

Report on an announced inspection of

# **HMYOI Aylesbury**

9–13 March 2009

by HM Chief Inspector of Prisons

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# Introduction

Aylesbury holds young adults serving long sentences. This is a very challenging population, including a large number of young men serving indeterminate sentences for public protection (IPP). Aylesbury must also cope with some accommodation that dates back to the mid-19th century, as well as having to absorb the budget cuts currently required of all prisons. It is, therefore, commendable that this full announced inspection found that performance on safety, respect and resettlement remained reasonable. However, there was not sufficient purposeful activity and young prisoners spent much too long locked in their cells.

Given the nature of the population, safety had an appropriately high priority and prisoners felt relatively safe. Early days in custody were generally well managed, although those on induction spent too much time locked up. The management of violence reduction and anti-bullying was generally good, although use of force was high. We were also concerned to find evidence that violent incidents were under-reported. This needed to be addressed immediately to ensure transparency and an appropriate management response to the true scale of incidents.

Work to reduce self-harm was satisfactory, although there was a need for better access to Listeners at night. Provision for vulnerable prisoners required a better management focus. For example, F wing had become a vulnerable prisoner unit but it lacked the clear policies, procedures and safeguards that we would expect to find in place to govern its work.

The environment was reasonable despite some elderly accommodation and a need for better cleanliness in some cells. Staff-prisoner relationships were generally distant and not helped by an underdeveloped personal officer scheme. Diversity was well managed, but the disproportionately negative attitudes of black and minority ethnic and foreign national prisoners needed to be further addressed. The quality of racist incident investigations also needed to be improved. Both the chaplaincy and healthcare provided a good service.

The quality of learning and skills had improved since the last inspection, but was still not adequate, and the range of education and vocational courses remained limited. Too many prisoners were unemployed and what work there was tended to be menial. Physical education and the library were both good, but access was limited. Overall, young prisoners spent too long locked in their cells for a training establishment, compounded by the frequent cancellation of association.

The strategic management of resettlement required improvement, with better integration of its constituent parts. All prisoners were allocated offender supervisors, but contact was limited and there was still a backlog in offender assessments, which we criticised previously. Provision for prisoners on IPP was prioritised effectively, but this had a knock-on effect on lifers, for whom support was limited. Provision along most of the resettlement pathways was adequate, with a particularly impressive array of offending behaviour programmes to address many of the issues posed by Aylesbury's high risk population.

Aylesbury must manage a very challenging and high risk population. It is commendable that it remained a relatively safe establishment, although there was a need to improve the recording of violent incidents. Aylesbury's principal weakness continued to be its lack of purposeful activity. Young prisoners simply spent too much time locked in their cells. This is not

satisfactory for a training establishment, especially one holding young adults, and substantially detracts from its other achievements.

Anne Owers  
HM Chief Inspector of Prisons

May 2009

# Fact page

## Task of establishment

Aylesbury holds long-term sentenced young adult males aged between 18 and 21 serving from two years to life imprisonment.

## Area organisation

South Central

## Number held

440

## Certified normal accommodation

437

## Operational capacity

444

## Last inspection

6–10 June 2005

## Brief history

The current site opened as a county gaol in 1847 and became a women's prison in 1890. Two additional wings built in 1902 served initially as an 'inebriates' centre' and, from the mid-1930s, as a borstal for girls. In 1959, the gaol was converted to accommodate adult male prisoners, and its role was changed in 1961 to accommodate young men between 17 and 21. From 1969, Aylesbury was designated a young prisoner prison for long-term male offenders aged 17 to 21 serving sentences up to life. Since October 1989, Aylesbury has been designated a long-term young offender institution.

## Description of residential units

A, B and C wings:	Victorian-style radial-design general wings holding 68, 68 and 63 prisoners respectively
D wing (built 1997):	induction wing holding up to 55 prisoners
E wing (built 1997):	long-term prisoners' wing holding up to 72 prisoners
F wing (built 1902):	'poor copers' wing and also prisoners completing the sex offender treatment programme, holding up to 48 prisoners
G wing (built 1902):	general wing and young prisoners' development unit (anti-bullying support unit), holding up to 48 prisoners
H wing:	enhanced wing, holding up to 22 prisoners





# Healthy prison summary

## Introduction

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HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is Everyone's Concern*, published in 1999. The criteria are:

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

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**... performing well against this healthy prison test.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

**... performing reasonably well against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

**... not performing sufficiently well against this healthy prison test.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

**... performing poorly against this healthy prison test.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

## Safety

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HP3 Arrangements to manage new arrivals were generally reasonable. However, some reception procedures were insensitive, and prisoners on induction spent too long locked in cell. Governance of violence and self-harm reduction was generally good, and prisoners indicated that they felt relatively safe, but there was evidence that

violent incidents were higher than reported. Use of force levels were high. Drug use was relatively high. Arrangements for vulnerable prisoners needed to be clarified. The prison was performing reasonably well against this healthy prison test.

- HP4 Transfers to the establishment were generally well managed, but conditions in the reception holding rooms were poor, and new arrivals spent too much time waiting in reception during staff lunch breaks. Initial risk assessments were carried out in the searching room, which was insensitive and which prisoners found degrading. It took too long to process prisoners' property and new arrivals could wait days to receive their belongings.
- HP5 All new arrivals were located on the induction unit, where there was a strong focus on first night safety. They were offered a free telephone call and shower, and had comprehensive risk and needs assessments during a private meeting with an induction officer. Individual circumstances and any special needs were documented, and the handover of information, particularly to night staff, was effective.
- HP6 The induction programme covered a range of useful information, and involved peer supporters who gave new arrivals a wider perspective on prison life. However, the two-week rolling programme could have been delivered in a week, as many of the scheduled sessions were often cancelled and prisoners spent a significant time locked in their cells with nothing meaningful to do.
- HP7 Findings on safety in our prisoner survey were generally more positive than comparator<sup>1</sup> establishments, with few respondents feeling unsafe, intimidated or victimised. Although we were satisfied that Aylesbury remained a generally safe prison, we found evidence of under-reporting of assaults through the formal system. The numbers of use of force incidents and unexplained injuries were also high. There were comprehensive anti-bullying and violence reduction strategies, which were managed through an effective safer custody management group. Prisoners on bullying reports were monitored, although there was some room for improvement. There was a useful programmed intervention for bullies who had reached the top level.
- HP8 Safer custody meetings were well attended and the designated coordinator produced monitoring data, which was used effectively. New arrivals did not see a Listener in reception or on the first night unit, and we were not assured that prisoners had access to Listeners overnight. The new crisis suite was an improvement on previous arrangements, but there were no safer cells in the prison. Initial assessments of prisoners on assessment, care in custody and teamwork (ACCT) self-harm monitoring were generally satisfactory, and there was clear evidence of a multidisciplinary approach to the care of those at risk. However, one ACCT document had been closed by a single member of staff, and monitoring entries in ACCT documents required some improvements.
- HP9 The security department was very busy and dealt with approximately 65 security information reports (SIRs) a week. SIRs were received from all departments and were not purely observational, indicating that some information was gleaned from prisoners. The availability of mobile telephones remained a serious problem, featured

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<sup>1</sup> The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

in 200 SIRs in a six-month period. While security procedures did not affect prisoners unnecessarily, the policy of an almost complete ban on property being posted or sent in to the prison was too restrictive.

