

Report on an unannounced inspection of

HMP & YOI Portland

by HM Chief Inspector of Prisons

14–24 July 2014

Glossary of terms

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

Crown copyright 2014

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or email: psi@nationalarchives.gsi.gov.uk

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

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

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

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	17
Section 2. Respect	29
Section 3. Purposeful activity	43
Section 4. Resettlement	51
Section 5. Summary of recommendations and housekeeping points	61
Section 6. Appendices	69
Appendix I: Inspection team	69
Appendix II: Prison population profile	71
Appendix III: Summary of prisoner questionnaires and interviews	73
Appendix IV: Photographs	89

Introduction

Originally built in 1848, HMP Portland is a category C training prison holding a mix of young adult and adult male prisoners in Dorset. With a population of just under 600 prisoners, both prisoner groups were well integrated across the prison's seven accommodation wings. Portland aimed to accept prisoners from within the region and resettle them, but due to national population pressures, many overcrowding drafts from outside of the area were being accommodated and this was problematic. This was our first full inspection since 2009, although we did visit the prison briefly in early 2012.

In 2009 we inspected a prison that was ensuring reasonable provision for prisoners and our subsequent follow-up visit three years later, confirmed the prison was progressing well. Our findings at this inspection were more mixed and reflected the operational challenges the prison was facing. These included the age and offence profile of the prisoners held and consequent risks being managed, the pressures of overcrowding, the age of the infrastructure, and the limitations of the regime. All were significant, and all were factors that were inevitably impacting the quality of outcomes prisoners experienced.

Portland was a fundamentally safe prison. Good attention had been given to how prisoners were received into the prison. Reception processes were swift and first night arrangements properly focused on risk. We saw some impressive early engagement by staff, supported by some helpful prisoner peer workers. However, induction was less effective and required improvement.

The levels of recorded violence were not high for such a population, but the prison had only recently started to improve its approach to identifying bullying and investigation of such incidents was minimal. We were concerned about the inadequacy of support afforded to vulnerable prisoners, seven of whom were co-located with other prisoners. These prisoners were left isolated, inadequately supervised and were experiencing severely limited access to the services they needed.

Tragically, since our last inspection, there had been three self-inflicted deaths. These deaths had been investigated by the Prisons and Probation Ombudsman but we were not assured that recommendations made in those investigations had been properly implemented. Levels of self-harm generally were low but the case management of those in self-harm crisis was poor and the prisoners at risk we spoke to had very mixed views about the level of care they received, much of which seemed to be brief and intermittent.

Some security arrangements were quite restrictive for a category C training prison but plans to ensure greater proportionality in the application of routines and rules were well advanced. Use of disciplinary procedures, including the use of force, was not excessive and the use of segregation was low. Management of, and support for, prisoners with substance misuse issues had worsened since our last inspection, in part as a consequence of staff shortages and increased demand. Random drug testing suggested drug usage was low but there was emergent evidence about the apparent ready availability of psychoactive substances such as Spice which were not easily detectable. A number of prisoners had experienced adverse and worrying reactions after taking such substances.

Most accommodation was old and inadequately maintained. Many cells were small and extremely cramped. During the inspection we experienced a heat wave, where we were able to see the consequences for prisoners spending long periods in hot cramped cells, although to their credit with little reaction or incident. Relationships between staff and prisoners were reasonable but staff on larger wings struggled to engage constructively with prisoners due to other pressures on their time. Promotion of equality and diversity was weak but faith needs were supported appropriately. Health services met only basic needs and required improvement and prisoners were dissatisfied with the food. Purposeful activity and the provision of education and training and employment, was poor, impacting and undermining the purpose of the

establishment and the experience of the majority of prisoners at Portland. Our colleagues in Ofsted assessed the overall effectiveness of learning and skills provision as 'inadequate'. There was sufficient activity for just three-quarters of the population and what was available was not used well: we found just 60% participation from prisoners. Attendance and punctuality was also poor. The quality of teaching was variable but better in vocational training. Prisoner achievements were not good enough despite some recent evidence of some improvement. The prison's inability to direct prisoners to work or learning meant that far too many remained on the wings where supervision was limited. During our checks we found 30% of prisoners locked in cell during the working day.

Arrangements for the resettlement of prisoners were also limited. Reducing reoffending and offender management policies were in place but were not based on any recent assessment of need. Too many prisoners were without an up to date OASys and in some cases had inadequate contact with their offender supervisors. Too often assessments were not sufficiently focused on reducing the risk of reoffending, which was not helped by the lack of appropriate offending behaviour programmes at Portland. Provision under the other resettlement pathways was, however, mostly reasonable.

This is a mixed report and contains significant criticisms under all of our healthy prison assessments. Learning from PPO investigations certainly required greater attention and the lack of meaningful activity was a real concern. However, there was some more impressive work and evidence of some progress. The population mix was challenging but staff were experienced and trying hard to support prisoners and challenge poor behaviour, although the lack of purposeful activity undermined their endeavours. I believe that if Portland fully implements the working prison model, as intended, many of the issues and inadequacies we found will be mitigated and will potentially improve significantly.

Nick Hardwick
HM Chief Inspector of Prisons

December 2014

Fact page

Task of the establishment

Male closed young offender institution and male category C adults.

Prison status

Public

Region

South West

Number held

572

Certified normal accommodation

463

Operational capacity

580

Date of last inspections

Full: July 2009

Short follow up: April 2012

Brief history

Originally built in 1848 to hold convicted prisoners, Portland doubled in size following the acquisition of land from the Admiralty in 1910. From 1921 to 1983 it was a borstal. After becoming a youth custody centre, its role changed to young offender institution in 1989. In April 2011, its role changed to an adult and young offender establishment.

Short description of residential unitsHouse blocks

Benbow

Raleigh

Nelson

Grenville

Drake – adult wing

Collingwood – induction unit

Beaufort – skills development unit

There is also a care and control unit.

Name of governor

James Lucas

Escort contractor

GEOAmey

Health service provider

Dorset Healthcare University Foundation Trust

Learning and skills provider

Weston College

Independent Monitoring Board chair

Elisabeth Sacher

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1** *HMP Portland was a fundamentally safe prison. Early days arrangements were good overall with a positive first night experience for most new arrivals, but we were not assured that all prisoners received a full induction. There had been three self-inflicted deaths since our last full inspection and the prison's response to investigations following these incidents needed to be more thorough. The care and case management of those at risk of self-harm was inconsistent. Despite a challenging population the number of violent incidents was not high and most incidents were low level, but support for victims of bullying and vulnerable young adults required improvement. Some aspects of security were disproportionate and the application of the incentives and earned privileges scheme was inconsistent. Prisoners in segregation were offered caring support but the regime was impoverished and facilities underused. Substance misuse services were inadequate, and many staff and prisoners believed that psychoactive substances were too readily available. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2** Most new arrivals came from within the region, but overcrowding drafts due to population pressures often resulted in many prisoners having no idea that they were being transferred to Portland. Escort vehicles were mostly clean, and engagement between escort staff and prisoners was professional and friendly.
- S3** Reception was a pleasant environment and staff were welcoming and interactive. Processes were generally swift. First night arrangements were good with properly focused risk assessments. First night accommodation was reasonable and prisoners had good access to showers and telephones. Handover arrangements to night staff were adequate. Prisoners were complimentary about staff and their first night experience at Portland, and we saw genuine care and concern from staff towards prisoners.
- S4** In our survey, prisoners were more negative than the comparator about the scope of the induction, and we found some evidence to support this as many induction records were incomplete. The involvement of prisoner peer mentors in the early days was positive and appreciated by new arrivals.
- S5** The number of violent incidents was not high for what was a challenging population, and most were low level. There had been two serious assaults recorded in the previous six months. Prisoners identified as vulnerable lived in restricted conditions within the residential units, and we were not assured that they received an appropriate daily regime or support. The management of perpetrators of violence and the monitoring and support for victims required improvement.
- S6** Although there had been three self-inflicted deaths since our last full inspection, the prison had not addressed some of the recommendations from the Prisons and Probation Ombudsman (PPO) consistently. Prisoners at risk and subject to assessment, care in custody and teamwork (ACCT) case management had mixed views about their care, and we observed that many residential staff did not have sufficient time to support those in crisis adequately. The pressure on time in the larger older wings was due primarily to the lack of off-wing activity (see purposeful activity section below), with staff supervising more prisoners than intended. The prison needed to prioritise support for prisoners in crisis, and this was beginning to be addressed. Adult safeguarding arrangements were adequate and improving, and the prison was more focused on referral processes than we normally see.

- S7 Some security arrangements were over-controlled for a category C prison, but there were plans to improve this. Good levels of intelligence were received and processed efficiently. In our survey, more prisoners than the comparator said it was easy to get illegal drugs in the prison and we were repeatedly told of the ready availability of drugs, particularly psychoactive substances. Mandatory drug testing rate was low but some testing arrangements were unsatisfactory. The use of closed visits for security reasons was low, but was often imposed inappropriately for non visits related reasons.
- S8 Prisoners in our survey were more negative than the comparators about the fairness of the IEP scheme and its usefulness. The scheme was applied inconsistently and we were not assured that it was used as a tool to challenge poor behaviour effectively or motivate and encourage positive behaviour. Differentials between the incentives and earned privileges (IEP) levels were reasonable but the regime for basic prisoners was inadequate and prisoners demoted to the basic level were not set individual targets to encourage improvement. Prisoners who had spent time in the care and separation (segregation) unit were given behaviour management plans which was a good initiative.
- S9 The number of adjudications was not excessive for the type of prison and were for proper reasons, but many records were poor quality and quality assurance was inadequate. Use of force was not excessive, although too much documentation was incomplete or lacked detail, and governance of some important aspects was inadequate. Planned interventions were not always filmed or reviewed for learning points, and some of those we watched could have been de-escalated more quickly. It was impressive that the prison managed such a complex population without the need to use special accommodation in 2014 to date. Although not used, the drawing of batons was high, not always warranted and not subject to additional scrutiny to ensure proportionality.
- S10 Throughput of the segregation unit was reasonably low for the type of population, stays were generally short and most prisoners were successfully reintegrated back into normal locations at Portland. Staff were knowledgeable and supportive of prisoners in their care. Although the unit had good facilities, such as exercise equipment and an association room, these were not used often and the regime was further impoverished by a lack of access to daily showers and telephone calls, education and radios.
- S11 The strategic management of substance misuse services needed improvement. The substance misuse strategy was not informed by a needs assessment and did not include a clear action plan. The demand for clinical and psychosocial services had increased significantly with the change in population, but both services were struggling to meet demand due to staff shortages.

Respect

- S12** *Most accommodation was old and poorly maintained, and many cells were too cramped and had graffiti and offensive displays. Most shower areas were dirty. Staff-prisoner engagement was mostly positive with some impressive examples of genuine care and support. Equality and diversity work was weak and formal support across all the protected characteristics was very limited. Faith provision was good. The handling of complaints required some improvement. Health services met basic needs but service delivery was undermined by staff shortages and the need to improve the management of medications and the provision of primary mental health services. Prisoners were dissatisfied with the food. The prison shop was adequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S13 Cells designed for one prisoner held two. The conditions of the cells varied significantly from those on Beaufort (the skills development unit), which were clean and well maintained, to those on other units, which were too small, dirty, had insufficient furniture, were poorly decorated, and contained graffiti and offensive displays. Most toilets were located inappropriately next to the bed, screening was inadequate and many were heavily scaled. Except on Beaufort, most showers were dirty and poorly screened. Responses to cell call bells often took too long, due to limits on staff time and the numbers locked in cells. Prison clothing was generally in a poor state, although there were plans to address this. Access to mail, telephones and cleaning materials was inadequate for some prisoners.
- S14 Staff-prisoner relationships in reception, the first night centre and segregation unit were impressive. However, due to the limited off-wing purposeful activity, too few staff had to manage large numbers of prisoners on the wings, and this affected the opportunities for good quality interaction. Fewer prisoners than at comparable prisons reported feeling respected by staff. The quality of staff entries in prisoner case history notes was mixed, and quality assurance was ineffective. Prisoner consultation arrangements were limited.
- S15 The standard of work on equality and decency had deteriorated since the previous inspection. The diversity and race equality action team was a useful forum, highlighting discrepancies and identifying concerns particularly concerning monitoring data, but there was insufficient follow up. Foreign nationals, older prisoners, young adults and prisoners with disabilities constituted significant minority groups, but there were no formal structures to support them. Support for individuals from minority groups was mostly in reaction to requests, and we were not assured that the needs were always identified systematically and met. Discrimination complaints were few, but reflected a broad range of concerns. Investigations were thorough.
- S16 The chaplaincy had a high profile in the prison and were easily accessible to prisoners, meeting their needs. Since the closure of the main chapel, the facilities for worship were very basic and needed improvement.
- S17 Most responses to prisoner complaints were adequate but some were dismissive and too many were not timely. Confidential access procedures were overused, as prisoners lacked confidence in the general complaints process, and there had also been an increase in unresolved complaints referred to the PPO.
- S18 Prisoners were generally dissatisfied with the access to and quality of health services. We observed excessive waits in health care and difficulty in accessing appointments due to escorted moves. The interaction between health staff and prisoners were very good, as were the clinical governance arrangements, but significant staffing shortages had affected service delivery and development. Too many prisoners for a category C establishment were on supervised (rather than in-possession) medication, which caused frustration and took staff away from other duties. Prisoners had no access to pharmacy-led clinics, and medicines stock management required improvement. Many prisoners waited too long for dental appointments, but the care provided was good. Primary mental health services were inadequate due to staff shortages, but secondary mental health services were very good.
- S19 The standard of meals we sampled was adequate but the prison did not do enough to address prisoners' very strong negative perceptions of the food. The prison shop provided a reasonable service.

Purposeful activity

S20 *Time out of cell was insufficient and there were not enough activity places, particularly as this is a training prison. As a result, many prisoners were locked up for too long with nothing to do. The available activity provision was underused, compounded by poor punctuality and attendance. Strategic management of learning, skills and work was underdeveloped and judged inadequate. The quality of provision and achievement of outcomes required improvement. Library provision was barely adequate with limited access. Gym facilities were satisfactory but access was limited for prisoners in full-time work. **Outcomes for prisoners were poor against this healthy prison test.***

S21 During our roll checks, we found approximately 30% of prisoners locked in their cells, which was too high for a training prison, and particularly unacceptable for prisoners held in such poor accommodation. While prisoners on Beaufort could spend approximately 10 hours a day out of their cell, too many prisoners in the rest of the prison had an impoverished regime with less than two hours out of cell. Association was curtailed frequently.

S22 The senior prison staff had a strong commitment to the role of learning and skills in reducing reoffending, but there had been slow progress in implementing the current education and training contract. The arrangements to improve the quality of education and vocational training had made major improvement in recent months, but much was work in progress and yet to have sufficient impact. Operational issues and staff shortages were having a detrimental effect on the number of activity places, with only 60% of prisoners occupied regularly. This shortfall was then compounded by low attendance and poor punctuality in education and training sessions; with so many prisoners locked up, this was wholly unacceptable.

S23 The allocation of prisoners to activities was reasonably effective, but waiting lists for the more popular courses and employment were far too long. The range of the education provision was broadly adequate to meet the needs of learners. The vocational training was limited and many areas had closed down, due primarily to staffing difficulties. However, the prison had recently recruited some staff, and it was anticipated that this would substantially improve provision.

S24 In education, tutors generally provided a good learning experience, but the quality of teaching and learning overall was too variable and required improvement. Coaching was effective for the small number of prisoners on vocational training programmes and there was good use of individual learning plans, but this was less so in education sessions. There was no diagnostic assessment or specialist support for the large number of prisoners with additional learning needs, particularly dyslexia. The low attendance and poor punctuality were disrupting learning and achievement. There had been low achievement in too many education and vocational training courses in 2013/14 but the picture had been improving since. There was high achievement in ICT programmes, and good skills development in vocational training with some good examples of additional tasks to stretch and challenge the more capable learners.

S25 The library was reasonably well stocked but staff shortages had resulted in reduced access for prisoners. Reduced space had affected the number of prisoners able to use the facility, and lending rates had significantly decreased.

S26 The gym was a good facility, providing a range of recreational activities, but no accredited training. Access was good for unemployed prisoners but less so for those in full-time work. The sports hall and equipment were well used but several items required repair or replacing.

Resettlement

- S27** *The offender management and resettlement policies were up to date but most aspects of the current delivery were fragmented. Offender supervisors had insufficient regular contact with prisoners, and it was mostly too superficial. There was a significant backlog in offender assessment system (OASys) assessments. Public protection arrangements were sound. Resettlement pathway provision was generally good but offender supervisor involvement was again, minimal. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S28** The reducing reoffending, offender management and public protection policies were reasonably comprehensive and covered all necessary aspects. There was no up-to-date needs analysis and, as a consequence, the range and extent of need among the prison population was not fully understood.
- S29** The prison had reasonable links with area developments through a range of forums. Recent changes in offender management and the resettlement team had caused some difficulties in ensuring the needs of prisoners were met. Virtually all prisoners were allocated an offender supervisor, which was positive, and in our survey more prisoners than the comparator said they knew their offender supervisor. However, around 70% of new arrivals came without an up-to-date OASys, or any assessment at all, which was inappropriate, and put unnecessary pressure on the offender management unit (OMU). Around one in five prisoners currently had no up-to-date assessment, affecting their opportunities for recategorisation, home detention curfew (HDC) or release on temporary licence (ROTL).
- S30** The quality of sentence planning was too variable with too many targets based on what was available rather than what was needed. Although most of the cases we looked at had up-to-date and accurate risk of harm assessments, in half there was insufficient analysis of risk of serious harm. There was not enough offender supervisor contact with prisoners overall, and in many cases this was limited to words in passing. Quality assurance was also limited and too frequently focused on processes rather than quality of contact. Public protection arrangements were generally good with an efficient system to ensure the review and assessment of prisoners in time.
- S31** Resettlement staff saw all prisoners during their induction and before release, but induction assessments, using a locally developed universal assessment tool, were not as efficient or as reliable as previously. Pre-release assessments too often took place too close to release to be effective, and there was limited integration between the OMU and resettlement and no routine sharing of information.
- S32** Accommodation support was provided by Nacro, a crime reduction charity, and was generally appropriate. Just under 9% of all prisoners released were helped to find temporary accommodation, and it was positive that they were followed up in the month following release. A further 9.6% of prisoners were released with no fixed accommodation, although we were assured that all such prisoners were offered appropriate help to diminish this risk.
- S33** The prison did not know the level of debt and debt-related problems, but there was basic debt management support for prisoners, and more complex cases were pursued by Shelter, the homelessness charity. Prisoners could also open bank accounts, but could no longer take a money management course.
- S34** The National Careers Service contractor offered a good quality service and played a useful role in the allocation of prisoners to activities. There was some positive use of ROTL, although the number going to employment, training and education placements was limited.

