisoners' individual needs and wherever possible name specific members of staff who should ensure that each element of the plan is actioned.**

3.35 **There should be appropriate assessments of medical suitability, evidence of exceptional circumstances, authorisation by a senior manager and intensive support plans for people on F2052SH procedures located in the segregation unit.**

Housekeeping point

3.36 Monitoring systems should be extended to record time of day and stage of sentence of self-harm incidents, and to cross-reference with bullying information.

Good practice

3.37 *The use of extra support plans to provide daily monitoring of those who have had F2052SH forms closed was good practice as it provided an extra level of support to the prisoners at a potentially vulnerable time and ensured that staff were alert to risk.*

Substance use

Expected outcomes

The expected outcomes for substance use are:

Safety: All prisoners are as safe as possible from exposure to and the effects of substance use while in custody

Respect: Prisoners with substance related needs are identified at reception and throughout their time in custody

Purposeful activity: All prisoners receive effective drug and alcohol education interventions to meet their needs

Resettlement and reducing offending: Prisoners, according to their individually assessed needs, are provided with the necessary support and treatment both in prison and after release to maintain healthy lifestyles and avoid the harmful effects of drug use

3.38 The drug strategy team met bi-monthly chaired by the deputy governor. The broad membership demonstrated both prison and wider community involvement, although healthcare and the security department were not represented frequently enough. The drugs policy document had been reviewed in June 2003 and the action plan was discussed and updated regularly. A local needs analysis had been completed in January 2004 and was available to inform the strategy.

3.39 The principal officer of operations acted as the establishment's drug strategy coordinator. He line-managed the prison's counselling, assessment, referral, advice and throughcare (CARAT) officers and coordinated the different aspects of supply and demand reduction initiatives.

3.40 Services available to women with substance-related problems included methadone maintenance, CARAT provision and a group work programme, although the latter was not in operation at the time of the inspection. Voluntary drug testing (VDT) was also available.

3.41 All new arrivals were screened at reception and prescribing was begun if indicated. This was undertaken by one of three general practitioners covering the prison. As noted in our section on reception, Buckley Hall received some women who had not completed their methadone detoxification regime at the sending establishment or who had completed it only on the day of transfer. This contravened the policy of the women's estate and was distressing to the women, who would have to be returned or transferred to another establishment capable of providing appropriate detoxification facilities.

3.42 In the six months to February 2004, 105 women had been reduced on benzodiazepine regimes. Thirteen women who had transferred from local establishments on methadone scripts had been maintained. A slow methadone reduction regime was also available.

3.43 Prescriptions were dispensed from healthcare and the consumption of medication was supervised. An F-grade nurse acted part-time as the substance misuse lead but had not received specific training for this role. While she liaised with the prescribing doctor and CARATs, no formal care planning system was in operation.

3.44 There was a lack of clarity about who was in the lead for arranging continuation prescribing in the community, although this was clearly a clinical responsibility. A weekly clinic had been established to undertake testing for naltrexone prescribing on release. Healthcare did not begin this treatment in the

prison. Monthly meetings between healthcare and the CARAT team had started and joint working protocols were being developed.

3.45 New arrivals were also screened for mental health problems. A needs analysis completed by the mental health in-reach team found that 82% of receptions reported a history of recent substance misuse, 74% had used class 'A' drugs and 21% had been alcohol dependent. It was estimated that 40% experienced both serious mental health and substance-related problems. The team offered one-to-one interventions and, once more staff had been recruited, it was planned to deliver group work to support women post-detoxification

3.46 The in-reach team assessed women who requested counselling services in order to reduce inappropriate referrals to the prison's part-time counsellor. The CARAT team could refer to this service direct. Only 20 hours per week were available to counsel women who had experienced sexual abuse and domestic violence. Following the prison's re-role, provision had not been extended in line with the needs of women.

3.47 The CARAT team comprised two drug workers from Lifeline, two prison officers and administrative support. The team was well integrated and CARAT officers had been trained to undertake the full range of duties including casework. The Lifeline CARAT workers received monthly supervision from their external manager, but neither of the two prison officers was given casework supervision.

3.48 The CARAT team was based on B wing, where appropriate interviewing space was available. It conducted 80% of sessions on other wings. The service was well-known and received referrals from reception staff and a wide range of other staff who had contact with the women. Regular training sessions with staff had helped to raise awareness.

3.49 By January 2004, the CARAT team had completed 235 initial assessments compared to a key performance target of 125. This was probably due to the increasing number of short-term prisoners, some of whom had as little as one week left in prison. During the same period, 170 care plan assessments had been completed. At the time

of the inspection, CARAT workers carried an active caseload of 117 clients; a further 39 women were waiting to be seen and the average waiting time was two weeks.

3.50 CARAT clients could access group work courses when these were running but only four women had successfully been referred to longer-term rehabilitation programmes at other establishments. According to the mental health team, 41% of all prisoners had a documented history of reported violent behaviour or charges for violent offences and CARAT staff reported that cell-sharing risk assessments and adjudication records made it difficult to get candidates accepted for programmes.

3.51 The CARAT team had introduced a number of initiatives: 10 places were available for a weekly 10-week gym session specifically designed for CARAT clients, a family support programme was being piloted and a community drugs outreach worker was available to meet vulnerable prisoners at the gate on their release. The prison had also arranged training in overdose prevention for staff and prisoners, which was due to be delivered by the Greater Manchester Ambulance Service.

3.52 CARAT workers liaised with a range of criminal justice intervention programmes, primarily those in Rochdale and Greater Manchester. Prison link workers attended regularly to make contact with the women pre-release and the CARAT team had completed 20 release plans during February 2004.

3.53 In 2003, the prison had run a series of group work modules called 're-think'. These had been developed locally, accredited through the Open College Network and adapted to the needs of women. Three modules of five half-day sessions had focused on alcohol awareness, crack/cocaine use and relapse prevention. Another, called 'understanding addiction', was more in-depth and consisted of 10 sessions over two weeks. The CARAT team offered debriefing and post-programme support for women on this course. Prisoners received learning credits on completion and 'graduates' from the course could train to become tutors. The group work programme had ended at the end of 2003 but was due to re-start early in March 2004.

3.54 The short courses met the needs of women serving short sentences but a more intense rehabilitation programme was not available for those who remained at

Buckley Hall for a longer period of time. The ‘understanding addiction’ module motivated them to look at their issues in more depth and both staff and prisoners thought this work could prepare women for longer-term, structured intervention.

3.55 B wing was the prison’s designated voluntary drug testing (VDT) unit while A wing was being refurbished. It provided 69 spaces but prisoners on other wings could also undertake a VDT programme. The number of compacts was 137 in January 2004 compared to a key performance target of 150. It was reported that the two VDT officers had recently been able to spend more time on this task, and testing targets were being met.

3.56 As part of their VDT compact, women consented to a full strip-search ‘as per MDT (mandatory drug testing) regulations’. This unacceptable practice ceased once it was brought to the prison management’s attention. The compact was linked to the local incentives and earned privileges scheme and a positive test could affect a prisoner’s regime level. This was not in line with good practice.

3.57 The establishment’s random year-to-date MDT positive rate was 5.3% and MDT testing targets were being met, although there was no frequent testing scheme and little suspicion testing. VDT and MDT positive results and drug finds indicated that heroin was the main drug of choice.

3.58 The current facilities in the segregation unit were inadequate but the prison’s new purpose-built MDT suite was due to become functional within the next two months. Other security measures included security information reports, searches, passive drug dogs, closed-circuit television in visits, closed visits and banning visitors. A police liaison officer was a member of the security team.

Conclusion

3.59 The prison’s drug strategy team was required to deal with the needs of both short- and longer-term prisoners. Pressure on local establishments had resulted in a number of inappropriate transfers, which caused distress to both prisoners and staff and which were contrary to national policy. Healthcare was not well integrated and mental health and counselling provision was insufficient to meet the complex needs of

the women. The CARAT service was stretched by the number of initial assessments but remained accessible and offered innovative interventions. There were good locally developed and accredited group work modules.

Recommendations

3.60 The healthcare and the security departments should form an integral part of the prison's drug strategy and attend meetings regularly.

3.61 The lead nurse for substance misuse should receive specialist training for this role.

3.62 Healthcare should introduce formal care planning systems that include liaison arrangements with community specialists regarding methadone maintenance.

3.63 The counselling service should be increased to meet need.

3.64 The prison CARAT officers should receive regular casework supervision from a qualified practitioner.

3.65 Joint working protocols for healthcare and CARATs should be finalised.

3.66 The prison's drug strategy team should explore the need for a three-month structured rehabilitation programme.

3.67 Women on voluntary drug test compacts should not be strip-searched and voluntary drug tests should be separate from the incentives and earned privileges scheme. Compacts should be amended accordingly.

Housekeeping point

3.68 Prescribing naltrexone prior to release should be considered.

Good practice

3.69 *A number of innovative initiatives helped women with drug problems, including a designated CARAT gym session, a family support programme and community in-reach for vulnerable prisoners at the point of release.*

3.70 *Group work modules had been developed locally, accredited and adapted to the needs of women, and prisoners could train to become course tutors. This helped meet the specific needs of women prisoners and develop responsibility and self-esteem.*

Race and ethnicity

Race relations

Expected outcomes

The expected outcomes for race relations are:

Safety: Prisoners live in an environment in which they are safe from physical, verbal or emotional abuse, intimidation or victimisation or any discrimination on the grounds of race or culture

Respect: Prisoners experience a culture that values diversity and actively promotes, maintains and monitors good practice in race relations

Respect: Foreign national prisoners and those for whom English is not their first language are enabled to understand and communicate successfully

Respect: Prisoners, regardless of their ethnic cultural background, have equal access to all appropriate facilities and activities within the establishment. Eligibility for benefits and privileges, e.g. risk assessments, are made without regard for race, ethnicity or culture

Purposeful activity: Prisoners and staff are able to recognise and acknowledge the cultural diversity of the prison population

Race relations

3.71 Approximately 14% of the population were black or from minority ethnic communities. The local target for staff from black and minority ethnic communities was 3.9%; the total during the inspection was 2.4%. Eighty-six per cent of staff had completed the half-day Prison Service course on diversity.

3.72 The race relations liaison officer (RRLO) was a principal officer. He was well known to black prisoners and was able to devote approximately eight hours each week to race relations work. Responsibilities included conducting investigations, supporting the race relations management team (RRMT), ensuring that monitoring was being completed and dealing with individual prisoners.

3.73 The RRMT met every two months and was chaired by the deputy governor. There was one prisoner representative at each meeting and the team included an external member from the Rochdale Centre for Diversity. The total membership of the team was 13, although an average of seven people attended each meeting. The remit and membership of the team was very well publicised, with a well-presented information notice board in all residential areas, reception, the visitors' centre and the gate. The RRLO had completed the five-day RRLO course and the chair of the RRMT was due to attend the RRMT training the week after the inspection.

3.74 Appropriate racial monitoring was in place for general regime matters and there was a very detailed system for monitoring discipline issues and segregation unit occupancy. This monitoring was scrutinised by the RRMT and minutes of its meeting indicated that some action was taken to address imbalances.

3.75 Forty-five racial incident report forms had been submitted in the year prior to the inspection. Of these, 15 were prisoner against staff incidents, 15 were prisoner against prisoner incidents and 12 were staff against prisoner incidents. One reported a staff against staff incident and two were from solicitors complaining about the treatment of their clients. Twenty per cent of investigations were completed within one week; a further 60% within one month and 20% took longer. Of the reports where complaints appeared to have been justified, five resulted in no further action, three prisoners had their incentives and earned privileges level reduced, three were charged with disciplinary offences, three were warned and one was referred to the police. One member of staff received a warning.

3.76 Racial incidents were all investigated by the RRLO personally, occasionally with the help of an assistant. Some investigation reports contained summaries of

interviews and all contained a log of action taken. The majority of investigations were limited to discussions with alleged victims and perpetrators; there was limited evidence of interviews with independent staff or prisoner witnesses. The records indicated that verbal feedback had been given to each person who had submitted a report.

3.77 In our survey, completed five weeks before the inspection, there were no complaints of racial abuse. In December 2003, the chair of the RRMT had instigated a black prisoners' meeting with the aim of raising issues, improving peer support and looking into the possibility of making a video about race issues at Buckley Hall. This meeting was a positive attempt to deal with some difficult issues.

3.78 We attended the third of these meetings, at which prisoners spoke about a wide range of grievances and experiences that they attributed to racial discrimination. They were told that if they really believed they had experienced racism, they should complete a racial incident complaint form so that it could be investigated. However, a number of prisoners believed that they would suffer recriminations from staff if they did so; this appeared to be a significant impediment to resolving complaints and increasing prisoner confidence in the complaints system. During the meeting, a number of specific complaints about discriminatory treatment and about individual members of staff were made. Participants were encouraged to submit formal complaints; but managers, having been alerted to their concerns and to specific incidents, needed to be proactive in investigating these. Inviting prisoners to voice their concerns had rightly raised expectations that the issues raised would be dealt with.

3.79 We were told of inappropriate, and sometimes racist, remarks made by staff to prisoners. We observed one prisoner being accused of 'always playing the race card'; and we were told of other disrespectful comments, such as a reference to two black prisoners as 'black bags'. It is possible that women were voicing concerns more openly now that managers had invited them to. The black prisoners' meeting, an initiative we applauded, had clearly increased interest and confidence in speaking up about experiences. It was also evident that some prisoners were attributing racist motivation inappropriately.

Foreign national prisoners

3.80 There were 31 foreign national prisoners (10% of the population). Of these, 11 were from Jamaica, two were European and the rest came from African or other Caribbean countries. No prisoners were being held solely on an immigration warrant, although approximately five people had been held on such warrants for a number of weeks in the previous year.

3.81 The foreign nationals' liaison officer (FNLO) and one administrative clerk dealt with all foreign national issues. The FNLO had very little time allocated to this task and, while there were a number of systems in place to support foreign national prisoners, there was no foreign national policy document and no specific foreign national information or induction leaflet.

3.82 To support contact with family and friends, all foreign national prisoners were entitled to a five-minute telephone call to their home country each month. Unlike in the majority of women's prisons, this was not dependent on whether or not they had a domestic visit and the funds were automatically added to telephone accounts every month without the need for an application. An additional compassionate telephone call could be arranged by the FNLO. Foreign national prisoners were also allowed to exchange two prison-issue second-class letters for one airmail letter; these required an application or direct request to the FNLO because of the auditing system.

3.83 We met a group of 18 foreign national prisoners and found some level of confusion about entitlement to free telephone calls and how to access airmail letters. All the prisoners were aware of the FNLO, although many reported that it was difficult to see him directly or to obtain information or support about the progress of their cases.

3.84 The FNLO was a residential officer. He had no assistant and managed to find only about four hours each month to undertake the role. As a result, he could not plan meetings with groups, offer surgeries to foreign national prisoners or ensure cover for this work during his holidays.

3.85 A monthly ‘special order form’ was available to everyone and allowed prisoners to purchase a range of toiletries, cosmetics and food from a diverse cultural and racial range. Prisoners said that they had to wait over a month for each delivery and felt that the range was insufficient – issues that could have been resolved through a regular foreign national prisoners group.

3.86 While there were no prisoners who could not speak English during this inspection, this would not always be the case. Despite this, no local prisoner information documents were available in languages other than English, although the FNLO was aware that national information was available in a wide range of languages. Buckley Hall had an arrangement to use a local interpreting service. This had been used twice in the 10 months before this inspection and the telephone translation service had been used three times.

3.87 The FNLO had devised a simple information gathering form, which was completed when he interviewed prisoners during their first few days at Buckley Hall. These were used to record details to assist in the management of any deportation or immigration issues as well as any personal details that required support. While there was scope to develop this further, it was already a useful auditable record of each prisoner’s situation.

3.88 The FNLO had made special arrangements for foreign national prisoners to have their photographs taken to send to family at home and was clearly well aware of the practical and emotional challenges specific to these prisoners. He had not been able to attend any of the meetings with other FNLOs in women’s prisons and was therefore working in isolation in developing systems and services for prisoners.

Conclusion

3.89 There was a good infrastructure of a race relations policy, meetings and a race relations liaison officer; and comprehensive monitoring of regimes and services. However, there was no race relations input into the induction programme and no positive promotion of race or cultural diversity in the prison. Black and minority ethnic prisoners lacked confidence in the complaint process and many believed that

they would receive less favourable treatment if they complained. Inspectors were told of incidents of racist language or behaviour, by a wide variety of prisoners, and witnessed one example: though this was not reflected in our pre-inspection survey. The recently set up support group for black and minority ethnic women was a positive initiative, which may have assisted black prisoners to identify and voice their concerns.

3.90 The foreign nationals' liaison officer and the foreign nationals' clerk were providing a consistent basic service but had insufficient time to provide some facilities that would make a significant difference to the welfare of this group. The current systems were not underpinned by a policy for foreign national prisoners. Formal information was not consistently provided and there was no foreign national prisoner support group.

Recommendations

3.91 There should be a review of the effectiveness of staff training to ensure that all staff are aware of their responsibilities in relation to race issues and understand their obligations in recording all reports of racial incidents and promoting positive race relations.

3.92 Prisoner involvement in the race relations management team should be increased and monitoring data and race relations management team meeting minutes should be made available to prisoners.

3.93 The meeting with black and minority ethnic prisoners should be used to encourage prisoners to report the use of inappropriate language in the prison and all concerns raised at that meeting should be proactively followed up.

3.94 There should be a race relations element in the induction programme and an appropriate programme to address prisoners who display racist attitudes or behaviour.

3.95 **The foreign nationals' liaison officer should have sufficient allocated time to plan and provide a consistent service to foreign national prisoners and this should include a regular prisoners' support/information group.**

3.96 **There should be a foreign national prisoner policy and written induction or information leaflets to explain the special entitlements available to foreign national prisoners and how to access these.**

Maintaining contact with family and friends

Expected outcomes

The expected outcomes for maintaining contact with family and friends are:

Safety: Prisoners and visitors feel safe in their time together on visits and visitors feel safe within the establishment

Respect: The rights of prisoners to maintain contact with family and friends are upheld and practical arrangements are in place to provide for their visitors, with special consideration being given to children and partners

Respect: Visitors are welcome to the establishment, supported within the prison and recognised as free members of society in order that they may contribute positively to the prisoners' progress

Resettlement and reducing re-offending: Prisoners are encouraged to build and maintain family and social networks and relationships that contribute to their well-being and help reintegrate them into the community

3.97 Mail was posted out daily and delivered to prisoners on the day of its arrival. In our survey, 70% of respondents said that there were no problems with receiving or posting mail and 85% said that there were no problems with accessing the telephones. Women on the basic level of the incentives and earned privileges scheme had less access to telephones because their association time was reduced.

3.98 Prisoners were not given any written information during induction and many were unaware of the assisted prison visit scheme or the possibility of sending free letters to children.

3.99 Except for those prisoners on the basic regime, all prisoners received their statutory entitlement to visits. Those on the enhanced level were entitled to two-hour visits, those on standard level to 90-minute visits, and those on basic level, one hour. Some visitors complained about access to the visit booking line but we had no problems reaching the booking clerk.

3.100 A small visitors' centre in the prison car park was operated by staff from the POPS (Partners of Prisoners and Families) charity. It was clean and well maintained, with toilets, a baby-change facility and a small unsupervised playroom. No refreshments were served. Much useful information was available and the centre staff were friendly. Visitors told us that they were well received by all staff.