- HP10 There was an average of 36 adjudications a week, which was high. There were regular adjudication standardisation meetings, and the recently revised punishment tariffs had been publicised to prisoners. Hearings were conducted fairly, but documentation from completed hearings indicated that some charges had not been fully investigated. There had been 72 minor reports during a six-month period, and punishments did not appear to be excessive, although this system was seldom used on some wings.
- HP11 There had been 283 use of force incidents in 2008, which was a significant increase since our last inspection and was a high number. There had also been 47 incidents in 2009 to date. Use of force documentation was generally completed to a good standard, but there was little documentary evidence to confirm that de-escalation techniques had been used. Staff statements, however, provided a full account of their involvement and the circumstances leading up to the incident. Planned incidents were not video recorded. The unfurnished cell in the segregation unit had not been used since the start of 2008.
- HP12 The standard of cells in the segregation unit was variable, in-cell toilets were dirty, and staff were not active in getting prisoners to clean cells. The unit's regime was basic, but delivered consistently, although prisoners could only shower every other day. Education staff provided in-cell work and, subject to risk assessment, prisoners could still attend courses outside the unit. Monitoring entries in wing history files were mainly observational, with little evidence of engagement by staff. Good order or discipline (GOOD) reviews were well attended, but written accounts often lacked detail, although there were a few examples of active plans to aid reintegration.
- HP13 Clinical provision for drug detoxification was appropriate, as prisoners normally completed detoxification before they arrived at Aylesbury. The integrated drug treatment system (IDTS) was about to be introduced, though demand was likely to be low. The year-to-date random mandatory drug testing (MDT) rate was 7% against a target of 4.5%, which was relatively high for this age group, but the positive suspicion test rate was low at only 20%, despite the completion of a significant number of tests. The MDT suite was grubby, and an additional holding room was required.
- HP14 F wing held some challenging prisoners, many of whom had committed serious offences and would have been formally considered vulnerable prisoners in other establishments. Most staff and prisoners viewed the wing as a vulnerable prisoner unit and it operated accordingly, but it lacked the safeguards for this type of unit. The unit had no published policy or routine reviews of its prisoners, and there was little evidence of reintegration planning. The facility was, however, reasonably safe and most prisoners were engaged in activity.

## Respect

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- HP15 Environmental standards were reasonable, although the cleanliness of cells varied. Staff-prisoner relationships were distant and the personal officer scheme was underdeveloped. The management of diversity was generally good, although the

perceptions of black and minority ethnic and foreign national prisoners about the establishment were disproportionately negative. The quality of investigation into racist incidents required improvement. The food was good and there were catering consultation arrangements. Complaints procedures were effective, although many complaints were for relatively minor issues. The chaplaincy team was active, and health services were good. Aylesbury was performing reasonably well against this healthy prison test.

- HP16 There were variations in the style, age and condition of the wings. Communal areas were reasonably clean, but there was some litter in external areas. Standards of cleanliness in cells varied considerable, and there was little evidence that staff actively promoted cleanliness. Some cells were in a poor decorative state, and some in-cell toilets were very dirty. Showers on A wing were in a very poor condition. Not all prisoners had daily access to showers or were able to shower after work. Opportunities for prisoners to wear their own clothes were restricted.
- HP17 There was a well-publicised incentives and earned privileges (IEP) scheme, which was understood by staff and prisoners. Approaching half of prisoners, 44%, were on the enhanced level. Verbal behaviour warnings were given for a wide range of infringements, some of which were minor and petty. The consistency and application of the behaviour points system and verbal and formal warnings needed further development to ensure legitimacy and fairness. Thorough monthly management checks of completed reviews indicated that the published policy was not consistently adhered to. All prisoners on the basic level were set targets, although some were perfunctory and daily entries in basic monitoring records were largely observational.
- HP18 Although the majority of prisoners in our survey said that staff treated them with respect, fewer respondents than the comparator thought there was a member of staff they could turn to if they had a problem. The prison's own measuring the quality of prison life (MQPL) survey had found that prisoners felt disrespected by staff. While prisoners raised no particular concerns with us about staff, our observations were that staff were distant toward prisoners. Although some individuals interacted positively with prisoners, we often found staff in offices or set apart from the prisoners, rather than showing an interest in them.
- HP19 Although in our survey most prisoners said they had a personal officer, under half said they found them helpful. All prisoners were allocated a personal officer and had introductory interviews, but there was little evidence that the information obtained was used to inform future discussions. Many wing file entries by personal officers were observational and did not evidence positive engagement with prisoners.
- HP20 The kitchen was relatively new, clean and well equipped. There were reasonable consultation arrangements, including a biannual survey that was used to inform the menus, and catering was regularly discussed at the monthly prisoner forum, although catering staff had not attended this recently. Our survey findings were better than in comparator prisons, although prisoners complained about portion sizes. The food we sampled was good and hot. Serveries were generally clean and in reasonable condition, and servery workers were appropriately trained, but some protective clothing was unsatisfactory.
- HP21 The prison shop had a product list of just over 200 items, which was small, although there were plans to increase this when the supplier changed in May 2009. Consultation with prisoners, including black and minority ethnic prisoners, was good

and the range of black and minority ethnic specific items was acceptable. An initial cash advance of £5 to new arrivals was retrieved at £1 a week, which was high. New arrivals were sometimes unable to use the shop because their money had not arrived from the sending establishment. The prison had not addressed this.