- S35 Pre-release health care and substance misuse arrangements were satisfactory, and discharge planning for prisoners with significant mental health problems and substance misuse issues started early and was good.
- S36 Support for families was reasonable. It was positive that those who did not have family visits could have telephone credit instead, although many prisoners were unaware of this provision. 'Dad visits' (dedicated sessions enabling fathers to interact and bond with their children), occasional family visits and other support provision were generally good.
- S37 The two accredited programmes, alcohol-related violence and the thinking skills programme, were well managed and appropriate. However, the lack of needs analysis raised concerns that some prisoners were not able to address their offending behaviour – including the small number of sex offenders held at Portland. The option of transferring prisoners to other prisons to complete programmes was not used often enough.

Main concerns and recommendations

- S38** Concern: Many cells were small and overcrowded. Too many were dirty, had insufficient furniture, were poorly decorated, and contained graffiti and offensive displays. Most toilets were next to the bed and poorly screened. During our inspection, the hot weather revealed the cells to be poorly ventilated. Prisoners were held in cell for extended periods of time.

Recommendation: Cells designed for one prisoner should not accommodate two, and all cells should be clean and well maintained, properly ventilated. Graffiti or displays of offensive material should be removed, and cells should contain sufficient furniture. Toilets should be clean and appropriately screened.

- S39** Concern: Association periods were too short for many prisoners and as a result they were confined to long periods in poor cellular accommodation (in intolerable heat during the inspection), with little to do.

Recommendation: Time out of cell opportunities need to improve for all prisoners.

- S40** Concern: There were far too few activity places for the population, with only 60% occupied regularly, and this was compounded by the poor management of attendance and punctuality.

Recommendation: The prison should substantially increase the number of purposeful activity places so that all prisoners are fully occupied, and ensure that these places are filled and that all prisoners arrive and leave at the scheduled times.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Arrivals at Portland were frequently, and sometimes disruptively, displaced from other prisons and not always given sufficient notice of their transfer. Some journeys were long, and prisoners were not always offered toilet breaks. Relationships with escort staff were good, but vehicles sometimes contained graffiti. Disembarkation from vans was swift.*
- I.2** Prisoners frequently transferred into Portland from other prisons, including outside of the South West catchment area, to relieve population pressures, often without advance notice. This led to frustration and anxiety as prisoners were sometimes far away from home, which hindered their opportunities to maintain family ties. Some prisoners who transferred in during the inspection told us that they had outstanding court appearances or medical appointments due, and that their displacement made little sense and would cause further disruption when they had to transfer back to their sending prison.
- I.3** In our survey and structured groups, prisoners were less positive than the comparators about the length of their arrival journey, cleanliness of vans or about being told in advance they were coming to Portland. Many had lengthy journeys, and the vans we inspected were clean but often contained graffiti. Prisoners had good relationships with escorting staff. Person escort records (PERs) did not assure us that toilet breaks were offered routinely, but refreshments were readily available and the vehicles were air conditioned during the warm weather of the inspection. Once vehicles arrived, prisoners were disembarked reasonably quickly.

Recommendation

- I.4** **Before prisoners are transferred to Portland, their future court appearances, medical appointments and distances from their families should be considered, and prisoners should be given advance notice of planned transfers.**

Early days in custody

Expected outcomes:

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

- 1.5** *Early days arrangements were mostly very good and handled by some impressive and focused staff. Reception was a positive experience for most new arrivals. First night arrangements were appropriate and prisoners felt safe, and there was good use of prisoner peer supporters. However, induction was weak and we were not assured that prisoners received all aspects from all departments in good time.*
- 1.6** There were about 25 new arrivals a week. They received a friendly welcome from reception staff. In our survey, prisoners were more positive than the comparators about their reception experience, and throughout the inspection they were very complimentary about the staff involved in early days work.
- 1.7** New arrivals received a drink and a biscuit but spent time in a graffiti-covered holding room where the television did not work. They generally spent less than two hours in reception, where they were seen privately by health care staff and met by a prison Insider (prisoners who introduce new arrivals to prison life) who also lived on Collingwood, the first night unit.
- 1.8** Collingwood was a small, discrete and pleasant unit. There were no dedicated first night cells but the cells we inspected were clean and properly equipped, although they were cramped, with unscreened toilets too close to beds (see also paragraph 2.3) and graffiti on some noticeboards. New arrivals could shower and associate with other prisoners on their first night but did not receive a free telephone call – they were given a repayable £1 telephone credit instead. First night risk assessments were properly focused on vulnerability and completed thoroughly and sensitively by staff who appeared to care for prisoners.
- 1.9** In our survey, prisoners were more positive than the comparator about feeling safe on their first night. The staffing ratio on Collingwood was higher than on other units, and we saw the dedicated first night/induction staff make great efforts to deal with prisoners' problems. Several prisoners told us that their first night experience at Portland was the best they had experienced in any prison. Prisoners received some written information about Portland, available in a range of languages, and had ready access to peer supporters on their first night. Handover arrangements to night staff were adequate, and night staff focused on new arrivals, who told us that they had had enhanced checks throughout the first night.
- 1.10** In our survey, fewer prisoners than the comparator said the induction covered everything they needed to know, and we found some evidence to support this. Induction staff gave a generic induction talk about Portland, including aspects of safer custody and health and safety. Induction records for this part of the timetable were completed consistently and we were assured all prisoners received this information in good time. However, other than the chaplaincy, the aspects of the induction programme that relied on other departments (including substance misuse services, resettlement, education and the gym) happened inconsistently, records were rarely completed and there were some long delays before prisoners completed the timetable. When not engaged with induction, prisoners spent a long time locked up and not occupied constructively.

Recommendations

- I.11 New arrivals should be given a free telephone call.**
- I.12 All prisoners should receive a full and comprehensive induction programme that keeps them occupied constructively.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.13 *Portland was a fundamentally safe prison. Levels of violence were not high and most incidents were low level. The strategy to manage violence and bullying required improvement. The prison was unaware of the extent of bullying, and support for victims was poor. The management of vulnerable prisoners was inadequate.*

- I.14** Levels of violence were not high and there were few serious incidents. This was impressive considering the challenging and complex population, which included around 170 young adults and 80 adults aged 21-25 classified as at a high risk of being involved in violence. Only two serious assaults had been recorded in the previous six months. In our structured groups and throughout the inspection, most prisoners said the prison was safe. The prison had carried out a safety survey but the results had yet to be analysed or used to inform practice.
- I.15** The bimonthly safer custody meeting was chaired by the head of safer custody. The approach to managing violence and bullying was disjointed. The sharing of information between departments was inadequate and trend analysis was weak. The prison was aware that young adults were over-represented in violent incidents, but the continuous improvement action plan had no actions to address this.
- I.16** Perpetrators of violence were managed through the incentives and earned privileges (IEP) scheme, and in the previous six months, 92 prisoners had been placed on to the basic level for a violent offence (see paragraph I.39). Persistent offenders, of whom there were five, were managed by the security team through a 'disruptive prisoners' policy and restrictions applied. Improvement targets were not set and there was no evidence of weekly reviews. The prison was pioneering the 'five-minute intervention', a programme to challenge some offending behaviour through training some staff to engage with prisoners in a more prosocial way. This was being developed for accreditation nationally.
- I.17** The prison was unaware of the levels of bullying. We found several staff entries in wing observation books that referred to incidents of bullying, but the safety custody team were unaware of many of these and most were not investigated. In recognition of this, the safer custody team had recently introduced a specific referral form, although use of this had been minimal so far. There was no vulnerable prisoner wing. At the time of the inspection there were seven prisoners identified as vulnerable who were placed on a restricted regime, they took showers and made telephone call separately from the rest of their wing. However, the oversight to manage vulnerable prisoners was poor. Many had decided to self-isolate indefinitely and spent much of the day locked in their cell. Individual staff were left to manage vulnerable prisoners and we were not assured that vulnerable prisoners received a

reasonable daily regime or adequate support. Support plans for victims of violence or bullying had recently been introduced but were inadequate.

Recommendations

- I.18 There should be a coherent approach to reducing violence, bullying and managing vulnerable prisoners. This should include meaningful analysis of data, a comprehensive action plan and adequate governance.**
- I.19 All allegations of bullying should be investigated and subsequent action taken where required.**

Housekeeping point

- I.20 Prisoners who are placed on the disruptive prisoners' list should be set improvement targets and have regular reviews.**

Self-harm and suicide prevention

Expected outcomes:

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

I.21 *Levels of self-harm were low. Some learning points from death in custody reports had not been addressed. Prisoner access to Listeners was good. Case management documentation for prisoners in crisis was poor. Prisoners were placed in strip clothing without appropriate justification.*

- I.22** Tragically, there had been three self-inflicted deaths since our last full inspection in 2009. We were not assured that all learning points from death in custody reports by the Prisons and Probation Ombudsman (PPO) had been addressed. The number of self-harm incidents was low for the type of prison, with 65 acts of self-harm committed by 54 prisoners in the previous six months.
- I.23** Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) attended the safer custody committee. The meetings analysed a range of data that informed a continuous improvement action plan. Three-quarters of staff had received refresher training in assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm.
- I.24** There had been 132 ACCT documents opened between January and June 2014, which was comparable to similar prisons. However, the quality of documents was poor. Initial assessments of risk did not always take previous self-harm history into account, care maps did not always reflect need, and ACCTs were sometimes closed too early. The content of some entries did not demonstrate a good level of care. Prisoners we spoke to had mixed views about their support from staff, and many residential staff, particularly in the larger wings, did not have sufficient time to provide adequate support to those in crisis (see also paragraph 2.12). Prisoners on ACCTs told us that staff interactions were often brief, and

some said that staff were so busy 'they often checked on us by just saying "are you ok?!"' Where staff had more time, for example on Collingwood, good care was more evident.

- I.25** Prisoners had good access to Listeners and the Samaritans telephone line, and Listeners felt supported by the safer custody team. However, there was no Listener suite in operation, which was a shortcoming.
- I.26** Ten prisoners at risk of suicide had been located in the constant observation cell in the previous six months, including seven placed in strip clothing. We were not assured that the use of this measure was justified in all cases. The constant observation cell was not in use during the inspection but we found that it was grubby. Eleven prisoners subject to ACCT case management had been located in the care and separation (segregation) unit in the previous six months, even though the circumstances in the cases we reviewed had not fully taken the ACCT into consideration before segregation.

Recommendations

- I.27** **The prison should implement learning points from recommendations in Prisons and Probation Ombudsman death in custody reports, and review them regularly.**
- I.28** **The quality of assessment, care in custody and teamwork (ACCT) case management documents and support for those in crisis should be improved.**
- I.29** **Prisoners subject to ACCT case management should only be located in the segregation unit or in strip clothing in exceptional circumstances.**

Housekeeping point

- I.30** The Listener suite should be reopened and used as required.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- I.31** *Safeguarding procedures for prisoners at risk because of their disability, health or age were developing. The local policy and support were better than we normally find.*

- I.32** The prison had a comprehensive safeguarding policy, and better procedures to identify adults at risk than we normally see. A multiagency weekly meeting assessed all new referrals from reception and other staff, and there were good arrangements to support individuals at risk. Staff were aware of who constituted an adult at risk and their responsibility to protect them from harm. There were no formal links to the local safeguarding adults board.

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Recommendation

- I.33** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.34 *Some security arrangements were too restrictive for a category C prison. Good security information was received and used to set properly focused objectives that were monitored appropriately. The availability of illicit drugs was low but some drug testing arrangements required improvement. There were emerging concerns on psychoactive substances but no drug supply reduction action plan.*

- I.35** Some security arrangements for prisoners were too restrictive for a category C prison, including the lack of freedom of movement and the fact that not all could wear their own clothes off the wing. However, the prison had addressed both issues and planned to change these arrangements.
- I.36** Good security information, including 2,086 reports between January and June 2014, were received and processed efficiently but resulting actions, such as suspicion drug testing and intelligence-led searching, were not always prompt. The analysis of intelligence was good and used to set properly focused strategic objectives, monitored at the monthly security committee. Information was shared with other relevant departments across the prison, and relationships with the local police were good.
- I.37** In our survey, more prisoners than the comparators said it was easy to get illicit drugs and alcohol in the prison. Prisoner reports, intelligence, finds and mandatory drug testing (MDT) results indicated limited illicit drugs (mainly cannabis), but some psychoactive substances, including Spice, not yet detectable under the current testing arrangements, were appearing. Several prisoners had had adverse and severe reactions to such substances shortly before the inspection. However, there was no drug supply reduction action plan.
- I.38** The positive random MDT rate was low at 2.69% for the six months to May 2014, against the target of 5%, but testing was not spread evenly throughout the month. The positive suspicion MDT rate for the same period was low at 30%, with too many tests outside the required timescale, and there had been no suspicion testing since March 2014 as a result of staff shortages. The MDT suite was clean and suitable. Staff observation in the suite was appropriate and it was positive that prisoners were only strip searched following risk assessment.
- I.39** Closed visits were used sparingly for security reasons but we were not assured they always related directly to the trafficking of items into visits. They were also applied for a minimum of three months without review which was poor practice when there was no further intelligence to support their use. We found a further 92 prisoners in the previous six months who had been subject to 21 days on closed visits as a sanction through the violence reduction strategy, which was inappropriate (see also paragraphs I.16 and I.49).

Recommendations

- I.40** Security arrangements, including those on prisoner movement and wearing of prisoners' own clothes, should be relaxed to be conducive to a category C prison.
- I.41** The mandatory drug testing programme should be adequately resourced to undertake the required level of testing without any gaps in provision.
- I.42** Prisoners should only be placed on and remain on closed visits when this is supported by intelligence related directly to the trafficking of items through visits.

Housekeeping point

- I.43** The prison should have a comprehensive drug supply reduction action plan.

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

I.44 *The incentives and earned privileges (IEP) scheme was often applied inconsistently, although warnings were generally for good reasons and prisoners were given ample opportunity to improve their behaviour. The scheme for sanctions under violence reduction measures was less flexible. Differentials between the levels were reasonable but the regime for those on basic was inadequate.*

- I.45** Around 21% of prisoners were on the enhanced level of the IEP scheme, 78% on standard and 1% on the basic level. However, the basic level was not disaggregated for those on it for violent behaviour. Prisoners in our survey were more negative than the comparators about the fairness of the scheme and its ability to encourage them to change their behaviour.
- I.46** Differentials between the levels were reasonable, including additional access to money and visits, a pay bonus, some additional association periods, ability to wear own clothes and access to extra facilities, such as a games console, for those on the enhanced level. However, the minimum 12 weeks for new arrivals to apply for enhanced was too long.
- I.47** Inappropriate behaviour often went unchallenged for too long and, while appropriate warnings were issued, records indicated there were often long delays before review boards were convened and sometimes inconsistent application of the scheme. Prisoners were mostly given ample opportunity to amend their behaviour before any demotion in their IEP level. However, under the violence reduction measures there was less flexibility and demotion was almost inevitable after one transgression, sometimes minor.
- I.48** Prisoners demoted to the basic level were not set individual targets to encourage them to change their behaviour and, other than routine monitoring by staff, received no additional support. Reviews were generally on time but prisoners spent varying periods on basic, depending on who conducted the review, and some documentation showed that prisoners were removed from the basic regime despite continued negative behaviour.

- 1.49** The regime for those on basic was inadequate; they were only permitted to shower and make telephone calls three times a week which was inappropriate (particularly the lack of showers in the hot weather during the inspection). While they could work, many did not and were not actively encouraged to do so. Closed visits for 21 days were also applied inappropriately for those on basic as a sanction under violence reduction (see also paragraph 1.39). However, a minority of prisoners who had spent time in the care and separation (segregation) unit were given behaviour management plans to address their individual behaviour – a positive initiative that needed to be extended.

Recommendation

- 1.50** The incentives and earned privileges scheme should be applied fairly, and improvement targets should be tailored for the individual prisoner.

Discipline

Expected outcomes:

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

- 1.51** *The number of adjudications was not excessive but many records of hearings were poor. Although the use of force was not high, its governance was inadequate and we were not assured that it was always used as a last resort, particularly in cases of non-compliance with staff instructions. Batons were drawn on a number of occasions but again, we were not assured this was always necessary. It was positive that special accommodation had not been used in the year to date. Throughput of the segregation unit was reasonably low but the regime was inadequate.*

Disciplinary procedures

- 1.52** The number of adjudications, 652 in the previous six months, was not excessive for the size and type of establishment, and charges were laid for good reasons. The records of hearings we sampled showed that prisoners were given sufficient time to prepare their case and could seek legal assistance, but there was no quality assurance and too many records were poor and indicated insufficient enquiry before a finding of guilt.
- 1.53** An adjudication standardisation meeting met bimonthly along with the use of force and segregation monitoring meeting. It was informed by a comprehensive report but we were not assured that relevant issues were discussed or acted on, such as the over-representation of young adults or poor quality of records.

Recommendations

- 1.54** The quality of adjudication records should be improved, and adjudications should be subject to formal quality assurance.
- 1.55** The joint adjudication standardisation, use of force and segregation monitoring meeting should better analyse data to identify trends and patterns, and take action to address identified shortfalls.

The use of force

- 1.56** Force had been used 140 times in the previous six months, which was not excessive for the type of prison. Around half of cases involved the use of control and restraint techniques with very few resulting in full and sustained use of force. In around 40% of the records we sampled, the use of force was due to non-compliance with staff instructions, and we were not assured that force was always used as a last resort in these cases. Approximately a third of records we sampled were incomplete and many lacked sufficient detail about the incident. Although the records indicated that force was generally de-escalated reasonably quickly, in some of the filmed planned interventions we watched force was used on prisoners who appeared to offer no resistance and was not always de-escalated quickly enough. Planned interventions were not always filmed or reviewed. Use of handcuffs and relocation to the care and separation unit (CASU) were not routine following a use of force incident.
- 1.57** Batons had been drawn on six occasions in 2014 to date, which was higher than we normally see, although none had been used. The documentation did not assure us that this was always warranted. There was no additional scrutiny of incidents where batons were drawn to assure that this was proportionate.
- 1.58** Special accommodation had been used eight times in 2013 which was frequent, especially as all uses were not fully justified. This accommodation had however, not been used at all in 2014 which was a significant improvement.
- 1.59** A comprehensive database on the use of force was used to collate an informative report for the joint adjudication, use of force, segregation monitoring meeting. However, this information was not used to identify and act on issues such as the high number of incidents in response to non-compliance with staff instructions, incomplete paperwork and the proportionality of baton use (see recommendation 1.55).

Recommendation

- 1.60 Governance of the use of force, particularly the completion of documentation, planned interventions and use of batons, should be improved.**

Segregation

- 1.61** Segregation had been used 115 times in the previous six months, which was reasonably low for the type of prison, and there was no more than one prisoner in segregation during the inspection. Few prisoners sought refuge in the CASU for their own protection, but the prison did not disaggregate this information to assure itself of the use of the unit for such reasons. The average length of stay was around six days, which was not excessive. Transfers out from the unit to other prisons were infrequent, and most prisoners were reintegrated in Portland.
- 1.62** A few prisoners who claimed they feared for their safety were persuaded to move to normal locations with assurances of support and a constructive regime. However, they had no formal support plan, and although they could access a 'regulated' regime in the CASU three times a week, including for exercise periods, this was inadequate and not always consistent. Such prisoners had essentially self-segregated but were not subject to the checks and balances associated with regular segregation, and while we supported the approach of not using the segregation unit unnecessarily, we were concerned that there was limited oversight of these vulnerable prisoners (see also paragraph 1.17).