3.101 Visitors made their way to the main gate five minutes before the visits were due to start. There was no seating and no covered area to provide shelter. Access from the car park was difficult but parking for people with disabilities was available immediately to the side of the main entrance to the establishment.

3.102 On entry to the prison, each visitor's visiting order and identification were checked and searching procedures followed. There was no proper facility for searching babies. The drug dog was not in use during the inspection. We were told that two indications by the drug dog would result in the offer of a closed visit. If, however, the visitor could prove that the indication was associated with use of prescribed medication, they would be placed on a table clearly monitored by closed-circuit television. When there was specific information that a visitor was intending to bring in drugs as well as a dog indication, the visitor would be strip-searched with their consent. Three strip-searches had taken place in January 2004 but no unauthorised items had been found.

3.103 The visit hall was spacious and bright with sufficient space between tables to allow prisoners and their visitors some privacy. The hall was staffed by four officers

who engaged well with visitors. Refreshments were provided by a POPS worker in the hall and a colleague, who was not a qualified play worker, supervised the small, ill-equipped play area. We were told that a suitably qualified worker had been recruited but was awaiting Prison Service security clearance.

3.104 Closed visits were for a period of three months and were reviewed monthly. A total of 15 prisoners had been subject to closed visits during January 2004. A sign on the entry door to the closed visit area clearly stated that prisoners would not be able to have refreshments during a visit, although a manager told us that a staff member would purchase and take refreshments to visitors if requested.

3.105 Prisoners waited to be called to the hall in a cramped area. Visitors and prisoners could use the toilets during a visit, although prisoners would be strip-searched before re-entering the hall.

3.106 The counselling, assessment, referral, advice and throughcare (CARAT) team had recently begun a family support programme where the families of prisoners involved with the team were invited into the establishment during an afternoon. The aim was to provide information about understanding addiction and to offer advice and support to both prisoners and their families. One such group had successfully taken place and more were planned.

3.107 Over two-thirds (67%) of the prisoners had children under the age of 18 and only 12% were from the north west area. Children's visits had not previously been held regularly, although one had been held at Christmas. There were plans to hold regular children's visits on one Sunday each month from 8.45am to 11.45am. It seemed unlikely that many women would be unable to benefit from these visits because of the distances their children would need to travel to arrive at the prison at the required time.

3.108 Since April 2002, 47 women had applied for accumulated visits elsewhere. Those applying for visits to establishments near London were usually unsuccessful because population pressures in the region meant that these establishments were rarely

able to offer accumulated visits. A few women requesting accumulated visits at prisons outside the London area had been successful.

3.109 Many women had partners in other establishments and had to prove their relationship before an inter-prison visit or telephone call could be arranged. Acceptable ‘proof’ included such documents as a household bill in both names. In practice few women had these items and a solicitor’s letter confirming the relationship was also accepted.

3.110 Many women also had child care concerns or were involved in custody or child protection procedures and/or had not seen their children for some time. There was no family support worker to offer advice and support to these women.

Conclusion

3.111 The visitors’ centre was well run and informative and there was a good visit hall but with a small and poorly equipped play area. Prisoners on the basic level of the incentives and earned privileges scheme received visits of only 30 minutes. Closed visits were authorised on two indications by a drug dog, without any other reliable security intelligence. Prisoners were strip-searched after using the toilet facility in the visit hall and visitors were strip-searched if suspected of trying to bring in drugs. Both of these practices were unacceptable and unnecessary. There was no family support worker to advise and support women with children. The provision of children’s visits was important but the planned timing was inappropriate. Many women with partners in prison found it difficult to provide the required documentary evidence before an inter-prison visit or telephone call could be arranged.

Recommendations

3.112 **An appropriately equipped play area should be made available in the visits hall.**

3.113 **Visitors should not be placed on closed visits without reliable security intelligence in addition to an indication from the drug dog.**

3.114 **Strip-searching of prisoners after using the toilet in the visit hall and the strip-searching of visitors should cease.**

3.115 **Monthly children's visits should be organised at an appropriate time to maximise opportunities.**

3.116 **A family support worker should be employed.**

Housekeeping points

3.117 Prisoners should receive information about the assisted prison visit scheme and facilities for children's letters during their induction programme.

3.118 Refreshments should be made available in the visitors' centre.

3.119 A shelter should be provided for visitors outside the main gate.

3.120 Appropriate facilities to search a baby should be provided.

3.121 Greater discretion should be used in what evidence is accepted to establish a pre-existing relationship with a partner in another prison.

Applications and complaints

Expected outcomes

The expected outcomes for applications, requests and complaints are:

Safety: Prisoners are safe from repercussions or recrimination in making any application or request or complaint

Respect: Prisoners know and are given appropriate help to exercise their right of access both to applications, and requests and complaints; they receive a prompt, courteous and fair response from staff

Purposeful activity: Applications are used to enable access to activities

Resettlement and reducing re-offending: Sentence plans are normally implemented without a prisoner needing to use applications or request and complaints

3.122 The arrangements for dealing with applications were patchy. In our survey, 63% of respondents said that applications were sorted out promptly and 62% said that they were dealt with fairly. While both figures were higher than for most women's prisons, there was no system for tracking applications. A new system was being piloted on one wing.

3.123 There was good access to complaint forms on each wing, with a supply of envelopes for confidential access, guidance for prisoners and a locked box out of sight of the unit office. The night orderly officer held the key to the boxes and emptied them each morning, taking the forms to the complaints clerk's desk before going off duty.

3.124 The progress of the complaint forms from receipt to response was well documented by the complaints clerk. There were no records of any interim replies but the responses that we saw were respectful and legible, although just over half replied to the prisoner in the third person. The nature of complaints was monitored each month at the senior management meeting but there was no indication that any senior manager was monitoring the quality of replies.

3.125 In the nine months before our inspection, property/cash issues had been the subject of the majority of complaints (148), followed by medical (58), home detention curfew decisions (40), transfer/allocation (34), letters/visits (36) and food (1). Over 90% of these had been answered within the target time of three days.

3.126 Only one quarter of respondents to our survey said that complaints were dealt with fairly and 28% said that they were answered promptly. One third said that they were given information on how to apply to the Prison and Probation Ombudsman and nearly half said that it was easy to contact the Independent Monitoring Board (IMB). We found notices about how to contact the IMB and the Ombudsman on all wings.

Conclusion

3.127 There was good access to both complaint and application forms on all wings and responses were respectful and legible. There was no system for tracking the progress of individual applications, although one was being piloted. Information was

available to explain the complaint and appeals procedure. There was no system to monitor the quality of responses to complaints.

Recommendation

3.128 **A senior manager should monitor the quality of responses to complaints.**

Housekeeping points

3.129 A system for tracking the progress of prisoners' applications should be developed.

3.130 Replies to complaints should be addressed directly to the prisoner and not written in the third party.

Legal services

Expected outcomes

The expected outcomes for legal rights procedures are:

Safety: Prisoners are safe from repercussions or recrimination in making any application, request or complaint

Respect: Prisoners are told their rights of access to due process in relation to bail, legal aid, legal representation and appeals and can exercise those rights while in prison

Respect: Unconvicted prisoners are treated as innocent, unsentenced as not having a custodial sentence, and both are given the same opportunities and activities as convicted or sentenced prisoners

Purposeful activity: The regime provides reasonable opportunity to seek release on bail and prepare for trial

Resettlement: The regime provides reasonable opportunity to preserve accommodation and employment and to pursue legitimate business and social interests

3.131 Legal service applications were channelled through the custody clerk. This clerk worked in the residential area with two legal service officers, neither of whom was detailed to deliver legal services exclusively and had to 'beg or borrow' time for

their duties. One officer told us that he had had to break into his leave in order to deal with current applications.

3.132 One of the two legal service officers worked on the induction wing and prisoners were briefed on legal issues at induction. In our survey, 68% of respondents said that they could get access to their solicitor or legal representative, 45% had access to information about leave to appeal and 43% had access to help with legal costs.

3.133 The majority of applications related to appeals or work with the family court. There had also been some bail applications on behalf of prisoners held under immigration powers. Applications were responded to quickly and prisoners were positive about the support they had received from the legal service officers, describing them as helpful and knowledgeable.

3.134 Legal visits were available on Monday and Friday mornings and Tuesday and Thursday afternoons. Separate interview rooms were available off the main visit room. The facilities were basic but adequate.

3.135 Legal reference books were available in the library and 38% of respondents to our survey said that they could access these.

Conclusion

3.136 Buckley Hall operated a fit-for-purpose legal services system. Applications were co-ordinated by the custody clerk. The two legal services officers made time available as best they could. Applications were mostly about appeals and were well handled. Prisoners were positive about the support they received.

Recommendation

3.137 Legal service officers should receive the time necessary to meet the requirements of their allocated duties.

CHAPTER FOUR

HEALTHCARE

Expected outcomes

Inspectors will make judgements about healthcare against the following outcomes:

- Prisoners receive a full range of primary healthcare, health promotion and disease prevention services in an environment that is clean, safe and conforms with the standards that operate in the NHS
- NHS and prisoner records are available to those responsible for the care of the patient
- Prisoners receive healthcare from appropriately trained staff and support and care in meeting their health needs from all prison staff. Their right to refuse treatment is recognised
- Prisoners with physical or mental health problems are identified and assessed promptly, receive appropriate treatment and care and, where appropriate, are referred without delay to appropriate secondary care providers
- Prisoners' access to health promotion in primary care is equivalent to that in the community
- Prisoners are encouraged to maintain healthy lifestyles while in prison and on release and are linked to community services including GPs prior to release
- Prisoners receive in-patient healthcare that meets NHS standards in an environment that is clean, safe and meets NHS standards
- In-patients receive purposeful, therapeutic occupation according to their assessed needs and care plan
- Patients requiring specialist healthcare are identified promptly and referred to visiting specialists or the NHS
- Continuity of treatment and care is not impeded by transfer between prison and the NHS or by inappropriate security precautions

4.01 Buckley Hall's healthcare centre had a range of primary care services and nurses were on duty 24 hours a day but there were no in-patient facilities. The primary

care service was provided under contract from Rochdale Primary Care Trust. The contract had been in place since June 2000 and was monitored in the prison by the director of facilities. We were told that the contract arrangements had on occasion proved to be a stumbling block in developing a partnership relationship between the prison and the primary care trust. Mental health services were provided by Pennine Care Trust. The healthcare centre had a green traffic light rating and two stars.

4.02 In our survey, 53% of respondents said that the quality of healthcare was good or very good but we found evidence of disrespect to prisoners, such as the entry in the healthcare information leaflet stating ‘no appointment – no entry’. This seemed to reflect the culture of the centre, which made no provision for prisoners to access emergency or ad hoc care, despite the view of healthcare staff that they were providing equal services to those available from a GP surgery in the community. In contrast to the rest of the prison, healthcare staff tended to refer to prisoners by their surnames.

Environment

4.03 The healthcare centre was near the main living accommodation. It was separated into two distinct areas by a small, inadequate waiting room. None of the staff offices or treatment rooms was equipped with a general alarm system. Prisoners wanting to access the healthcare compound had to ring a bell at the entrance and wait there, whatever the weather, for a member of staff to go to the gate to let them in. The gate was too small to allow wheelchair access and there were no ramps to complement the steps down from the gate to the door of the waiting room/main entrance. The facility was cramped, the small waiting area was sometimes overcrowded and there was no room to allow for expansion of existing services. A range of emergency equipment, including a defibrillator, was held in one of the treatment rooms; another defibrillator was held in the dental surgery. No emergency maternity packs were available and none of the staff had been trained in the care of a woman in labour.

4.04 The dental surgery had recently been re-equipped, was modern and generally fit for purpose. The suction, however, did not function satisfactorily and needed attention. Emergency oxygen and drugs were available, as was a mercury spillage kit.

Stock was plentiful and there were no problems with ordering new supplies. An inventory was carried out at the end of each session.

4.05 The main pharmacy area consisted of two rooms, with medicines stored in the rear room that was accessed only through the front room and divided by a lockable wooden door. Lockable metal cupboards in the rear room were used to store in-possession medicines awaiting supply, external medicines and backup stock for administration. A lockable medicine trolley, secured with a chain, was used to store 'in use' medicines for administration.

Records

4.06 Inmate medical records (IMRs) were held in filing cabinets in the main administration office. Both the mental health team and the counsellor used the IMRs to record contact with prisoners, although the counsellor also kept her own confidential counselling records separately.

Staffing and management

4.07 The healthcare manager post was vacant at the time of the inspection, although the previous incumbent was available to speak with us. The G grade mental health lead was acting healthcare manager. There were three F grade nurses and five E grades, all of whom were registered general nurses (RGNs), and six generic assistants. Two further E grade posts were being advertised. Staff shifts reflected those of a hospital setting and staff worked night duty on a rotation basis. The shift times did not complement the regime of the prison. A full-time administrator undertook a range of administrative duties including ordering supplies and liaison with outside hospitals. A part-time pharmacy technician had recently been appointed by the primary care trust (PCT) to undertake a range of duties.

4.08 The mental health team comprised a G grade registered mental nurse (the acting healthcare manager) and one F grade community psychiatric nurse (CPN); two further CPN posts were due to be filled in the near future. A mental health support worker worked one session a week and there was also a part-time administrator. Staff in the mental health team had access to clinical supervision. Student nurses on both the adult learning and mental health diploma programmes undertook placements

within the teams. A forensic psychiatrist provided two sessions per week to support the mental health team.

4.09 All the RGNs had intermediate life support training and access to the PCT's professional development unit for training and professional development. The RMNs had similar arrangements with their employing trust. All staff could access prison training, although many had not done so.

4.10 Staff used PCT policies and protocols that were adapted for use within the prison when required. Not all of these were signed or dated and only a few had review dates. The mental health team had developed a range of policies and guidelines specific to Buckley Hall.

4.11 Medical cover was provided by three GPs, two of whom (one male and one female) undertook alternate weeks working at the prison. The GP clinic took place in the evening and for an hour each on Saturday and Sunday. The third GP provided two sessions per week. Out-of-hours cover was provided either by the male GP when he was rostered to work the week or by the local GP co-operative (usually in the form of telephone advice).

4.12 Various other health professionals attended the prison on a sessional basis, including a genito-urinary consultant, a dentist, a podiatrist and an optician. Sessions were also provided by a dietician and an orthopaedic consultant. A community midwife attended the prison when required.

4.13 Staff did not meet regularly and the lack of communication among members of the wider healthcare team was apparent.

Delivery of care

4.14 All respondents to our survey said that they had been seen by a member of the healthcare team on arrival. Prisoners underwent a brief physical assessment and, when necessary, were referred to other health professionals for such things as dental treatment or cervical screening. They also had a comprehensive, locally devised

mental health assessment that was always carried out by an RMN. Women were then seen by the GP at the next available clinic.

4.15 Prisoners who wished to see a member of the healthcare centre team completed an application form and placed it in the box on the wing. Anyone wishing to be excused from work for the day could attend the centre at 8am or 1.15pm after having informed wing staff. There was no provision for prisoners to be seen at other times. We were told of one prisoner, for example, who had pulled a muscle while working in the gardens and who had been turned away from the healthcare centre because she did not have an appointment. After two further attempts and with the involvement of senior staff, she was finally seen and given appropriate treatment.

4.16 Applications were date stamped on receipt in the healthcare centre before being processed by the night nurses. Prisoners requesting to see a GP were first seen by a nurse in case their problem could be resolved at this stage. This system was not understood by prisoners. Nursing staff used the NHS Direct healthcare guide as a reference for triage. There was evidence of delays of up to a week between an application being submitted and actioned, which meant that prisoners applying to see the GP could wait as long as 10 days for an appointment. Furthermore, healthcare staff could not guarantee that they would be able to see a female GP.

4.17 Despite the delays in the applications system, waiting lists for health professionals were relatively short. Prisoners waited two weeks for a routine appointment with the dentist, for example, and six weeks to see an optician.

4.18 Prisoners often waited over an hour in the small waiting room for timed appointments with no explanation from staff as to why they were having to wait or how much longer their wait might be. Appointments were apparently block-booked and this was poor practice.

4.19 There was a range of nurse-led clinics, each of which was the responsibility of one of the F grade nurses supported by another member of the team. Nursing staff had undertaken specific training where necessary, such as immunisation and vaccination training for the nurses who undertook the Hepatitis B vaccination clinic. Some staff

were brought in from the PCT or elsewhere to assist, including a practice nurse who held a weekly cervical screening clinic and a smoking cessation advisor also visited every week.

4.20 Only one woman was pregnant at the time of this inspection and she was seen by a community midwife. We were told that pregnant women were accommodated at the establishment only until the 20th week, at which time they were transferred to a prison with a mother and baby unit.

4.21 In our survey, 62% of respondents described the quality of care from the dentist as good or very good, compared to the benchmark for women's prisons of 20%. The dental services were provided by the local community dental services and a local general dental practitioner provided treatment at two sessions per week. A full range of treatments was available. The practitioner and his dental nursing assistant were up to date with their cardiopulmonary resuscitation training. Medical histories were taken and treatments were entered in the inmate medical records.

4.22 Pharmacy services were provided by a local community pharmacy, although this amounted to no more than a medication supply function. The pharmacist did not visit the prison and prisoners therefore had no opportunity to get direct advice.

4.23 Medicines were administered through a stable door between the front pharmacy room and the main hall of the healthcare unit. The bottom half of the stable door was bolted but not locked. Prisoners were called from the waiting room in the presence of an officer and allowed to approach the door one at a time to receive medication. This provided some opportunities for counselling but lacked security. There was no sink and drinking water was provided in a jug.

4.24 Medicines were supplied to prisoners during three daily treatment times, at approximately 8am, 1pm and 6pm. The latter was the main treatment time, when both 'see to take' and weekly medication supplies were administered. Women were brought over from the residential units in rotation, with those on a basic regime brought first in order to comply with their regime. Women arriving for their medications at the 'wrong' time were sent away by nursing staff without explanation.

Two members of the healthcare staff were present in the pharmacy room during treatment times. One was based in the rear room and removed the doses of medication from the containers in the medicine trolley in accordance with the issue sheet for the individual patient. These doses were then passed to the other member of staff, who administered them to the patient. This practice was unsafe and did not comply with Nursing and Midwifery Council (NMC) guidelines for the administration of medications.

4.25 The doctors prescribed medications on a custom-made triplicate form, which meant that nursing staff then had to transcribe the information to an 'issue sheet' used to record administration. The practice of supplying medication without reference to the original authorising prescription is not condoned by the NMC guidelines and there was the potential for errors to be made. It also made it almost impossible to audit whether medications had been altered or stopped. We met several prisoners who told us that their medication regime had been drastically altered on arrival at Buckley Hall and in one instance were able to confirm that this had indeed been the case.

4.26 An in-possession policy document was available but did not appear to be in regular use. Risk assessment forms were used to identify patients for whom in-possession medication was appropriate, who then received their medicines weekly, usually in Venalink packs. We met prisoners who told us that they had waited several days to receive their prescribed medicines. There appeared to be delays in the system of ordering and receiving the medications from the local chemist.

4.27 Changes in practice by both healthcare and discipline staff had resulted in an unsatisfactory situation in which prisoners were unable to receive simple analgesia. The situation was partially resolved during this inspection so that prisoners could attend the healthcare centre in the morning and evening to have paracetamol administered if required. The situation remained, however, that analgesia was not easily available at other times of the day.

4.28 A medicines and therapeutics committee had been formed and involved the doctor, the pharmacist, the pharmacy technician and a representative from the PCT. The previous healthcare manager had been involved but her replacement was yet to be

recruited. The meetings did not appear to have been very productive and it was reported that the most recent meeting had been fairly difficult, with much resistance to suggestions to system change forwarded by the PCT.