- HP22 There was a comprehensive disability policy managed by a nominated diversity manager (who was also the race equality officer), with strong links to healthcare. Health staff assessed all new arrivals and drew up individual care plans where needed. There was also a sexual orientation policy, and staff were aware of its contents.
- HP23 Prisoners from black and minority ethnic backgrounds made up over half the population, 56%. Race equality structures and processes had been given a high priority. The race equality action team was properly constructed, monitoring arrangements were effective, there were links with community race equality organisations, and prisoner consultation was meaningful. However, some of the racist incident report forms did not always give assurances that investigations were detailed enough to address all underlying issues. It was also a concern that in our survey only 53% of black and minority ethnic respondents, significantly worse than the 69% of white respondents, believed staff treated them with respect.
- HP24 Foreign national prisoners made up 14% of the population. A foreign national prisoner policy statement described services available, but did not adequately state any strategic objectives. Foreign national prisoner issues were managed through the race equality action team, which did not give sufficient priority to the needs of this significant group. There was effective liaison with the UK Border Agency, but it sometimes took several months for prisoners to be informed of the intention to deport, and the prison did not actively pursue delays. Consultation with prisoners was reasonable but underdeveloped. In our survey, only 46% of foreign nationals believed staff treated them respectfully, significantly worse than the finding of 64% for British nationals. Our survey also suggested that foreign prisoners felt intimidated by staff.
- HP25 There were effective systems to record and track simple applications, but there were many examples of relatively simple applications, mainly requests to access personal property, taking too long to process. Many of the high number of formal requests and complaints were on matters that should have been dealt with by wing staff through less formal procedures. The written comments from prisoners often reflected a frustration in their inability to get relatively simple issues dealt with quickly and easily. Responses were timely, but some were cursory and did not always adequately address all the issues.
- HP26 The chaplaincy was led by a full-time coordinating chaplain and included an extensive team of part-time and sessional chaplains representing all faiths. The Muslim chaplain had recently been appointed to a full-time position. Attendance at formal services was good, and there were several faith-based groups and activities, including daily Islamic classes as well as Christian studies and citizenship classes. In our survey, prisoners were positive about the work of the chaplaincy and respect for their faith.
- HP27 There was a good range of health services, including the GP and nurse-led clinics. There was 24-hour nursing support, which seemed unnecessary as a better use of clinical time would improve care levels. The staff skill mix was very good with two senior nurses who were trained independent prescribers and practice nurses. Data collection was very poor, partly due to a lack of administrative support and clinical IT

system. Health promotion was through named nurses for each wing and support from the primary care trust. Dental services were good, but there were not enough sessions and the waiting list was too long.

## Purposeful activity

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HP28 Learning and skills had improved slightly since our last inspection, but was graded as inadequate. There was an insufficient range of education or vocational training to meet the needs of the population, and much of the provision was low level. Available work was low quality, and nearly a quarter of all prisoners were unemployed. Access to time out of cell was very poor, and we found a large number of prisoners locked in their cells during the main part of the day. The provision of association was limited and it was routinely cancelled. The quality of physical education and the library was reasonable, but access was also limited. Aylesbury was not performing sufficiently well against this healthy prison test.

HP29 The prison had made some improvements in learning and skills since our last inspection, but from a very low base, and many weaknesses remained. Overall provision was graded as inadequate. Qualification achievement was mainly satisfactory. Prisoners enjoyed classes, but their attainment was mixed and planning and practice to meet their individual needs poor. Standards of teaching varied and some was not good enough. The range of education was narrow. Too much was at level one, and there was little scope for progression to further and higher learning. Initial assessment of prisoners' literacy and numeracy needs was poor. Education was underused and poorly promoted, most prisoners attended only part-time, and classes were frequently cancelled due to staff absence or vacancies. No education was offered in the evenings or at weekends.

HP30 The range of vocational training had improved, but much was closed or operated below capacity due to staffing problems. Where training took place, qualification achievement was satisfactory overall, and good on some courses. Leadership and management of learning and skills were inadequate. Despite a recent emphasis on improving the provision, progress to remedy weaknesses identified in previous inspections had been very slow.

HP31 The library was welcoming, appropriately stocked and run well by qualified staff. Prisoners had a regular weekly visit of 40 minutes. Opening hours were limited to nine half-day sessions on weekdays.

HP32 Unemployment was high at around 20% of the population. Much of the work offered was mundane and repetitive, usually cleaning. Skills acquired in work were not generally accredited or adequately recognised. Most of those in work roles completed useful externally accredited health and safety or health and hygiene short courses before starting work. There had been no courses leading to qualifications for cleaners since November 2008. Prisoners in work were entitled to paid time off to attend education classes for up to two half-day sessions a week.

HP33 Outdoor physical education facilities were good and indoor facilities satisfactory. There was a range of vocational PE and recreational PE activity, including popular rugby and football matches against local teams. Rota to give prisoners PE access twice a week sometimes clashed with other regime activity, which reduced access to

once a week for some prisoners. In our survey, a high proportion of prisoners said they did not attend the gym twice weekly.

HP34 The prison had a target of eight hours a day out of cell, but reported approximately 7.2 hours a day over the year. The published core day indicated that enhanced prisoners could have a maximum of about 8.75 hours a day and prisoners on standard regime approximately eight hours. Many prisoners, for example, the unemployed, could only leave their cell to collect meals and for 45 minutes association. Many prisoners experienced extended periods of lock up, and during a random roll check we found 37% of prisoners locked in their cell during the main part of the day. The core day was also disrupted by the cancellation of association; just under a quarter of sessions had been cancelled in the previous four months. Limited time out of cell and cancelled association affected prisoner access to amenities such as showers and telephones.

## Resettlement

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HP35 The strategic management of resettlement was limited and many aspects of resettlement and offender management operated in isolation. Although offender supervisors were allocated to all prisoners, their contact with them was poor. Prisoners on indeterminate sentences for public protection were prioritised effectively for programmes, but this affected access for other high risk groups, and provision for lifers was limited. Public protection arrangements were satisfactory. Work on the resettlement pathways was generally adequate but some areas, including benefit, finance and debt, needed development. The range of offending behaviour programmes was particularly impressive. The prison was performing reasonably well against this healthy prison test.

HP36 The resettlement strategy was limited. Although structured around the seven resettlement pathways, there was little coverage of offender management, which affected most prisoners, and nothing about lifers or prisoners on indeterminate sentences for public protection (IPPs), who made up 40% of prisoners. The reducing reoffending action plan was out of date and was also not linked to the strategy document. The bi-monthly resettlement management meeting was appropriately constituted, but attendance was limited.

HP37 Two resettlement officers interviewed new arrivals and identified issues at induction, and also managed an effective model to identify prisoners pre-release. This work was primarily oriented to accommodation, and links to offender supervisors were inconsistent. All prisoners were allocated to an offender supervisor. Although the large multidisciplinary team had a relatively low caseload of about 25 each, prisoner contact was limited. This was compounded by the inconsistent allocation of officer offender supervisors who were routinely diverted to other duties. Sentence planning boards were reasonable and targets were appropriately linked to risk. Contact with community offender managers was reasonable. There were 57 prisoners without an offender assessment system (OASys) assessment and 50 whose document was out of date, equating to 24% of the population. This was a significant issue considering the risks posed by this population.