- I.63** There had been efforts to maintain a reasonable environment in the CASU. Communal areas and cells were clean, but many cells contained graffiti, most lacked a chair or table, and toilets were scaled and dirty. The shower was worn and lacked privacy. Although small and cage-like, the two exercise yards had been improved by the addition of benches and exercise equipment.
- I.64** Although new arrivals on the unit should only have been strip searched following a risk assessment, we found this took place almost routinely, regardless of the reason for location there. Protocols for unlocking individual prisoners were proportionate to their risk. In the previous six months, prisoners on ACCTs had been held on 21 occasions and we were not assured these were always in exceptional circumstances (see also paragraph I.26).
- I.65** Despite some good aspects, the unit's regime was inadequate. Segregated prisoners could only shower and make telephone calls three times a week, although they did have consistent access to exercise for an hour a day. There was a small stock of books, but education staff did not visit the unit and there were insufficient opportunities for off-unit activities, apart from risk-assessed attendance at offending behaviour courses. Radios were not issued routinely on the unit and residents were not often permitted to have a television in their cell, regardless of their IEP level or reason for their segregation. A supply of distraction packs (including puzzles) was available and offered to some prisoners. There was some exercise equipment, a pool table and games console available on the unit, but we were told they were used infrequently.
- I.66** Multidisciplinary reviews of prisoners in the segregation unit were timely, but authorising documentation was often completed poorly and many targets did not address the reasons for segregation.
- I.67** As the unit was empty for much of the inspection, it was difficult to judge the quality of relationships between staff and prisoners. However prisoners who had been in the CASU told us they were treated well by staff, and staff we spoke to were knowledgeable about prisoners who had been in their care and appeared caring.
- I.68** The collation of data on segregation was generally good but was not used effectively to identify or act on issues such as the number held on ACCT or for reasons of their own protection (see recommendation I.55).

Recommendations

- I.69** **The use of the care and separation unit (CASU) for the 'regulated' regime should be reviewed and subject to appropriate oversight.**
- I.70** **The regime in the care and separation unit should be improved.**

Housekeeping point

- I.71** Segregation review documentation should be completed thoroughly and include meaningful targets.

Substance misuse

Expected outcomes:

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

- I.72** *Strategic management of substance misuse issues needed improvement. Staff shortages had affected the support provided, and the full range of opiate substitute prescribing was not available. Clinical and psychosocial services were insufficiently integrated.*
- I.73** There had been a new substance misuse strategy in March 2014, but it was not informed by a needs analysis and lacked an action plan. The quarterly drug strategy meeting had reasonable attendance, but no focus on action.
- I.74** The change in prison population, the greater complexity of need and, higher prisoner numbers had increased the demand for clinical and psychosocial services. Avon and Wiltshire Mental Health Partnership NHS Trust provided the psychosocial substance misuse service (SMS). Staffing shortages and a planned change in provider from October 2014 had reduced provision. In our survey, fewer prisoners than the comparators said they had received any support with drug (48% against 63%) or alcohol (47% against 63%) problems, and only 47%, against 80%, said the support they received was helpful.
- I.75** The SMS team was supporting 155 prisoners through individual sessions, varied short groups and a seven-week recovery programme. The prison provided a programme to address alcohol-related violence. The short groups took place less frequently due to staffing issues, which meant the team could not respond adequately to increased reports of widespread use of 'legal' mood-altering substances. Case management and case supervision were reasonable.
- I.76** One trained and supervised prisoner peer supporter co-facilitated groups and provided induction and pre-release support, but more were required. Fortnightly Alcoholics Anonymous and Narcotics Anonymous groups provided good support.
- I.77** Dorset Healthcare Foundation Trust (DHC) provided clinical services. During the inspection, 14 of the 23 prisoners (61%) prescribed methadone were on reducing scripts. Those on maintenance were for appropriate clinical reasons. Methadone administration was safe. Buprenorphine (licensed opiate substitute) was not prescribed and prisoners on it were not accepted at the prison, which was inappropriate.
- I.78** Due to staffing shortages, co-facilitation of groups with the SMS and prescribing reviews had not been consistent recently. An experienced support worker had recently reinstated reviews, but they did not include the SMS or a face-to-face assessment by a doctor, which was inadequate. However two prisoners with very complex needs had received excellent joint reviews that included both substance misuse teams, offender management and mental health.
- I.79** The secondary mental health team provided dual diagnosis support for prisoners with both substance misuse and mental health issues.

Recommendations

- I.80 The drug strategy should be updated annually to include a detailed action plan with up-to-date performance measures informed by an annual needs analysis.**
- I.81 There should be sufficient staffing to provide a full range of relevant integrated psychosocial and clinical support, including regular joint prescribing reviews.**
- I.82 The full range of clinical prescribing options should be available, and prescribing decisions should be made on clinical need.**

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *Communal areas were clean. Cells designed for one accommodated two, and many were poorly decorated, grubby and had graffiti, with insufficient furniture and poor toilet screening. Access to showers, mail, telephones and clean clothing was restricted. The prisoner application system was mainly inadequate.*
- 2.2** External communal areas were generally clean and well presented. Communal areas were mostly clean and well maintained, although none had CCTV coverage to aid supervision. Association areas were well equipped.
- 2.3** Most accommodation was old and poorly maintained. Around a quarter of cells designed for one accommodated two prisoners and were extremely cramped, with not enough space for furniture for two people. Too many cells were grubby and contained graffiti and displays of offensive material. In our survey, only 42% of respondents said they got access to cleaning materials weekly, against the comparator of 69%. Domestic time to clean cells, take showers and use the telephone was sometimes curtailed or cancelled. Toilets were often poorly screened and heavily scaled, and there was approximately 12 inches between a prisoner's pillow and the toilet (see photograph, Appendix IV). It was very hot during our inspection and the heat in cells was compounded by windows that barely opened. (See main recommendation S38.) Electronic records showed that response times to cell call bells were often too long. We found that this was due to limits on staff time and the pressure of high numbers of prisoners left on the wings during the day (see also paragraph 3.2).
- 2.4** Prisoners on Beaufort (the skills development unit) had access to in-cell showers that were in good condition, but elsewhere many communal showers were inadequately screened, some did not work and many were dirty with mould on walls and ceilings. (See photographs, Appendix IV.) In our survey, fewer prisoners than the comparator said they could have a shower daily, and some prisoners had a restricted time for this (see also paragraph 3.2).
- 2.5** In our survey, only 44% of respondents, against the comparator of 68%, said they had access to clean, suitable clothing each week. Most prison clothing was in poor condition. Only enhanced prisoners could wear their own clothes, although this was restricted to their wing. However, there were advanced plans to introduce own clothes for all prisoners. Some wing laundries had broken equipment and prisoners told us that some clothing sent to the prison laundry was not returned or returned in poor condition. Access to clean sheets was good.
- 2.6** Beaufort had a peer-led community help and advice team (CHAT) that dealt with prisoner applications, which was a good initiative. Elsewhere the application process was poor. The prison had plans to roll CHAT out to other wings.
- 2.7** In our structured groups, prisoners complained about access to mail. We found that mail was not always delivered to prisoners within 24 hours of its arrival in the prison. In our survey, more respondents than the comparator said they had problems accessing a

telephone. Access on some wings was limited due to the restricted regime for evening association (see also paragraph 3.3).

Recommendations

- 2.8 All showers should be adequately screened, clean and maintained.**
- 2.9 Cell call bells should be answered within five minutes.**
- 2.10 Prisoners should have access to clean prison clothing of an acceptable quality.**

Staff-prisoner relationships

Expected outcomes:

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

2.11 *Staff-prisoner relationships were generally positive but residential staff had few opportunities to build them. The application of the personal officer scheme was mixed. Prisoner consultation required improvement.*

- 2.12** Staff-prisoner relationships were impressive in reception, the first night centre, and the care and separation unit. However, there were fewer opportunities for quality interactions on the larger residential wings. In our survey, only 67% of respondents said staff treated them with respect, against the comparator of 77%. The high number of prisoners locked in their cell during the core day (see paragraph 3.2) meant that staff were stretched and had less time to spend with individuals, and this was exacerbated by their regular cross-deployment.
- 2.13** Staff did not routinely use prisoners' preferred names. Many adult prisoners complained that they were treated like young adults. We found some examples, including a restrictive regime, some petty rules (see photograph in Appendix IV), and some staff attitudes that might have explained this perception.
- 2.14** Personal officers were allocated to all prisoners but had a limited role in sentence planning, and frequency of contact was mixed, judged by their entries in prisoners' case history notes. In those that we sampled, they ranged from very good regular entries praising positive behaviour and with a good knowledge of the prisoner's circumstances to terse and irregular comments. Quality assurance had not addressed such variations. In our survey, only 44% of respondents, against the comparator of 63%, said that their personal officer was helpful.
- 2.15** All prisoners could attend the monthly prisoner consultative group. The meeting was chaired by a different custodial manager each month, and the inconsistency of participants and chair meant that it was not always effective in achieving change in the issues it covered, including the food, changes to the core day, and prisoner access to suitable clothing.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.16 *Some prisoners from minority groups were negative about their treatment. Although there was some good support for individuals, there had been less attention to diversity since the previous inspection and the level of assistance overall had reduced. There was not enough work to support all prisoners covered by protected characteristics.*

Strategic management

- 2.17** The diversity team consisted of a custody manager and two equality officers, but they all had substantial core responsibilities that limited their time for specialist work, and one officer was currently on long-term sick leave. The full-time foreign national officer role had ceased 18 months previously. The net effect of these changes was that the staff resources for equality and diversity work had halved. Equality treatment monitoring data were now produced centrally in the Prison Service, but it could take as long as three months before the establishment received the information and so any discussions it had were not based on up-to-date data. There was a detailed diversity policy and separate policies covering each protected characteristic.
- 2.18** The bimonthly diversity and race equality action team (DREAT) was chaired by the diversity manager, and outcomes from the meeting were linked to an action plan. Minutes of the meeting indicated that monitoring data were examined closely, and the most recent meeting had identified several discrepancies, including disability and age, and agreed to survey the needs of prisoners with disabilities. Data showed that 18-20 year olds were out of range on adjudications, as well as being under-represented on the enhanced level of the IEP scheme, and that these might be related to this age group being more likely to incur debt in the prison. It was agreed to monitor this situation, but no further direct action was taken.
- 2.19** There were approximately three discrimination complaints a month and these reflected a range of prisoner concerns, including staff awareness of culture and race issues. Investigations were methodical and thorough. We were told that two staff had been dismissed in the two previous years as a result of concerns on some aspect of diversity.
- 2.20** Members of the diversity team continued to provide some good support for individual prisoners from minority groups, but the lack of a strategic or systematic approach to identifying unmet need, meant prisoners unable or unwilling to request help did not benefit from this support. Consultation and work with prisoner representatives now no longer took place. Foreign nationals, prisoners with disabilities and older prisoners constituted significant minority groups, there were no support groups or formal structures to support them. There

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

was some evidence that diversity was promoted throughout the prison, for example, with displays about disability and a celebration of Black History Month.

Recommendation

- 2.21 There should be adequate support for the needs of prisoners from all the protected characteristics.**

Protected characteristics

- 2.22** In our survey, 16% of black and minority ethnic prisoners said they felt victimised by staff because of their race or ethnic background, compared with only 3% of white prisoners. It was not clear that the prison was aware of these levels of concern, and there was no systematic approach to manage them (see recommendations above). There had been a one-off focus group in early 2014 inviting 23 prisoners registered as from a Gypsy, Romany or Traveller background. Five had attended and made suggestions about food that would suit their taste, and requests for specialist newspapers and music.
- 2.23** Just over 6% of the population were foreign nationals. They were identified on admission and there was an efficient system to ensure that they received their basic entitlement to free telephone calls and letters. (Free telephone calls were also sometimes extended to British nationals with family abroad.) Immigration officials made routine visits to the prison but foreign nationals had no access to independent legal advice. Induction material was available in the main foreign languages but use of professional telephone interpreting services was ad hoc.
- 2.24** There were 170 prisoners registered as having a disability. Most disabilities related to mental health or learning difficulty, with few major physical disabilities. One prisoner had a personal emergency evacuation plan, but this had been in place for some years and few staff were aware that it still existed. Four cells on Beaufort had wheelchair access and some adapted fittings. Funding had been secured to install two chairlifts into the visits area.
- 2.25** Twenty-four prisoners were over the age of 50. There were no special arrangements to meet their needs, but there were developed plans to introduce a dedicated wing for prisoners over 50.
- 2.26** Apart from a day event earlier in 2014 to address homophobia, there was little to address the needs of gay or bisexual prisoners.

Recommendations

- 2.27 Foreign national prisoners should have access to independent immigration advice.**
- 2.28 All staff should be familiar with the personal emergency evacuation plan process, and those who need to know should be aware of specific cases.**

Faith and religious activity

Expected outcomes:

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

2.29 *Prisoners' religious and pastoral needs were well met and it was easy for them to attend religious services. The facilities for worship were basic and required improvement.*

2.30 The managing chaplain was an Anglican and he was supported by a team of part-time chaplains for all the principal faiths. All new arrivals saw a chaplain during induction and could register their religion, which enabled them to attend services, meetings or classes without having to book every time. There were Friday prayers, Saturday Mass and a Sunday church service each week, as well as regular discussion and study groups. Most prisoners we spoke to were positive about their experience of the chaplaincy.

2.31 The managing chaplain had recently started to circulate a list of all prisoners on ACCTs and their faith group to the chaplaincy team, so that they received a weekly visit from the chaplain of their own faith as well as daily contact by the duty chaplain. Chaplains attended ACCT reviews of prisoners they knew, although they were not always notified when they took place. The duty chaplain visited the CASU every day. Prisoners who needed pastoral support, most commonly for bereavement counselling, could contact chaplains as they moved through the residential areas or by application.

2.32 Religious services were held in a large multi-faith area that could be used flexibly, and included suitable washing facilities, as well as office space and classrooms. Initially a short-term alternative following closure of the original chapel, it was a basic and austere space. As the chapel was unlikely to be restored, the multi-faith area required some upgrading and refurbishment to make it more suitable for worship.

2.33 Members of the chaplaincy worked with several faith groups around the country that offered mentoring to prisoners on release, and approximately 20 prisoners a year took advantage of this support.

Recommendation

2.34 **The multi-faith area should be upgraded to make it a more suitable place for worship.**

Housekeeping point

2.35 The chaplaincy should be notified of all ACCT reviews.

Complaints

Expected outcomes:

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

2.36 *Most responses to complaints were adequate but some were dismissive. The proportion of late replies was increasing and confidence in the system was declining, as prisoners tried alternative methods to get results.*

2.37 Most prisoner complaints were about issues such as property or day-to-day treatment by staff on the wing. Most of the replies were adequate, although usually brief, but a significant minority were dismissive and unhelpful. In the previous 12 months, the responses received within the required timescale had reduced from approximately 90% to around 70%. This deterioration was reflected in poorer survey results about complaints than at the previous inspection. Confidential access procedures to complain direct to a governor were overused and appeared to be an attempt by prisoners to obtain a quicker response. There had been a recent increase in the referral of unresolved issues to the Prisons and Probation Ombudsman (PPO).

Recommendation

2.38 Responses to all prisoner complaints should be within time, polite and helpful.

Legal rights

Expected outcomes:

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

2.39 *Demand for legal services was limited but it was not clear where prisoners requiring them should go for help. Booking arrangements for legal visits were efficient but the visits area was not private.*

2.40 There was limited demand for legal services, and no trained officers or designated staff to carry out this work. New arrivals were given advice during their induction about how to contact their solicitors, and posters about parole were displayed on residential areas. When we asked where a prisoner would go to seek help with a legal problem, staff seemed confused, but we were eventually told that he would probably be referred to the offender management unit – although there was no record that this had ever happened.

2.41 Legal visits took place during the morning, three times a week. Despite relatively poor survey results, it was easy for prisoners to arrange to see their solicitors and visits were organised efficiently. Legal visits took place in the open visits area, but with up to 12 legal visits at a time, this did not provide sufficient privacy.

Recommendation

2.42 Legal visits should take place in privacy.

Health services

Expected outcomes:

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

2.43 *Severe staff shortages and regime restrictions severely curtailed health provision. Governance arrangements were good. Medicine stock management needed improvement and too few prisoners received in-possession medication. Prisoners waited too long for dental services, although dental care was good. Primary mental health services were inadequate, but secondary mental health services were very good.*

Governance arrangements

- 2.44** NHS England Thames Valley commissioned Dorset Healthcare Foundation Trust (DHC) to provide health services. Governance arrangements were satisfactory. A six-weekly clinical governance meeting informed the well-attended quarterly partnership board. There were good working relationships between DHC, commissioners and the prison. DHC had been awarded the new health contract from October 2014 until 2019. A health needs assessment in March 2014 had informed the re-commissioning process.
- 2.45** A temporary nurse manager provided strong clinical leadership. Chronic staffing shortages had affected service delivery, but there was active recruitment to fill vacancies. The full range of lifelong clinics was not available due to insufficient expertise in the team. Primary mental health and clinical substance misuse staff supported primary care delivery to the detriment of their services. Health staff had good access to clinical supervision and mandatory training, and they used an adequate range of electronic policies, including infection control and safeguarding. Health care staff were clearly identifiable, and the interactions with patients we observed were very good.
- 2.46** Learning from serious incidents, complaints and audits informed service delivery. There was no health service user forum, but feedback was collected from regular prisoner surveys and prisoner health champions (peer healthcare support workers).
- 2.47** Health services were primarily provided from the health unit. The excellent health facility on Beaufort was not used because SystemOne (the clinical IT system) was not connected there, which increased the demand on the overstretched health unit. Most clinical rooms required some refurbishment to meet infection control requirements fully, but were reasonably good. The three holding rooms on the health unit were too small, stark and hot.
- 2.48** Appropriate emergency equipment was located across the prison and checked regularly. The emergency response system was well embedded, and there were always first aid trained custody staff on duty.

- 2.49** We were told that new arrivals received detailed information about health services, although this did not occur when we attended reception health screening. Health promotion was generally good and included active engagement from the wider prison. The developing prisoner health champion role was a promising initiative, with trained peer workers supporting prisoners to improve their health. Prisoners waited too long for smoking cessation support. Barrier protection was not easily accessible. There were well man health screens for prisoners over 40, although there was no health lead for older prisoners. Systems to identify and support prisoners with disabilities were underdeveloped. Prisoners had good access to health screening, immunisation programmes, and mobility and health aids.
- 2.50** Prisoners knew how to complain about the health services, although few did. The confidential complaints system encouraged local resolution of concerns, although any issue could be treated as a formal complaint at the prisoner's request. Most concerns were not formally logged, which meant trends and learning could not be identified. Only eight complaints had been received in the year to March 2014. We were unable to read the responses as formal complaints were managed by the trust headquarters.