4.29 The PCT was aware of the failings in the medicines management and had drawn up an action plan to deal with them, including appointing a part-time pharmacy technician for the prison. However, it appeared that nursing staff were not aware of the action plan, the reasons for it or how it was to be implemented.

4.30 Prisoners in the segregation unit were seen by a GP on alternate days and had their medications administered by a nurse at the prescribed times.

4.31 Prisoners being discharged saw a nurse on the day of their release. This did not allow any time to organise ongoing healthcare provision in the community if required.

Mental health

4.32 Mental health services had been under-resourced but there were plans to rectify this during 2004/05. The team concentrated on women with severe and enduring mental illness and had a caseload of 75 at the time of this inspection. Clinics were held on each residential unit once a week, although no dedicated rooms were available, and staff were also involved in the case reviews of all women subject to F2052SHs (self-harm procedures). The team kept comprehensive statistics about assessment screening outcomes and their caseload.

4.33 Prisoners found on assessment to have less severe problems could be referred for counselling or to a six-week 'exercise on prescription' programme run by gym staff. The latter was tailored to meet the needs of the individual prisoners, whose progress was closely monitored and discussed between the gym staff and the CPNs. Prisoners on the programme said that they enjoyed it and were clear that they had benefited from attending the gym regularly.

4.34 The counsellor (who was funded separately from the healthcare contract) worked 20 hours per week. As we have previously noted, there was clearly a need for more counselling time. She saw prisoners who had at least 12 weeks left to serve and

her sessions lasted for as long as she thought the prisoner could manage and up to a maximum of one hour.

4.35 A part-time care programme approach co-ordinator, who also worked with the local mentally disordered offending team, followed up prisoners who were being seen regularly by the mental health team. Prisoners signed discharge letters that were to be sent to their GP or other care workers. We were aware that the mental health team had arranged comprehensive discharge plans to ensure that some prisoners were followed up by community psychiatric services on release.

Conclusion

4.36 While the healthcare centre was offering a reasonable quality service, there were problems in terms of accessing the services on an ad hoc basis. This included access to analgesia throughout the 24-hour period. The latter reflected a general problem of poor communication between healthcare and the rest of the prison. There were also instances of poor communication with the PCT. There were unacceptable delays in access to primary care through the applications and appointments system. There were relatively short waiting lists for the services of health professionals and women prisoners were satisfied with the quality of care that they received. There were no opportunities to arrange ongoing healthcare provision for women leaving Buckley Hall – with the exception of the few women who were subject to the care programme approach. There were major problems with medication management, including delays in obtaining medications, lack of audit and prescribing issues.

Recommendations

4.37 **The healthcare centre should be redesigned to ensure that it is fit for purpose and able to accommodate all the services required, including the provision of an extended waiting area.**

4.38 **All staff should access prison training courses and those offered by the primary care trust on an annual basis. Such training should include emergency childbirth.**

4.39 Staff shift times should complement the prison regime to make best use of the time available to see prisoners.

4.40 Prisoners should be able to see a female GP.

4.41 The system for processing applications should be reviewed to ensure that it is timely and that prisoners do not wait more than 24 hours to see a nurse.

4.42 As prisoners at Buckley Hall have no access to any other healthcare provision, the healthcare centre should provide the services of a minor injury facility in addition to the current services of a GP practice.

4.43 The medicines and therapeutics committee should meet at least monthly and ensure that the comprehensive medicines management action plan (February 2004) is implemented within the agreed timescales.

4.44 The medicines and therapeutics committee should ensure that all healthcare centre staff are aware of the action plan, including why it is required and how it will be implemented.

Housekeeping points

4.45 Healthcare staff should address prisoners by their title and surname or first name according to the individual's preference.

4.46 Appointments to healthcare should not be block-booked.

4.47 Policies and protocols should be signed, dated and have a planned review date.

4.48 Staff meetings should be held at least bi-monthly and should be formally minuted.

4.49 The dental suction machine should be serviced.

4.50 Discharge clinics should meet at least one week prior to a prisoner's release date to allow time for ongoing healthcare provision to be arranged.

Good practice

4.51 *The counselling services offered were well integrated with other healthcare services and ensured that appropriate prisoners were prioritised for the services.*

4.52 *All prisoners were seen by a registered mental nurse on arrival, which offered an opportunity for early identification of any mental health issues.*

4.53 *The mental health 'exercise on prescription' course was innovative and clearly of benefit.*

CHAPTER FIVE

ACTIVITIES

Education, work and skills training

Expected outcomes

The expected outcomes for employment, education and training are:

Safety: Prisoners work and receive education and work skills training in a safe, suitable environment in which they are enabled to participate fully

Respect: The range, type and availability of work activity meets the needs of the prison population and prisoners are treated fairly in all aspects of their work, its allocation and pay

Respect: Prisoners are offered opportunities in education and work skills training that meet their identified needs and different levels of ability, and promote and respect personal responsibility; education is facilitated and valued by the establishment and reflects a sensitivity to equality of opportunities issues

Purposeful activity: Prisoners are engaged in well-organised employment; work programmes are integrated fully with residential units and other departments

Purposeful activity: Prisoners have the opportunity to engage in a range of education and work skills training that provides constructive and meaningful activity and potential for self-expression

Resettlement and reducing re-offending: Prisoners are occupied in realistic work that prepares them for employment on release and helps to reduce re-offending

Resettlement and reducing re-offending: Prisoners are involved in education and work skills training specifically to enhance their employment opportunities

5.01 The number of activity places available matched the prison's operational capacity of 385. When we inspected, however, one of the workshops was closed (45 places) and neither the painting and decorating course (12 places) nor the industrial cleaning course (10 places) was running. As the prison roll was low while A wing was closed for refurbishment, there were sufficient activity places available.

5.02 Although prisoners were able to mix some jobs with education or work skills training, activities were not used to their full potential. On one afternoon during inspection, we found approximately 20% of prisoners locked in their cells. Some of these may have been awaiting visits or other appointments but we suspected that this significant loss of activity might have been caused by the unnecessary level of security that restricted movement of prisoners during the activity periods.

5.03 Following induction, all prisoners were allocated to work in the workshops. We were told that there had previously been a labour allocation board that determined activity on the basis of need. There were plans to reinstate this process. We also learned that workshop 1 was to be brought back into operation in the near future.

5.04 The director of regimes and resettlement was the senior manager responsible for education, library, industries workshops and the gymnasium. He had been appointed in March 2003 and was the fourth manager to be responsible since the prison re-roled as a female prison in April 2002. He was supported by a head of learning and skills, who had been appointed in December 2003, and an industrial manager. The director of facilities was responsible for the kitchens. Education was sub-contracted to Wigan and Leigh College. The education department was open from 8.45am to noon and from 1.30pm to 5pm. It was also open from 6.15pm to 8.15pm on Tuesday and Wednesday evenings. There were nine full-time and 25 part-time teachers.

5.05 Sixty-three part-time places were available in education in the morning and 71 in the afternoon. On the first day of inspection, 101 prisoners attended education classes during the day. Apart from prisoners on the hairdressing course, all prisoners who attended education classes in the morning undertook work in the afternoon and vice versa. Classroom efficiencies had improved considerably over the past year, having stood at 75% in February 2003, dropping to 57% in May 2003 and increasing to 91% in January 2004. The college offered courses in business administration, information communications technology, art, hairdressing and beauty therapy, key skills and basic skills.

5.06 There was a clearly commitment to the development of education and training. Since Buckley Hall had re-roled as a female prison, managers had recognised the importance of education and training through early project planning and in its 2002/03 strategic plan. More recently, prisoners had completed an education needs analysis. This had informed a three-year 2003/06 resettlement action plan consisting of both long- and short-term objectives, some of which had been achieved, including training of instructional officers to deliver qualifications more suited to the transient nature of the female prisoner population.

5.07 The liaison between the prison and the college was good and had resulted in a responsive approach to curriculum development, including the introduction of new qualifications and courses and of prisoner student or workshop support tutors. The prison had worked with the college to ensure, where possible, that prisoners were able to continue their studies if moved to another prison or transferred into Buckley Hall.

5.08 The prison had developed an effective approach to breaking down barriers to participation in education for those prisoners with severe learning difficulties. Prisoners with identified learning difficulties who did not attend education were referred to student or workshop support staff. The support was provided in the workshops, on the wings and in the segregation unit. Nationally recognised reading resources were well used to support prisoners and many kept the workbooks in their cells. In these cases, volunteer prisoners provided effective support and prisoners made good progress between support sessions with education workers. Prisoners valued the level of support given by empathetic and enthusiastic staff, although the facilities to support this work were poor. The prison had completed one of five planned learning pods to extend this work into the workshops.

5.09 Promotion and reinforcement of equal opportunities among prisoners was poor. Except in the induction classroom, there were few displays of equal opportunities visual material on the wings to encourage participation in education. The induction did not focus sufficiently on equality of opportunity, inappropriate behaviour and language were not challenged and prisoners were not given information about grievances and complaints concerning education and training. Education and

training staff had not received equal opportunities training in line with current legislation. Equal opportunities did not form an intrinsic part of education.

5.10 The quality assurance of education and training was very weak. There was little ongoing accreditation of national vocational qualification units and inadequate verification arrangements in hairdressing had led to incorrect accreditation of prisoners' work. The arrangements for sharing good practice were inadequate and the college's policies and procedures were not effectively adhered to. We found significant weaknesses in the quality assurance arrangements covering training and work.

5.11 Education induction included an accredited three-day preparation for work programme during which prisoners received individual advice and guidance on education and work opportunities in the prison. The literacy, numeracy and language skills of new prisoners were assessed as part of their induction but no screening for dyslexia took place.

5.12 The standards of prisoners' work in education were good and in hairdressing this included the development of social skills, an understanding of the importance of corporate image and professional conduct.

5.13 Teaching, learning and support for prisoners were good, particularly in foundation and hairdressing. Most lessons observed were graded as good and none were less than satisfactory. Teaching was well planned. A wide variety of teaching strategies were used and prisoners were well motivated to develop their understanding and skills. Prisoners received good support from both tutors and prisoners who acted as classroom assistants. The classroom assistants were positive role models.

5.14 Some prisoners' learning plans were not consistently updated or effectively used to monitor progress. This resulted in slow progress, either in completing accredited work or achieving important learning milestones.

5.15 The targeting of resources was poor. In hairdressing, four staff, two of whom were employed full-time, supported the training of seven prisoners, yet these prisoners

did not have access to hairdressing products to meet the requirement of the national vocational qualification standards. Attendance at evening classes on Tuesday and Wednesday evenings was poor. In the last four months, over 300 arriving prisoners were assessed with basic skills below level one and many did not attend education. Lack of information communications technology (ICT) resources had restricted the development of important new ICT programmes.

5.16 Although there were good progression opportunities for prisoners studying basic skills, there was insufficient access to hairdressing courses and restricted progression opportunities in ICT.

5.17 The prison received regular reports on progress towards achievement of education targets associated with contract compliance. Information was not used to determine the attendance, retention or achievement rates of prisoners, to challenge current levels or variations of performance or to compare the performance of different groups of prisoners attending education.

5.18 The prison operated two workshops that provided contract services ranging from packaging soft furnishings and breakfast packs to the assembly and testing of electric light fittings. A third workshop was closed awaiting refurbishment as a textile workshop. The fourth workshop had until recently operated as a resource for painting and decorating courses leading to nationally recognised qualifications but was closed due to staff shortages. No formal training or recognised qualifications were offered in any of the workshop activities.

5.19 Industrial cleaning courses were no longer taught as there was no suitably qualified tutor. There was plenty of informal practical training and work experience in the grounds and gardens linked to the works department but none of this was accredited or recorded. Other areas such as wing cleaning and laundering offered employment but no formal training.

5.20 The prison provided fork-lift truck training for staff and prisoners through a 10-day course on counter-balance truck operations. The member of staff responsible for delivery and assessment was a registered instructor and examiner. The prison

offered a non-commercial certificate for staff and prisoners that was endorsed by the awarding body but this contained some out-of-date information about the awarding body and the prison did not have its approval to deliver certification as an accredited centre. The certificate was in effect a record of ‘in-house company’ training.

Library

5.21 The library was based in the same building as the education department and managed by Rochdale Borough Council. Plans were in place to move the library to another building much closer to the residential wings. The staffing levels, budget and range of books and cassettes were adequate. Some 400 books had been removed since the re-roling and an additional grant of £1,500 had allowed these to be replaced by books deemed more suitable to the population.

5.22 A small range of visual and graded reading books was available, as were books in Urdu, Dutch and Chinese, an appropriate range of religious books and appropriate legal reference books. The librarian visited the authority library once a week to order books and these were delivered three times a week. A list of the Prison Service Orders (PSOs) available was not displayed and the PSOs themselves were kept in the librarian’s office. Prisoners had access to two computers in the library to produce legal and other documents.

5.23 There was poor use of the library and only 250 books had been issued in the month before this inspection. The library was open from 1pm to 7.30pm on Monday, Wednesday and Thursday, from 1pm to 5.15pm on Tuesday and from 9am to noon on Saturday. Opening times were not always compatible with prison regimes and association. There was no input about the library facility during induction and no information about it was given to prisoners when they first attended education. Some prisoners attending education were unaware of the library. Stock losses were running at about 5%. Prisoners on segregation had access to a trolley service and could request books from the librarian.

Conclusion

5.24 Resources for work and training were fit for purpose. Plans were well in place to develop education, training and work activities more suited to women prisoners,

including strategies to reach those who were not engaged in education. The improved liaison between the prison and education had benefited prisoners. The quality assurance of education and training was very weak. The standards of prisoners' work in education were good, as was teaching, learning and support. Some prisoners' learning plans were not consistently updated or effectively used to monitor progress. Although there were some good resources, the targeting of these to the benefit of prisoners was poor. Information was not used effectively to challenge current levels or variations of performance of prisoners attending education. No formal training or recognised qualifications were offered in any of the workshops. The library contained an adequate range of books but there were insufficient for foreign national prisoners. There was no formal library induction, access to the library other than from education was difficult and use of the library was low.

Recommendations

- 5.25 Robust quality assurance arrangements should be introduced for education.**

- 5.26 Resources should be used to improve curriculum development and to continue developing outreach education.**

- 5.27 Data should be used effectively to measure success for prisoners attending education.**

- 5.28 Effective quality assurance arrangements to cover all aspects of training should be introduced.**

- 5.29 The prison should aim to accredit all work undertaken by prisoners.**

- 5.30 All prisoners should receive a formal induction to the library.**

- 5.31 The range of books in languages other than English should be increased to meet the needs of foreign national prisoners.**

Housekeeping point

5.32 Prison Service Orders should be available and publicised in the main part of the library.

Physical education

Expected outcomes

The expected outcomes for physical education are:

Safety: Prisoners are safe during physical education activities

Respect: The range, type and availability of physical education activities meet the needs of the prison population; prisoners are treated fairly in all aspects of physical education

Respect: Physical education is part of the provision of a healthy lifestyle in promoting personal health, fitness and co-operative and team skills

Purposeful activity: Prisoners are engaged in suitable physical education programmes that are fully integrated with other purposeful activities

5.33 The physical education (PE) facilities centred on a large sports hall and a smaller fitness room, with adjoining shower, toilets, storerooms and offices. The fitness room included spinning cycles, weights, steppers and cardiovascular equipment. All facilities were in good condition. There were no outdoor facilities but the prison was planning to install an artificial turf area.

5.34 PE was run by three physical education instructors (PEIs), one of whom was always on duty. The staff were seldom cross-deployed to other areas of the prison.

5.35 The gym ran prescriptive and rehabilitative PE every weekday morning for prisoners referred by the healthcare department, with a special session on Wednesday mornings for those prisoners referred by the counselling, assessment, referral, advice and throughcare (CARAT) team. Induction sessions were also held on Tuesday and Thursday mornings and these included safe lifting training to assess prisoners for work in the prison.

5.36 The gym was open in the evenings for free association but staffing levels meant that numbers were restricted to four prisoners from each wing and allocation was on a first-come, first-served basis. We received several complaints from prisoners about these restrictions. The fitness suite was also available for prisoners on weekend afternoons but the PEIs reported that the take-up was very low. This was interesting given the comments made to us by prisoners about the lack of things to do during association times generally.

5.37 Under the terms of the prison's service level agreement, the gym was open for long periods of time and the PEIs were therefore limited in their capacity to get involved in other aspects of the prison such as sentence management or strategic development. The irony was that comparatively few prisoners were using the facilities despite the long opening hours.

5.38 Weekday afternoons were taken up with PE courses for which the PEIs were joined by staff from the education provider in order to cover key skills.

5.39 Achievement on the pilot physical education course set up in October 2003 was good. The selection criteria were fair and clearly identified. Seven of the 10 prisoners who commenced had achieved weight-lifting, manual handling, first aid and key skills in application of numbers and communication. Prisoners who had stayed until the completion of the course had achieved all the course aims. Prisoners' key skills were well integrated and efficiently linked to their fitness regimes, weight loss monitoring and a range of other physical activities. All the portfolios were well presented with good standards of work. The PE department was slow to accredit completed coursework. The pilot course had been completed on 19 December 2003 but none of the achievements had yet been certified and the key skills portfolios were yet to be sent to the education department for verification. There was only one computer in the gym for a course with 10 participants. Handouts, learning material and booklets were satisfactory.

5.40 The PE course offered limited potential employability for prisoners. It did not include gym, fitness instructor or community sports leader awards, although there were plans to increase the range of courses available.

5.41 National vocational qualification-level training courses were due to start in March 2004 and the prison hoped to introduce a 'heartstart' course, which would include some first-aid training. The PEIs were also planning to find out what work qualifications local sports and leisure centres would require so that they could tailor future courses towards employment opportunities.

Conclusion

5.42 The PE facilities were good and well staffed. The range of courses available was not wide enough and there was access to only one computer, which was insufficient when the majority of key skills work was computer-generated. Award accreditation was slow. Comparatively few prisoners were able to take advantage of the courses and numbers for evening association times were restricted by the prison. There was little apparent interest in using the fitness room at weekends. PE staff were limited in their capacity to get involved in wider prison work such as sentence management due to the long opening hours of the facilities.

Recommendations

5.43 The service level agreement for physical education should be reviewed in order to maximise the number of prisoners able to use the gym and to free staff to contribute to wider prison work.

5.44 The range of courses available should be extended to include those with more employment potential.

5.45 Sufficient computers should be provided to meet the needs of the participants.

Housekeeping point

5.46 Award accreditation should be completed within an appropriate timescale.

Faith and religious activity

Expected outcomes

The expected outcomes for faith and religious activity are:

Safety: Prisoners can safely take part in spiritual activities

Respect: Prisoners of all faiths are able to practise their faith in suitable accommodation with sufficient appropriate facilities

Purposeful activity: Prisoners have ready access to a range of appropriate spiritual activities

Resettlement and reducing re-offending: Prisoners and groups of prisoners are able to be involved with their faith ministers from the community

5.47 The chaplaincy team comprised full- and part-time chaplains and ministers coordinated by a full-time Anglican chaplain. As well as Church of England, the team represented the Roman Catholic, Free Church, Salvation Army, Muslim and Buddhist traditions and faiths. Visiting ministers from the Sikh, Hindu, reformed Jewish and Jehovah Witness traditions and faiths were also available. One member of the chaplaincy team acted as duty chaplain each day.