HP38 A fortnightly risk assessment and management panel (RAMP) reviewed all new arrivals for public protection concerns. However, attendance at the RAMP was poor

and there was currently no mechanism for non-child protection cases to be brought back for the panel's consideration.

- HP39 The offender supervision of IPP prisoners was generally good and oriented to risk and risk management. IPP prisoners were also prioritised for programmes, and an additional psychologist for IPP work had recently been recruited. Lifer work, however, was less well planned and provision more limited, primarily because tariffs exceeded their time at Aylesbury. Contact with offender supervisors was often infrequent. Lifer meetings took place bi-monthly, but there were only lifer representatives from E wing and not other wings where indeterminate prisoners were accommodated. Although there were four lifer days a year, there were no lifer groups.
- HP40 Most released prisoners returned to family accommodation. The resettlement officers addressed accommodation needs at the three-month pre-release interview. There was no specialist housing service in the prison, although there were some links with community-based housing services. Only one prisoner had been released with no fixed accommodation in the previous 12 months; 93% of prisoners returned to settled accommodation.
- HP41 The progression of prisoners to training or employment after release slightly exceeded the prison's targets. The prison offered some vocational training provision, but most was at level one, which was not high enough for gaining related employment. Other employment-related accreditation was limited. There was no education, training and employment pre-release course, and education information, advice and guidance for new arrivals did not sufficiently focus on planning their training and education to meet their resettlement needs.
- HP42 There was no specialist service to assist prisoners with finance, benefit or debt issues. Some limited advice was available via resettlement officers, and the education department ran a money management programme.
- HP43 Not all prisoners were seen by health staff before their discharge, although they were given a letter for their GP. The mental health in-reach team made contact with community teams to ensure a smooth transition for prisoners on the care programme approach.
- HP44 There was a comprehensive drug strategy policy and a basic alcohol strategy, although the annual needs analysis had yet to be completed. Prisoners with drug and/or alcohol problems could access a range of support services. The counselling, assessment, referral, advice and throughcare (CARAT) service ran a useful 'motivation for change' workshop in preparation for prison addressing substance related offending (P-ASRO). The P-ASRO course was well managed and suitable for multiple drug users, but post-programme peer support was underdeveloped. In our survey, prisoners were positive about the support for their drug and alcohol problems.
- HP45 The visitors' centre was reasonably well equipped, but had only limited refreshments and facilities for children. The visits environment needed improvement and some redecoration. Closed visits booths were not screened from the main visits room. All prisoners had to wear bibs during visits, which was unnecessary. Although there were some pathway initiatives, such as lifer family days, Listener family days, the 'why read' scheme and a family man course, the work lacked focus.



HP46 The range of accredited programmes included including enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM), the sex offender treatment programme (SOTP) and P-ASRO. In our survey, 83% of respondents who had completed offending behaviour programmes, against the comparator of 59%, said they would help them on their release. All programmes were appropriate, but because IPP prisoners were prioritised, determinate prisoners were less likely to get a place and they needed further provision.

## Main recommendations

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HP47 All incidents of violence and assault should be accurately recorded through the incident reporting system.

HP48 There should be a clear policy that specifies safeguards for vulnerable prisoners.

HP49 The quantity, range and quality of work, education and vocational training should be increased.

HP50 Prisoners should spend 10 hours out of their cells on weekdays.

HP51 Association periods should be longer and should not be cancelled.

HP52 The reducing reoffending policy should cover all aspects of reducing reoffending, including the offender management unit, work with prisoners serving life sentences and indeterminate sentences for public protection, and public protection, along with the seven resettlement pathways.

HP53 There should be a clear strategy to ensure completion of missing and out-of-date offender assessment system (OASys) documents.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 There were appropriate relations between the prison and the escorting service provider. Journeys were relatively short, and prisoners reported that they were well treated.
- 1.2 Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically and reception staff used it appropriately in initial risk assessments. Prisoner escort records were properly completed and legible. Nearly all arrivals were planned and timely, and late arrivals were rare.
- 1.3 In our survey, 74% of respondents said that they were treated well by escorting staff, 76% said that they felt safe, and 85% said that they were given information concerning their journey, which were significantly better than comparators of 64%, 57% and 79% respectively.

## First days in custody

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### Expected outcomes:

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

- 1.4 Conditions in the reception holding rooms were poor, and prisoners who arrived at midday had a long wait in them while staff were at lunch. Initial risk assessments were insensitive and prisoners found the experience degrading and intimidating. It took too long for prisoners' property to be processed, and new arrivals could wait days to receive their belongings. New arrivals received appropriate support during their first night, and prisoner Insiders were used to meet and greet them on the induction unit.

### Reception

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- 1.5 There were about eight new arrivals at week from other young adult prisons, mainly Feltham and Glen Parva, usually at pre-arranged times. Reception was open on weekdays from 7.30am to 12.30pm and 1pm to 5.30pm.
- 1.6 The area between the escort vans and the reception entrance was dark and littered with rubbish. Given its age and usage, the communal areas in the main reception area were adequately clean and properly maintained, and information notices explained sources of help available and how to seek advice. Five single prison cells located over two floors were used as holding rooms. Conditions in all these were poor. There were no notices, television or reading

material, and graffiti had been burned into some ceilings. New arrivals spent long periods in these holding rooms with nothing to occupy them.

- 1.7 Most prisoners who transferred in from other prisons arrived between 11.30am and noon. As staff were at lunch from 12.30pm to 1.30pm, this meant that they remained locked in holding rooms until officers returned to finish the reception process or locate them on to the induction unit. In some cases, new arrivals had remained there for up to three hours before they were located to a residential wing.
- 1.8 We saw no evidence of an effective vulnerability strategy to direct officers on new arrivals' initial needs and safety. Although two officers recorded their personal details, completed initial cell-sharing risk assessments and drew up their initial prison file, this was done in a stark searching room directly following a strip search. This did not encourage new arrivals to relax or discuss their fears or immediate problems. Prisoners told us that they found the experience degrading and intimidating.
- 1.9 Systems to deal with new arrivals' property were not effective. Personal property was not processed as part of initial reception procedures, new arrivals were not told how long it would take to process their property, and reception officers did not work to any timescales. In some cases, new arrivals had to wait several days before they could have permitted personal effects in their possession (also see paragraph 3.74).