Recommendations

- 2.51** **There should be sufficient health staffing and skill mix to provide all required health services consistently.**
- 2.52** **All clinical areas should comply fully with infection control guidelines and provide facilities that are equivalent to those in the community.**
- 2.53** **There should be a regular health service user forum to inform service delivery and development.**
- 2.54** **Barrier protection should be well advertised and easily accessible.**

Housekeeping point

- 2.55** All locally resolved complaints should be logged and monitored, and learning from them used to inform service delivery.

Delivery of care (physical health)

- 2.56** All new arrivals were seen promptly for health assessment, but staff shortages had resulted in a combined primary and secondary assessment, which was often completed by support staff. Appropriate referrals were made and community liaison established where indicated.
- 2.57** Prisoner applications for health services were not collected daily, which delayed their access to services and increased their frustration. However, prisoners received a written response to applications, which was good. Health staff were on site from 7.30am to 6pm daily. Routine GP appointments were available within five days. Twice daily nurse clinics for 'special sick' (outside of routine surgeries) gave prisoners prompt access for assessment. Out-of-hours support was provided by the community provider.
- 2.58** The change in population had increased the quantity and complexity of prisoners' health problems. Nurse-led clinics for diabetes were good, but there were no clinics for other lifelong conditions. Recording on clinical records (SystemOne) was reasonable, but care planning was underdeveloped for prisoners with complex needs.

- 2.59** Clinic provision was restricted by limitations on the number of prisoners who could be in the health department, very long medicine administration clinics, and delays while prisoners were escorted to and from the wings. In our survey, only 28% of prisoners who had used health services, against the comparator of 43%, felt their quality was good. Most prisoners we spoke to were happy with their care but frustrated by difficulties accessing the health department, long waits in cramped holding rooms, and being sent away without being seen because the time allotted for the clinic had ended.
- 2.60** Referrals to external hospital appointments were prompt and well managed. Prisoners received letters advising them of the month of their appointment, which improved communication. Appointments were rarely cancelled for security reasons.

Recommendations

- 2.61** **New arrivals should receive separate primary and secondary health screens completed by appropriately trained staff.**
- 2.62** **Prisoners with lifelong conditions should receive regular reviews that generate an evidence-based care plan managed by staff who are appropriately trained and supervised.**
- 2.63** **Clinics should start on time and prisoners should be seen at their allotted time without long waits.**

Pharmacy

- 2.64** Medicines were supplied every weekday from Yeovil Hospital, but staff reported regular delays in receiving requested medicines. We were told that a prisoner had recently been released without his controlled drug prescription due to delays in supply. Too many prisoners received supervised medicines because the in-possession policy was not followed. In our survey, only 58% of prisoners said they had their medication in possession against the comparator of 84%. In-possession risk assessments were also not completed, contrary to the policy. Prisoners had no direct access to pharmacy clinics.
- 2.65** Prescribing and administration of medicines was done on SystmOne using a prescribing formulary. Prisoners in shared cells did not have secure medicine storage facilities. Medicines were administered at 8am and 4pm, and morning drug administration regularly took several hours due to the excessive number of prisoners on supervised consumption. Medicines were regularly prescribed for operational rather than clinical reasons, which meant that sedating medication was given too early at 4pm, and medicines were changed to twice daily instead of three to four times.
- 2.66** Medicine administration records were not consistently completed and prisoners who did not attend were not always identified and followed up. There were adequate medicines for administration to prisoners without seeing a doctor, and prisoners had access to paracetamol out of hours.
- 2.67** Medicines were stored securely but were not sufficiently organised. We found a medicine for supervised administration in the take-home medicines cupboard, and medicine for one prisoner was stored in a box labelled for another. There was excessive stock of all medicines. Named-patient supervised medicines did not have the dosage instructions on the labels, which was inappropriate. Key security for drug cupboards was good. A pharmacy technician visited fortnightly to complete governance checks, but regular pharmacist

attendance had just started. The controlled drug cabinet in health care was not secured according to the regulations, and the controlled drugs register was not legally compliant. Fridge temperatures were not recorded daily.

- 2.68** A six-weekly medicine management meeting for the Devon and Dorset prison cluster was well attended, and a Portland subcommittee was being developed. There were appropriate up-to-date protocols, but not all situations were covered.

Recommendations

- 2.69** All required medicines should be ordered and received promptly, with adequate contingency plans if this is not possible.
- 2.70** The in-possession policy should be followed, including individual risk assessment before it is provided, and prisoners should be able to store their in-possession medicines securely.
- 2.71** Prisoners should have easy access to pharmacy-led clinics, including medicine use reviews.
- 2.72** All prescribed medicines should be administered at times appropriate for their dosage regime to ensure effective patient care.

Housekeeping points

- 2.73** Stored medicines should be well organised and stock not over ordered and named-patient medicine should be clearly labelled with name, number, dose and frequency.
- 2.74** A legally compliant controlled drug register should record stock into the prison, and the controlled drug cabinet in health care should be secured according to the regulations.

Dentistry

- 2.75** In our survey, fewer prisoners than the comparator (8% against 13%) were positive about access to the dentist. However most prisoners we spoke to were satisfied with the quality of dental services. Dental Somerset Partnership Trust provided three dental sessions a week. Waiting times were too long, mainly due to delays in prisoners being brought to the health unit and a high non-attendance rate. Too many prisoners waited more than six weeks for an initial assessment, although those in pain were prioritised. The consultation we observed and clinical records sampled were very good. Comprehensive oral health promotion was provided.
- 2.76** The dental surgery was a good facility, but it lacked a separate decontamination room to meet best infection control practice. All dental equipment was appropriately maintained, and dental waste was professionally disposed.

Recommendations

- 2.77 Prisoners should not wait more than six weeks for a routine dental assessment.**
- 2.78 The dental surgery should fully comply with the relevant infection control requirements.**

Delivery of care (mental health)

- 2.79** In our survey, more prisoners (36%) than the comparator (27%) and at the previous inspection (16%) said they had emotional well-being or mental health problems. Mental health services were well integrated into the prison. Regular mental health awareness training was available for custodial officers, and 28% of custody staff and some prisoners were completing a national vocational qualification (NVQ) level 2 in mental health awareness.
- 2.80** DHC provided primary mental health and secondary mental health in-reach team (MHIRT) services. Two mental health nurses (RMNs) and a support worker provided one-to-one support for prisoners with mild to moderate mental health issues, including emotional well-being and anxiety management. Five to 10 referrals were received weekly through the open referral system. Staff shortages severely reduced clinic provision, and at the time of the inspection 34 prisoners were awaiting assessment. New referrals and assessments were allocated at a weekly joint meeting with MHIRT. Bereavement counselling was available through the chaplaincy. Mental health staff reported a significant need for specialist abuse counselling.
- 2.81** The MHIRT provided support to 89 prisoners with severe and enduring mental health issues, including dual diagnosis (mental health and substance dependency needs) and learning disability. The team had a rich skill mix, including RMNs, clinical psychology and forensic psychiatry input. Referrals were accepted from the primary mental health team or other secondary services. The community care planning approach (CPA) was used appropriately. Clinical recording and community liaison were very good. The weekly MHIRT meeting had excellent attendance from other departments, including substance misuse, safer custody and primary mental health.
- 2.82** Most of the six patients transferred to NHS mental health facilities in the 12 months to March 2014 had significant delays in the second assessment and transfer.

Recommendations

- 2.83 Prisoners should have prompt access to a full range of care-planned support for mild and moderate mental health problems.**
- 2.84 Prisoners should have access to specialist abuse counselling.**
- 2.85 Patients requiring a transfer under the Mental Health Act should be assessed promptly and be transferred within the current transfer guidelines.**

Catering

Expected outcomes:

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

2.86 *We received many complaints about the quality and quantity of food, reflected in very poor survey results. The standard of food we sampled was reasonable, but the prison was not doing enough to address prisoners' consistently negative perceptions.*

2.87 In our survey, only 18% of prisoners said the food was good, which was poorer than the comparator and at the previous inspection. This negative message was reinforced by a large number of unsolicited comments from prisoners and feedback in our discussion groups. Prisoners found the food very unappetising with portions that were too small. Unusually, several staff also agreed with prisoners' views. The food we sampled at one meal was adequate, both in quantity and quality.

2.88 The menu was based on a standard four-week cycle, which prisoners booked in advance. We were told that the booking system was time-consuming, requiring staff to input data manually. The menu had provision for special diets, but two vegans complained to us that they were still not receiving suitable food after almost a month in the prison.

2.89 The kitchen and serveries were reasonably well equipped and clean. Not all the wings had food comment books, and where they were available, they were not used. There was no evidence that the prison had responded to the results from the most recent food survey, or comments about the food in prisoner focus groups. There was a monthly cultural food meeting, where prisoners had the opportunity to sample new dishes, but only a few prisoners were involved in this.

Recommendation

2.90 **The prison should acknowledge and address prisoners' views about the food.**

Purchases

Expected outcomes:

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

2.91 *Prisoners could influence the goods on sale through the prison shop, but black and minority ethnic prisoners said the range did not suit their needs. New arrivals could wait too long before receiving their first shop order. Prisoners were not charged a fee for catalogue orders.*

2.92 The prison shop was run by DHL from a main store at Leyhill prison. Goods were delivered on a Thursday and issued to prisoners individually at their cell door the next day. The shop sold a reasonably wide range of products, including fresh fruit and items in tins and jars. The list was reviewed every six months and at the most recent meeting 25 items were changed,

most following requests by adult prisoners. In our survey, only 17% of black and minority ethnic prisoners said the shop sold a wide enough range of goods to meet their needs, compared with 46% of white prisoners, and they expressed similar views in our focus groups. The goods available in the shop were broadly similar to other establishments.

- 2.93** New arrivals were offered a smoker's or non-smoker's grocery pack which cost £3 and could be paid back gradually. Those arriving late on a Thursday had to wait eight days to receive their first shop order, which was too long. Prisoners could also order from three catalogues and were not charged an administration fee for this.

Recommendation

- 2.94** **New arrivals should be able to receive their shop orders soon after they are admitted.**

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁴

- 3.1** *Too many prisoners were locked in their cell during the day with nothing constructive to occupy them. Access to association was restricted for some, but exercise arrangements were good.*
- 3.2** The published core day showed that a prisoner could expect around 10 hours out of their cell each weekday. However, only prisoners on Beaufort received anything like this, and most prisoners had much less. Prisoners on Raleigh and Benbow who were unemployed or not required in activities could spend over 22 hours a day locked in their cell, which was poor. At roll checks during the morning and afternoon, we found an average of 30% of prisoners locked in their cells, which was too high for a training prison, particularly one holding so many young adults. (See main recommendation S39.)
- 3.3** Split association periods on some wings meant that some prisoners could be unlocked for only 45 minutes each evening, and association was curtailed on too many occasions, restricting access to showers and telephone calls (see also paragraphs 2.3 and 2.7).
- 3.4** In our survey, more prisoners than the comparator said they could go on exercise three or more times a week, and these periods were popular with prisoners. The exercise area was large with a lot of seating and exercise equipment (see photograph, Appendix IV).

Learning and skills and work activities

Expected outcomes:

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

- 3.5** *The overall effectiveness of learning, skills and work was inadequate, as was the management of learning and skills and work. There were not enough purposeful activity places to occupy all prisoners. There had been major delays in implementing the new education contract, and there were often insufficient staff to ensure prisoners arrived at activity places on time. Senior prison managers were strongly committed to learning and skills, but partnership working with Weston College was underdeveloped. The range of education provision was broadly adequate but staff shortages impeded further development. The range of training and work opportunities was limited. Achievements of prisoners and the quality of provision require improvement. The library had suffered from staff shortage and access was poor.*

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.6 *Ofsted⁵ made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>inadequate</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>inadequate</i>

Management of learning and skills and work

- 3.7** Prison senior managers had a strong commitment to learning and skills as a key component in reducing reoffending. However, there had been major delays in implementing the transition to the new Offender Learning and Skills Service's (OLASS) contract by Weston College. Joint working between the prison and Weston College was beginning to be effective but had yet to be fully developed. The education and vocational training provided by Weston College required improvement.
- 3.8** Following the transfer of the OLASS contract, senior college managers had initially focused on resolving staffing problems and improving the quality assurance arrangements. Following a curriculum review, a new range of provision, better suited to meet prisoners' resettlement needs, was due to be introduced in September 2014. In our survey, only 45% of prisoners involved in education said the provision would help them on release, against the comparator of 60%.
- 3.9** The self-assessment process was well established but disjointed and relied heavily on individual contributions, such as the National Careers Service and Weston College. The prison had yet to include all areas in a prison-wide approach. The prison had some detailed quality improvement plans but no overarching and cohesive structure for improvement, and did not collate or evaluate sufficient accurate data on prisoners' participation and achievements to set targets for improvement.
- 3.10** The Weston College session observation structure and processes were well developed and outcomes were clearly linked to continuing professional development and improvement. However, other areas of the prison that provided vocational training paid insufficient attention to assuring the quality of training and learning.
- 3.11** Prisoners' attendance and timekeeping at activities were poor. Only 75% of those allocated to education and vocational training sessions attended over recent months, with attendance as low as 50% in a few sessions inspected. There was insufficient checking of reasons for non-attendance. Punctuality was poor in many education sessions and often disrupted teaching and learning. There were often delays of between 30 and 45 minutes in prisoners arriving at activities, and they were not always returned promptly, if at all, to activities following appointments elsewhere. There were often long delays in collecting prisoners from activities at the end of sessions. (See main recommendation S40.)

⁵ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.12** The prisoner pay structure was reviewed and changed during the inspection week to provide more equitable pay rates for activities. It was too early to measure the impact of these changes.

Recommendations

- 3.13** The new education curriculum should be implemented as a matter of urgency.
- 3.14** The prison should produce a succinct and evaluative self-assessment covering all learning, skills and work, which provides a clear overview of fully evidenced key strengths and areas for improvement, and use this to focus on improving learners' outcomes and achievements through better teaching, learning and assessment.
- 3.15** Data on participation and learners' achievements should be routinely collated, analysed and evaluated to set accurate and realistic targets for improvement.

Provision of activities

- 3.16** The range of education, vocational training and work opportunities was very limited with sufficient places for only 75% of the population. On average, only about 60% of prisoners participated in purposeful activities; fewer than 10% of were in vocational training and approximately 32% attended education, both of which were unacceptably low. (See main recommendation S40.)
- 3.17** The allocation of prisoners to activities was reasonably effective, and in most cases took account of their resettlement needs. However, waiting lists for the more popular activities (such as barbering, carpentry and cookery) were far too long, with some prisoners waiting several months. The prison did not sufficiently analyse data on participation to determine trends or monitor equality of access.
- 3.18** Staff shortages had severely affected the provision, and some workshops and training areas were closed, but 11 new staff were being recruited to improve the provision and number of places.
- 3.19** Work was available in the kitchens, laundry, recycling, horticulture, clothing exchange store, gardens, and assembly workshop, and as part of a work party for improvement work around the prison. Other places included orderlies, unit cleaners and a range of opportunities as representatives. Vocational training was available in industrial cleaning, brickwork, carpentry, the football academy, barbering and the kitchen, including the nearby Jailhouse Café outside the prison. Most vocational training offered accredited qualifications up to level 2. An external training provider offered accredited awards in manufacturing, engineering operations and customer service. An external provider offered intermittent but successful Railtrack courses.
- 3.20** The education department provided 180 full-time-equivalent places, with a focus on improving English and mathematics through programmes from entry level to level 2. However, too few courses were available. A narrow range of information and communications technology (ICT) programmes were offered up to level 2. Art was popular and offered accredited courses. There were a variety of personal development programmes, including personal well-being, family life, behaviour change and peer mentoring. A few prisoners followed Open University programmes, mainly in business studies and finance.

Recommendation

- 3.21 There should be more English and mathematics courses to meet prisoners' learning needs and ensure they can progress and develop their skills.**

Quality of provision

- 3.22** The quality of teaching and learning in education was too variable and required improvement. In the better sessions, tutors used a variety of teaching and learning techniques and resources well to engage the learners' interest and participation. In these sessions confident learners made good progress. Learners contributed enthusiastically to lively classroom discussions and question and answer sessions, which tutors managed well. In the less successful sessions, too many learners did not want to engage with learning and could not be persuaded to do so. Sessions were not always well planned or structured, and learners were uncertain of what they were doing or why. Cover for staff absence was adequate but some sessions were still cancelled.
- 3.23** Coaching to support individual learners in vocational training was good with tutors conscientiously explaining points to reinforce learning. In a few sessions tutors provided additional training that successfully stretched and challenged the more able learners. However, peer mentors were not always deployed effectively in education or vocational training sessions to support individuals' teaching and learning.
- 3.24** Learners' behaviour in classroom sessions was satisfactory. In a few cases, they made it clear they did not want to attend the session. Tutors managed any poor behaviour appropriately and quickly.
- 3.25** There was good use of individual learning plans (ILPs) in vocational training, but in education tutors did not always use them to set and monitor incremental and time-bound targets to enable learners to progress.
- 3.26** Learners in vocational training received useful support from Weston College staff for their English and mathematics, although this was not systematically planned or integrated into learning sessions.
- 3.27** There was no diagnostic testing or specialist support for prisoners with additional learning needs, particularly the substantial number who identified themselves as dyslexic. A few tutors had sufficient awareness and skills to provide appropriate support for dyslexia in the classroom, but most did not. Staff training was planned to broaden tutors' skills and understanding.
- 3.28** Equality and diversity themes were not integrated well enough into all education sessions. Teaching staff were not all aware that equality did not mean treating everybody in an identical way.
- 3.29** The provision for the small number of learners with English as a second language was not sufficiently well structured or planned and required improvement.

Recommendations

- 3.30 There should be effective and more extensive observation of teaching and learning and planned staff development to raise the standard of teaching and learning in education and vocational training.**

- 3.31 Peer mentoring should be extended and applied consistently throughout the learning, skills and work provision to support teaching and learning.**
- 3.32 The use of individual learning plans in education should be improved significantly so that they provide clear, incremental and individual targets that are monitored closely and which reflect learners' identified goals and aspirations.**
- 3.33 There should be formal diagnostic testing and specialist support staff for additional learning needs, and all teaching and training staff should be aware of practical strategies to support learners with dyslexia and other learning needs effectively.**
- 3.34 Teaching staff should have refresher training in promoting equality and diversity effectively in teaching and learning sessions.**

Education and vocational achievements

- 3.35** The low attendance and poor punctuality were disrupting learning and achievement. During most of 2013/14, learners' achievements were low in too many education and vocational training courses, particularly in mathematics and higher level English, and not high enough on personal and social development courses. However, pass rates were generally high on ICT courses. Data showed a substantial improvement in learners' pass rates in most subject areas in recent months. There were no apparent significant differences in attainment between different groups of learners.
- 3.36** The achievement of qualifications in vocational areas had been inadequate, but retention and success rates had greatly improved recently, and most learners who started vocational training were successful in completing it.
- 3.37** Learners' standards of practical skills development in vocational training were good. The standard of learners' work in education sessions was satisfactory overall. In art, learners produced some good creative work, and in the home cooking class they acquired and applied very sound practical cooking skills.