5.48 Regular services were held, including an Anglican service and Catholic Mass every Sunday, a Hebron Pentecostal service every alternate Sunday and weekday Muslim prayers and study. An all-day Buddhist retreat was held every third Sunday. Prayers, workshops and groups, including the Alpha introduction to Christianity course, also took place on weekdays.

5.49 At the time of the inspection, the chapel was closed for building work to establish more space and better facilities. The chaplaincy team was therefore working from small temporary facilities but this did not prevent it from carrying out its programme of activities.

5.50 Access to services was open to all. The chaplaincy team programmed its activities around the rest of the prison regime and prisoners had no difficulty in attending faith activities. The only exception to this was when officers occasionally

erroneously prevented prisoners on the basic regime or on 'loss of association' from attending services.

5.51 Chaplains fulfilled their statutory duties of daily attendance at the segregation unit and visited the healthcare centre, although they were not always informed about prisoners going to outside hospital. They also made a point of seeing those prisoners on an open F2052SH (self-harm booklet). Although it was not always possible for them to see new receptions within 24 hours, they did so as soon as possible and kept a detailed record to ensure that this was done. As the prison's induction programme was not well developed, the chaplaincy tended to combine these initial contact visits with a chaplaincy induction.

5.52 The chaplaincy team's high profile within the prison was confirmed by prisoners, who spoke positively about its role. The team was invited to contribute to processes across the prison, such as sentence planning, and meeting every demand was a challenge.

Conclusion

5.53 The chaplaincy team was strong, diverse, proactive and reflected the needs of the prison. It had a high profile, was accessible and was highly regarded by prisoners. Statutory responsibilities were fulfilled, although there were occasional problems in some prisoners being able to access activities. As well as running a varied programme of groups and activities, the chaplaincy contributed to other areas of the prison such as suicide and self-harm prevention.

Recommendation

5.54 **The prison should fulfil its duty to ensure that all prisoners, including those on basic regime or with 'loss of association', are able to attend services.**

Housekeeping point

5.55 The chaplaincy team should be notified whenever a prisoner is sent to outside hospital.

Time out of cell

Expected outcomes

The expected outcomes for time out of cell, including hours unlocked, association and exercise, are:

Safety: Prisoners are safe when participating in out of cell activities

Respect: All prisoners have fair access to out of cell activities, opportunities for which meet the needs of the prison population

Purposeful activity: Varied and appropriate activities are supported by well-run wing routines and staff involvement

5.56 Our expectation is that prisoners can be out of their cell for at least 10 hours each day. The published programme for both weekdays and weekends provided for each prisoner's cell to be unlocked for 12.75 hours. The monthly key performance target returns routinely recorded 13.5 hours time unlocked, which was surprising given that our check on the number of prisoners locked in their cell at 3pm on one day of the inspection revealed a total of 72. Nevertheless, we welcomed the generally good amount of time that prisoners were out of their cell.

5.57 In our survey, 38% of respondents said that they spent more than 10 hours out of their cell during the week, with a further 24% saying that they spent between eight and 10 hours out of cell. The corresponding figures for the weekends were 56% and 15% respectively. No log was kept of hours out of cell but the daily programmes allowed for significantly more time than in most prisons.

5.58 During the week, prisoners were offered the opportunity to associate with other prisoners on their wing for 3.75 hours each evening. There were three periods of association at weekends: morning (2.5 hrs), afternoon (2.3 hours) and evening (3.5 hours). Association was rarely cancelled and 73% of respondents to our survey said that they had association more than five times a week.

5.59 There were few activities available on the wings and prisoners said that there was little to occupy them, particularly at weekends. There were limited opportunities to access the gym, evening classes and other activities away from the wings at

evenings and weekends. We observed one evening association period and found most prisoners sitting at tables and talking among themselves. The pool and snooker tables available were little used. One wing had a table tennis table.

5.60 In our survey, 52% of respondents said that staff spoke to them some or most of the time during association. We observed one weekday association period and found staff were generally in the unit office between the wings or at the counter outside the office. Those staff who were on the wing were often engaged in a specific activity such as accommodation or fabric checks, although we did observe some limited engagement with prisoners.

5.61 The few prisoners in the segregation unit were able to take an hour's exercise in a small fenced yard but no activity or seating was provided. Prisoners on the main residential units had a morning and evening period for association in the open air on weekdays and three periods at weekends. The evening periods were not available outside British Summer Time, which meant that unemployed prisoners could only have half an hour's access to fresh air.

5.62 Exercise during association was taken in the spaces between the residential units. The area was large and mainly grassed with a few bench seats. All exercise was cancelled in poor weather and outside association was cancelled when visibility was poor on security grounds. There were logs of when exercise was taken and the numbers taking it. Only 5% of respondents to our survey said that they took exercise outdoors more than five times each week, with 67% saying that they either did not have exercise or did not want it. However, the inspection was held during the winter and the survey results would probably have been different in the summer.

Conclusion

5.63 There were good levels of time out of cell for most prisoners and periods of association were better than in most establishments. Few activities were available during association. There was insufficient access to fresh air for unemployed prisoners.

Recommendation

5.64 **Unemployed prisoners should have at least one hour's access to fresh air.**

Housekeeping point

5.65 More activities should be made available during association.

CHAPTER SIX

GOOD ORDER

Expected outcomes

The expected outcomes for good order are:

Safety: Prisoners' safety is protected by clear rules necessary for the maintenance of good order and discipline and enforced by the properly exercised authority of prison staff

Respect: Prisoners understand the rules of the establishment and are treated fairly; they are able to appeal against decisions

Respect: Segregation, the use of force and application of category and status are used for their proper purposes and not as punishments

Respect: Every opportunity is taken to encourage good behaviour even when enforcing boundaries of control

Purposeful activity: Good order is supported through activities for prisoners which are challenging and well-organised

Security and the rules of the establishment

6.01 The security of the prison was good, with a high level of security awareness among staff. This helped to underpin a safe environment for prisoners. Elements of dynamic security were in place and we observed some positive staff/prisoner relationships, with prisoners receiving personal attention from staff and a reasonable amount of constructive activity. There were, however, fairly oppressive elements of physical security, such as the number of gates between the residential and activity areas. This led to prisoners waiting, sometimes in poor weather, at fence or unit gates. Given the high level of security at the perimeter (the double-skinned danned wired and clad fence was designed for a male prison), the use of controlled movement during the working day was excessive and impacted on access to activities and respectful treatment of prisoners.

6.02 The security department handled security intelligence reports (SIRs) effectively with measured responses to the intelligence received. SIRs covered a range of subjects and a significant number related to drugs. The collation of the SIRs was examined and there were some examples where it had been given too high a rating by a misunderstanding of the 4x4 system². For instance, the source of information passed to an officer by an unnamed prisoner was marked as trusted merely because the officer had completed the form. The security department provided the governor with comprehensive monthly security reports.

6.03 Desktop contingency planning exercises were held each month and the prison's contingency plans had been revised and were up to date. The tripartite plans (police, prison and fire service) were with the governor for her to seek approval from the area manager.

6.04 On one recent occasion, we were told that security information received about a visitor had been used to provide the police with sufficient information to search the home address and ultimately to arrest the occupant for possession of drugs with intent to supply. Closed visits were used in some cases where it was suspected that the visitor would attempt to bring in unauthorised articles. The decision to impose closed visits was subject to monthly review and did not last longer than three months. From the examples we inspected, reviews were sound and fair, with restrictions being lifted if no further information or indication had come to light.

6.05 The prison had a target of strip-searching three prisoners coming out of visits and carried out targeted cell searches.

6.06 There were no published rules of the establishment but prisoners generally knew what was expected of them. A copy of wing rules was displayed on B wing. There was a compact for prisoners setting out what was expected of them and what they could expect from the prison.

² The intelligence-gathering system in prison establishments, known as the 4x4 system, is designed to identify the importance of information. Evaluation of information is based on how well the 'source' of information can be trusted and how good the information is. Information from an officer is usually considered to be a 'trusted' source whereas information from an undisclosed source is usually accorded the lowest rating.

Conclusion

6.07 There were no obvious weaknesses in the physical or procedural security of the establishment and the elements of dynamic security were in place. The number of fences and the control of gates were oppressive. There was generally good management of intelligence and most prisoners were aware of the rules and regulations in place.

Housekeeping point

6.08 The assessments of intelligence reports should give appropriate weight to source reliability.

Categorisation and allocation

Expected outcomes

The expected outcomes for categorisation are:

Safety: Prisoners are held in accommodation which is appropriate for their own and others' safety

Respect: Prisoners are located in an establishment that is as close to home as possible and able to meet their identified needs

Respect: Criteria for determining security categorisation and allocation procedures are clear, open and fair, and rules governing transfer arrangements are fairly and consistently applied without discrimination

Purposeful activity: Security conditions do not unnecessarily restrict prisoners' access to purposeful activity

6.09 All prisoners at the establishment were sentenced. The emphasis of the prison was therefore on recategorisation linked to sentence planning and this was undertaken by a dedicated team working to the head of residence. Although it was meant to be a multidisciplinary exercise, in reality other departments did not make a practical contribution and the bulk of the work fell to the sentence planning team.

6.10 The large number of short-term prisoners being held meant that many were released directly from the prison. During the week of the inspection, only three

prisoners were categorised as suitable for open conditions and a further two for semi-open conditions.

6.11 When prisoners were recategorised for their suitability for open or semi-open conditions, the prison aimed to take their home locations into account. It would also try to reflect other factors impacting on their sentence progression, such as any courses or programmes being undertaken. We saw evidence of this policy in the case of a prisoner from the Birmingham area who was recategorised as suitable for the semi-open conditions of HMP Drake Hall. Another prisoner was told that she would not be recategorised until she had completed an offending behaviour course.

6.12 Prisoners were informed of the results of their categorisation board by the sentence planning team. The written notifications were brief and did not explain the full implications of the decisions, and rights of appeal were explained orally rather than in writing. Prisoners focused on the disadvantages of moving to possibly more remote establishments rather than on the advantages of less restrictive regimes and the opportunities these would bring.

6.13 Once a prisoner had been recategorised, the custody office notified other departments in the prison so that any reasons to 'hold' the prisoner could be identified. These might include outstanding hospital appointments.

6.14 Recategorisation decisions properly reflected current security considerations. Security information that was over six months old was not generally taken into account.

Conclusion

6.15 The categorisation system was geared towards the recategorisation of prisoners for open and semi-open conditions and was delivered by a dedicated sentence planning team. The prison took home circumstances and related factors into account as far as possible. However, prisoners tended to see the process as negative because of the likelihood that a move might take them further away from their home area.

Housekeeping points

6.16 The prison should set out a policy statement for all prisoners on the categorisation system. This should include the benefits of progressing to semi-open or open conditions.

6.17 Notifications to individual prisoners on their recategorisation should explain its full implications and specify their right of appeal.

Prisoner disciplinary procedures

Adjudications

6.18 In the year to February 2004, there had been an average of 66 adjudications each month, with a significant increase in September and October 2003 (118 and 124 respectively). Two-thirds of prisoners subject to adjudications were located on E and F wings. The offences that attracted the most adjudication during the year were: disobeying a lawful order (205), unlawful possession (120), endangering health and safety (98) and use of threatening or abusive language (96). An independent adjudicator visited each month to deal with charges that might merit the imposition of additional days. About six such cases were heard each month.

6.19 The majority of the charges under the health and safety rule related to prisoners smoking in prohibited areas. This had been identified at a management level with a suggestion that the correct charge should be disobeying a lawful order. Our view, however, was that such frequent use of the adjudication procedure for what was a relatively minor infringement of rules was questionable and that the matter should generally be dealt with using the incentives and earned privileges scheme.

6.20 We reviewed a sample of adjudications. Punishments were severe and the frequency and length of cellular confinement was very high compared to other prisons. The manager in charge explained that this situation was as a result of dealing with serious charges rather than adjourning for the external adjudicator but the number of serious charges and examples of cellular confinement did not support this. The most common punishment for disobeying an order was seven days' cellular confinement and this charge accounted for a quarter of all adjudications.

Approximately two-thirds of the women held in the segregation unit were subject to cellular confinement.

6.21 Within the same sample of adjudications, a significant number had been dismissed due to incorrect charges being made. This was a positive indication of adjudicators' scrutiny of cases, although systems should have been in place to ensure that correct charges were brought in the first place. During the inspection, segregation unit staff were attending the adjudications liaison officers training and would in future be able to provide a quality and administrative check for colleagues before charges were laid. Of 20 adjudications sampled, 10 were satisfactory, two indicated that there had been insufficient inquiry into the evidence and the remainder had insufficient or inappropriate prisoner conduct reports.

6.22 Systems for the correct administration of adjudications were in place and prisoners were provided with appropriate information within the correct timescales. The adjudications that we observed were conducted correctly with an appropriate level of inquiry.

6.23 There was a good system in place to monitor trends in adjudications and this data was discussed on a quarterly basis by adjudicators at a standardisation meeting. The meeting in February 2004 had identified the excessive number of charges of those prisoners located on E and F wings and an investigation had been commissioned.

Use of force

6.24 There had been 76 recorded incidents of use of force in the year to February 2004. This represented a significant increase from when the prison was a male establishment. Over 80% of staff were up to date in control and restraint training, and the appropriate forms were used to record use of force. A sample of 20 records revealed that all contained a copy of the record of medical examination and injury to the prisoner, all officers' reports and a copy of the prison's incident report.

6.25 The detail of officers' reports varied considerably, although the more detailed comprehensive incident report form written by the supervising manager was helpful in explaining the circumstances surrounding the intervention. The use of force was

recorded both for spontaneous incidents when control and restraint (C&R) techniques were not used and for C&R interventions. In the sample, nine incidents did not involve three-person C&R teams and these included officers separating fighting prisoners and fending off inappropriate embraces from prisoners.

6.26 Handcuffs had been used on six occasions after incidents to relocate prisoners safely. There had been no use of a body belt or the special cell since the prison had re-roled to accommodate women prisoners.

6.27 Our sample indicated that in approximately 25% of incidents, prisoners subject to force were actively attempting to harm themselves, which was consistent with patterns in other women's prisons. The incidents took place in all areas of the prison, although the segregation unit, with eight incidents, was disproportionately represented.

6.28 No individual officers were appearing disproportionately in the use of force records. In the 12 incidents where the prisoner involved was not already in the segregation unit, seven had resulted in relocation to the unit and five prisoners had remained in their own cells. This indicated a good pattern of de-escalation of incidents by staff. Three prisoners accounted for 21 of all 76 incidents when force was used in 2003 (one prisoner accounting for 11 incidents and two prisoners for five each). The records indicated that these prisoners had particular behavioural problems including self-harm.

6.29 A register kept of the use of force records was limited and did not record for each incident the type of information listed above. Managers reviewed individual incidents at the daily operational meeting to review future care and lessons learned but this would not reveal trends in incidents over time.

Segregation unit

6.30 The segregation unit was a purpose-built facility in a separate fenced area. There was a small austere exercise yard with no seating, a spacious dedicated adjudication room, a testing and holding room for the prison drug-testing programme,

a laundry, kitchen and staff office. The unit had nine standard cells and one unfurnished special cell. The cells were well decorated and in a very good state of repair, and unoccupied cells were ready for use with a full range of toiletries, sanitary protection and bed linen. All cells contained unscreened in-cell toilets.

6.31 A comprehensive segregation unit management document described the regime, facilities, routine and rules for staff. Searching of prisoners was appropriately decided on the basis of individual risk assessments and the majority of prisoners located there were not strip-searched on reception into the unit. A comprehensive prisoner information leaflet was given to every prisoner located in the unit. This was well presented and included detailed information about rules and routine, involvement in sentence planning, offending behaviour courses, case reviews and detailed practical information about visits and telephone calls. The leaflet conveyed an attitude of care and encouraged prisoners to seek assistance from staff and other specialists in the prison. Prisoners had daily access to a shower and exercise, although many declined to use the uninviting exercise area. There were plans to use a large room off the cellular accommodation to provide an association area where long-stay prisoners could get out of their cells and engage with staff or undertake activities.

6.32 The segregation unit routinely held prisoners for short periods on cellular confinement or for good order reasons. It also held one or two long-term residents presenting serious behavioural problems and vulnerability. The regime of the unit acknowledged this dual role and additional provision had been made for long-stayers, including the possibility of accessing a bath off the wing, the use of an informal 'association room' and the provision of activities or limited work in cell. There was an expectation that prisoners subject to rule 45 (located for reasons of good order) would be expected to continue with offending behaviour courses, education, counselling or peer-led groups and address the reasons for their segregation. Prisoners serving over 28 days in the unit were subject to reviews and provided with key workers. All prisoners in the unit maintained their level on the incentives and earned privileges scheme.

6.33 Two officers staffed the segregation unit in the morning, with one officer on duty for the rest of the day and during the night. All regime and domestic issues were

therefore attended to during the morning. Each prisoner's segregation had been authorised by an appropriate governor, although there was a significant omission in that medical staff had refused to complete the algorithm used to assess fitness to be segregated. This form, which was required for all prisoners located in the unit, was incomplete in all the records for the previous two months and consequently there was no initial assurance that the prisoner was not being put at risk by being segregated. Prisoners were seen by a doctor every third day and by a nurse on other days. Multidisciplinary case reviews were undertaken and recorded and reflected positive efforts to help prisoners with complex problems to progress. There was consistent evidence of a high level of care by staff and a good knowledge of the needs of the resident prisoners. There were daily records of the prisoners' progress.

6.34 In the two weeks prior to the inspection, the average daily population had been just under seven people, five of whom were subject to cellular confinement and the remainder being located pending adjudication or for reasons of good order.

Conclusion

6.35 The number of adjudications was high and included some that could have been dealt with more appropriately using the incentives and earned privileges scheme. The frequency of use of cellular confinement as punishment was excessive and its duration was too long. There was an adjudicators' standardisation meeting and a thorough system to monitor trends in charges and punishments. Use of force records were comprehensively completed for both control and restraint and non-control and restraint incidents. Medical assessments were consistently made and recorded soon after the incident. There was no analysis of trends in the use of force. The segregation unit benefited from a comprehensive range of practice guidelines that were readily available to staff and prisoners. The unit was clean and well ordered, with a positive regime and supportive and committed staff. The unit managed well its dual role of dealing with both disturbed people for long periods and those who posed discipline problems for short periods.

Recommendations

6.36 **The quality assurance system for adjudications should review the quality of a sample of adjudications as well as the trends in charges and punishments.**

6.37 The use and length of cellular confinement as a punishment should be reviewed and reduced.

6.38 A comprehensive monitoring system for the use of force should be introduced and used by the security committee to review emerging trends, amend practices where necessary and ensure that there are no inappropriate patterns.

6.39 Prisoners in the segregation unit should have daily access to a medical officer in the absence of an initial risk assessment algorithm.

Good practice

6.40 The prisoner information leaflet for those held in the segregation unit provided a comprehensive range of information and advice, encouraged prisoners to continue to engage in their regime, encouraged communication and offered support.

Vulnerable prisoners

6.41 The policy at Buckley Hall was to integrate vulnerable prisoners within the prison's regime. Those prisoners who might otherwise have considered themselves vulnerable because of their offence were advised not to discuss their crime and were allocated to normal accommodation. This policy was not written and therefore did not set out protocols for dealing with those prisoners who wished to be segregated in their own interests. It also meant that it was not clear whether there some categories of vulnerable prisoners the prison did not accept.

6.42 Overall, the integration of prisoners who might otherwise have been regarded as vulnerable worked well and there were no instances of prisoners being at risk through the nature of their offence or through debt. This meant that such vulnerable prisoners were able to access the full range of activities offered to all prisoners at Buckley Hall.