### **First night**

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- 1.10 Following reception, all new arrivals were located on the induction unit on D wing. The overall focus here was on prisoner safety. Peer support prisoners (Insiders) saw all new arrivals in groups and individually to explain how to use prison systems and access help if needed.
- 1.11 Trained first night officers interviewed all new arrivals in private and made a comprehensive assessment of their immediate needs, which was recorded in the prisoner's induction file. Identified needs were dealt with and initial progress was tracked. Entries in files showed that staff were aware of the importance of dealing with immediate risks and anxieties, as well as the concerns associated with the first night in prison. They took time to ensure that prisoners understood how to access prison services if they needed help during their first night.
- 1.12 Although there was no dedicated first night accommodation, new arrivals were located in cells that were clean and well equipped. Handover procedures ensured that staff coming on duty, particularly night staff, were aware of the location of new arrivals and any special needs. All new arrivals were offered a free telephone call, a shower and a written induction pack that set out what they could expect from the induction process.

### **Induction**

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- 1.13 Induction officers based on D wing saw new arrivals individually on their first morning to explain the induction pack and review their immediate needs assessments. Referrals were made systematically to appropriate service providers, such as the counselling, assessment, referral, advice and throughcare service (CARATs), psychology and legal services officers. Relevant staff saw prisoners, usually within the first week of the programme. Although described as a two-week rolling programme, in practice the general prison induction took about four hours delivered over two days. This covered access to prison services and activities (such as education and resettlement provision), expected behaviour and prison rules. The induction staff were confident that they provided relevant material to prisoners. Sessions were

informative, and prisoners were given time for discussion and to ask questions. Peer support was used to deliver sessions and give new arrivals a wider perspective of prison life. Education and gym inductions and assessments were scheduled for later in the first and second weeks.

- 1.14 A tracking form had been introduced to record the sessions that prisoners attended. However, these forms were often not signed, and there was no evidence that staff ensured that all elements of the programme were delivered to all prisoners as scheduled. Although in our survey 91% of respondents said that they had received an induction programme, prisoners we spoke to during inspection said that they had not received all the sessions. Many of the scheduled sessions, particularly in the second week, were often cancelled, and some repeated those in the first week and so did not take place. This resulted in new arrivals spending significant periods during the core day locked in their cells with nothing meaningful to do.

## Recommendations

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- 1.15 Reception should be staffed to receive, process and locate new arrivals on to the induction unit without delay.
- 1.16 Conditions in all reception holding rooms should be improved.
- 1.17 Initial risk assessments and safety screening should be carried out with sensitivity and privately in appropriate surroundings.
- 1.18 Prisoners' property should be processed on the day of their arrival.
- 1.19 All new arrivals should receive all elements of the induction programme and attend all scheduled sessions.
- 1.20 Prisoners on induction should not be locked in their cells during the core day.

## Housekeeping point

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- 1.21 The grounds around the reception entrance should be kept clean and clear of rubbish.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 Communal areas and landings were reasonably clean, but there was some litter in external areas. Conditions and standards of cleanliness in cells varied, and some on D and E wings were in a poor decorative state. Some toilets in cells were very dirty. There were ventilation problems in some showers, and those on A wing were in a very poor condition. All wings had laundry facilities where prisoners could wash their prison-issue clothing, but there were restricted opportunities for them to wear their own clothes.

### Accommodation and facilities

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- 2.2 Communal areas and landings throughout the prison were reasonably clean and bright, but there was some litter in external areas, particularly around the lower level of A, B and C wings and on some exercise yards.
- 2.3 A, B and C wings were radial design wings used to accommodate general population prisoners. Most accommodation was in single cells, although there were three double cells on A wing and a former Listener suite on C wing was now used as a cell to accommodate two prisoners. A large well-equipped cell on the ground floor of B wing had been adapted for use by a prisoner with disabilities. Double cells on A wing had separate toilet and washbasin facilities, and the toilet in the double cell on C wing was effectively screened. Toilets in single cells on the wings were fitted behind the sink unit which, while private, were not adequately screened.
- 2.4 Accommodation on D and E wings was on three landings with good lines of sight. D wing was the induction unit and had six cells, including two singles that been used to accommodate two prisoners. E wing was the lifer unit and was larger with 72 single cells. Toilets in cells, including double cells, were adequately screened. Double cells had lockable lockers, but some had only one chair, as there was insufficient space for two tables and chairs. Communal areas on the wings had recently been refurbished.
- 2.5 F and G wings provided accommodation over three landings split into two spurs. Although landings were closed, they were reasonably bright and light. F wing held prisoners on the sex offender treatment programme and those who had had problems coping on normal location, and G wing accommodated general population prisoners and the young prisoners' development unit (see paragraph 3.8). All cells were single. As on A, B and C wings, toilets were not adequately screened. H wing was an enhanced wing for 22 prisoners in large double cells on one landing adjacent to the inpatient facility.
- 2.6 Cells were well ventilated and had sufficient natural light. Curtains were not provided, but prisoners on the standard and enhanced levels of the incentive and earned privileges (IEP) scheme could buy their own. The condition of cells varied considerably, with those on D and E wings in particular in a poor decorative state with peeling paint exposing bare metal. On F

wing, a cell painting programme was under way to deal with the poor decorative standards of cells. Many toilets in cells across the prison were very dirty and stained. Some cells had broken furniture, including chairs.

- 2.7 An offensive displays policy, dated January 2009, was published on the wings, but we found some examples where it had not been adhered to. Many picture boards in cells were covered in toothpaste. Observation panels in cell doors were free from obstruction. No prisoners had privacy keys to their cells.
- 2.8 In our survey, 52% of respondents, significantly more than the comparator of 42%, said their cell call bell was responded to within five minutes, and this concurred with our findings during the inspection. Although we heard some shouting from cell windows both during the day and during our night visit, 67% of respondents, significantly better than the comparator of 58%, said the prison was quiet enough for them to be able to sleep in their cells at night.
- 2.9 All wings had reasonable association space and equipment. There were notice boards on landings and in association rooms, but some had little information and were not used consistently. There were monthly prison consultation meetings, chaired by a prison officer, which were attended by a prisoner representative from each wing and discussed a broad range of issues affecting prisoners. Copies of the minutes of these meetings were displayed in the wings.