Recommendations

- 3.38 Managers should maintain and further raise learners' pass rates on all education and vocational training programmes.**
- 3.39 The overall standard of learners' work in education should be improved from satisfactory to at least good overall.**

Library

- 3.40** The library was provided by Dorset Library Service. The service had been through great upheaval and change in recent months: the library had been moved to much smaller accommodation; the two permanent library staff had resigned; opportunities for prisoners to visit the library were much reduced; and the number of visitors and lending rates had gone down significantly.

- 3.41** There were plans and funding to implement a broader and more varied library service once new staff had been appointed. Interim arrangements for staff cover were adequate but the opening hours had reduced. Many scheduled visits from the wings did not take place due to a lack of prison escort staff, and education staff no longer formally scheduled visits as part of sessions. Although around 72% of prisoners were registered library users, our survey indicated that only around 20% used the library at least once a week.
- 3.42** Despite its reduced circumstances, the library maintained a reasonable range and volume of stock to meet prisoner needs, including fiction, non-fiction, reference, Prison Service Orders, CDs and DVDs. There was sufficient provision for the small number of non-English speakers. The Shannon Trust Toe by Toe reading mentoring programme was not currently offered but there were plans to reintroduce it. The Storybook Dads scheme, enabling prisoners to record bedtime stories for their children, had restarted recently.

Recommendation

- 3.43** **Library opening times should be increased to ensure that all prisoners can access it, especially those in work, and escort staff should be provided to enable prisoners to use their scheduled visiting times.**

Physical education and healthy living

Expected outcomes:

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

3.44 *Most prisoners had appropriate access to the physical training facilities, although there were fewer opportunities for those at work. There was no vocational training but many learners gained personal skills qualifications. Healthy living, diet and the principles of fitness were included in the induction with some reinforcement during sessions.*

- 3.45** The physical education provision was well managed and effectively promoted, with an adequate range of recreational and structured sport and games. Three prisoners were employed as gym orderlies and provided useful support for staff, although they could not gain a vocational qualification.
- 3.46** All prisoners completed an appropriate induction to the gym, including a questionnaire and an introduction to the equipment. There was specific advice on diet, nutrition and healthy living, and information was shared well with health care. All prisoners received a gym card, which was used to monitor participation in activities – around 55% of the population were identified as regular gym users. Most prisoners could use the gym at least twice a week, although access was more restricted for those in full-time work or education.
- 3.47** Resources were good. The large sports hall was used effectively for a range of games, circuit training and coaching. The weight training and cardiovascular facilities were heavily used during recreational sessions. Most equipment was well maintained and in good order, but not all the very well-used cardiovascular equipment was fully functioning, and there was no structured plan to replace old equipment. Isometric training equipment in the exercise yards was used extensively during daily exercise sessions. The outside grass pitch was used for major games and coaching, although the all-weather surface was considered unsafe.

3.48 There was a good range of varied activities that were effectively promoted. Recreational sessions often revolved around weight training, although structured games were frequently organised. Sports academies in football, rugby and multi-sports developed team spirit and skills, with prisoners participating in matches against local teams. Six well-qualified and capable physical training staff delivered daytime, evening and weekend sessions. There were specific sessions for those on drug rehabilitation programmes, over 45, dealing with weight problems or recovering from injury. However, no accredited vocational training qualifications were offered. There was a well-resourced classroom for theory sessions. All prisoners were given suitable clothing to train or take part in activities outside. Changing facilities were clean with well-maintained showers.

Recommendations

- 3.49 The prison should provide a range of accredited PE vocational training qualifications, including for gym orderlies, to meet prisoners' resettlement needs.**
- 3.50 Prisoners in full-time work should have better access to PE.**
- 3.51 There should be a rolling programme for the replacement of older gym equipment.**
- 3.52 The prison should replace the surface of the all-weather pitch.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

4.1 *There were a range of appropriate policies for the prison's offender management and resettlement activity and well-attended reducing reoffending meetings, but there had been no needs analysis to inform services. Too many prisoners arrived with no up-to-date assessment, which had an impact on the time available for the core function of the offender management unit. Recent changes in resettlement and offender management had led to confusion over the provision for prisoners.*

4.2 The prison had up-to-date policies on reducing reoffending, offender management, public protection and release on temporary licence (ROTL). Each area had identified key performance targets and these were monitored, although wider developmental objectives were not clear.

4.3 Strategic issues in all aspects of offender management and resettlement were covered at the bimonthly reducing reoffending meeting. The meeting was generally well attended from across the prison and included reports from most key departments. However, there was no up-to-date analysis of the needs of the population and, while these were broadly understood from data collected through the universal assessment tool (see paragraph 4.10), there was no indication that the data were used directly to develop or provide services for prisoners, especially offending behaviour programmes (see paragraph 4.55).

4.4 The offender management unit (OMU) had good external links with heads of departments from all the South West prisons, who met bimonthly to discuss and manage area issues. Despite this, Portland continued to have a problem with prisoners transferred in, primarily from within the area, without an up-to-date offender assessment system (OASys) assessment or, in many cases, any assessment at all – an estimated 60% to 70% of all arrivals. As Portland's OMU was not staffed to undertake this level of assessment, this had a significant impact on its core work.

4.5 Portland had two distinct teams, one covering resettlement and the other offender management. In the previous six months, both teams had experienced changes, both operationally and in staffing. This was causing some confusion, and affected the level and extent of service delivery. For example, although staffing in the resettlement department had reduced, and was set to decline further in the following three weeks, no one there was clear about which current provision would be maintained and which diminished. Similarly, although the OMU had now incorporated prison officers for the dual function of wing management and some offender supervisor work, more time than expected was now required for wing activity, which meant there was relatively little for offender management. In our survey, only 12% of prisoners, against the comparator of 16%, said that a member of staff had helped them to prepare for release, and significantly fewer also said that they had done something, or something had happened to them, at Portland to reduce their likelihood of reoffending.

Recommendations

- 4.6** The prison should undertake a regular analysis of prisoner resettlement needs, and ensure that offender management and resettlement provision is sufficient to meet what is required.
- 4.7** Prisoners should not be transferred to Portland without an initial, or up-to-date, offender assessment system (OASys) assessment and sentence plan.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

4.8 *The quality of OASys and sentence planning documents was insufficient, the quality of risk management plans was also too variable, and quality assurance arrangements were ineffective. Prisoner contact with offender supervisors was too infrequent and often brief. The better work was invariably done by probation offender supervisors. Public protection arrangements were broadly appropriate.*

- 4.9** The OMU consisted of 23 offender supervisors, including 17 dual-function officers working in the unit as part of their overall duties, four probation service officer (PSO) support staff, and two full-time qualified probation officers. Although the two probation officers were allocated the small number of indeterminate sentence prisoners and some of the more complex high risk cases, all other cases were spread across the staff team, whatever their experience or capability.
- 4.10** Virtually all prisoners (99%) were serving over 12 months or were under 21 and therefore subject to offender management. Around 40% of all cases held by the department were assessed as high or very high risk of harm and were the responsibility of the community offender manager, while the remaining cases were assessed as low or medium risk of harm and the responsibility of the prison. The department prioritised initial contact with prisoners and in most cases this was managed efficiently. The resettlement team also assessed prisoners using a 'universal assessment tool', which identified specific resettlement pathway needs, and was used to inform resettlement services, but this was not routinely shared with offender supervisors. In our survey, 80% of respondents said they had an offender supervisor, which was above the 70% comparator.
- 4.11** At the time of the inspection, approximately one in five prisoners had either no OASys or one that was out of date. This problem, compounded by the number of new arrivals without an assessment (see paragraph 4.4), substantially affected the ability of prisoners to progress through recategorisation, home detention curfew (HDC) release, and ROTL. In our survey, fewer prisoners than the comparator said they had a sentence plan.
- 4.12** During the inspection we were joined by colleagues from HM Inspectorate of Probation who analysed 12 cases in detail (six of which were the responsibility of community offender managers), and a further 17 in less detail, including 11 prisoners to be released within the coming fortnight. There were gaps in the arrangements for risk management which needed to be addressed especially in respect of risk plans.

- 4.13** Overall, the quality and effectiveness of OASys assessments and sentence plans were variable. Only 48% of prisoners in our survey, against the 54% comparator, said that they were involved in the development of their sentence plan. In half the cases we reviewed that were managed by offender managers, and all but one of those managed by offender supervisors, we assessed the quality of OASys as insufficient; in many cases information was simply included from previous assessments or sections were left blank. Sentence plans were also often vague or too general, and many targets were simply set routinely without reference to specific individual need. Too few sentence plans were outcome-focused and/or included timescales. Although offending behaviour programmes, where required, were usually included in plans if they were available at Portland, some offender supervisors told us that if a required programme was not available in the prison they would not include it in plans.
- 4.14** We were also concerned that only five of the 12 cases we looked at in detail had a sufficient risk management plan; only three were sufficiently oriented to the custodial part of the sentence, and just four identified actions required during the community supervision portion.
- 4.15** During the inspection and in prisoner focus groups, many prisoners said that their contact with offender supervisors was minimal. In theory, all prisoners were expected to have meaningful contact with offender supervisors at least quarterly; in practice, this was rarely the case. Most contact was in response to a prisoner application or specific request for information. Prison officer offender supervisors told us, and it was reinforced by entries in prisoners' electronic case notes, that most of their contact was informal while doing their wing work, or often in passing when they saw their prisoner around the establishment. Such practice had crept into the work of some PSO staff as well. Although we saw relatively few examples of planned engagement with prisoners that focused on addressing issues relating to risk factors, in our survey more prisoners than the comparator said that their offender supervisor was working with them to achieve sentence planning targets.
- 4.16** Despite the limitations of much work we saw, there were some notable exceptions, almost invariably in the work by the two probation officers. In such cases, contact was regular and relatively frequent, addressed areas of concern, including public protection, and aimed to reinforce learning from offending behaviour programmes.
- 4.17** There was, overall, relatively little quality assurance, and such work generally focused on process rather than content. We welcomed plans for the two seconded probation officers to include this, and staff development generally, in their remit supervising all the offender supervisors.
- 4.18** ROTL had developed since our last inspection and, although some of the work opportunities remained limited (see paragraph 3.19), overall opportunities for such release, including resettlement day release, were good. In the previous six months, there had been 1,179 separate ROTL events for 109 different prisoners, and on most weekdays, eight to 10 prisoners were released on ROTL. Risk assessment and consideration for such provision were appropriate, although the prison often struggled to find sufficient prisoners to meet its rigorous criteria. We were told that there had been no ROTL failures in the previous two years (see paragraph 4.38).
- 4.19** HDC cases were reviewed weekly, but relatively few prisoners were granted such release. In the previous six months, only around 19% of applications were successful. There were no indications that the prison was unduly restrictive, but criteria were appropriately applied. Although prisoners could make written representation to the HDC board, we were told that this was rare. Prisoners were not able to attend the board personally.

Recommendations

- 4.20 Prisoners should be meaningfully involved in sentence planning.**
- 4.21 All offender supervisors should have effective, regular and meaningful contact with their prisoners, focused on supporting them to meet sentence planning targets and reduce the risk of harm and reoffending.**
- 4.22 All offender supervisors should have effective supervision, training and support to ensure that they can meet the offender management needs of prisoners.**
- 4.23 Quality assurance in the offender management unit should incorporate the quality of engagement and work undertaken.**

Housekeeping point

- 4.24 Prisoners should be able to make personal representation to home detention curfew boards.**

Public protection

- 4.25** Public protection arrangements were generally appropriate. All new arrivals were screened, and it was not assumed that the previous establishment's assessment was sufficient. Individual offender supervisors were subsequently responsible for their own cases and took them to the internal risk management board (IRMT) when appropriate or if they had specific concerns.
- 4.26** The IRMT met monthly and was reasonably well attended from across the establishment. Cases reviewed included prisoners subject to concerns about child protection (39) and harassment (49). At the time of the inspection, the prison did not hold any level three (highest risk) MAPPA (multiagency public protection arrangements) cases but there were 34 at level two and 203 level one or nominals (no level yet determined). Where necessary, offender supervisors prepared MAPPA reports for MAPPA panels in the community approximately six months before a prisoner's release.

Categorisation

- 4.27** At the time of the inspection, the prison held only four category D prisoners. There was relatively little difficulty in transferring prisoners once they had been downgraded. Arrangements for reviewing prisoners were generally appropriate, and in the case we reviewed of prisoners who had not been recategorised, the decision appeared appropriate. However, in some cases prisoners could be declined if they had not completed sentence plan targets which, given the number of outstanding OASys assessments, was a concern.

Indeterminate sentence prisoners

- 4.28** Portland held very few indeterminate sentence prisoners – only seven subject to an indeterminate sentence for public protection and one serving a mandatory life sentence during the inspection. Each prisoner was allocated to one of the probation officer offender supervisors, but there was little further specifically for them. In most cases, indeterminate sentence prisoners at Portland had been recalled after failing in open conditions. The cases we reviewed were well managed, with examples of good, appropriate and sensitive

engagement by offender supervisors, and good liaison across the prison and with community offender managers.

Reintegration planning

Expected outcomes:

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

4.29 *The work of the resettlement department was not effectively integrated with the OMU, although work under each pathway was generally reasonable. Housing support and provision was broadly appropriate, and some prisoners were followed up post release. Support for those with debt problems was adequate, but there were no money management or budgeting courses. Employment, training and education support was mostly meeting the needs of prisoners but there were some limitations in provision. Health and substance misuse support was appropriate but contact was not consistently recorded. The range of accredited offending behaviour programmes was limited, and there were concerns about whether the needs of prisoners were met.*

4.30 The prison released an average of around 50 prisoners a month. The resettlement team offered an interview with all prisoners before their release to ensure key aspects of planning were in place. The team included staff from partner organisation delivering specific resettlement activity, including accommodation, debt management and employment, training and education support. Staff built on areas of prisoner need identified during their initial assessments and any work since. Although these pre-interviews were due at around six to eight weeks before release to pick up outstanding concerns, recent staff shortfalls meant that pre-release assessments took place no more than two or three weeks before release, which was too late for some work, such as finding accommodation.

4.31 In too many cases, offender supervisors had minimal contact with prisoners before their release. Many prisoners were discharged without a pre-release OASys assessment, and there was relatively little integration between the work done by the resettlement team and that by offender supervisors – except on housing, which was an identified concern. Any integrated approach was usually informal, and there was no mechanism to ensure that all the work and plans from different departments for each prisoner were coordinated into one pre-release plan to be shared with community offender managers.

Recommendations

4.32 All prisoners should have their resettlement needs assessed at least six weeks before release, and any outstanding concerns should be met.

4.33 All resettlement work should be integrated to complete one pre-release resettlement plan for each prisoner, which incorporates the work of offender supervisors and resettlement services, and which is shared with community offender managers to structure effective post-release supervision.

Accommodation

- 4.34** Housing support was provided by Nacro (a crime reduction charity) through two specialist housing advisers. All prisoners with identified needs were seen during induction, usually through a referral triggered by the unique pathway assessment tool. Prisoners were supported initially to manage any outstanding housing-related debt, tenancies that needed to be terminated or to register with housing services in their area.
- 4.35** Provision was available pre-release with appropriate liaison with offender supervisors and managers where necessary, especially where prisoners were to be released to approved premises. In the previous six months, although 9.6% of prisoners (30) were released with no fixed accommodation, a further 8.6% (27) had been released to supported accommodation. Nacro followed up this latter group a month after release to establish whether the accommodation had become sustained, and in the last six months 21 had – meaning that 88.4% of prisoners had returned to sustainable housing in the last six months. In our survey, 43% of prisoners, against the comparator of only 36%, said that they knew who to speak to at the prison about support to find housing before their release.

Education, training and employment

- 4.36** The quality of the careers service, provided by Tribal through a contract with Careers South West (the main contractor for the National Careers Service) was good. There were sufficient staff to interview all prisoners individually during their induction. The quality of the skills action plans was also good; they provided clear and comprehensive information, including reference to levels of English and mathematics skills, and provided realistic goals and targets. Tribal staff participated fully in activity allocation meetings, ensuring that, where possible, prisoners were allocated to activity that met their resettlement needs.
- 4.37** Pre-release course sessions were intended to support prisoners with finding jobs and directing prisoners to other pathways designed to meet their needs. The pre-release course was however, short and over-ambitious, and required development to become more meaningful and useful in addressing prisoners' resettlement needs. We also found inadequate resources for the 'job club', particularly the lack of a virtual campus facility to enable prisoners to access community education, training and employment opportunities via the internet. There was little data on the numbers of prisoners going into employment, training or education and so greater focus was required for this pathway both pre and post release.
- 4.38** Tribal staff provided regular comprehensive details to prisoners and prison staff on job opportunities and economic development in most of the release areas. The few ROTL placements were of limited value as they often did not provide sufficient appropriate training or work for prisoners seeking jobs (see paragraph 4.18).

Recommendation

- 4.39** **The prison should develop a pre-release course that provides prisoners with the skills and tools to gain employment or access education and training on release.**

Housekeeping point

- 4.40** The prison should record and analyse data on the number of prisoners going into employment, training or education on release to measure improvements and inform decision-making.

Health care

- 4.41** Health care staff saw prisoners with complex physical health needs before their release to plan their continuing care. All prisoners due for release received a clinical summary for their GP and information on how to access community services. Prisoners on prescribed medication received adequate supplies. Discharge planning for prisoners with severe mental illness started early and included effective communication with relevant community services. There was a palliative care register and trust policy for end-of-life care. We spoke to a prisoner with palliative care needs who was appreciative of his care.

Drugs and alcohol

- 4.42** Links with community substance misuse services were good, and discharge planning started four to six weeks before release. The substance misuse service did not consistently record their contact and engagement in prisoners' core records, and although there was communication with OMU about individual prisoners, these links needed to be improved.

Recommendations

- 4.43** **The clinical and psychosocial substance misuse workers should consistently record relevant information on prisoners' core records.**
- 4.44** **There should be formal coordinated integration of work between the offender management unit and the substance misuse service to ensure effective joint prisoner care.**

Finance, benefit and debt

- 4.45** Work on this pathway was shared across the resettlement team. New arrivals were asked about debt and, where identified, given basic help and support – usually letters to creditors to manage a repayment plan or suspend the debt until release. In the previous six months, 89 prisoners had received advice and help in managing outstanding debts, including fines. Prisoners with more complex needs could be offered an interview with Shelter, the homelessness charity, which attended the prison every two months; 29 prisoners had been referred to this service in the previous six months.
- 4.46** Prisoners were supported to open bank accounts before their release, with around 15 a month opened. A similar number of citizenship cards (proof of age identity card) were also provided. There were good links with Jobcentre Plus and prisoners were offered interviews before their release. Although the prison had previously run a money management programme, this was no longer available under the Weston College education contract.