6.43 One prisoner was segregated in her own interest. The process for dealing with this was well recorded and good reasons were given. She had been in the segregation

unit for 10 days, during which time she had been taunted by prisoners segregated for reasons of good order. The unit accommodation did not allow for distinction between the two types of prisoner, although staff had differentiated the regime to allow vulnerable prisoners time out of cell and access to purposeful activity.

Conclusion

6.44 Vulnerable prisoners were generally fully integrated into the regime but there was no written policy or any protocol for dealing with those who needed to be segregated in their own interest.

Recommendation

6.45 **There should be a written policy for vulnerable prisoners agreed with the area manager, with protocols for handling prisoners whose circumstances change at Buckley Hall and who need segregation in their own interest.**

Incentives and earned privileges scheme

Expected outcomes

The expected outcomes for incentives and earned privileges are:

Respect: Prisoners understand the rules of the establishment and are treated fairly; they are able to appeal against decisions

Respect: Every opportunity is taken to encourage good behaviour even when enforcing boundaries of control

6.46 The incentives and earned privileges (IEP) scheme had been revised in 2003. It described the three regime levels of basic, standard and enhanced, which was in accordance with Prison Service policy. The scheme was clearly set out and included the behaviour required to move between regime levels, systems for review and a description of how review and appeal boards worked.

6.47 In our survey, 6% of respondents said that they were on the basic level, 68% said standard level and 19% said enhanced. A further 5% did not know what the IEP scheme was and 1% did not know what level they were on. These figures closely matched the prison's own breakdown of regime levels. Prisoners transferring from

other establishments on the enhanced regime retained that status but this was subject to review by wing managers within the first four weeks.

6.48 IEP review boards met every fortnight and comprised residential staff chaired (usually) by a principal officer. The boards considered applications for progression from prisoners as well as reports from personal officers if prisoners merited downgrading. They were supposed to consider a report assessing a prisoner's performance against criteria such as her attitude towards staff and other prisoners, work activities, response to trust and adverse security information reports. The criteria were individually scored and a prisoner's total score indicated the appropriate regime level.

6.49 The IEP scheme required that any prisoner close to being downgraded be given a written warning and the guidelines for principal and senior officers underlined that no one should be placed on basic level without having been given a prior warning about her behaviour. It also required that anyone placed on basic level be given written notification and told that she would be reviewed again in 14 days. The notification referred to the fact that the chair of the review board would already have informed her of the areas that needed specific improvement, but these were not restated. Prisoners wishing to appeal against the decision of the review board submitted a form to the head of residence and this would be returned with the governor's decision. Their next recourse would be the complaints system.

6.50 As described, the scheme was basically sound. However, some areas caused us concern.

- The IEP scheme document listed some of the facilities available under each regime level but cross-referred to the establishment's facility list for others.
- The rates of pay across all activities (work and education) were allocated according to IEP level, which meant that prisoners were being paid different rates for doing the same job
- Prisoners could be left on basic level for up to two weeks between reviews and at least one prisoner, despite being reviewed, had been on basic level for many months

- The quality of the documentation supporting the IEP scheme was inconsistent and dominated by residential staff. The record of one prisoner who had dropped from standard to basic level contained no IEP assessment and instead just an entry in her history sheet recording the fact. It was not clear what records were available to support the review board decisions and prisoners being considered for downgrading were not always given the opportunity to attend review boards
- Prisoners were not given the opportunity to see their history sheets, although officers could read the comments to them. Some prisoners believed that the system was operating unfairly and negatively.

6.51 Not all staff fully understood the IEP policy and operation. Some officers, for example, believed that prisoners on basic level could not attend religious services.

Conclusion

6.52 The IEP scheme was broadly in line with national policy but its implementation was erratic with paperwork not always complete and available. The 14-day review period for prisoners on the basic regime was too long and prisoners did not always have the opportunity to contribute to reviews, especially if they were being considered for downgrading. The IEP scheme was tied into the pay system, which was neither fair nor appropriate in trying to establish a modern working environment. Some prisoners and staff did not seem to be fully aware of all features of the scheme. History sheets were not made available to prisoners to read.

Recommendations

6.53 **Prisoners being considered for downgrading should be invited to attend the review board to present their case.**

6.54 **A board should review prisoners on the basic regime every seven days.**

6.55 **The practice of prisoners being paid different wages for the same work according to their incentives and earned privileges level should stop.**

Housekeeping

6.56 The written notifications of downgrading to prisoners should specify the areas that need specific improvement before their regime level can be restored.

6.57 Prisoners should be allowed to read their history sheets rather than having comments read to them by staff.

CHAPTER SEVEN

RESETTLEMENT

Expected outcomes

The expected outcomes for resettlement are:

Safety: Prisoners are able to trust staff to deal with details of their offending and personal circumstances responsibly

Respect: Sentence planning, offending behaviour and substance use programmes and reintegration planning are effective and meet prisoners' assessed needs

Respect: The approach of all staff encourages responsible behaviour and supports prisoners working on their offending, substance use and other problems and preparing for release

Purposeful activity: Access and allocation to purposeful activity is linked to prisoners' assessed needs and their planned targets

Resettlement and reducing re-offending: Prisoners address their offending behaviour and related problems and prepare for release while in custody

Management of resettlement

7.01 The prison had recently reviewed its resettlement policy and this had been agreed by the area manager in the week before the inspection. The policy reflected the overall outcomes sought in the Prison Service Order on resettlement. However, there was little reference to meeting the specific needs of women prisoners at Buckley Hall or to meeting the resettlement needs of particular minority groups, such as foreign national prisoners. The education provider had conducted an education and training needs analysis in January 2003, part of which covered areas such as employment, accommodation and motivation and was based on the results of a prisoner questionnaire devised by staff at the prison. Some useful information had been elicited but there was some concern about the format of the questionnaire and the information was insufficient to establish the full resettlement needs at Buckley Hall.

7.02 The head of regimes and resettlement had developed some strategic objectives and a three-year action plan covering the period 2003/06. This set out short- and long-term objectives for individual managers and was indicative of a willingness to tackle the resettlement agenda in an organised way. There was also evidence of good awareness among those involved in resettlement activities throughout the prison of how they contributed to the work of the department of regimes and resettlement. The head of the department had produced a clear chart, which we saw displayed in some offices, outlining the scope of resettlement activity and identifying who was responsible for delivering which individual services.

7.03 The resettlement policy committee met bi-monthly. There was appropriate membership of the committee, including members of external agencies working in the prison, and the minutes indicated reasonable attendance. However, most of the business appeared to be an exchange of detailed information about what was happening in each individual area. A recurrent theme during our time at Buckley Hall was that the prison was dealing with a very different group of prisoners from those originally expected yet there was little indication that the committee was giving any strategic thought to what this meant in terms of resettlement need or planning for the future. The resettlement policy committee did not monitor the performance of the completion of sentence plans, home detention curfew applications, parole and release on temporary licence. There was no evidence that the committee made any formal report to the prison's senior management group and resettlement policy was not discussed at any of its last three meetings.

7.04 Approximately 60% of prisoners being discharged had been sentenced to a year or less in prison. There was therefore a need to consider how best to deal with resettlement issues for this group, some of whom would be released from the prison having served only a number of weeks there. These short-term prisoners presented a number of challenges to the establishment in terms of meeting their resettlement needs but no up-to-date needs analysis had been carried out to identify key characteristics such as age, offence type, length of sentence and home area. Some information about a range of resettlement needs, such as health, housing and employment, was collected individually at different stages in the prison but this had not been used to inform overall resettlement strategy.

Conclusion

7.05 The resettlement policy had been recently reviewed and the resettlement policy committee was meeting regularly. A good start had been made in developing an appropriate policy for prisoners at Buckley Hall and there had been some assessment of individual needs. No full resettlement needs analysis had been undertaken based on the existing population, many of whom were at Buckley Hall for only a short time. There was no strategic overview of resettlement provision by the senior management group.

Housekeeping points

7.06 Resettlement should be a standing agenda item at the prison's senior management group meetings.

7.07 The resettlement policy committee should consider information about sentence planning, home detention curfew, release on temporary licence and parole at its meetings.

Offending behaviour programmes

7.08 Buckley Hall delivered a range of offending behaviour programmes, its principal course being the enhanced thinking skills (ETS) programme accredited by the Correctional Services Accreditation Panel. The target for 2003/04 was to achieve 30 completions. At the time of the inspection, there had been 28 completions and it was expected that there would be 38 completions by the end of March 2004. The ETS programme had last been audited in November 2003 when it received an implementation quality rating of 95%. We were, however, concerned to hear that some officers on the wings were not always entirely supportive of the programme and some prisoners had reported undermining remarks from officers about their participation. There were plans to run an ETS awareness course for officers to tackle this problem. Staff, family, friends and probation officers were invited to attend individual case reviews. While outside probation officers attended in about 50% of cases, we were told that it was very rare for a personal officer to attend.

7.09 In addition to ETS, the prison offered non-accredited programmes including anger management and some programmes aimed at drink and drug use called ‘understanding addiction’, ‘cracking it’ and ‘the drink’. Unfortunately, none of the unaccredited programmes had run since October 2003 due to a shortage of tutors. There were plans for these to begin again in March 2004 but a number of women, particularly those serving short sentences, had missed the opportunity to participate in them. The child protection charity, the Lucy Faithfull Foundation, was also running individual structured programmes with a small number of women convicted of sex offences against children.

7.10 For the most part, the programmes run at Buckley Hall replicated what had been run for men before the re-role, although some had been adapted for women. There had been no formal needs analysis to ensure that the programmes offered matched the needs of the prisoners, many of whom were serving short-term sentences and were not subject to sentence planning arrangements that were the usual method of referring prisoners for programmes.

Conclusion

7.11 The prison offered a reasonable range of offending behaviour programmes but there appeared to be little support for programmes outside those who delivered them. Little had been provided for some months because of a lack of trained staff. Without a needs assessment, it was hard to conclude that the provision was appropriate, particularly for prisoners serving short sentences.

Recommendations

7.12 **Offending behaviour programme provision should be informed by a needs assessment of the population.**

7.13 **Enhanced thinking skills awareness training should be provided for all staff.**

Public and child protection

7.14 Buckley Hall had a protocol between the prison and probation service for child and public protection procedures and the subject was led by the seconded senior

probation officer. The prison was represented on local multi-agency public protection panels (MAPPs) and contributed to the MAPP arrangements. Relevant information was shared with social services and other agencies.

7.15 A prison public protection panel met each month and held reviews of risk management plans for individual cases identified shortly after reception by the custody office. The reviews were attended by a suitably wide range of disciplines.

7.16 A local public protection register was maintained for all prisoners subject to public protection measures with comments showing the measures that had been agreed. These included visiting arrangements for children and monitoring of mail and telephone calls. The register also identified those prisoners where there were public protection issues within the prison. The local register was available to all relevant staff in the prison, including visits, reception, security and personal officers.

7.17 The arrangements for notifying local social services of prisoners subject to schedule one of the Children and Young Persons Act were in place. However, the prison operated a blanket policy of not notifying cases where the relevant conviction had become spent under the Rehabilitation of Offenders Act 1974. National Prison Service policy was that social services should be notified in all cases but that agreement could be reached that an individual posed little or no risk to children.

7.18 A number of personal officers had been trained locally in public protection procedures. In all, 16 officers had received the training, with other staff from probation, activities allocation, chaplaincy and programmes.

7.19 Prisoners were informed of the public protection arrangements and their right to challenge these.

Conclusion

7.20 There was a comprehensive process for identifying and assessing the risk of prisoners subject to child and public protection measures. The prison was aware of these cases across the relevant disciplines and there were good links with other

agencies. The notification of schedule one offenders to social services did not include those with spent convictions.

Recommendation

7.21 The local social services departments should be notified of all schedule one offenders, irrespective of whether the qualifying conviction is spent.

Reintegration planning

7.22 Buckley Hall was releasing an average of 60 women a month at the end of their sentences. Many of these were there for only relatively short periods. There was a range of initiatives aimed at addressing resettlement and reintegration needs, including Prison Service Plus (PS Plus), Partnership 2000, Job Centre Plus and Beacon Support Services, a local housing association.

7.23 PS Plus, an employment project funded by the European Social Fund and the Prison Service, provided help and support to eligible prisoners in obtaining employment and accommodation. At the time of inspection, the eligibility for PS Plus support had just changed from prisoners with a minimum of 42 days left to serve in a prison to those with 30 days left to serve. Prisoners also had to be motivated to obtain employment. The PS Plus workers acknowledged that gaining employment after release was not always the first priority for women who had been separated from their families for a while and that the targets for the scheme often seemed more applicable to men than women. They had found that it was more difficult to gain employment and housing for women than for men, even in similar circumstances. Approximately 40 or so prisoners were participating in the project at the time of the inspection, mostly in one-to-one work. There was evidence that the project had enjoyed good success in placing a number of women into housing but success in gaining employment was less easy to achieve. This was particularly so as many of the more successful women moved to semi-open and open prisons before release and were not counted against Buckley Hall's statistics. The project was well integrated into the work of the prison, taking part in release on temporary licence and home detention curfew assessments, and we saw excellent PS Plus assessments that were helping to inform sentence planning.

7.24 Partnership 2000 was also funded by the European Social Fund and had similar aims to PS Plus in helping prisoners secure employment on release. One major distinction was that Partnership 2000 was based mainly on group work rather than individual sessions, although one-to-one follow-up work did take place. The programme was a 12-week course offering a range of practical skills. At the time of the inspection, about 40 women were involved in the Partnership 2000 project. The scheme's workers had a realistic approach to their work and recognised that many of the women had multiple complex issues to deal with and that success could be measured in terms of progress in their engagement with the scheme rather than necessarily obtaining work.

7.25 Both projects were aimed at giving prisoners responsibility and the skills for obtaining work. However, it was unfortunate that security restrictions within the prison meant that prisoners were not able to have access to the telephone or the internet – the usual tools for obtaining employment and information about jobs. A separate very good housing advice service also operated, led by a worker from Beacon Support Services. Two prisoners also worked in this service but for security reasons could not use a normal office telephone on their desks and had to use a personal identification number telephone on the wall instead. This was inappropriate and disrespectful to the prisoners involved.

7.26 A Job Centre Plus worker, who came into the prison two days each week, provided benefits advice. The Citizens' Advice Bureau had previously provided help with debts and other legal problems but the prison had recently discontinued this service apparently because it was little used.

7.27 Prisoners were generally accessing the services available but there was no formal assessment system to refer them to the appropriate agency from the time of their arrival at Buckley Hall. This was particularly so for those not subject to sentence planning arrangements. Although this appeared to happen on an ad hoc basis, there was no system to check that all prisoners with a release date were seen sufficiently in advance to ensure that they had a viable release plan. Despite the existence of good housing services, almost 20% of prisoners discharged from Buckley Hall in the three months prior to the inspection were recorded as of no fixed abode.

7.28 There were systems in place to manage parole, home detention curfew and release on temporary licence but there was little evidence, particularly with release on temporary licence, that these processes were being used as part of a planned release strategy. There was no identification of those prisoners who had reached their facility leave eligibility.

Conclusion

7.29 Some good work was taking place in the housing and employment areas and prisoners generally knew how to access these services. However, provision was fragmented between a range of service providers and there was no comprehensive resettlement needs assessment on reception or formal system to check how well those needs had been met before discharge. There was little use of release on temporary licence to meet the resettlement needs of the eligible population.

Recommendations

7.30 Resettlement needs, particularly for short-term prisoners, should be identified from reception to ensure that prisoners are directed to appropriate services before release.

7.31 Prisoners should be informed when they have reached their eligibility date for release on temporary licence and encouraged to apply.

7.32 A formal system should be put in place to ensure that all prisoners with a known release date are seen in advance to ensure that they have a viable release plan.

7.33 Prisoners on programmes such as Partnership 2000 and Prison Service Plus should have supervised access to telephones and the internet to help them secure employment.

7.34 Prisoners working in the housing advice office should be provided with telephones on their desk to carry out their work.

Sentence planning

7.35 Nineteen per cent of prisoners were not included in the sentence planning process mainly because they were serving sentences of less than one year. (A small number of life sentenced prisoners were subject to separate sentence planning arrangements.)

7.36 The process was run by a multidisciplinary sentence planning group team with administrative systems managed rigorously by a committed and knowledgeable clerk. The team aimed to complete automatic conditional release (ACR) and discretionary conditional release (DCR) sentence plans within the Prison Service targets.

7.37 Up to three months before the inspection, the team had achieved its targets on timeliness of completing plans. However, trends in the reception of prisoners (61% of the population had been in Buckley Hall for less than 12 weeks) had led to a large increase in the number of plans required in each subsequent month. The team target had gone from completing approximately 40 sentence plans per month three months before the inspection, to over 60 for the month after the inspection. As a result, a backlog of approximately 17 DCR plans and 39 ACR plans had accumulated.

7.38 Contributions were requested from a wide range of departments in the prison and detailed and relevant reports were frequently received from the CARATs team, enhanced thinking skills and Prison Service Plus. Sentence plans included ongoing progress or completion reports where these related to prisoners' plans and information about re-categorisation. Sentence plan progress was used in deciding on re-categorisation or home detention curfew. Targets were copied to the prisoner and relevant departments.

7.39 All sentence plans were started by a sentence planning officer discussing targets and background reports with prisoners. After this initial meeting, all DCR prisoners were invited to attend their board, which was chaired by an operational manager and attended by a range of specialist staff. Plans and targets were agreed at this board. ACR prisoners agreed their targets at their initial meeting and all plans were subsequently reviewed and verified by a senior manager.

7.40 In our survey, 55% of respondents reported having a sentence plan. All plans sampled addressed the risk of re-offending and prisoners' immediate and resettlement needs. The majority of plans reflected detailed knowledge and consideration of previous offending patterns and personal history, although the final targets tended to be formulaic and unimaginative. Targets were generally confined to programmes, interventions or resettlement support available within Buckley Hall. Although the sentence plans were counter-signed by a senior manager, there was no formal system to review their quality or a systematic record of which departments were providing contributions.

7.41 Some consideration had been given to providing a brief custody plan to those sentenced to less than a year, with short modular interventions to meet some of their needs. However, work on this had not progressed.

Conclusion

7.42 The sentence planning process was set up to identify all eligible prisoners on reception and to provide a plan within required targets. There was an emerging backlog caused by trends in the changing population. Plans identified risk and needs appropriately, although targets tended to be unchallenging. Some departments contributed good quality reports but there was no monitoring to identify those that were failing to contribute to the process.

Recommendation

7.43 Systems for quality assurance and monitoring of sentence plan contributions should be put in place to develop further the quality of sentence plans.

Housekeeping point

7.44 Resources for sentence planning should be kept under review to ensure that they are sufficient to match increased demand.

Life sentenced prisoners

Expected outcomes

The expected outcomes for life sentenced prisoners are:

Safety: Lifers trust that details of their offences and personal circumstances are treated responsibly by staff

Safety: Potential lifers on first entering custody, and newly-sentenced lifers returning from court, are given close attention and support from trained staff

Respect: All lifers are able to address their risk factors and prepare for release within the timescale of their tariffs

Respect: Recalled lifers and licence revokees are dealt with promptly, openly, consistently and fairly and a regime provided for them

Respect: Staff working with lifers understand the lifer system and encourage lifers to maintain a positive approach to their sentence and work towards their eventual release

Purposeful activity: Lifers experience balanced regimes with opportunities for work, education, leisure and social interaction, which afford them choice and require them to take increasing responsibility for themselves

Resettlement and reducing offending: Lifers are able to access help which assists them in coming to terms with their sentence and to take responsibility for their offending

Resettlement and reducing offending: Lifers experience a phased reintegration into the community supported by a resettlement team in the discharging prison which includes input from the home probation officer

7.45 Buckley Hall had begun to take life sentenced prisoners only months before the inspection. There were eight women serving life sentences and there were plans to take more. We were told that they were 'well progressed' first-stage life sentenced prisoners. When we inspected their records, we found that some had served several years, that their risk factors had been identified, that targets had been set and that they had already completed a range of offending behaviour work.