## Clothing and possessions

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- 2.10 New arrivals were given prison-issue clothing, which they retained during their time in the prison and washed on the wings. Prisoners had equitable weekly access to the laundry facilities, which were run by a prisoner orderly. All wings had a washing machine and a tumbler dryer, but not irons or ironing boards. Staff and prisoners said that laundry equipment regularly broke down and was out of action, and this was frequently raised at monthly consultation forums.
- 2.11 The opportunity for prisoners to wear their own clothes was restricted to underwear, trainers and socks. Even those on enhanced status could only have four of their own T-shirts in possession, which could only be worn on the wing.
- 2.12 In our survey, only 29% of respondents, significantly worse than the comparator of 35%, said they were able to access their stored property if they needed to. Applications for access to stored property were administered by a member of reception staff, who also handled all internet and catalogue orders. Except for postage stamps and trainers for prisoners on enhanced status, all items on the facilities list had to be bought through approved suppliers and catalogues. This placed a considerable burden on the member of staff in reception, and had resulted in significant backlogs. Although the situation had improved, there were approximately 15 applications for access to stored property outstanding at the time of the inspection, one of which dated back almost a fortnight.
- 2.13 A system to security mark prisoners' valuable property routinely before it was issued had been recently reintroduced.
- 2.14 The prison provided suitable bags for prisoners to use when discharged, and had recently published a notice that explained how prisoners could wash clothing before discharge.



## Hygiene

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- 2.15 In our survey, only 25% of respondents, against the comparator of 56%, said they had daily access to showers. Prisoners could shower during association periods, but when association was cancelled (see paragraph 5.50) they were unable to shower. Not all prisoners could shower after work or before a visit.
- 2.16 There were ventilation problems in some showers. Showers on A wing were in a very poor condition, and one room of showers had no privacy screens, significant damage to the flooring and many missing tiles. Privacy cubicles were been installed in showers on F wing during the inspection. Showers were effectively supervised.
- 2.17 Prisoners were given cell cleaning materials and opportunity to clean their cells each week. In our survey, 63% of respondents, significantly better than the comparator of 56%, said they had access to cell cleaning materials each week. Standards of cell cleanliness varied considerably. Although all prisoners' standards of cleanliness were assessed each month as part of their behaviour assessment under the IEP scheme, we found little recorded evidence, other than in files on F wing, that staff actively encouraged and promoted hygiene and cleanliness.
- 2.18 Prisoners were given sheets, pillowcases and towels, which they exchanged weekly. In our survey, 91% of respondents said they received clean sheets each week, which was above the comparator of 82%. Prisoners on the enhanced level of the IEP scheme could buy their own duvets, duvet covers and pillowcases.

## Recommendations

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- 2.19 Cells designed to hold one prisoner should not be used to hold two.
- 2.20 All double cells should have sufficient furniture for both occupants.
- 2.21 All in-cell toilets should be properly screened.
- 2.22 The published offensive displays policy should be consistently enforced.
- 2.23 All prisoners should have the opportunity to wear their own clothes.
- 2.24 All prisoners should be able to access their stored property within one week of making an application.
- 2.25 Communal showers should be fitted with privacy screens, maintained in good condition and be well ventilated.
- 2.26 Prisoners should be able to shower daily and immediately after work and before visits.
- 2.27 Staff should encourage all prisoners to keep their cells clean and should record such encouragement in wing files.

## Housekeeping points

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- 2.28 External areas should be clean and free from litter.

2.29 Laundry equipment should be maintained and repaired promptly.

## Staff-prisoner relationships

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Expected outcomes:

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

2.30 In our survey, most prisoners, although less so black and minority ethnic and foreign nationals, said that staff treated them with respect. There was little evidence that they felt victimised or intimidated by staff. However, the prison's own measuring the quality of prison life survey results on staff-prisoner relationships were poor, with clear indications that prisoners felt disrespected. Staff were distant toward prisoners, and did not show the interest in them that would be expected in a prison of this type.

2.31 In our survey, 61% of respondents said that staff treated them with respect, which was consistent with the comparator, although the findings for black and minority ethnic and foreign national respondents were significantly worse (see paragraphs 3.52 and 3.57). However, only 59%, against the comparator of 69%, said there was a member of staff they could turn to if they needed help. There was no evidence in the survey that prisoners felt intimidated or victimised by staff. The findings of the prison's own measuring the quality of prison life (MQPL) survey in 2008 were much worse, however. The MQPL indicated that prisoners felt ignored by staff, could not trust them and that staff generally lacked respect for prisoners.

2.32 Although prisoners raised few complaints about staff with us, our own observations suggested that relationships were distant. We observed many staff in wing offices with minimal engagement with prisoners during exercise or association periods. Staff did not use preferred names and titles when they addressed prisoners, and the quality of much of their record keeping was often superficial and lacked evidence of a rounded knowledge of the prisoner or of meaningful engagement – despite the stable and long-term nature of the population.

### Recommendations

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2.33 Staff should address prisoners by their preferred name or title.

2.34 There should be management checks to assess the quality of staff record keeping and encourage a more meaningful staff engagement with prisoners.

## Personal officers

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Expected outcomes:

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

- 2.35 All prisoners were allocated a personal officer, although they were generally negative about how helpful they found them. While personal officers made frequent wing file entries, there was little evidence that initial interviews with their prisoners informed their future engagement with them. Many wing file entries were observational and did not indicate positive interaction with prisoners.
- 2.36 The personal officer scheme had been revised in December 2009. The published scheme placed emphasis on staff setting an example and pro-social modelling. The scheme also encouraged the use of first names and a weekly interaction between personal officers and prisoners.
- 2.37 All prisoners were allocated a personal officer whose identity was noted on cell cards. On most wings, prisoners retained their personal officer if they moved cells. This avoided frequent changes of personal officer, unless the prisoner moved to a different wing.
- 2.38 Personal officers completed an introductory interview with prisoners, which was recorded and placed in wing files. This interview included an overview of the prisoner's needs, information about previous custodial experiences, and his personal circumstances, including family information. However, there was little evidence in wing files that the information from this interview was used to inform future discussions and contact between personal officers and prisoners, or that issues raised by prisoners were followed up. For example, in one interview a prisoner had stated that he was unsure about his deportation status, but there was no evidence recorded in the wing file that the personal officer had attempted to clarify or confirm his status and the issue was not referred to in subsequent entries.
- 2.39 Wing file entries were frequent and personal officers clearly understood the requirement to make weekly entries. However, many entries, whether positive or negative, did not demonstrate active engagement or interaction with prisoners. Their primary focus appeared to be adherence to wing rules and regulations. There was virtually no use of prisoners' first names in wing files.
- 2.40 Wing staff, including personal officers if available, attended IEP review boards and completed monthly behaviour assessments for allocated prisoners. There were few links between personal officers and the work of the offender management unit (see recommendation 8.26).
- 2.41 Although 90% of respondents to our survey, significantly better than the comparator of 65%, said they had a personal officer, only 44%, significantly worse than the comparator of 63%, said they found them helpful.