Children, families and contact with the outside world

- 4.47** There was a reasonably sized visitors' centre where families and friends booked in before their visit; it was basic, but sufficient. Visitors we spoke to were reasonably positive about their experience, but for many the journey was long and with limited public transport from the nearest railway station in Weymouth. In our survey, only 15% of respondents said that their families were able to get to the prison easily, against the comparator of 27%. New arrivals were given information during induction about family visits, including the national assisted prisons visits scheme. Around 15-20 prisoners were applying for a free five-minute

telephone call to their families because they were not receiving visits, but it was not clear how many prisoners knew about this facility – those we asked were unaware of the scheme, and there was no information in the induction packs.

- 4.48** There were regular delays in getting all prisoners and visitors in place on time for the full two-hour visit – often because of problems with the prison’s roll call – which meant that some visitors missed up to 20 minutes of the session. Visits were reasonable, although the visits hall was a little austere with few pictures and little information displayed. Most seating was formal but there was more comfortable seating for those with children visiting. The small children’s play area was not staffed, although there was now money to equip it better. A small snack bar was staffed for all visits sessions, and it was positive that visitors could buy snacks, including fruit and sandwiches, for prisoners to collect at the end of the session.
- 4.49** There had been two family days in the previous 12 months, with monthly dads' visits for prisoners who were parents. The library provided Storybook Dads, which enabled prisoners to record bedtime stories for their children, and a parenting course was run by the education department.

Recommendations

- 4.50 All prisoners and visitors should be able to take part in the full visits session.**
- 4.51 The children’s play area in visits should be well equipped and staffed for each visits session.**

Housekeeping point

- 4.52** All prisoners should be made aware that they can make a telephone call in place of a visit.

Attitudes, thinking and behaviour

- 4.53** The prison delivered two accredited offending behaviour courses – the thinking skills programme (TSP) and the alcohol related violence course (ARV). There was a target of 108 completions a year for the two programmes. Waiting lists were not excessive, with 36 for ARV and 50 for TSP, and both were managed appropriately, with priority to prisoners closest to release. In most cases, prisoners were expected to complete programmes before their release, although this was not always the case. Despite this, in our survey only 8% of prisoners, against the comparator of 13%, said they were currently involved in offending behaviour programmes, 64%, against 70%, said they had been involved in such programmes at Portland, and only 44%, against 52%, felt the programmes would help them on release.
- 4.54** Although the education department provided a good range of personal development programmes, there were relatively few opportunities for prisoners to address issues relating to their offending behaviour. Some offender supervisors gave workbooks and exercises on various issues to prisoners to complete in cell, but this was not consistent and there was no indication that such work was followed up in any structured way. There was little or no one-to-one work with prisoners, except occasionally by the psychology department and usually only following a specific direction by the Parole Board.
- 4.55** The lack of needs analysis or regular analysis of OASys data meant that it was not clear whether the accredited programmes at Portland were sufficient to meet prisoner needs. We found several prisoners with histories of domestic violence, but there was no specific work

to address this. Similarly, there was a small, but significant, number of sex offenders but no appropriate programme, and such prisoners were likely to be released without having addressed important aspects of their offending. In theory, prisoners could transfer to another establishment to complete work not available at Portland, and we found one example of an indeterminate sentence prisoner who had gone to HMYOI Glen Parva to complete a course before returning, but this was rare.

Recommendation

- 4.56 The prison should ensure that the offending behaviour needs of prisoners are addressed.**

Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

Main recommendations

To the governor

- 5.1 Cells designed for one prisoner should not accommodate two, and all cells should be clean and well maintained, properly ventilated. Graffiti or displays of offensive material should be removed, and cells should contain sufficient furniture. Toilets should be clean and appropriately screened. (S38)
- 5.2 Time out of cell opportunities need to improve for all prisoners. (S39)
- 5.3 The prison should substantially increase the number of purposeful activity places so that all prisoners are fully occupied, and ensure that these places are filled and that all prisoners arrive and leave at the scheduled times. (S40)

Recommendation

To NOMS

- 5.4 Before prisoners are transferred to Portland, their future court appearances, medical appointments and distances from their families should be considered, and prisoners should be given advance notice of planned transfers. (I.4)

Recommendation

To the area deputy director of custody

- 5.5 Prisoners should not be transferred to Portland without an initial, or up-to-date, offender assessment system (OASys) assessment and sentence plan. (4.7)

Recommendations

To the governor

Early days in custody

- 5.6 New arrivals should be given a free telephone call. (I.11)
- 5.7 All prisoners should receive a full and comprehensive induction programme that keeps them occupied constructively. (I.12)

Bullying and violence reduction

- 5.8 There should be a coherent approach to reducing violence, bullying and managing vulnerable prisoners. This should include meaningful analysis of data, a comprehensive action plan and adequate governance. (I.18)

- 5.9** All allegations of bullying should be investigated and subsequent action taken where required. (1.19)

Self-harm and suicide

- 5.10** The prison should implement learning points from recommendations in Prisons and Probation Ombudsman death in custody reports, and review them regularly. (1.27)
- 5.11** The quality of assessment, care in custody and teamwork (ACCT) case management documents and support for those in crisis should be improved. (1.28)
- 5.12** Prisoners subject to ACCT case management should only be located in the segregation unit or in strip clothing in exceptional circumstances. (1.29)

Safeguarding

- 5.13** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.33)

Security

- 5.14** Security arrangements, including those on prisoner movement and wearing of prisoners' own clothes, should be relaxed to be conducive to a category C prison. (1.40)
- 5.15** The mandatory drug testing programme should be adequately resourced to undertake the required level of testing without any gaps in provision. (1.41)
- 5.16** Prisoners should only be placed on and remain on closed visits when this is supported by intelligence related directly to the trafficking of items through visits. (1.42)

Incentives and earned privileges

- 5.17** The incentives and earned privileges scheme should be applied fairly, and improvement targets should be tailored for the individual prisoner. (1.50)

Discipline

- 5.18** The quality of adjudication records should be improved, and adjudications should be subject to formal quality assurance. (1.54)
- 5.19** The joint adjudication standardisation, use of force and segregation monitoring meeting should better analyse data to identify trends and patterns, and take action to address identified shortfalls. (1.55)
- 5.20** Governance of the use of force, particularly the completion of documentation, planned interventions and use of batons, should be improved. (1.60)
- 5.21** The use of the care and separation unit (CASU) for the 'regulated' regime should be reviewed and subject to appropriate oversight. (1.69)
- 5.22** The regime in the care and separation unit should be improved. (1.70)

Substance misuse

- 5.23** The drug strategy should be updated annually to include a detailed action plan with up-to-date performance measures informed by an annual needs analysis. (1.80)
- 5.24** There should be sufficient staffing to provide a full range of relevant integrated psychosocial and clinical support, including regular joint prescribing reviews. (1.81)
- 5.25** The full range of clinical prescribing options should be available, and prescribing decisions should be made on clinical need. (1.82)

Residential units

- 5.26** All showers should be adequately screened, clean and maintained. (2.8)
- 5.27** Cell call bells should be answered within five minutes. (2.9)
- 5.28** Prisoners should have access to clean prison clothing of an acceptable quality. (2.10)

Equality and diversity

- 5.29** There should be adequate support for the needs of prisoners from all the protected characteristics. (2.21)
- 5.30** Foreign national prisoners should have access to independent immigration advice. (2.27)
- 5.31** All staff should be familiar with the personal emergency evacuation plan process, and those who need to know should be aware of specific cases. (2.28)

Faith and religious activity

- 5.32** The multi-faith area should be upgraded to make it a more suitable place for worship. (2.34)

Complaints

- 5.33** Responses to all prisoner complaints should be within time, polite and helpful. (2.38)

Legal rights

- 5.34** Legal visits should take place in privacy. (2.42)

Health services

- 5.35** There should be sufficient health staffing and skill mix to provide all required health services consistently. (2.51)
- 5.36** All clinical areas should comply fully with infection control guidelines and provide facilities that are equivalent to those in the community. (2.52)
- 5.37** There should be a regular health service user forum to inform service delivery and development. (2.53)
- 5.38** Barrier protection should be well advertised and easily accessible. (2.54)

- 5.39** New arrivals should receive separate primary and secondary health screens completed by appropriately trained staff. (2.61)
- 5.40** Prisoners with lifelong conditions should receive regular reviews that generate an evidence-based care plan managed by staff who are appropriately trained and supervised. (2.62)
- 5.41** Clinics should start on time and prisoners should be seen at their allotted time without long waits. (2.63)
- 5.42** All required medicines should be ordered and received promptly, with adequate contingency plans if this is not possible. (2.69)
- 5.43** The in-possession policy should be followed, including individual risk assessment before it is provided, and prisoners should be able to store their in-possession medicines securely. (2.70)
- 5.44** Prisoners should have easy access to pharmacy-led clinics, including medicine use reviews. (2.71)
- 5.45** All prescribed medicines should be administered at times appropriate for their dosage regime to ensure effective patient care. (2.72)
- 5.46** Prisoners should not wait more than six weeks for a routine dental assessment. (2.77)
- 5.47** The dental surgery should fully comply with the relevant infection control requirements. (2.78)
- 5.48** Prisoners should have prompt access to a full range of care-planned support for mild and moderate mental health problems. (2.83)
- 5.49** Prisoners should have access to specialist abuse counselling. (2.84)
- 5.50** Patients requiring a transfer under the Mental Health Act should be assessed promptly and be transferred within the current transfer guidelines. (2.85)

Catering

- 5.51** The prison should acknowledge and address prisoners' views about the food. (2.90)

Purchases

- 5.52** New arrivals should be able to receive their shop orders soon after they are admitted. (2.94)

Learning and skills and work activities

- 5.53** The new education curriculum should be implemented as a matter of urgency. (3.13)
- 5.54** The prison should produce a succinct and evaluative self-assessment covering all learning, skills and work, which provides a clear overview of fully evidenced key strengths and areas for improvement, and use this to focus on improving learners' outcomes and achievements through better teaching, learning and assessment. (3.14)
- 5.55** Data on participation and learners' achievements should be routinely collated, analysed and evaluated to set accurate and realistic targets for improvement. (3.15)

- 5.56** There should be more English and mathematics courses to meet prisoners' learning needs and ensure they can progress and develop their skills. (3.21)
- 5.57** There should be effective and more extensive observation of teaching and learning and planned staff development to raise the standard of teaching and learning in education and vocational training. (3.30)
- 5.58** Peer mentoring should be extended and applied consistently throughout the learning, skills and work provision to support teaching and learning. (3.31)
- 5.59** The use of individual learning plans in education should be improved significantly so that they provide clear, incremental and individual targets that are monitored closely and which reflect learners' identified goals and aspirations. (3.32)
- 5.60** There should be formal diagnostic testing and specialist support staff for additional learning needs, and all teaching and training staff should be aware of practical strategies to support learners with dyslexia and other learning needs effectively. (3.33)
- 5.61** Teaching staff should have refresher training in promoting equality and diversity effectively in teaching and learning sessions. (3.34)
- 5.62** Managers should maintain and further raise learners' pass rates on all education and vocational training programmes. (3.38)
- 5.63** The overall standard of learners' work in education should be improved from satisfactory to at least good overall. (3.39)
- 5.64** Library opening times should be increased to ensure that all prisoners can access it, especially those in work, and escort staff should be provided to enable prisoners to use their scheduled visiting times. (3.43)

Physical education and healthy living

- 5.65** The prison should provide a range of accredited PE vocational training qualifications, including for gym orderlies, to meet prisoners' resettlement needs. (3.49)
- 5.66** Prisoners in full-time work should have better access to PE. (3.50)
- 5.67** There should be a rolling programme for the replacement of older gym equipment. (3.51)
- 5.68** The prison should replace the surface of the all-weather pitch. (3.52)

Strategic management of resettlement

- 5.69** The prison should undertake a regular analysis of prisoner resettlement needs, and ensure that offender management and resettlement provision is sufficient to meet what is required. (4.6)

Offender management and planning

- 5.70** Prisoners should be meaningfully involved in sentence planning. (4.20)

- 5.71** All offender supervisors should have effective, regular and meaningful contact with their prisoners, focused on supporting them to meet sentence planning targets and reduce the risk of harm and reoffending. (4.21)
- 5.72** All offender supervisors should have effective supervision, training and support to ensure that they can meet the offender management needs of prisoners. (4.22)
- 5.73** Quality assurance in the offender management unit should incorporate the quality of engagement and work undertaken. (4.23)

Reintegration planning

- 5.74** All prisoners should have their resettlement needs assessed at least six weeks before release, and any outstanding concerns should be met. (4.32)
- 5.75** All resettlement work should be integrated to complete one pre-release resettlement plan for each prisoner, which incorporates the work of offender supervisors and resettlement services, and which is shared with community offender managers to structure effective post-release supervision. (4.33)
- 5.76** The prison should develop a pre-release course that provides prisoners with the skills and tools to gain employment or access education and training on release. (4.39)
- 5.77** The clinical and psychosocial substance misuse workers should consistently record relevant information on prisoners' core records. (4.43)
- 5.78** There should be formal coordinated integration of work between the offender management unit and the substance misuse service to ensure effective joint prisoner care. (4.44)
- 5.79** All prisoners and visitors should be able to take part in the full visits session. (4.50)
- 5.80** The children's play area in visits should be well equipped and staffed for each visits session. (4.51)
- 5.81** The prison should ensure that the offending behaviour needs of prisoners are addressed. (4.56)

Housekeeping points

Bullying and violence reduction

- 5.82** Prisoners who are placed on the disruptive prisoners' list should be set improvement targets and have regular reviews. (1.20)

Self-harm and suicide

- 5.83** The Listener suite should be reopened and used as required. (1.30)

Security

- 5.84** The prison should have a comprehensive drug supply reduction action plan. (1.43)

Discipline

- 5.85** Segregation review documentation should be completed thoroughly and include meaningful targets. (1.71)

Faith and religious activity

- 5.86** The chaplaincy should be notified of all ACCT reviews. (2.35)

Health services

- 5.87** All locally resolved complaints should be logged and monitored, and learning from them used to inform service delivery. (2.55)
- 5.88** Stored medicines should be well organised and stock not over ordered and named-patient medicine should be clearly labelled with name, number, dose and frequency. (2.73)
- 5.89** A legally compliant controlled drug register should record stock into the prison, and the controlled drug cabinet in health care should be secured according to the regulations. (2.74)

Offender management and planning

- 5.90** Prisoners should be able to make personal representation to home detention curfew boards. (4.24)

Reintegration planning

- 5.91** The prison should record and analyse data on the number of prisoners going into employment, training or education on release to measure improvements and inform decision-making. (4.40)
- 5.92** All prisoners should be made aware that they can to make a telephone call in place of a visit. (4.52)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Kieron Taylor	Team leader
Andy Lund	Inspector
Ian Macfadyen	Inspector
Keith McInnis	Inspector
Kellie Reeve	Inspector
Rachel Murray	Researcher
Joe Simmonds	Researcher
Gemma Quayle	Research trainee

Specialist inspectors

Majella Pearce	Substance misuse and health services inspector
Deborah Hylands	Pharmacist
Barry Cohen	Pharmacist
Crissi Cousins	Care Quality Commission
Bob Cowdrey	Ofsted inspector
Nick Crombie	Ofsted inspector
Martin Hughes	Ofsted inspector
Les Smith	Offender management inspector
Krystyna Findley	Offender management inspector
Amanda Paterson	Offender management inspector

Appendix II: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	166	369	95.2
Recall	8	31	6.8
Total	174	400	100

Sentence	18–20 yr olds	21 and over	%
Less than six months	15	5	3.5
Six months to less than 12 months	8	11	3.3
12 months to less than 2 years	34	65	17.2
2 years to less than 3 years	41	91	23
3 years to less than 4 years	36	75	19.3
4 years to less than 10 years	38	139	30.8
10 years and over (not life)	1	7	1.4
Life ISPP	1	6	1.4
Total	174	400	

Age	Number of prisoners	%
Under 21 years	174	30.3
21 years to 29 years	222	38.7
30 years to 39 years	99	17.2
40 years to 49 years	55	9.6
50 years to 59 years	20	3.5
60 years to 69 years	3	0.5
70 plus years: maximum age=73	1	0.2
Total	574	100

Nationality	18–20 yr olds	21 and over	%
British	165	374	93.9
Foreign nationals	9	26	6.1
Total	174	400	100

Security category	18–20 yr olds	21 and over	%
Category C	3	385	67.8
Category D	0	4	0.7
Unclassified	0	1	0.2
Unsentenced	1	0	0.2
YOI closed	170	10	31.4
Total	174	400	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	125	276	69.9
Irish	2	7	1.6
Gypsy/Irish Traveller	9	19	4.9
Other white	4	16	3.5
Mixed			

White and black Caribbean	5	18	4
White and black African	3	1	0.7
White and Asian	2	0	0.3
Other mixed	2	7	1.6
Asian or Asian British			
Indian	0	2	0.3
Pakistani	1	2	0.5
Bangladeshi	1	0	0.2
Other Asian	2	2	0.7
Black or black British			
Caribbean	7	30	6.4
African	8	13	3.7
Other black	1	5	1.0
Other ethnic group			
Arab	0	1	0.2
Other ethnic group	2	1	0.5
Total	174	400	

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.2
Church of England	19	66	14.8
Roman Catholic	36	78	19.9
Other Christian denominations	27	53	13.9
Muslim	20	52	12.5
Sikh	0	1	0.2
Buddhist	4	13	3.00
Other	0	5	0.9
No religion	68	129	34.3
Total	174	400	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	34	5.9	58	10.1
1 month to 3 months	48	8.4	83	14.5
3 months to six months	37	6.4	90	15.7
Six months to 1 year	33	5.7	121	21.1
1 year to 2 years	18	3.1	37	6.4
2 years to 4 years	4	0.7	10	1.7
4 years or more	0	0	1	0.2
Total	174	30.3	400	69.7

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	69	164	40.6
Total	69	164	40.6

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 14 July 2014 the prisoner population at HMP & YOI Portland was 574. Using the method described above, questionnaires were distributed to a sample of 192 prisoners.

We received a total of 174 completed questionnaires, a response rate of 91%. This included two questionnaires completed via interview. Eight respondents refused to complete a questionnaire, seven questionnaires were not returned and three were returned blank.

Wing/Unit	Number of completed survey returns
Beaufort	31
Benbow	35
Collingwood	11
Drake	24
Grenville	17
Nelson	20
Raleigh	35
Care and control unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP & YOI Portland.