7.46 All the lifers had been transferred to the establishment within a few days of their transfer instruction having been received. Initial risk assessments had been completed for all eight and all were up to date in their initial or annual reviews. Offending behaviour programmes and other interventions were available to allow the women to meet their life sentence plan targets. A good system for identifying the dates of annual and progress reviews provided a timetable for calling for reports.

7.47 All the memoranda containing confidential information about the details and background to the lifers' offences were available and kept in the same cabinet as the life sentence plans. This cabinet was in the custody office and was kept locked at night and weekends but was accessible to other staff during the working day. There were no records of who had accessed the confidential memoranda nor was there any system to limit access to those staff who needed to know the contents.

7.48 There were bi-monthly meetings of life sentenced prisoners. The lifer staff met first and all women were then invited to join them. The lifers had recently asked for their own meeting, which the lifer manager had agreed to arrange and had offered to attend. The minutes of the lifer group indicated a real engagement with the women and a willingness to discuss and progress appropriate issues raised by them. This was reflected in the responses from the women we met, who felt part of a team and well respected by staff and managers.

7.49 Life sentenced prisoners were not accommodated on a separate unit but mixed with a range of other prisoners, including those serving short sentences. None shared a cell and all to whom we spoke welcomed the experience of mixing with a range of other prisoners. A different view, however, was reflected in the lifer group minutes. Lifers had access to positions of trust and all activities throughout the prison.

7.50 The standard of annual reviews was good and a multidisciplinary approach had been adopted. Where a contributor could not attend, a report was completed and included in the review. Buckley Hall had few officers trained in life sentence work and the personal officer scheme was in its infancy. Some officers had been identified as life sentence officers, all of whom had received training. They completed the personal officers' contributions for the completion of the life sentence reports. There

were plans to hold lifer family days and the prisoners had been consulted about the timing; it was proposed to hold them in the summer to allow for outdoor activity and refreshments.

7.51 The life sentenced women were confused about what stage they had reached. They had all been told that they were in the first stage, despite having already undertaken offending behaviour work for some years. One woman's first progress report was soon to be called for. The lifer management at Buckley Hall believed that the movement from first to second stage depended on risk reduction and that this was not a decision the prison could make.

Conclusion

7.52 Life sentenced prisoners were well managed. There was good engagement with the prisoners and reviews were held on time. There were offending behaviour programmes available to meet identified needs. Apart from the lack of input by personal officers, there was a good multidisciplinary approach to lifer casework and assessment but a lack of clarity for both staff and prisoners regarding what stage lifers had reached.

Recommendation

7.53 **Buckley Hall's role for life sentenced women prisoners should be clarified.**

Housekeeping points

7.54 Confidential memoranda should be kept secure at all times and available only to those staff with a need to know.

7.55 Only personal officers should complete the life sentence plan personal officer reports.

CHAPTER EIGHT

SERVICES

Catering

Expected outcomes

The expected outcomes for catering are:

Safety: Prisoners' food is prepared and served safely in accordance with Environmental Health regulations and religious requirements

Respect: Prisoners receive a fair portion of healthy, balanced, nutritious and varied meals to meet their physical, gender, health, religious, ethnic and medical needs

Respect: Prisoners have a choice and are encouraged to eat healthily to help them create and maintain healthy lifestyles

8.01 Prisoners' meals were healthy, varied and balanced to the needs of the population. In our survey, 61% of respondents against a benchmark of 30% described the meals as good or very good. A dietician met the catering manager monthly.

8.02 Prisoners pre-selected their meals from a good choice of menu on which the vegetarian, healthy eating and halal choices were clearly marked. The catering manager responded to requests for special diets, such as wheat-free and diabetic options, on instruction from healthcare. All meals were served at appropriate times.

8.03 The catering operation was run by Compass Catering, a private company that also operated the staff restaurant facility. The team comprised a catering manager, a head chef, a second chef, four general chefs and an administrative officer. The kitchen could employ up to 18 prisoners but only 10 were working in the area at the time of the inspection.

8.04 Wing surveys were carried out regularly and food comment books were available on each servery. The books were well used by the chefs, who attended the

serveries daily to check the food temperatures, the serving of portions and the appropriate dress of servery workers. Staff also commented in the books about the quality of food. The books were kept in the servery and there were few comments from prisoners. Nevertheless, the books were seen regularly by the catering manager who responded to comments in a respectful manner.

8.05 A prisoner consultative committee met regularly. This occasionally included a catering sub-committee chaired by the catering manager. Dining facilities were provided on each wing and prisoners could also choose to eat in their cells.

8.06 The wing serveries and kitchen were clean and well maintained, and safe systems were in operation. In the kitchen, food was stored and prepared at the correct temperature and in appropriate areas. Halal foodstuffs were separately stored and prepared. All staff and prisoners working in the kitchen and serveries were appropriately dressed.

8.07 There had been no achievement in food hygiene programmes since the prison had changed its role. No prisoners working in the kitchen had received all five sections of a training programme for food hygiene or health and safety. Prisoners received one-to-one coaching if they found kitchen materials difficult to read or understand and a basic skills tutor was available three times per week for additional training support if necessary. There were no classroom facilities in the kitchen area.

8.08 More than 10 prisoners had been enrolled in the national vocational qualification (NVQ) in catering for over six months, although the prison did not meet the Qualifications Curriculum Authority (QCA) requirements to run the course. No member of the catering staff was qualified to carry out assessments or verification and there were no systems in place to offer these. Managers were not aware that the prison was not registered with an awarding body or that the subcontracted internal verifier had left employment and no longer visited. Prisoners had worked on portfolios in their own time and the catering manager had carried out assessments but not to the necessary QCA standards. The catering manager was meeting education staff the week following the inspection to discuss how this situation could be rectified.

8.09 A new, larger kitchen was under construction at the time of the inspection and was due to open in May/June 2004. The kitchen would be fully equipped with new facilities. Refurbishment of the serveries had been included in the original bid but resources had not been provided. Meals were taken to the wings in heated trolleys and placed in wing serveries. Temperatures were recorded prior to the food leaving the kitchen and again on arrival on the wings. There was nowhere to store chilled food in the serveries and the bain-maries were inefficient and too small. Procedures in the new kitchen would mean that meals were packed into more efficient insulated boxes and the serveries were not designed to accommodate this service. The resources in the new kitchen would be good but would not be reflected in the serveries.

Conclusion

8.10 Meals were healthy, varied and balanced and an able manager oversaw the catering operation. A high proportion of prisoners regarded the food as good or very good. Chefs regularly supervised the meals being served. There was a lack of formal qualifications available to prisoners working in the kitchen, problems with accreditation and no suitable classroom. A new kitchen was due to open in May/June 2004 but the existing serveries had not been refurbished and were in need of upgrading to match the facilities that would be offered in the new kitchen.

Recommendations

8.11 **Appropriate qualifications should be available to prisoners employed in the kitchen.**

8.12 **The wing serveries should be renewed and upgraded to the required standard.**

Housekeeping point

8.13 The food comment books should be more accessible to prisoners.

Prison shop

Expected outcomes

The expected outcomes for the prison shop are:

Safety: Arrangements to enable prisoners to purchase goods minimise opportunities for bullying

Safety: Items held in the prison shop and store are stored and served according to the requirements of food safety, hygiene, religion and security

Respect: Prisoners have a suitable range of affordable goods available for purchase at reasonable prices to meet their ethnic, cultural and gender needs

8.14 Prisoners had weekly access to the prison shop. Order forms were received by prisoners on Tuesday, were collected by Aramark, the shop provider, on Wednesday and orders were received on Saturday mornings.

8.15 Prisoners could choose from a list of some 200 items not including greeting cards. This was generally in keeping with the amount of items found on lists at similar establishments, apart from those prisons managing their own shop, which usually offer a wider choice. In our survey, 49% of respondents said that the canteen sold a wide enough range of goods. The choice of food was limited for black and minority ethnic women and few tinned items were available. A monthly 'special order' list of approximately 170 items of make-up, hair and skin care products was also available. The products available on the list were geared towards black and minority ethnic women, and some staff referred to this as the 'ethnics' list. All prisoners could make purchases from this list and a number of white women complained that there was insufficient choice to meet their needs.

8.16 Avon goods were available via Aramark, although we understood that this facility would end once the current stock was exhausted. Prisoners could also order monthly from Argus. Prisoners ordering from Argos, Avon or the monthly special order were charged a 50 pence administration fee.

8.17 Newspapers and magazines were available from a local newsagent. No survey of the population had been undertaken and managers relied on comments volunteered from wing representatives at prisoner consultative meetings.

8.18 We were unable to see the delivery and collection of ordered goods to prisoners as this took place on Saturday mornings. Goods were delivered to women on the wings by Aramark staff. All purchases were sealed within clear bags and mistakes were rectified the following Monday. Some prisoners had commented in anti-bullying surveys that the collection of canteen was an opportunity for bullying and that there was a lack of staff supervision.

8.19 Newly arrived prisoners did not have access to the canteen the day following their arrival and, depending on the day of arrival, it might be over a week before an order was received. The ability to order was also reliant on the fact that the prisoner had money in her account and that any transferred monies had been forwarded to the establishment. Such a situation could lead to lending and borrowing, particularly of valued items like tobacco, and these in turn could lead to bullying and intimidation.

8.20 Prisoners could choose a reception pack on arrival. An additional reception pack was available at the discretion of the wing senior officer if prisoners did not have the funds to purchase items from the shop the following week.

Conclusion

8.21 Prisoners could buy from the prison shop on a weekly basis, but new prisoners could wait some time before they were able to receive their first order. The existing list was comparable to similar establishments. No survey had been undertaken and managers relied on comments from wing representatives at the prisoner consultation meetings. An additional charge of 50 pence was added to orders from catalogues and the monthly special list

Recommendations

8.22 Prisoners should be able to order from the shop the day following their arrival.

8.23 A survey of the population should be undertaken to identify better prisoners' requirements.

Housekeeping point

8.24 Prisoners should not be charged an additional 50 pence for orders not included on the weekly canteen list.

CHAPTER NINE

RECOMMENDATIONS AND GOOD PRACTICE

9.01 The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

To the Director General

9.02 Women prisoners who do not meet the published allocation criteria should not be transferred to Buckley Hall; in particular, those who are still undergoing, or have recently completed, detoxification. (HP.35)

Courts and escorts

9.03 Women prisoners should be held nearer to their home areas. (1.07)

9.04 Regular comfort breaks should be provided on escorted journeys. (1.08)

To the Governor

9.05 A formal first night system should be introduced followed by an appropriate and properly resourced multidisciplinary induction programme. (HP.36)

9.06 There should be a regular senior management presence on the wings; the expected professional standards of behaviour towards prisoners should be made clear to all staff and senior managers should consult groups of prisoners regularly about staff attitudes. (HP.37)

9.07 Efforts should be made to increase the confidence of black and minority ethnic prisoners in the management of race relations and all reports of racial discrimination,

including those received by third parties, should be recorded and investigated thoroughly. (HP.38)

9.08 Security arrangements should be reviewed with a view to ensuring that gates in fences and wings are locked back to allow freedom of movement within the secure perimeter of the prison during the working day. (HP.39)

9.09 A comprehensive monitoring system for the use of force should be introduced and used by the security committee to review emerging trends, amend practices where necessary and ensure that there are no inappropriate patterns. (HP.40)

9.10 A full resettlement needs analysis should be undertaken to identify key characteristics such as age, offence type, length of sentence, home area, family circumstances and housing and employment status. (HP.41)

9.11 Custody plans should be introduced for all prisoners not subject to formal sentence plan procedures. These should identify immediate needs, targets in prison and resettlement goals. (HP.42)

First days in prison

9.12 Additional officers should be profiled to manage the increased traffic of prisoners in reception. (1.28)

9.13 Prisoners should be moved from reception as quickly as possible. (1.29)

9.14 Prisoners should not be able to see activity in the reception area from the holding rooms. (1.30)

9.15 Reception interviews should be carried out in private and prisoners should be able to use the reception telephone in private. (1.31)

Environment

9.16 Sufficient rooms should be created to allow staff to interview prisoners in private. (2.15)

9.17 Bells should be installed at the entrance to wings to help ensure that prisoners are not kept waiting for long periods at wing gates. (2.16)

Relationships

9.18 The operation of the personal officer scheme should be fully reviewed, a new description of duties should be drawn up and time allocated for personal officers to attend and contribute to reviews and other important meetings relating to their allocated prisoners. (2.28)

Safer custody

9.19 The operation and effectiveness of the anti-bullying strategy should be reviewed and evaluated. (3.13)

9.20 The anti-bullying co-ordinator should receive appropriate training and sufficient allocated time to carry out his duties. (3.14)

9.21 Interventions for victims and bullies should be developed. (3.15)

9.22 A system to debrief and learn from incidents when prisoners had almost killed themselves should be developed. (3.33)

9.23. Support plans drawn up at F2052SH reviews should identify prisoners' individual needs and wherever possible name specific members of staff who should ensure that each element of the plan is actioned. (3.34)

9.24 There should be appropriate assessments of medical suitability, evidence of exceptional circumstances, authorisation by a senior manager and intensive support plans for people on F2052SH procedures located in the segregation unit. (3.35)

Substance use

9.25 The healthcare and the security departments should form an integral part of the prison's drug strategy and attend meetings regularly. (3.60)

9.26 The lead nurse for substance misuse should receive specialist training for this role. (3.61)

9.27 Healthcare should introduce formal care planning systems that include liaison arrangements with community specialists regarding methadone maintenance. (3.62)

9.28 The counselling service should be increased to meet need. (3.63)

9.29 The prison CARAT officers should receive regular casework supervision from a qualified practitioner. (3.64)

9.30 Joint working protocols for healthcare and CARATs should be finalised. (3.65)

9.31 The prison's drug strategy team should explore the need for a three-month structured rehabilitation programme. (3.66)

9.32 Women on voluntary drug test compacts should not be strip-searched and voluntary drug tests should be separate from the incentives and earned privileges scheme. Compacts should be amended accordingly. (3.67)

Race and ethnicity

9.33 There should be a review of staff training to ensure that all staff are aware of their responsibilities in relation to race issues and understand their obligations in recording all reports of racial incidents and promoting positive race relations. (3.91)

9.34 Prisoner involvement in the race relations management team should be increased and monitoring data and race relations management team meeting minutes should be made available to prisoners. (3.92)

9.35 The meeting with black and minority ethnic prisoners should be used to encourage prisoners to report the use of inappropriate language in the prison and all concerns raised at that meeting should be proactively followed up. (3.93)

9.36 There should be a race relations element in the induction programme and an appropriate programme to address prisoners who display racist attitudes or behaviour. (3.94)

9.37 The foreign nationals' liaison officer should have sufficient allocated time to plan and provide a consistent service to foreign national prisoners and this should include a regular prisoners' support/information group. (3.95)

9.38 There should be a foreign national prisoner policy and written induction or information leaflets to explain the special entitlements available to foreign national prisoners and how to access these. (3.96)

Maintaining contact with family and friends

9.39 An appropriately equipped play area should be made available in the visits hall. (3.112)

9.40 Visitors should not be placed on closed visits without reliable security intelligence in addition to an indication from the drug dog. (3.113)

9.41 Strip-searching of prisoners after using the toilet in the visit hall and the strip-searching of visitors should cease. (3.114)

9.42 Monthly children's visits should be organised at an appropriate time to maximise opportunities. (3.115)

9.43 A family support worker should be employed. (3.116)

Applications and complaints

9.44 A senior manager should monitor the quality of responses to complaints. (3.128)

Legal services

9.45 Legal service officers should receive the time necessary to meet the requirements of their allocated duties. (3.137)

Healthcare

9.46 The healthcare centre should be redesigned to ensure that it is fit for purpose and able to accommodate all the services required, including the provision of an extended waiting area. (4.37)

9.47 All staff should access prison training courses and those offered by the primary care trust on an annual basis. Such training should include emergency childbirth. (4.38)

9.48 Staff shift times should complement the prison regime to make best use of the time available to see prisoners. (4.39)

9.49 Prisoners should be able to see a female GP. (4.40)

9.50 The system for processing applications should be reviewed to ensure that it is timely and that prisoners do not wait more than 24 hours to see a nurse. (4.41)

9.51 As prisoners at Buckley Hall have no access to any other healthcare provision, the healthcare centre should provide the services of a minor injury facility in addition to the current services of a GP practice. (4.42)

9.52 The medicines and therapeutics committee should meet at least monthly and ensure that the comprehensive medicines management action plan (February 2004) is implemented within the agreed timescales. (4.43)

9.53 The medicines and therapeutics committee should ensure that all healthcare centre staff are aware of the action plan, including why it is required and how it will be implemented. (4.44)

Education, work and skills training

9.54 Robust quality assurance arrangements should be introduced for education. (5.25)

9.55 Resources should be used to improve curriculum development and to continue developing outreach education. (5.26)

9.56 Data should be used effectively to measure success for prisoners attending education. (5.27)

9.57 Effective quality assurance arrangements to cover all aspects of training should be introduced. (5.28)

9.58 The prison should aim to accredit all work undertaken by prisoners. (5.29)

9.59 All prisoners should receive a formal induction to the library. (5.30)

9.60 The range of books in languages other than English should be increased to meet the needs of foreign national prisoners. (5.31)

Physical education

9.61 The service level agreement for physical education should be reviewed in order to maximise the number of prisoners able to use the gym and to free up staff to contribute to wider prison work. (5.43)

9.62 The range of courses available should be extended to include those with more employment potential. (5.44)

9.63 Sufficient computers should be provided to meet the needs of the participants. (5.45)

Faith and religious activity

9.64 The prison should fulfil its duty to ensure that all prisoners, including those on basic regime or with 'loss of association', are able to attend services. (5.54)

Time out of cell

9.65 Unemployed prisoners should have at least one hour's access to fresh air. (5.64)

Prisoner disciplinary procedures

9.66 The quality assurance system for adjudications should review the quality of a sample of adjudications as well as the trends in charges and punishments. (6.36)

9.67 The use and length of cellular confinement as a punishment should be reviewed and reduced. (6.37)

9.68 A comprehensive monitoring system for the use of force should be introduced and used by the security committee to review emerging trends, amend practices where necessary and ensure that there are no inappropriate patterns. (6.38)

9.69 Prisoners in the segregation unit should have daily access to a medical officer in the absence of an initial risk assessment algorithm. (6.39)

Vulnerable prisoners

9.70 There should be a written policy for vulnerable prisoners agreed with the area manager, with protocols for handling prisoners whose circumstances change at Buckley Hall and who need segregation in their own interest. (6.45)

Incentives and earned privileges scheme

9.71 Prisoners being considered for downgrading should be invited to attend the review board to present their case. (6.53)

9.72 A board should review prisoners on the basic regime every seven days. (6.54)

9.73 The practice of prisoners being paid different wages for the same work according to their incentives and earned privileges level should stop. (6.55)