## Recommendation

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- 2.42 **Personal officers should evidence in weekly wing file entries that the information about prisoners obtained during the introductory interview forms the basis of future interactions and engagement.**



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 There was a high level of violence, but despite this prisoners said they felt relatively safe and there was an active strategy to reduce violence and confront bullying. The safer custody team was supported by effective safer custody management meetings. The anti-bullying process was well run and included meaningful interventions. Prisoners' families were encouraged to share any concerns with prison staff.
- 3.2 Many prisoners were high-risk young people serving sentences for violent offences, and a high level of assaults (117), fights (127) and unexplained injuries (117) had been reported to the safer custody meetings in 2008. There were also 283 use of force incidents in 2008 (see paragraph 6.19).
- 3.3 When we scrutinised the statistics, we found fewer reported incidents than proven adjudications, which indicated a substantial under-reporting of incidents (see paragraph 6.4). The safer custody team had circulated an incident reporting pack with guidance and the required paperwork in order to improve reporting practice.
- 3.4 In our survey and in prisoner groups, prisoners said they felt relatively safe and that they were not victimised by staff or other prisoners. Only 11% of survey respondents said that they felt unsafe currently, against the comparator of 18%.
- 3.5 There were comprehensive anti-bullying and violence reduction policies, implemented through a safer custody team that comprised an experienced full-time officer and senior officer. The officers were responsible for their own administration, which was an inappropriate use of their skills.
- 3.6 The monthly safer custody meetings were chaired by the residential governor (see also paragraph 3.17). The meetings received reports on bullying and violent incidents, and analysed and planned action on these with the wing senior officers present.
- 3.7 There was an effective three-stage anti-bullying process. Monitoring reports were generally of good quality, but some were poor. Information on the standard required had been circulated to staff, but there was no direct training to improve monitoring performance.
- 3.8 There was a structured intervention for prisoners who reached stage three of the anti-bullying process, who were located on the young prisoners' development unit on G wing. Two staff in the unit provided a modular programme, related to the incentives and earned privileges (IEP) scheme. Prisoners entering the programme were reduced to basic level and reviewed after 14 days for upgrading to standard. After a further 14 days of monitoring, relocation to normal conditions was considered.

- 3.9 There were restrictions on the number of prisoners allowed to join activities, and they were closely supervised during association and exercise, although this was more often by observation than by interaction. CCTV was being introduced through the prison to improve monitoring.
- 3.10 Violence reduction and anti-bullying were emphasised to prisoners through the induction programme, posters on all wings and leaflets and notices on the prison's approach and how incidents of violence could be reported. There had been a bullying survey, but this had not covered where prisoners felt most vulnerable and the results had not been analysed.
- 3.11 Information on visiting orders encouraged prisoners' families and friends to contact the prison if they had concerns about a prisoner.

## Recommendations

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- 3.12 The safer custody team should have administrative support.
- 3.13 The safer custody team should provide targeted training to improve the quality of anti-bullying monitoring.
- 3.14 There should be annual anti-bullying surveys, which include questions on where and when prisoners feel at risk, and an analysis of the findings should be presented to the safer custody meeting.

## Self-harm and suicide

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### Expected outcomes:

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

- 3.15 The self-harm and suicide policy document was up to date and comprehensive. Relevant monitoring data was provided to the safer custody committee and used effectively. There was a multidisciplinary approach to caring for those at risk, but also examples of poor practice and lack of staff engagement in self-harm monitoring documents. The crisis suite was an improvement on previous arrangements, but prisoners did not have 24-hour access to Listeners. There were no safer or reduced risk cells.
- 3.16 The self-harm and suicide management policy document had been reviewed in January 2009, and was comprehensive and clear. It included guidelines for all aspects of the assessment, care in custody and teamwork (ACCT) self-harm monitoring system and individual staff responsibilities. It also provided guidance on the general care of prisoners at risk, and action to be taken following incidents of self-harm.
- 3.17 The monthly safer custody committee was responsible for this area. This meeting was chaired by the head of residential and was well attended, with representation from all key departments, as well as Listeners and the local Samaritans.

- 3.18 A full-time suicide and self-harm coordinator was responsible for the day-to-day management of this area. He worked alongside the full-time safer custody officer (see paragraph 3.5), and they provided cover for each other's absences, although they were limited by the lack of administrative support (see recommendation 3.12). The coordinator produced a monthly report for the safer custody committee highlighting emerging patterns and trends. The committee monitored and analysed this information, and also discussed prisoners on open ACCT documents.
- 3.19 There had been a high level of staff training in ACCT before its introduction two years previously, as well as ongoing training, and all uniformed staff, including night patrols, were up to date with their training.
- 3.20 There had been 203 ACCT documents opened in 2008 and 30 in 2009 to date. Initial assessor reports were satisfactory, and there was clear evidence of a multidisciplinary approach to the care of those at risk, although we found one ACCT document that had been closed by a single member of staff. We also noted that staff often failed to attend subsequent case reviews or submit written contributions, and their absence was not acknowledged at the next review. The quality of monitoring entries was variable, but they were generally observational and lacked evidence of positive engagement by staff.
- 3.21 There were five open ACCT documents at the time of inspection. Wing managers were responsible for daily quality checks, but these were not done routinely. Post-closure interviews were completed and recorded in the closed ACCT documents, which went to the suicide and self-harm coordinator for a final check. Any learning points were fed back through the safer custody committee and residential management meetings.
- 3.22 There were five Listeners, but none were deployed in reception or on the induction unit. As a consequence, new arrivals did not see a Listener during their first 24 hours. This was confirmed in our survey, in which only 12% of respondents, significantly worse than the comparator of 24%, said that they had access to Listeners or Samaritans during their first 24 hours. All new arrivals were given a handout with relevant safer custody information, and the Samaritans telephone number was prominently displayed by all telephones. A representative from the Samaritans and a Listener attended an induction session to explain their services, but the names and locations of Listeners were not publicised on the wings.
- 3.23 A new crisis suite on H wing was an improvement on the previous facility, although it had not been used since its completion in January 2009. We also found out that Listeners had only been used once overnight in the previous two years, and that followed a death in custody in December 2008. Staff appeared reluctant to use Listeners at night, and preferred to issue Samaritans telephones, which were available on each wing. In our survey, only 36% of respondents said they were able to speak to a Listener at any time, which was significantly worse than the comparator of 49%. Requests by prisoners to use the Samaritans telephones were logged, but there was no follow-up action or check on the prisoner by staff, even if he was not on an open ACCT document.
- 3.24 Two cells on C wing previously used as reduced risk cells no longer met the specification of safer cells. A gated cell in the inpatient facility was used for prisoners in need of constant observations. This cell had been used regularly for prisoners in crisis. Prisoners observed in this cell were not routinely deprived of normal clothing.
- 3.25 All frontline staff carried anti-ligature devices, and there were anti-ligature shears in emergency response kits held on each unit. All night patrols carried cell keys in sealed packs and knew about the arrangements for an emergency unlock of a cell at night.