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP & YOI Portland in 2014 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 34 category C training prisons since April 2008.
- The current survey responses from HMP & YOI Portland in 2014 compared with the responses of prisoners surveyed at HMYOI Portland in 2009.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 21 and under and those over 21.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		48 (28%)
	<i>21 - 29</i>		69 (40%)
	<i>30 - 39</i>		36 (21%)
	<i>40 - 49</i>		16 (9%)
	<i>50 - 59</i>		3 (2%)
	<i>60 - 69</i>		1 (1%)
	<i>70 and over</i>		0 (0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		158 (92%)
	<i>Yes - on recall</i>		13 (8%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		9 (5%)
	<i>6 months to less than 1 year</i>		20 (12%)
	<i>1 year to less than 2 years</i>		32 (19%)
	<i>2 years to less than 4 years</i>		62 (37%)
	<i>4 years to less than 10 years</i>		39 (23%)
	<i>10 years or more</i>		4 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>		3 (2%)
	<i>Life</i>		0 (0%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>		12 (7%)
	<i>No</i>		158 (93%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		169 (99%)
	<i>No</i>		2 (1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		168 (98%)
	<i>No</i>		4 (2%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	124 (72%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	9 (5%)	<i>Mixed race - white and black Caribbean</i> 7 (4%)
	<i>Black or black British - Caribbean</i>	13 (8%)	<i>Mixed race - white and black African</i> 3 (2%)
	<i>Black or black British - African</i>	6 (3%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i> 1 (1%)
	<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i> 1 (1%)

Asian or Asian British - Bangladeshi 0 (0%)

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	16 (9%)
No	154 (91%)

Q1.10 What is your religion?

None	70 (41%)	Hindu	1 (1%)
Church of England	38 (22%)	Jewish	0 (0%)
Catholic	29 (17%)	Muslim	15 (9%)
Protestant	1 (1%)	Sikh	0 (0%)
Other Christian denomination	6 (4%)	Other	3 (2%)
Buddhist	6 (4%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight	167 (98%)
Homosexual/Gay	0 (0%)
Bisexual	3 (2%)

Q1.12 Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs).

Yes	40 (24%)
No	130 (76%)

Q1.13 Are you a veteran (ex- armed services)?

Yes	3 (2%)
No	166 (98%)

Q1.14 Is this your first time in prison?

Yes	54 (31%)
No	118 (69%)

Q1.15 Do you have children under the age of 18?

Yes	69 (41%)
No	100 (59%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

Less than 2 hours	36 (21%)
2 hours or longer	127 (74%)
Don't remember	9 (5%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

My journey was less than two hours	36 (21%)
Yes	103 (60%)
No	30 (18%)
Don't remember	2 (1%)

Q2.3 On your most recent journey here, were you offered a toilet break?

My journey was less than two hours	36 (21%)
Yes	12 (7%)
No	119 (70%)
Don't remember	4 (2%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		99 (58%)
	No		63 (37%)
	Don't remember		9 (5%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		128 (74%)
	No		40 (23%)
	Don't remember		4 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		36 (21%)
	Well		86 (50%)
	Neither		40 (23%)
	Badly		7 (4%)
	Very badly		2 (1%)
	Don't remember		2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	Yes, someone told me		78 (45%)
	Yes, I received written information		46 (27%)
	No, I was not told anything		51 (29%)
	Don't remember		1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		145 (84%)
	No		23 (13%)
	Don't remember		4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		121 (70%)	
	2 hours or longer		41 (24%)	
	Don't remember		10 (6%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		153 (89%)	
	No		13 (8%)	
	Don't remember		6 (3%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		34 (20%)	
	Well		96 (56%)	
	Neither		31 (18%)	
	Badly		9 (5%)	
	Very badly		1 (1%)	
	Don't remember		1 (1%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	35 (21%)	Physical health	17 (10%)
	Housing problems	28 (17%)	Mental health	39 (23%)
	Contacting employers	2 (1%)	Needing protection from other prisoners	16 (9%)
	Contacting family	30 (18%)	Getting phone numbers	32 (19%)

<i>Childcare</i>	2 (1%)	<i>Other</i>	6 (4%)
<i>Money worries</i>	31 (18%)	<i>Did not have any problems</i>	61 (36%)
<i>Feeling depressed or suicidal</i>	28 (17%)		

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	<i>Yes</i>	36 (21%)
	<i>No</i>	72 (43%)
	<i>Did not have any problems</i>	61 (36%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	<i>Tobacco</i>	149 (87%)
	<i>A shower</i>	84 (49%)
	<i>A free telephone call</i>	73 (42%)
	<i>Something to eat</i>	116 (67%)
	<i>PIN phone credit</i>	118 (69%)
	<i>Toiletries/ basic items</i>	93 (54%)
	<i>Did not receive anything</i>	8 (5%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	<i>Chaplain</i>	92 (56%)
	<i>Someone from health services</i>	114 (70%)
	<i>A Listener/Samaritans</i>	60 (37%)
	<i>Prison shop/ canteen</i>	50 (31%)
	<i>Did not have access to any of these</i>	25 (15%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	<i>What was going to happen to you</i>	86 (52%)
	<i>What support was available for people feeling depressed or suicidal</i>	74 (45%)
	<i>How to make routine requests (applications)</i>	91 (55%)
	<i>Your entitlement to visits</i>	79 (48%)
	<i>Health services</i>	96 (58%)
	<i>Chaplaincy</i>	84 (51%)
	<i>Not offered any information</i>	29 (17%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	145 (87%)
	<i>No</i>	14 (8%)
	<i>Don't remember</i>	7 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	18 (11%)
	<i>Within the first week</i>	77 (46%)
	<i>More than a week</i>	63 (38%)
	<i>Don't remember</i>	8 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	18 (11%)
	<i>Yes</i>	60 (38%)
	<i>No</i>	65 (41%)
	<i>Don't remember</i>	17 (11%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	24 (14%)
	<i>Within the first week</i>	48 (28%)
	<i>More than a week</i>	75 (44%)
	<i>Don't remember</i>	23 (14%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	<i>Communicate with your solicitor or legal representative?</i>	12 (7%)	37 (23%)	30 (18%)	33 (20%)	25 (15%) 26 (16%)
	<i>Attend legal visits?</i>	13 (9%)	39 (26%)	28 (18%)	11 (7%)	11 (7%) 50 (33%)
	<i>Get bail information?</i>	8 (5%)	13 (9%)	32 (21%)	13(9%)	16 (11%) 67 (45%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					35 (21%)
	<i>Yes</i>					78 (47%)
	<i>No</i>					54 (32%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					53 (31%)
	<i>No</i>					20 (12%)
	<i>Don't know</i>					96 (57%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	76 (44%)	95 (55%)	1(1%)		
	<i>Are you normally able to have a shower every day?</i>	141 (84%)	27 (16%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	138 (84%)	25 (15%)	2 (1%)		
	<i>Do you normally get cell cleaning materials every week?</i>	71 (42%)	94 (56%)	3 (2%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	54 (33%)	91 (55%)	21 (13%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	93 (57%)	70 (43%)	0 (0%)		
	<i>If you need to, can you normally get your stored property?</i>	28 (17%)	98 (59%)	41 (25%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					3 (2%)
	<i>Good</i>					28 (17%)
	<i>Neither</i>					32 (19%)
	<i>Bad</i>					43 (25%)
	<i>Very bad</i>					63 (37%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					6 (4%)
	<i>Yes</i>					67 (39%)
	<i>No</i>					98 (57%)
Q4.7	Can you speak to a Listener at any time, if you want to?					
	<i>Yes</i>					97 (58%)
	<i>No</i>					19 (11%)
	<i>Don't know</i>					50 (30%)
Q4.8	Are your religious beliefs respected?					
	<i>Yes</i>					79 (46%)

No	29 (17%)
Don't know/ N/A	62 (36%)

Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	93 (54%)
	No	8 (5%)
	Don't know/ N/A	70 (41%)

Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	43 (25%)
	Very easy	34 (20%)
	Easy	48 (28%)
	Neither	10 (6%)
	Difficult	9 (5%)
	Very difficult	4 (2%)
	Don't know	22 (13%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	141 (84%)
	No	22 (13%)
	Don't know	4 (2%)

Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)			
		<i>Not made one</i>	Yes	No
	Are <i>applications</i> dealt with fairly?	10 (6%)	64 (40%)	85 (53%)
	Are <i>applications</i> dealt with quickly (within seven days)?	10 (7%)	48 (33%)	87 (60%)

Q5.3	Is it easy to make a complaint?	
	Yes	88 (53%)
	No	41 (25%)
	Don't know	37 (22%)

Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)			
		<i>Not made one</i>	Yes	No
	Are <i>complaints</i> dealt with fairly?	65 (40%)	32 (20%)	67 (41%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	65 (42%)	14 (9%)	75 (49%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	38 (24%)
	No	120 (76%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	44 (27%)
	Very easy	13 (8%)
	Easy	32 (20%)
	Neither	36 (22%)
	Difficult	21 (13%)
	Very difficult	18 (11%)

Section 6: Incentive and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)

<i>Don't know what the IEP scheme is</i>	7 (4%)
Yes	62 (37%)
No	85 (51%)
<i>Don't know</i>	13 (8%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)

<i>Don't know what the IEP scheme is</i>	7 (4%)
Yes	63 (38%)
No	87 (52%)
<i>Don't know</i>	10 (6%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes	18 (11%)
No	150 (89%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

<i>I have not been to segregation in the last 6 months</i>	123 (77%)
Very well	7 (4%)
Well	7 (4%)
Neither	12 (8%)
Badly	6 (4%)
Very badly	5 (3%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?

Yes	111 (67%)
No	55 (33%)

Q7.2 Is there a member of staff you can turn to for help if you have a problem?

Yes	124 (75%)
No	42 (25%)

Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?

Yes	47 (28%)
No	121 (72%)

Q7.4 How often do staff normally speak to you during association?

<i>Do not go on association</i>	7 (4%)
Never	34 (21%)
Rarely	49 (30%)
Some of the time	46 (28%)
Most of the time	19 (12%)
All of the time	9 (5%)

Q7.5 When did you first meet your personal (named) officer?

<i>I have not met him/her</i>	56 (33%)
<i>In the first week</i>	43 (25%)
<i>More than a week</i>	53 (31%)

Don't remember 17 (10%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her 56 (35%)
Very helpful 21 (13%)
Helpful 24 (15%)
Neither 25 (16%)
Not very helpful 13 (8%)
Not at all helpful 20 (13%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes 51 (30%)
No 118 (70%)

Q8.2 Do you feel unsafe now?

Yes 19 (12%)
No 146 (88%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	118 (72%)	<i>At meal times</i>	9 (5%)
<i>Everywhere</i>	13 (8%)	<i>At health services</i>	12 (7%)
<i>Segregation unit</i>	4 (2%)	<i>Visits area</i>	4 (2%)
<i>Association areas</i>	21 (13%)	<i>In wing showers</i>	17 (10%)
<i>Reception area</i>	4 (2%)	<i>In gym showers</i>	13 (8%)
<i>At the gym</i>	10 (6%)	<i>In corridors/stairwells</i>	10 (6%)
<i>In an exercise yard</i>	20 (12%)	<i>On your landing/wing</i>	16 (10%)
<i>At work</i>	11 (7%)	<i>In your cell</i>	7 (4%)
<i>During movement</i>	17 (10%)	<i>At religious services</i>	7 (4%)
<i>At education</i>	9 (5%)		

Q8.4 Have you been victimised by other prisoners here?

Yes 42 (25%)
No 128 (75%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	21 (12%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (9%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	23 (14%)
<i>Having your canteen/property taken</i>	12 (7%)
<i>Medication</i>	4 (2%)
<i>Debt</i>	9 (5%)
<i>Drugs</i>	5 (3%)
<i>Your race or ethnic origin</i>	1 (1%)
<i>Your religion/religious beliefs</i>	5 (3%)
<i>Your nationality</i>	0 (0%)
<i>You are from a different part of the country than others</i>	6 (4%)
<i>You are from a traveller community</i>	2 (1%)
<i>Your sexual orientation</i>	1 (1%)
<i>Your age</i>	4 (2%)
<i>You have a disability</i>	1 (1%)
<i>You were new here</i>	8 (5%)
<i>Your offence/ crime</i>	1 (1%)
<i>Gang related issues</i>	8 (5%)

Q8.6	Have you been victimised by staff here?	
	Yes	56 (33%)
	No	113 (67%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	34 (20%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (8%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	24 (14%)
	<i>Medication</i>	9 (5%)
	<i>Debt</i>	6 (4%)
	<i>Drugs</i>	6 (4%)
	<i>Your race or ethnic origin</i>	9 (5%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	10 (6%)
	<i>You are from a traveller community</i>	5 (3%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	10 (6%)
	<i>You have a disability</i>	6 (4%)
	<i>You were new here</i>	11 (7%)
	<i>Your offence/ crime</i>	4 (2%)
	<i>Gang related issues</i>	4 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	98 (62%)
	Yes	18 (11%)
	No	41 (26%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	17 (10%)	8 (5%)	32 (19%)	25 (15%)	60 (36%)	26 (15%)
	The nurse	16 (10%)	15 (9%)	62 (38%)	23 (14%)	28 (17%)	19 (12%)
	The dentist	21 (13%)	5 (3%)	8 (5%)	10 (6%)	39 (24%)	78 (48%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	18 (11%)	11 (7%)	40 (24%)	28 (17%)	29 (18%)	38 (23%)
	The nurse	19 (12%)	18 (11%)	58 (36%)	30 (19%)	13 (8%)	21 (13%)
	The dentist	44 (28%)	12 (8%)	34 (21%)	22 (14%)	13 (8%)	35 (22%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					16 (10%)	
	<i>Very good</i>					6 (4%)	
	<i>Good</i>					34 (21%)	
	<i>Neither</i>					40 (25%)	
	<i>Bad</i>					30 (19%)	
	<i>Very bad</i>					35 (22%)	
Q9.4	Are you currently taking medication?						
	Yes					67 (40%)	
	No					101 (60%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	101 (60%)
	<i>Yes, all my meds</i>	21 (13%)
	<i>Yes, some of my meds</i>	17 (10%)
	<i>No</i>	28 (17%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	61 (36%)
	<i>No</i>	107 (64%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff).	
	<i>Do not have any emotional or mental health problems</i>	107 (65%)
	<i>Yes</i>	27 (16%)
	<i>No</i>	30 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	64 (38%)
	<i>No</i>	103 (62%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	44 (27%)
	<i>No</i>	120 (73%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	38 (24%)
	<i>Easy</i>	28 (17%)
	<i>Neither</i>	18 (11%)
	<i>Difficult</i>	7 (4%)
	<i>Very difficult</i>	9 (6%)
	<i>Don't know</i>	61 (38%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	23 (14%)
	<i>Easy</i>	18 (11%)
	<i>Neither</i>	22 (13%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	18 (11%)
	<i>Don't know</i>	74 (45%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	14 (8%)
	<i>No</i>	152 (92%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	12 (7%)
	<i>No</i>	154 (93%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	99 (61%)
	<i>Yes</i>	30 (19%)
	<i>No</i>	32 (20%)

Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	120 (73%)
	Yes	21 (13%)
	No	24 (15%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	84 (58%)
	Yes	28 (19%)
	No	32 (22%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	13 (8%)	5 (3%)	23 (14%)	24 (15%)	41 (25%)	56 (35%)
	Vocational or skills training	19 (12%)	7 (4%)	40 (25%)	35 (22%)	27 (17%)	29 (18%)
	Education (including basic skills)	17 (11%)	15 (9%)	55 (34%)	27 (17%)	23 (14%)	23 (14%)
	Offending behaviour programmes	31 (19%)	5 (3%)	33 (21%)	27 (17%)	32 (20%)	31 (19%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						60 (38%)
	Prison job						58 (36%)
	Vocational or skills training						21 (13%)
	Education (including basic skills)						30 (19%)
	Offending behaviour programmes						12 (8%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	43 (30%)	35 (24%)	47 (33%)	18 (13%)		
	Vocational or skills training	42 (31%)	48 (36%)	31 (23%)	13 (10%)		
	Education (including basic skills)	38 (27%)	46 (33%)	40 (28%)	17 (12%)		
	Offending behaviour programmes	49 (36%)	38 (28%)	33 (24%)	16 (12%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						18 (11%)
	Never						52 (32%)
	<i>Less than once a week</i>						61 (37%)
	<i>About once a week</i>						29 (18%)
	<i>More than once a week</i>						3 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						45 (28%)
	Yes						63 (39%)
	No						52 (33%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						34 (21%)
	0						27 (17%)
	1 to 2						81 (50%)
	3 to 5						18 (11%)
	More than 5						3 (2%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	10 (6%)
	<i>0</i>	14 (8%)
	<i>1 to 2</i>	35 (21%)
	<i>3 to 5</i>	40 (24%)
	<i>More than 5</i>	66 (40%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (4%)
	<i>0</i>	2 (1%)
	<i>1 to 2</i>	5 (3%)
	<i>3 to 5</i>	28 (18%)
	<i>More than 5</i>	118 (74%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	55 (34%)
	<i>2 to less than 4 hours</i>	22 (13%)
	<i>4 to less than 6 hours</i>	22 (13%)
	<i>6 to less than 8 hours</i>	25 (15%)
	<i>8 to less than 10 hours</i>	17 (10%)
	<i>10 hours or more</i>	17 (10%)
	<i>Don't know</i>	5 (3%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	46 (28%)
	<i>No</i>	117 (72%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	69 (42%)
	<i>No</i>	97 (58%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	65 (40%)
	<i>No</i>	98 (60%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	20 (13%)
	<i>Very easy</i>	9 (6%)
	<i>Easy</i>	14 (9%)
	<i>Neither</i>	8 (5%)
	<i>Difficult</i>	39 (25%)
	<i>Very difficult</i>	64 (41%)
	<i>Don't know</i>	3 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	134 (83%)
	<i>No</i>	28 (17%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	28 (17%)
	<i>No contact</i>	65 (40%)
	<i>Letter</i>	41 (25%)
	<i>Phone</i>	20 (12%)
	<i>Visit</i>	33 (20%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	128 (80%)
	<i>No</i>	32 (20%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	98 (60%)
	<i>No</i>	65 (40%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (40%)
	<i>Very involved</i>	17 (11%)
	<i>Involved</i>	29 (18%)
	<i>Neither</i>	10 (6%)
	<i>Not very involved</i>	14 (9%)
	<i>Not at all involved</i>	26 (16%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (41%)
	<i>Nobody</i>	38 (24%)
	<i>Offender supervisor</i>	38 (24%)
	<i>Offender manager</i>	22 (14%)
	<i>Named/ personal officer</i>	8 (5%)
	<i>Staff from other departments</i>	11 (7%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (41%)
	<i>Yes</i>	55 (35%)
	<i>No</i>	23 (15%)
	<i>Don't know</i>	15 (9%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (41%)
	<i>Yes</i>	26 (16%)
	<i>No</i>	50 (31%)
	<i>Don't know</i>	18 (11%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (41%)
	<i>Yes</i>	29 (18%)
	<i>No</i>	40 (25%)
	<i>Don't know</i>	26 (16%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	5 (3%)
	<i>No</i>	63 (40%)
	<i>Don't know</i>	90 (57%)