Offending behaviour programmes

9.74 Offending behaviour programme provision should be informed by a needs assessment of the population. (7.12)

9.75 Enhanced thinking skills awareness training should be provided for all staff. (7.13)

Public and child protection

9.76 The local social services departments should be notified of all schedule one offenders, irrespective of whether the qualifying conviction is spent. (7.21)

Reintegration planning

9.77 Resettlement needs, particularly for short-term prisoners, should be identified from reception to ensure that prisoners are directed to appropriate services before release. (7.30)

9.78 Prisoners should be informed when they have reached their eligibility date for release on temporary licence and encouraged to apply. (7.31)

9.79 A formal system should be put in place to ensure that all prisoners with a known release date are seen in advance to ensure that they have a viable release plan. (7.32)

9.80 Prisoners on programmes such as Partnership 2000 and Prison Service Plus should have supervised access to telephones and the internet to help them secure employment. (7.33)

9.81 Prisoners working in the housing advice office should be provided with telephones on their desk to carry out their work. (7.34)

Sentence planning

9.82 Systems for quality assurance and monitoring of sentence plan contributions should be put in place to develop further the quality of sentence plans. (7.43)

Life sentenced prisoners

9.83 Buckley Hall's role with life sentenced prisoners should be clarified. (7.53)

Catering

9.84 Appropriate qualifications should be available to prisoners employed in the kitchen. (8.11)

9.85 The wing serveries should be renewed and upgraded to the required standard. (8.12)

Prison shop

9.86 Prisoners should be able to order from the shop the day following their arrival. (8.22)

9.87 A survey of the population should be undertaken to identify better prisoners' requirements. (8.23)

9.88 Prisoners should not be charged an additional 50 pence for orders not included on the weekly canteen list. (8.24)

Housekeeping points

Courts and escorts

9.89 Hygiene packs containing items of sanitary protection should be made available in the reception area for prisoners going out on escort. (1.09)

First days in prison

9.90 A smoking area should be made available. (1.32)

9.91 Induction officers should receive appropriate formal training. (1.33)

9.92 Volumetric control of stored property should take account of the different needs of the population. (1.34)

9.93 The job description, compact and statement of purpose for the Insider should be formally agreed. (1.35)

9.94 Items to help prisoners pass the time while waiting in the holding rooms should be provided. (1.36)

9.95 Managers should satisfy themselves that the existing arrangement for prisoners accessing their stored property is meeting prisoner need. (1.37)

Environment

9.96 Sufficient hot water should be available to prisoners on the wings. (2.17)

Safer custody

9.97 The anti-bullying information given during induction should be presented more creatively. (3.16)

9.98 Prisoners should be represented on the anti-bullying committee. (3.17)

9.99 A further survey of the population should be undertaken, utilising appropriate systems to increase the response rate. (3.18)

9.100 Monitoring systems should be extended to record time of day and stage of sentence of self-harm incidents, and to cross-reference with bully information. (3.36)

Substance use

9.101 Prescribing naltrexone prior to release should be considered. (3.68)

Maintaining contact with family and friends

9.102 Prisoners should receive information about the assisted prison visit scheme and facilities for children's letters during their induction programme. (3.117)

9.103 Refreshments should be made available in the visitors' centre. (3.118)

9.104 A shelter should be provided for visitors outside the main gate. (3.119)

9.105 Appropriate facilities to search a baby should be provided. (3.120)

9.106 Greater discretion should be used in what evidence is accepted to establish a pre-existing relationship with a partner in another prison. (3.121)

Applications and complaints

9.107 A system for tracking the progress of prisoners' applications should be developed. (3.129)

9.108 Replies to complaints should be addressed directly to the prisoner and not written in the third party. (3.130)

Healthcare

9.109 Healthcare staff should address prisoners by their title and surname or first name according to the individual's preference. (4.45)

9.110 Appointments to healthcare should not be block-booked. (4.46)

9.111 Policies and protocols should be signed, dated and have a planned review date. (4.47)

9.112 Staff meetings should be held at least bi-monthly and should be formally minuted. (4.48)

9.113 The dental suction machine should be serviced. (4.49)

9.114 Discharge clinics should meet at least one week prior to a prisoner's release date to allow time for ongoing healthcare provision to be arranged. (4.50)

Education, work and skills training

9.115 Prison Service Orders should be available and publicised in the main part of the library. (5.32)

Physical education

9.116 Award accreditation should be completed within an appropriate timescale. (5.46)

Faith and religious activity

9.117 The chaplaincy team should be notified whenever a prisoner is sent to outside hospital. (5.55)

Time out of cell

9.118 More activities should be made available during association. (5.65)

Security and the rules of the establishment

9.119 The assessments of intelligence reports should give appropriate weight to source reliability. (6.08)

9.120 The prison should set out a policy statement for all prisoners on the categorisation system. This should include the benefits of progressing to semi-open or open conditions. (6.16)

9.121 Notifications to individual prisoners on their re-categorisation should explain its full implications and specify their right of appeal. (6.17)

Incentives and earned privileges scheme

9.122 The written notifications of downgrading to prisoners should specify the areas that need specific improvement before their regime level can be restored. (6.56)

9.123 Prisoners should be allowed to read their history sheets rather than having comments read to them by staff. (6.57)

Management of resettlement

9.124 Resettlement should be a standing agenda item at the prison's senior management group meetings. (7.06)

9.125 The resettlement policy committee should consider information about sentence planning, home detention curfew, release on temporary licence and parole at its meetings. (7.07)

Sentence planning

9.126 Resources for sentence planning should be kept under review to ensure that they are sufficient to match increased demand. (7.44)

Life sentenced prisoners

9.127 The confidential memoranda should be kept secure at all times and available only to those staff with a need to know. (7.54)

9.128 Only personal officers should complete the life sentence plan personal officer reports. (7.55)

Catering

9.129 The food comment books should be more accessible to prisoners. (8.13)

9.130 Prisoners should not be charged an additional 50 pence for orders not included on the weekly canteen list. (8.24)

Good practice

Safer custody

9.131 *The use of extra support plans to provide daily monitoring of those who have had F2052SH forms closed was good practice as it provided an extra level of support to the prisoners at a potentially vulnerable time and ensured that staff were alert to risk. (3.37)*

Substance use

9.132 *A number of innovative initiatives helped women with drug problems, including a designated CARAT gym session, a family support programme and community in-reach for vulnerable prisoners at the point of release. (3.69)*

9.133 *Group work modules had been developed locally, accredited and adapted to the needs of women, and prisoners could train to become course tutors. This helped meet the specific needs of women prisoners and develop responsibility and self-esteem. (3.70)*

Healthcare

9.134 *The counselling services offered were well integrated with other healthcare services and ensured that appropriate prisoners were prioritised for the services. (4.51)*

9.135 *All prisoners were seen by a registered mental nurse on arrival, which offered an opportunity for early identification of any mental health issues. (4.52)*

9.136 *The mental health 'exercise on prescription' course was innovative and clearly of benefit. (4.53)*

Prisoner disciplinary procedures

9.137 *The prisoner information leaflet for those held in the segregation unit provided a comprehensive range of information and advice, encouraged prisoners to continue to engage in their regime, encouraged communication and offered support. (6.40)*

INSPECTION TEAM

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Joss Crosbie	Inspector
Gabrielle Lee	Inspector
Brett Robinson	Inspector

Guest inspector

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Sue Metcalf	Inspector
Chris Green	Inspector

Researchers

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APPENDIX II

PRISON POPULATION STATISTICS: Buckley Hall

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	299	100
Civil prisoners	Nil	Nil
Detainees (single power status)	Nil	Nil
Detainees (dual power status)	Nil	Nil
Total	299	100

(ii) Sentence	Number of prisoners	%
Less than 6 months	19	6.36
6 months-less than 12 months	30	10.03
12 months-less than 2 years	49	16.39
2 years-less than 4 years	105	35.12
4 years-less than 10 years	79	26.42
10 years and over (not life)	9	3
Life	8	2.68
Total	299	100

(iii) Length of stay	Number of prisoners	%
Less than 1 month	98	32.78
1 month to 3 months	85	28.42
3 months to 6 months	49	16.39
6 months to 1 year	46	15.39
1 year to 2 years	21	7.02
2 years to 4 years	Nil	Nil
4 years or more	Nil	Nil
Total	299	100

(iv) Main Offence	Number of prisoners	%
Violence against the person	35	11.7
Sexual offences	1	0.33
Burglary	31	10.37
Robbery	43	14.38
Theft & handling	47	15.72
Fraud and forgery	4	1.34
Drugs offences	84	28.10
Other offences	50	16.72
Civil offences	Nil	Nil
Offence not recorded/ Holding warrant	4	1.34
Total	299	100

(v) Age	Number of prisoners	%
21 years to 29 years	143	47.82
30 years to 39 years	107	35.79
40 years to 49 years	42	14.05
50 years to 59 years	7	2.34
60 years to 69 years	Nil	Nil
70 plus years	Nil	Nil
Please state maximum age	57	N/A
Total	299	100

(vi) Home Address	Number of prisoners	%
Within 50 miles of the prison	100	33.45
Between 50 and 100 miles of the prison	34	11.33
Over 100 miles from the prison	125	41.80
Overseas	28	9.36
NFA	12	4.01
Total	299	100

(vii) Nationality	Number of prisoners	%
British	271	90.64
Foreign Nationals	28	9.36
Total	299	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	206	68.90
Irish	7	2.34
Other White	30	10.03
Not Stated	3	1
<i>Mixed</i>		
White and Black Caribbean	2	0.66
White and Black African	1	0.33
White and Asian	3	1
Other Mixed	3	1
<i>Asian or Asian British:</i>		
Indian	Nil	Nil
Pakistani	1	0.33
Bangladeshi	Nil	Nil
Other Asian	1	0.33
<i>Black or Black British</i>		
Caribbean	18	6.02
African	4	1.33
Other Black	11	3.67
<i>Chinese or other ethnic group</i>		
Chinese	Nil	Nil
Other ethnic group	Nil	Nil
Total	299	100

(ix) Religion	Number of prisoners	%
Baptist	2	0.66
Church of England	104	34.78
Roman Catholic	92	30.77
Other Christian denominations	6	2.00
Muslim	12	4.02
Sikh	2	0.66
Hindu	Nil	Nil
Buddhist	1	0.33
Jewish	Nil	Nil
Other	8	2.69
No religion	72	24.09
Total	299	100



HMP Buckley Hall

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.

Choosing the sample size

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

At the time of the survey on 14th January 2004 the prisoner population at HMP Buckley Hall was 278. The baseline sample size was 94. Overall, this represented 34% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties.

Methodology

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

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

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

- to seal the questionnaire in the envelope provided and leave it in their room for collection.

The questionnaire responses were also anonymous – respondents were not asked to put their names on their questionnaire.

Response rates

In total, 86 respondents completed and returned their questionnaires. This represents 31% of the prison population. The response rate was 91% (in addition to the six refusals, one woman had gone to court and one woman did not return her form).

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment

Presented alongside the results from this survey, are the average responses from all women's prisons. This average is based on responses from prisoner surveys carried out in six women's prisons since April 2003.

Statistically significant differences between the results from this survey and the average response for women's prisons are highlighted. Statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results from Buckley Hall that are significantly better than the average are indicated by grey shading. Results which are significantly worse than the average are indicated by a black background. Where there is no significant difference, there is no shading.

HMIP Research and Development Team Questionnaire Findings 2003-04

		Buckley Hall 2004	Women's Prisons Average
WOMEN'S ESTABLISHMENTS 2003-04			
	Number of completed questionnaires returned	86	
	Percentage of questionnaires returned	91	
SECTION 1: GENERAL INFORMATION (There were no tests run on general information section)			
1	Are you under 21 years of age?	0	17
2	Are you sentenced?	100	70
3	Is your sentence less than 12 months?	26	23
4	Do you have less than six months to serve?	50	35
5	Have you been in this prison less than a month?	9	29
6	Are you a foreign national?	7	13
7	Is English your first language?	98	94
8	Are you from a minority ethnic group? (including all those who did not tick White British category)	20	27
9	Have you been in prison more than five times?	27	19
10	Do you have any children?	68	58
SECTION 2: COURTS, TRANSFERS AND ESCORTS			
11	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	45	37
12	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	63	54
13	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	19	12
14	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	33	30
15	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	13	11
16	Did you spend more than four hours in the van?	13	9
17	Were you treated well/very well by the escort staff?	75	70
18	Did you know where you were going when you left court or when transferred from another establishment?	86	86
19	Before you arrived here did you receive any written information about what would happen to you?	8	12
20	When you first arrived here did your property arrive at the same time as you?	94	78
SECTION 3: RECEPTION, FIRST NIGHT AND INDUCTION			
21	Did you have any problems when you first arrived?	21	19
22	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	29	42

36

Significantly worse than the average

14

Significantly better than the average

20

No significant difference

		Buckley Hall 2004	Women's Prisons Average
WOMEN'S ESTABLISHMENTS 2003-04			
	Number of completed questionnaires returned	86	
	Percentage of questionnaires returned	91	
23	Please answer the following question about reception: were you seen by a member of healthcare staff?	100	84
24	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	47	79
25	Were you treated well/very well in reception?	51	70
26	Did you receive a reception pack on your day of arrival?	93	71
27	Did you receive information about what was going to happen here on your day of arrival?	31	37
28	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	42	39
29	Did you have the opportunity to have a shower on your day of arrival?	46	36
30	Did you get the opportunity to have a free telephone call on your day of arrival?	30	52
31	Did you get information about routine requests on your day of arrival?	17	27
32	Did you get something to eat on your day of arrival?	90	77
33	Did you get information about visits on your day of arrival?	30	32
34	Did you have access to the chaplain/priest within the first 24 hours of you arriving at this prison?	40	44
35	Did you have access to someone from healthcare within the first 24 hours?	86	68
36	Did you have access to a Listener/Samaritans within the first 24hours of you arriving at this prison?	33	27
37	Did you have access to the prison shop/canteen within the first 24 hours?	17	17
38	Did you feel safe on your first night here?	86	68
39	Did you go on an induction course within the first week?	77	61
40	Did the induction course cover everything you needed to know about the prison?	63	49
SECTION 4: LEGAL RIGHTS AND RESPECTFUL CUSTODY			
41	Can you get access to legal reference books?	38	36
42	Can you get access to communication with your solicitor or legal representative?	68	67
43	Can you get access to information about leave to appeal?	45	39
44	Can you get access to legal visits?	58	71
45	Can you get access to help with legal costs?	43	47
46	Can you get access to bail information?	35	39
47	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	74	56
48	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	100	83

	Buckley Hall 2004	Women's Prisons Average
WOMEN'S ESTABLISHMENTS 2003-04		
	Number of completed questionnaires returned	86
	Percentage of questionnaires returned	91
49	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	86
50	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	73
51	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	38
52	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57
53	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	32
54	Can you get free sanitary products when you need them?	89
55	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41
56	Is the food in this prison good/very good?	30
57	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44
58	Is it easy/very easy to get a complaints form?	84
59	Is it easy/very easy to get an application form?	86
60	Do you feel applications are sorted out fairly?	57
61	Do you feel complaints are sorted out fairly?	29
62	Do you feel applications are sorted out promptly?	48
63	Do you feel complaints are sorted out promptly?	26
64	Are you given information about how to make an appeal?	29
65	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	13
66	Do you know how to apply to the Prisons and Probation Ombudsman?	28
67	Is it easy/very easy to contact the Independent Monitoring Board (BOV)?	37
68	Are you on the enhanced (top) level of the IEP scheme?	30
69	Do you feel you have been treated fairly in your experience of the IEP scheme?	47
70	In the last six months have any members of staff physically restrained you (C&R)?	6
71	In the last six months have you spent a night in the segregation unit?	9
72	Do you feel your religious beliefs are respected?	59
73	Are you able to speak to a religious leader of your faith in private if you want to?	64
74	Are you able to speak to a Listener at any time, if you want to?	75
75	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	77
76	Do most staff, in this prison, treat you with respect?	72
SECTION 5: SAFETY		

		Buckley Hall 2004	Women's Prisons Average
WOMEN'S ESTABLISHMENTS 2003-04			
	Number of completed questionnaires returned	86	
	Percentage of questionnaires returned	91	
77	Have you ever felt unsafe in this prison?	31	29
78	Have you been victimised (insulted or assaulted) by another prisoner?	16	22
79	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	11	12
80	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	4	5
81	Have you been sexually abused since you have been here? (By prisoners)	0	1
82	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0	2
83	Have you been victimised because of drugs since you have been here? (By prisoners)	5	2
84	Have you ever had your canteen/property taken since you have been here? (By prisoners)	1	6
85	Have you ever been victimised because you were new here? (By prisoners)	2	6
86	Have you ever been victimised because you were from a different part of the country than other since you have been here? (by prisoners)	2	3
87	Have you been victimised (insulted or assaulted) by a member of staff?	13	16
88	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	11	9
89	Have you been hit, kicked or assaulted since you have been here? (By staff)	1	3
90	Have you been sexually abused since you have been here? (By staff)	1	1
91	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0	2
92	Have you been victimised because of drugs since you have been here? (By staff)	1	2
93	Have you ever been victimised because you were new here? (By staff)	1	2
94	Have you ever been victimised because you were from a different part of the country than other since you have been here? (By staff)	3	1
95	Did you report any victimisation that you have experienced?	11	13
SECTION 6: HEALTHCARE			
96	Do you think the overall quality of the healthcare is good/very good?	53	38
97	Do you think the quality of healthcare from the doctor is good/very good?	38	44
98	Do you think the quality of healthcare from the nurse is good/very good?	59	61
99	Do you think the quality of healthcare from the dentist is good/very good?	62	20
100	Do you think the quality of healthcare from the optician is good/very good?	35	18
101	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	53	36
102	Is it easy/very easy to get illegal drugs in this prison?	16	21
103	Do you think you will have a problem with drugs when you leave this prison?	24	24

		Buckley Hall 2004	Women's Prisons Average
WOMEN'S ESTABLISHMENTS 2003-04			
	Number of completed questionnaires returned	86	
	Percentage of questionnaires returned	91	
104	Do you think you will have a problem with alcohol when you leave this prison?	17	12
SECTION 7: PURPOSEFUL ACTIVITY			
105	Do you feel your job will help you on release?	34	34
106	Do you feel your vocational or skills training will help you on release?	37	32
107	Do you feel your education (including basic skills) will help you on release?	53	42
108	Do you feel your offending behaviour programmes will help you on release?	27	23
109	Do you feel your drug or alcohol programmes will help you on release?	35	30
110	Do you go to the library at least once a week?	20	46
111	Can you get access to a newspaper every day?	36	47
112	On average, do you go to the gym three or more times a week?	26	9
113	On average, do you go outside for exercise three or more times a week?	12	51
114	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	38	20
115	On average, do you spend ten or more hours out of your cell on a weekend day? (This includes hours at education, at work etc)	56	18
116	On average, do you go on association more than five times each week?	73	46
117	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	34	28
SECTION 8: RESETTLEMENT			
118	Did you first meet your personal officer in the first week?	31	17
119	Do you think your personal officer is helpful/very helpful?	40	29
120	Do you have a custody/sentence plan?	55	33
121	Were you involved/very involved in the development of your sentence plan?	38	26
122	Have you had any problems with sending or receiving mail?	28	36
123	Have you had any problems getting access to the telephones?	13	30
124	Did you have a visit in the first week that you were here?	35	28
125	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	76	71
126	Do you know who to contact, within this prison, to get help with finding a job on release?	55	41
127	Do you know who to contact, within this prison, to get help with finding accommodation on release?	63	48

		Buckley Hall 2004	Women's Prisons Average
	WOMEN'S ESTABLISHMENTS 2003-04		
	Number of completed questionnaires returned	86	
	Percentage of questionnaires returned	91	
128	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	55	38
129	Do you know who to contact, within this prison, to get help with claiming benefits on release?	56	50
130	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	48	37
131	Do you know who to contact within this prison to get help with external drugs courses etc?	57	47
131	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	50	40
132	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	43	45

HMIP Research and Development Team Questionnaire Findings 2003-04

	WOMEN'S ESTABLISHMENTS 2003-04	
	Number of completed questionnaires returned	
	Percentage of questionnaires returned	
	SECTION 1: GENERAL INFORMATION (There were no tests run on general information section)	
1	Are you under 21 years of age?	
2	Are you sentenced?	
3	Is your sentence less than 12 months?	
4	Do you have less than six months to serve?	
5	Have you been in this prison less than a month?	
6	Are you a foreign national?	
7	Is English your first language?	
8	Are you from a minority ethnic group? (including all those who did not tick White British category)	
9	Have you been in prison more than five times?	
10	Do you have any children?	
	SECTION 2: COURTS, TRANSFERS AND ESCORTS	
11	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	
12	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	
13	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	
14	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	
15	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	
16	Did you spend more than four hours in the van?	
17	Were you treated well/very well by the escort staff?	
18	Did you know where you were going when you left court or when transferred from another establishment?	
19	Before you arrived here did you receive any written information about what would happen to you?	
20	When you first arrived here did your property arrive at the same time as you?	
	SECTION 3: RECEPTION, FIRST NIGHT AND INDUCTION	
21	Did you have any problems when you first arrived?	
22	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	

	WOMEN'S ESTABLISHMENTS 2003-04	
	Number of completed questionnaires returned	
	Percentage of questionnaires returned	
23	Please answer the following question about reception: were you seen by a member of healthcare staff?	
24	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	
25	Were you treated well/very well in reception?	
26	Did you receive a reception pack on your day of arrival?	
27	Did you receive information about what was going to happen here on your day of arrival?	
28	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	
29	Did you have the opportunity to have a shower on your day of arrival?	
30	Did you get the opportunity to have a free telephone call on your day of arrival?	
31	Did you get information about routine requests on your day of arrival?	
32	Did you get something to eat on your day of arrival?	
33	Did you get information about visits on your day of arrival?	
34	Did you have access to the chaplain/priest within the first 24 hours of you arriving at this prison?	
35	Did you have access to someone from healthcare within the first 24 hours?	
36	Did you have access to a Listener/Samaritans within the first 24hours of you arriving at this prison?	
37	Did you have access to the prison shop/canteen within the first 24 hours?	
38	Did you feel safe on your first night here?	
39	Did you go on an induction course within the first week?	
40	Did the induction course cover everything you needed to know about the prison?	
	SECTION 4: LEGAL RIGHTS AND RESPECTFUL CUSTODY	
41	Can you get access to legal reference books?	
42	Can you get access to communication with your solicitor or legal representative?	
43	Can you get access to information about leave to appeal?	
44	Can you get access to legal visits?	
45	Can you get access to help with legal costs?	
46	Can you get access to bail information?	
47	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	
48	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	

	WOMEN'S ESTABLISHMENTS 2003-04	
	Number of completed questionnaires returned	
	Percentage of questionnaires returned	
49	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	
50	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	
51	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	
52	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	
53	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	
54	Can you get free sanitary products when you need them?	
55	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	
56	Is the food in this prison good/very good?	
57	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
58	Is it easy/very easy to get a complaints form?	
59	Is it easy/very easy to get an application form?	
60	Do you feel applications are sorted out fairly?	
61	Do you feel complaints are sorted out fairly?	
62	Do you feel applications are sorted out promptly?	
63	Do you feel complaints are sorted out promptly?	
64	Are you given information about how to make an appeal?	
65	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	
66	Do you know how to apply to the Prisons and Probation Ombudsman?	
67	Is it easy/very easy to contact the Independent Monitoring Board (BOV)?	
68	Are you on the enhanced (top) level of the IEP scheme?	
69	Do you feel you have been treated fairly in your experience of the IEP scheme?	
70	In the last six months have any members of staff physically restrained you (C&R)?	
71	In the last six months have you spent a night in the segregation unit?	
72	Do you feel your religious beliefs are respected?	
73	Are you able to speak to a religious leader of your faith in private if you want to?	
74	Are you able to speak to a Listener at any time, if you want to?	
75	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	
76	Do most staff, in this prison, treat you with respect?	
	SECTION 5: SAFETY	

	WOMEN'S ESTABLISHMENTS 2003-04	
	Number of completed questionnaires returned	
	Percentage of questionnaires returned	
77	Have you ever felt unsafe in this prison?	
78	Have you been victimised (insulted or assaulted) by another prisoner?	
79	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	
80	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	
81	Have you been sexually abused since you have been here? (By prisoners)	
82	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	
83	Have you been victimised because of drugs since you have been here? (By prisoners)	
84	Have you ever had your canteen/property taken since you have been here? (By prisoners)	
85	Have you ever been victimised because you were new here? (By prisoners)	
86	Have you ever been victimised because you were from a different part of the country than other since you have been here? (by prisoners)	
87	Have you been victimised (insulted or assaulted) by a member of staff?	
88	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	
89	Have you been hit, kicked or assaulted since you have been here? (By staff)	
90	Have you been sexually abused since you have been here? (By staff)	
91	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	
92	Have you been victimised because of drugs since you have been here? (By staff)	
93	Have you ever been victimised because you were new here? (By staff)	
94	Have you ever been victimised because you were from a different part of the country than other since you have been here? (By staff)	
95	Did you report any victimisation that you have experienced?	
	SECTION 6: HEALTHCARE	
96	Do you think the overall quality of the healthcare is good/very good?	
97	Do you think the quality of healthcare from the doctor is good/very good?	
98	Do you think the quality of healthcare from the nurse is good/very good?	
99	Do you think the quality of healthcare from the dentist is good/very good?	
100	Do you think the quality of healthcare from the optician is good/very good?	
101	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	
102	Is it easy/very easy to get illegal drugs in this prison?	
103	Do you think you will have a problem with drugs when you leave this prison?	

	WOMEN'S ESTABLISHMENTS 2003-04	
	Number of completed questionnaires returned	
	Percentage of questionnaires returned	
104	Do you think you will have a problem with alcohol when you leave this prison?	
	SECTION 7: PURPOSEFUL ACTIVITY	
105	Do you feel your job will help you on release?	
106	Do you feel your vocational or skills training will help you on release?	
107	Do you feel your education (including basic skills) will help you on release?	
108	Do you feel your offending behaviour programmes will help you on release?	
109	Do you feel your drug or alcohol programmes will help you on release?	
110	Do you go to the library at least once a week?	
111	Can you get access to a newspaper every day?	
112	On average, do you go to the gym three or more times a week?	
113	On average, do you go outside for exercise three or more times a week?	
114	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	
115	On average, do you spend ten or more hours out of your cell on a weekend day? (This includes hours at education, at work etc)	
116	On average, do you go on association more than five times each week?	
117	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	
	SECTION 8: RESETTLEMENT	
118	Did you first meet your personal officer in the first week?	
119	Do you think your personal officer is helpful/very helpful?	
120	Do you have a custody/sentence plan?	
121	Were you involved/very involved in the development of your sentence plan?	
122	Have you had any problems with sending or receiving mail?	
123	Have you had any problems getting access to the telephones?	
124	Did you have a visit in the first week that you were here?	
125	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	
126	Do you know who to contact, within this prison, to get help with finding a job on release?	
127	Do you know who to contact, within this prison, to get help with finding accommodation on release?	

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
128	Do you know who to contact, within this prison, to get help with your finances in preparation for release?
129	Do you know who to contact, within this prison, to get help with claiming benefits on release?
130	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?
131	Do you know who to contact within this prison to get help with external drugs courses etc?
131	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?
132	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

HMIP Research and Development Team Questionnaire Findings 2003-04

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
	SECTION 1: GENERAL INFORMATION (There were no tests run on general information section)
1	Are you under 21 years of age?
2	Are you sentenced?
3	Is your sentence less than 12 months?
4	Do you have less than six months to serve?
5	Have you been in this prison less than a month?
6	Are you a foreign national?
7	Is English your first language?
8	Are you from a minority ethnic group? (including all those who did not tick White British category)
9	Have you been in prison more than five times?
10	Do you have any children?
	SECTION 2: COURTS, TRANSFERS AND ESCORTS
11	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)
12	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)
13	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)
14	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?
15	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)
16	Did you spend more than four hours in the van?
17	Were you treated well/very well by the escort staff?
18	Did you know where you were going when you left court or when transferred from another establishment?
19	Before you arrived here did you receive any written information about what would happen to you?
20	When you first arrived here did your property arrive at the same time as you?
	SECTION 3: RECEPTION, FIRST NIGHT AND INDUCTION
21	Did you have any problems when you first arrived?
22	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
23	Please answer the following question about reception: were you seen by a member of healthcare staff?
24	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?
25	Were you treated well/very well in reception?
26	Did you receive a reception pack on your day of arrival?
27	Did you receive information about what was going to happen here on your day of arrival?
28	Did you receive information about support for feeling depressed or suicidal on your day of arrival?
29	Did you have the opportunity to have a shower on your day of arrival?
30	Did you get the opportunity to have a free telephone call on your day of arrival?
31	Did you get information about routine requests on your day of arrival?
32	Did you get something to eat on your day of arrival?
33	Did you get information about visits on your day of arrival?
34	Did you have access to the chaplain/priest within the first 24 hours of you arriving at this prison?
35	Did you have access to someone from healthcare within the first 24 hours?
36	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?
37	Did you have access to the prison shop/canteen within the first 24 hours?
38	Did you feel safe on your first night here?
39	Did you go on an induction course within the first week?
40	Did the induction course cover everything you needed to know about the prison?
	SECTION 4: LEGAL RIGHTS AND RESPECTFUL CUSTODY
41	Can you get access to legal reference books?
42	Can you get access to communication with your solicitor or legal representative?
43	Can you get access to information about leave to appeal?
44	Can you get access to legal visits?
45	Can you get access to help with legal costs?
46	Can you get access to bail information?
47	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?
48	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
49	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?
50	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?
51	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?
52	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?
53	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?
54	Can you get free sanitary products when you need them?
55	Have staff ever opened letters from your solicitor or legal representative when you were not with them?
56	Is the food in this prison good/very good?
57	Does the shop/canteen sell a wide enough range of goods to meet your needs?
58	Is it easy/very easy to get a complaints form?
59	Is it easy/very easy to get an application form?
60	Do you feel applications are sorted out fairly?
61	Do you feel complaints are sorted out fairly?
62	Do you feel applications are sorted out promptly?
63	Do you feel complaints are sorted out promptly?
64	Are you given information about how to make an appeal?
65	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?
66	Do you know how to apply to the Prisons and Probation Ombudsman?
67	Is it easy/very easy to contact the Independent Monitoring Board (BOV)?
68	Are you on the enhanced (top) level of the IEP scheme?
69	Do you feel you have been treated fairly in your experience of the IEP scheme?
70	In the last six months have any members of staff physically restrained you (C&R)?
71	In the last six months have you spent a night in the segregation unit?
72	Do you feel your religious beliefs are respected?
73	Are you able to speak to a religious leader of your faith in private if you want to?
74	Are you able to speak to a Listener at any time, if you want to?
75	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?
76	Do most staff, in this prison, treat you with respect?
	SECTION 5: SAFETY

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
77	Have you ever felt unsafe in this prison?
78	Have you been victimised (insulted or assaulted) by another prisoner?
79	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)
80	Have you been hit, kicked or assaulted since you have been here? (By prisoners)
81	Have you been sexually abused since you have been here? (By prisoners)
82	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)
83	Have you been victimised because of drugs since you have been here? (By prisoners)
84	Have you ever had your canteen/property taken since you have been here? (By prisoners)
85	Have you ever been victimised because you were new here? (By prisoners)
86	Have you ever been victimised because you were from a different part of the country than other since you have been here? (by prisoners)
87	Have you been victimised (insulted or assaulted) by a member of staff?
88	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)
89	Have you been hit, kicked or assaulted since you have been here? (By staff)
90	Have you been sexually abused since you have been here? (By staff)
91	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)
92	Have you been victimised because of drugs since you have been here? (By staff)
93	Have you ever been victimised because you were new here? (By staff)
94	Have you ever been victimised because you were from a different part of the country than other since you have been here? (By staff)
95	Did you report any victimisation that you have experienced?
	SECTION 6: HEALTHCARE
96	Do you think the overall quality of the healthcare is good/very good?
97	Do you think the quality of healthcare from the doctor is good/very good?
98	Do you think the quality of healthcare from the nurse is good/very good?
99	Do you think the quality of healthcare from the dentist is good/very good?
100	Do you think the quality of healthcare from the optician is good/very good?
101	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?
102	Is it easy/very easy to get illegal drugs in this prison?
103	Do you think you will have a problem with drugs when you leave this prison?

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
128	Do you know who to contact, within this prison, to get help with your finances in preparation for release?
129	Do you know who to contact, within this prison, to get help with claiming benefits on release?
130	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?
131	Do you know who to contact within this prison to get help with external drugs courses etc?
131	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?
132	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

HMIP Research and Development Team Questionnaire Findings 2003-04

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
	SECTION 1: GENERAL INFORMATION (There were no tests run on general information section)
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8	Are you from a minority ethnic group? (including all those who did not tick White British category)
9	Have you been in prison more than five times?
10	Do you have any children?
	SECTION 2: COURTS, TRANSFERS AND ESCORTS
11	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)
12	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)
13	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)
14	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?
15	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)
16	Did you spend more than four hours in the van?
17	Were you treated well/very well by the escort staff?
18	Did you know where you were going when you left court or when transferred from another establishment?
19	Before you arrived here did you receive any written information about what would happen to you?
20	When you first arrived here did your property arrive at the same time as you?
	SECTION 3: RECEPTION, FIRST NIGHT AND INDUCTION
21	Did you have any problems when you first arrived?
22	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
23	Please answer the following question about reception: were you seen by a member of healthcare staff?
24	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?
25	Were you treated well/very well in reception?
26	Did you receive a reception pack on your day of arrival?
27	Did you receive information about what was going to happen here on your day of arrival?
28	Did you receive information about support for feeling depressed or suicidal on your day of arrival?
29	Did you have the opportunity to have a shower on your day of arrival?
30	Did you get the opportunity to have a free telephone call on your day of arrival?
31	Did you get information about routine requests on your day of arrival?
32	Did you get something to eat on your day of arrival?
33	Did you get information about visits on your day of arrival?
34	Did you have access to the chaplain/priest within the first 24 hours of you arriving at this prison?
35	Did you have access to someone from healthcare within the first 24 hours?
36	Did you have access to a Listener/Samaritans within the first 24hours of you arriving at this prison?
37	Did you have access to the prison shop/canteen within the first 24 hours?
38	Did you feel safe on your first night here?
39	Did you go on an induction course within the first week?
40	Did the induction course cover everything you needed to know about the prison?
	SECTION 4: LEGAL RIGHTS AND RESPECTFUL CUSTODY
41	Can you get access to legal reference books?
42	Can you get access to communication with your solicitor or legal representative?
43	Can you get access to information about leave to appeal?
44	Can you get access to legal visits?
45	Can you get access to help with legal costs?
46	Can you get access to bail information?
47	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?
48	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
49	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?
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51	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?
52	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?
53	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?
54	Can you get free sanitary products when you need them?
55	Have staff ever opened letters from your solicitor or legal representative when you were not with them?
56	Is the food in this prison good/very good?
57	Does the shop/canteen sell a wide enough range of goods to meet your needs?
58	Is it easy/very easy to get a complaints form?
59	Is it easy/very easy to get an application form?
60	Do you feel applications are sorted out fairly?
61	Do you feel complaints are sorted out fairly?
62	Do you feel applications are sorted out promptly?
63	Do you feel complaints are sorted out promptly?
64	Are you given information about how to make an appeal?
65	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?
66	Do you know how to apply to the Prisons and Probation Ombudsman?
67	Is it easy/very easy to contact the Independent Monitoring Board (BOV)?
68	Are you on the enhanced (top) level of the IEP scheme?
69	Do you feel you have been treated fairly in your experience of the IEP scheme?
70	In the last six months have any members of staff physically restrained you (C&R)?
71	In the last six months have you spent a night in the segregation unit?
72	Do you feel your religious beliefs are respected?
73	Are you able to speak to a religious leader of your faith in private if you want to?
74	Are you able to speak to a Listener at any time, if you want to?
75	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?
76	Do most staff, in this prison, treat you with respect?
	SECTION 5: SAFETY

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
	Percentage of questionnaires returned
77	Have you ever felt unsafe in this prison?
78	Have you been victimised (insulted or assaulted) by another prisoner?
79	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)
80	Have you been hit, kicked or assaulted since you have been here? (By prisoners)
81	Have you been sexually abused since you have been here? (By prisoners)
82	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)
83	Have you been victimised because of drugs since you have been here? (By prisoners)
84	Have you ever had your canteen/property taken since you have been here? (By prisoners)
85	Have you ever been victimised because you were new here? (By prisoners)
86	Have you ever been victimised because you were from a different part of the country than other since you have been here? (by prisoners)
87	Have you been victimised (insulted or assaulted) by a member of staff?
88	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)
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95	Did you report any victimisation that you have experienced?
	SECTION 6: HEALTHCARE
96	Do you think the overall quality of the healthcare is good/very good?
97	Do you think the quality of healthcare from the doctor is good/very good?
98	Do you think the quality of healthcare from the nurse is good/very good?
99	Do you think the quality of healthcare from the dentist is good/very good?
100	Do you think the quality of healthcare from the optician is good/very good?
101	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?
102	Is it easy/very easy to get illegal drugs in this prison?
103	Do you think you will have a problem with drugs when you leave this prison?

	WOMEN'S ESTABLISHMENTS 2003-04		
	Number of completed questionnaires returned		
	Percentage of questionnaires returned		
104	Do you think you will have a problem with alcohol when you leave this prison?		
	SECTION 7: PURPOSEFUL ACTIVITY		
105	Do you feel your job will help you on release?		
106	Do you feel your vocational or skills training will help you on release?		
107	Do you feel your education (including basic skills) will help you on release?		
108	Do you feel your offending behaviour programmes will help you on release?		
109	Do you feel your drug or alcohol programmes will help you on release?		
110	Do you go to the library at least once a week?		
111	Can you get access to a newspaper every day?		
112	On average, do you go to the gym three or more times a week?		
113	On average, do you go outside for exercise three or more times a week?		
114	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)		
115	On average, do you spend ten or more hours out of your cell on a weekend day? (This includes hours at education, at work etc)		
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117	Do staff normally speak to you at least most of the time during association time? (most/all of the time)		
	SECTION 8: RESETTLEMENT		
118	Did you first meet your personal officer in the first week?		
119	Do you think your personal officer is helpful/very helpful?		
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121	Were you involved/very involved in the development of your sentence plan?		
122	Have you had any problems with sending or receiving mail?		
123	Have you had any problems getting access to the telephones?		
124	Did you have a visit in the first week that you were here?		
125	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)		
126	Do you know who to contact, within this prison, to get help with finding a job on release?		
127	Do you know who to contact, within this prison, to get help with finding accommodation on release?		

	WOMEN'S ESTABLISHMENTS 2003-04
	Number of completed questionnaires returned
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131	Do you know who to contact within this prison to get help with external drugs courses etc?
131	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?
132	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?