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

Yes	20 (12%)
No	142 (88%)

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

	<i>Do not need help</i>	Yes	No
Employment	35 (23%)	39 (25%)	81 (52%)
Accommodation	41 (27%)	47 (31%)	63 (42%)
Benefits	33 (22%)	47 (31%)	71 (47%)
Finances	39 (27%)	30 (21%)	77 (53%)
Education	42 (29%)	27 (19%)	76 (52%)
Drugs and alcohol	39 (26%)	39 (26%)	70 (47%)

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

<i>Not sentenced</i>	0 (0%)
Yes	69 (43%)
No	93 (57%)

Appendix IV: Photographs

Toilet next to bed



Showers in poor condition



Shower on Beaufort wing



Exercise yard



Poster about the rules



Main comparator and comparator to last time



Prisoner survey responses HMP/YOI Portland 2014

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

Key to tables

		HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HMYOI Portland 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		174	5832	174	134
SECTION 1: General information					
1.2	Are you under 21 years of age?	28%	2%	28%	90%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	8%	10%	8%	4%
1.4	Is your sentence less than 12 months?	17%	6%	17%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	10%	2%	3%
1.5	Are you a foreign national?	7%	9%	7%	13%
1.6	Do you understand spoken English?	99%	99%	99%	
1.7	Do you understand written English?	98%	98%	98%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	26%	20%	46%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	4%	9%	
1.1	Are you Muslim?	9%	13%	9%	19%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	2%
1.12	Do you consider yourself to have a disability?	24%	19%	24%	9%
1.13	Are you a veteran (ex-armed services)?	2%	6%	2%	
1.14	Is this your first time in prison?	31%	37%	31%	53%
1.15	Do you have any children under the age of 18?	41%	52%	41%	21%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	74%	45%	74%	80%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	76%	73%	76%	
2.3	Were you offered a toilet break?	9%	9%	9%	
2.4	Was the van clean?	58%	66%	58%	
2.5	Did you feel safe?	74%	82%	74%	
2.6	Were you treated well/very well by the escort staff?	71%	72%	71%	70%
2.7	Before you arrived here were you told that you were coming here?	45%	62%	45%	

Main comparator and comparator to last time

Key to tables

		HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HMYOI Portland 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
2.7	Before you arrived here did you receive any written information about coming here?	27%	17%	27%	
2.8	When you first arrived here did your property arrive at the same time as you?	84%	89%	84%	88%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	70%	50%	70%	
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	85%	89%	79%
3.3	Were you treated well/very well in reception?	76%	74%	76%	62%
	When you first arrived:				
3.4	Did you have any problems?	64%	60%	64%	62%
3.4	Did you have any problems with loss of property?	21%	16%	21%	21%
3.4	Did you have any housing problems?	17%	14%	17%	26%
3.4	Did you have any problems contacting employers?	1%	3%	1%	7%
3.4	Did you have any problems contacting family?	18%	19%	18%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	2%
3.4	Did you have any money worries?	18%	14%	18%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	17%	13%	17%	14%
3.4	Did you have any physical health problems?	10%	12%	10%	
3.4	Did you have any mental health problems?	23%	13%	23%	
3.4	Did you have any problems with needing protection from other prisoners?	10%	4%	10%	9%
3.4	Did you have problems accessing phone numbers?	19%	18%	19%	10%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	33%	37%	33%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	87%	74%	87%	96%
3.6	A shower?	49%	28%	49%	58%
3.6	A free telephone call?	42%	42%	42%	60%
3.6	Something to eat?	67%	60%	67%	89%
3.6	PIN phone credit?	69%	49%	69%	
3.6	Toiletries/ basic items?	54%	43%	54%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	57%	51%	57%	
3.7	Someone from health services?	70%	69%	70%	
3.7	A Listener/Samaritans?	37%	31%	37%	
3.7	Prison shop/ canteen?	31%	21%	31%	12%

Main comparator and comparator to last time

Key to tables

	HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HMP/YOI Portland 2009
Any percentage highlighted in green is significantly better				
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	52%	51%	52%	54%
3.8 Support was available for people feeling depressed or suicidal?	45%	41%	45%	59%
3.8 How to make routine requests?	55%	45%	55%	54%
3.8 Your entitlement to visits?	48%	44%	48%	68%
3.8 Health services?	58%	54%	58%	71%
3.8 The chaplaincy?	51%	49%	51%	65%
3.9 Did you feel safe on your first night here?	87%	83%	87%	79%
3.10 Have you been on an induction course?	89%	91%	89%	89%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	42%	61%	42%	62%
3.12 Did you receive an education (skills for life) assessment?	86%	83%	86%	
SECTION 4: Legal rights and respectful custody				
In terms of your legal rights, is it easy/very easy to:				
4.1 Communicate with your solicitor or legal representative?	30%	48%	30%	37%
4.1 Attend legal visits?	34%	52%	34%	38%
4.1 Get bail information?	14%	14%	14%	20%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	41%	47%	23%
4.3 Can you get legal books in the library?	31%	44%	31%	
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	44%	68%	44%	73%
4.4 Are you normally able to have a shower every day?	84%	94%	84%	72%
4.4 Do you normally receive clean sheets every week?	84%	80%	84%	85%
4.4 Do you normally get cell cleaning materials every week?	42%	69%	42%	40%
4.4 Is your cell call bell normally answered within five minutes?	33%	36%	33%	53%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	68%	57%	60%
4.4 Can you normally get your stored property, if you need to?	17%	25%	17%	34%
4.5 Is the food in this prison good/very good?	18%	25%	18%	36%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	39%	44%	39%	43%
4.7 Are you able to speak to a Listener at any time, if you want to?	58%	57%	58%	45%
4.8 Are your religious beliefs are respected?	47%	52%	47%	59%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	54%	58%	54%	56%
4.10 Is it easy/very easy to attend religious services?	48%	49%	48%	

Main comparator and comparator to last time

Key to tables

		HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HMP/YOI Portland 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	84%	82%	84%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	43%	60%	43%	74%
5.2	Do you feel applications are dealt with quickly (within seven days)?	36%	46%	36%	53%
5.3	Is it easy to make a complaint?	53%	59%	53%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	32%	33%	32%	42%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	16%	33%	16%	40%
5.5	Have you ever been prevented from making a complaint when you wanted to?	24%	18%	24%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	28%	29%	28%	32%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	54%	37%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	48%	38%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	5%	11%	
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	38%	39%	38%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	67%	77%	67%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	75%	75%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	29%	28%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	20%	17%	25%
7.5	Do you have a personal officer?	67%	70%	67%	88%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	44%	63%	44%	66%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	30%	32%	30%	39%
8.2	Do you feel unsafe now?	12%	14%	12%	15%
8.4	Have you been victimised by other prisoners here?	25%	24%	25%	19%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	11%	12%	9%
8.5	Hit, kicked or assaulted you?	9%	6%	9%	3%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	14%	15%	14%	

Main comparator and comparator to last time

Key to tables

		HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HMP/YOI Portland 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Taken your canteen/property?	7%	5%	7%	4%
8.5	Victimised you because of medication?	2%	4%	2%	
8.5	Victimised you because of debt?	5%	3%	5%	
8.5	Victimised you because of drugs?	3%	3%	3%	0%
8.5	Victimised you because of your race or ethnic origin?	1%	3%	1%	3%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
8.5	Victimised you because of your nationality?	0%	2%	0%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.5	Victimised you because of your age?	2%	2%	2%	
8.5	Victimised you because you have a disability?	1%	3%	1%	0%
8.5	Victimised you because you were new here?	5%	4%	5%	7%
8.5	Victimised you because of your offence/crime?	1%	4%	1%	3%
8.5	Victimised you because of gang related issues?	5%	4%	5%	
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	33%	28%	33%	19%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	20%	10%	20%	8%
8.7	Hit, kicked or assaulted you?	8%	3%	8%	5%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	14%	12%	14%	
8.7	Victimised you because of medication?	5%	4%	5%	
8.7	Victimised you because of debt?	4%	2%	4%	
8.7	Victimised you because of drugs?	4%	2%	4%	0%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	6%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.7	Victimised you because of your nationality?	2%	2%	2%	
8.7	Victimised you because you were from a different part of the country?	6%	3%	6%	4%
8.7	Victimised you because you are from a Traveller community?	3%	1%	3%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	6%	2%	6%	

Main comparator and comparator to last time

Key to tables

		HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HM YOI Portland 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you have a disability?	4%	2%	4%	0%
8.7	Victimised you because you were new here?	7%	4%	7%	6%
8.7	Victimised you because of your offence/crime?	2%	4%	2%	2%
8.7	Victimised you because of gang related issues?	2%	2%	2%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	30%	40%	30%	35%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	24%	31%	24%	53%
9.1	Is it easy/very easy to see the nurse?	47%	54%	47%	63%
9.1	Is it easy/very easy to see the dentist?	8%	13%	8%	27%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	35%	47%	35%	72%
9.2	The nurse?	54%	58%	54%	70%
9.2	The dentist?	40%	42%	40%	49%
9.3	The overall quality of health services?	28%	43%	28%	60%
9.4	Are you currently taking medication?	40%	48%	40%	24%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	58%	84%	58%	
9.6	Do you have any emotional well being or mental health problems?	36%	27%	36%	16%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	47%	49%	47%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	38%	23%	38%	28%
10.2	Did you have a problem with alcohol when you came into this prison?	27%	17%	27%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	33%	41%	11%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	20%	25%	
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	8%	8%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	6%	7%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	48%	63%	48%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	47%	63%	47%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	47%	80%	47%	85%

Main comparator and comparator to last time

Key to tables

		HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HMP/YOI Portland 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	17%	44%	17%	
11.1	Vocational or skills training?	30%	38%	30%	
11.1	Education (including basic skills)?	44%	53%	44%	
11.1	Offending behaviour programmes?	24%	21%	24%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	36%	59%	36%	37%
11.2	Vocational or skills training?	13%	16%	13%	22%
11.2	Education (including basic skills)?	19%	24%	19%	36%
11.2	Offending behaviour programmes?	8%	13%	8%	7%
11.3	Have you had a job while in this prison?	70%	83%	70%	
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	35%	42%	35%	
11.3	Have you been involved in vocational or skills training while in this prison?	69%	72%	69%	
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	52%	58%	52%	
11.3	Have you been involved in education while in this prison?	73%	78%	73%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	45%	60%	45%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	64%	70%	64%	
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	44%	52%	44%	
11.4	Do you go to the library at least once a week?	20%	45%	20%	59%
11.5	Does the library have a wide enough range of materials to meet your needs?	39%	46%	39%	
11.6	Do you go to the gym three or more times a week?	13%	35%	13%	6%
11.7	Do you go outside for exercise three or more times a week?	64%	48%	64%	21%
11.8	Do you go on association more than five times each week?	74%	74%	74%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	16%	10%	6%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	28%	34%	28%	44%
12.2	Have you had any problems with sending or receiving mail?	42%	45%	42%	41%
12.3	Have you had any problems getting access to the telephones?	40%	23%	40%	52%
12.4	Is it easy/ very easy for your friends and family to get here?	15%	27%	15%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP/YOI Portland 2014	Category C training prisons comparator	HMP/YOI Portland 2014	HMYOI Portland 2009
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	83%	83%	83%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	49%	34%	49%	
13.2	Contact by letter?	31%	37%	31%	
13.2	Contact by phone?	15%	25%	15%	
13.2	Contact by visit?	25%	33%	25%	
13.3	Do you have a named offender supervisor in this prison?	80%	70%	80%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	60%	70%	60%	67%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	48%	54%	48%	65%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	41%	48%	41%	
13.6	Offender supervisor?	41%	35%	41%	
13.6	Offender manager?	24%	26%	24%	
13.6	Named/ personal officer?	9%	13%	9%	
13.6	Staff from other departments?	12%	16%	12%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	59%	65%	59%	83%
13.8	Are there plans for you to achieve any of your targets in another prison?	28%	21%	28%	
13.9	Are there plans for you to achieve any of your targets in the community?	31%	28%	31%	
13.10	Do you have a needs based custody plan?	3%	6%	3%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	16%	12%	28%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	33%	33%	33%	
13.12	Accommodation?	43%	36%	43%	
13.12	Benefits?	40%	38%	40%	
13.12	Finances?	28%	25%	28%	
13.12	Education?	26%	34%	26%	
13.12	Drugs and alcohol?	36%	44%	36%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in the future?	43%	55%	43%	60%

Diversity analysis



Key question responses (ethnicity) HMP/YOI Portland 2014

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		35	137
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	6%	8%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	11%
1.1	Are you Muslim?	33%	2%
1.12	Do you consider yourself to have a disability?	6%	28%
1.13	Are you a veteran (ex-armed services)?	3%	2%
1.14	Is this your first time in prison?	35%	31%
2.6	Were you treated well/very well by the escort staff?	66%	71%
2.7	Before you arrived here were you told that you were coming here?	37%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	89%
3.3	Were you treated well/very well in reception?	72%	77%
3.4	Did you have any problems when you first arrived?	54%	66%
3.7	Did you have access to someone from health care when you first arrived here?	63%	71%
3.9	Did you feel safe on your first night here?	83%	88%
3.10	Have you been on an induction course?	85%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	29%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	43%	45%
4.4	Are you normally able to have a shower every day?	74%	86%
4.4	Is your cell call bell normally answered within five minutes?	21%	35%
4.5	Is the food in this prison good/very good?	18%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	17%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	62%
4.8	Do you feel your religious beliefs are respected?	50%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	55%
5.1	Is it easy to make an application?	88%	83%
5.3	Is it easy to make a complaint?	50%	53%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	11%
7.1	Do most staff, in this prison, treat you with respect?	63%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	77%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	12%	18%
7.4	Do you have a personal officer?	77%	64%
8.1	Have you ever felt unsafe here?	24%	31%
8.2	Do you feel unsafe now?	6%	13%
8.3	Have you been victimised by other prisoners?	18%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	0%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	1%
8.6	Have you been victimised by a member of staff?	33%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	2%
8.7	Have you been victimised because of your nationality? (By staff)	6%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%
9.1	Is it easy/very easy to see the doctor?	30%	23%
9.1	Is it easy/ very easy to see the nurse?	49%	47%
9.4	Are you currently taking medication?	24%	44%
9.6	Do you feel you have any emotional well being/mental health issues?	16%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	33%	43%
11.2	Are you currently working in the prison?	41%	36%
11.2	Are you currently undertaking vocational or skills training?	12%	14%
11.2	Are you currently in education (including basic skills)?	25%	18%
11.2	Are you currently taking part in an offending behaviour programme?	9%	7%
11.4	Do you go to the library at least once a week?	23%	19%
11.6	Do you go to the gym three or more times a week?	19%	11%
11.7	Do you go outside for exercise three or more times a week?	76%	61%
11.8	On average, do you go on association more than five times each week?	71%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	21%	8%
12.2	Have you had any problems sending or receiving mail?	51%	39%
12.3	Have you had any problems getting access to the telephones?	44%	40%

Diversity analysis



Key question responses (disability, under 21) HMP/YOI Portland 2014

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		40	130		48	125
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	10%	5%		7%	7%
1.6	Do you understand spoken English?	100%	98%		98%	99%
1.7	Do you understand written English?	98%	98%		98%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	24%		21%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	26%	4%		8%	10%
1.1	Are you Muslim?	6%	10%		9%	9%
1.12	Do you consider yourself to have a disability?				28%	22%
1.13	Are you a veteran (ex-armed services)?	0%	2%		0%	3%
1.14	Is this your first time in prison?	30%	32%		50%	24%
2.6	Were you treated well/very well by the escort staff?	80%	67%		73%	69%
2.7	Before you arrived here were you told that you were coming here?	55%	41%		44%	45%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	91%		89%	89%
3.3	Were you treated well/very well in reception?	73%	77%		79%	74%
3.4	Did you have any problems when you first arrived?	87%	57%		65%	64%
3.7	Did you have access to someone from health care when you first arrived here?	74%	70%		65%	72%
3.9	Did you feel safe on your first night here?	90%	86%		89%	87%
3.10	Have you been on an induction course?	100%	87%		89%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	21%	32%		34%	29%

Key to tables

Diversity analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	55%	41%	27%	51%
4.4	Are you normally able to have a shower every day?	87%	83%	69%	90%
4.4	Is your cell call bell normally answered within five minutes?	36%	32%	23%	36%
4.5	Is the food in this prison good/very good?	16%	18%	23%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	52%	36%	54%	33%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	58%	62%	58%
4.8	Do you feel your religious beliefs are respected?	64%	40%	42%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	67%	49%	46%	58%
5.1	Is it easy to make an application?	80%	86%	81%	86%
5.3	Is it easy to make a complaint?	49%	53%	50%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	38%	31%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	38%	36%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	9%	21%	7%
7.1	Do most staff, in this prison, treat you with respect?	69%	66%	56%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	74%	73%	75%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	19%	11%	20%
7.4	Do you have a personal officer?	67%	67%	52%	73%
8.1	Have you ever felt unsafe here?	48%	25%	40%	26%
8.2	Do you feel unsafe now?	10%	11%	17%	9%
8.3	Have you been victimised by other prisoners?	35%	21%	37%	19%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	12%	21%	10%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	0%	0%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	6%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	0%	0%	0%
8.5	Have you been victimised because of your age? (By prisoners)	10%	0%	4%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	0%	0%	1%
8.6	Have you been victimised by a member of staff?	39%	31%	41%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	12%	26%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	7%	2%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	4%	2%	3%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	2%	2%
8.7	Have you been victimised because of your age? (By staff)	5%	6%	13%	3%
8.7	Have you been victimised because you have a disability? (By staff)	10%	2%	7%	3%
9.1	Is it easy/very easy to see the doctor?	21%	24%	21%	25%
9.1	Is it easy/ very easy to see the nurse?	48%	46%	37%	51%
9.4	Are you currently taking medication?	69%	32%	23%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	69%	26%	37%	36%
10.3	Is it easy/very easy to get illegal drugs in this prison?	45%	40%	35%	44%
11.2	Are you currently working in the prison?	30%	38%	23%	42%
11.2	Are you currently undertaking vocational or skills training?	11%	14%	13%	14%
11.2	Are you currently in education (including basic skills)?	21%	17%	28%	14%
11.2	Are you currently taking part in an offending behaviour programme?	8%	7%	7%	8%
11.4	Do you go to the library at least once a week?	26%	18%	11%	24%
11.6	Do you go to the gym three or more times a week?	14%	12%	7%	16%
11.7	Do you go outside for exercise three or more times a week?	58%	67%	58%	67%
11.8	On average, do you go on association more than five times each week?	79%	73%	61%	80%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	9%	6%	12%
12.2	Have you had any problems sending or receiving mail?	36%	44%	34%	45%
12.3	Have you had any problems getting access to the telephones?	46%	38%	57%	34%