- 3.26 There had been one apparent self-inflicted death since the last inspection, which was still under investigation by the Prisons and Probation Ombudsman. General counselling was available through psychology and bereavement counselling, if required, through healthcare or the chaplaincy team.

## Recommendations

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- 3.27 **Assessment, care in custody and teamwork (ACCT) documents should not be closed by a single member of staff.**
- 3.28 **Staff who cannot attend an ACCT case review should send a replacement or provide a written report.**
- 3.29 **Monitoring entries in ACCT documents should, wherever possible, provide evidence of positive engagement by staff.**
- 3.30 **A Listener should see each new arrival on their first day in reception or on the first night unit.**
- 3.31 **Prisoners should have access to Listeners at night.**
- 3.32 **The names and locations of Listeners should be prominently publicised on all wings.**
- 3.33 **Staff should routinely check on the welfare of prisoners who request the Samaritans telephone.**
- 3.34 **Some cells should be upgraded to meet the specification of a safer or reduced risk cell.**

## Housekeeping point

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- 3.35 **Wing managers should routinely complete and evidence daily quality checks of open ACCT documents.**

## Diversity

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### Expected outcomes:

**All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.**

- 3.36 There was a comprehensive disability policy, which was effectively managed by a diversity manager with strong links to health services. All prisoners were assessed by health staff on arrival and reviewed annually, when circumstances changed or at the request of the prisoner. Individual care plans were drawn up following consultation with the prisoner, diversity manager and health staff, and there were good quality reviews.

- 3.37 The race equality officer was also the nominated diversity manager. Her role was to ensure that all the strands of the separate diversity policies, such as race, sexual orientation and equal opportunities for prisoners, were implemented consistently. She was also the disability liaison



officer and had a knowledge base on the care of prisoners with disabilities. Her role was well advertised and known to staff and prisoners.

- 3.38 A published disability policy described in simple language how the needs of prisoners with disabilities would be met. There were copies in all wings and in reception, and staff were generally aware of its content.
- 3.39 There were initial needs assessments of all new arrivals during their reception and induction. Health staff identified and recorded needs during a reception interview. These were reviewed annually, when circumstances changed or at the request of the prisoner. New arrivals were also given an initial disability questionnaire within their first week in which they could declare any disabilities. The diversity manager interviewed prisoners identified with special needs, and drew up care plans in consultation with the prisoner and health staff, which were passed to residential staff. There were good quality reviews.
- 3.40 The number of prisoners with disabilities was monitored through a disability register, and there had been a needs analysis to ensure that identified requirements were addressed appropriately. At the time of inspection, 11 prisoners with disabilities were registered. Residential staff were aware of their location and ensured that their everyday needs were met. Prisoners with disabilities told us that they were comfortable, and that they knew how to seek help if they needed it.
- 3.41 There were systems to ensure that the needs of dyslexic prisoners were met. Education staff kept a list of all prisoners with assessed and self-declared needs, and made and recorded weekly progress checks on each individual.
- 3.42 A sexual orientation policy had been published and was known to staff. During inspection, staff showed an informed, tolerant awareness when they dealt with this small group of prisoners. Two gay prisoners told us that they were treated well by staff and prisoners, and that they felt safe.

## Race equality

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Expected outcomes:

**All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.**

- 3.43 The prison gave race equality a high priority. The race equality action team was properly constructed, monitoring arrangements were effective, there were links with community race equality organisations, and prisoner consultation was meaningful. However, some racist incident report forms did not give assurances that investigations had addressed all underlying issues or been fully concluded. Black and minority ethnic prisoners were less positive than white prisoners about respectful treatment by staff.

## Race equality

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- 3.44 A comprehensive race equality policy document had been published and widely promoted, and we found copies in all communal areas, including the wings, visits area and reception. At the time of inspection, nearly 56% of prisoners were from a black or minority ethnic background.

- 3.45 A properly constructed race equality action team (REAT) monitored and managed implementation of policy. It met every two months, chaired by the deputy governor, and members included senior managers from all areas, prisoners and residential staff. Minutes showed debate and action on relevant issues. The meetings monitored equality of treatment through range setting methodology, and results were communicated to prisoners and staff through notices and the publication of some minutes. This area had seen improvement since the last inspection.
- 3.46 Positive links had been established with the local community. The Aylesbury Vale Race Equality Council (AVREC) attended all REAT meetings, saw individual prisoners and had recently begun the validation of racist incident forms.
- 3.47 The full-time diversity manager was also the nominated race equality officer (REO) and was directly supported by the deputy governor. Staff and prisoners had a good understanding of the role, which was well advertised throughout the prison, and all prisoners we spoke to knew how to contact her.

### Managing racist incidents

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- 3.48 There were effective systems for reporting racist incidents. There were racist incidents report forms and locked boxes in which to post them on all wings. There had been 77 forms submitted in 2008, and 12 in January and February 2009.
- 3.49 Although all reported incidents were investigated by the trained REO, we saw some forms that did not give assurances that investigations had been detailed enough to address all underlying issues or that all complaints were pursued to their full conclusion. Some investigations had been discontinued because the complainant could not name the subject of their complaint, and some into complaints against staff relied on knowledge of the officer rather than the facts of the case. However, in other cases incidents were thoroughly investigated, and subsequent reports to the deputy governor had resulted in appropriate action, including formal disciplinary procedures.

### Race equality duty

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- 3.50 There had been assessments of the impact of policies and practices on black and minority ethnic prisoners, including formal assessments of areas such as disciplinary procedures, complaints, segregation and access to activities. Areas requiring attention were identified and added to an overarching race equality plan that was monitored by the REAT every two months. There were links with the security department through the REO's attendance at security committee meetings, and there were systems to ensure that prisoners convicted of racially aggravated offences and all incidents of racist bullying were reported.
- 3.51 Prison officers had been appointed on all wings to act as a point of contact between prisoners and the prison management team and to represent the views of prisoners on their treatment in terms of race and nationality. They were supported by wing prisoner race equality representatives, who provided day-to-day information to prisoners. Links between prisoner representatives, the officer representatives and the race equality team were strong and governance arrangements were effective. Prisoner representatives met at least weekly with the REO to share information on relevant matters and give feedback on emerging issues. They attended all REAT meetings, and bi-monthly pre-meetings with residential officers, managers and the REO to discuss issues raised by prisoners.

- 3.52 Despite the strong systems to support and promote race equality, black and minority ethnic prisoners said that some staff were generally unaware of the issues that affected them, and that they were generally not treated as fairly as white prisoners. Only 32% of staff in prisoner contact roles had received up-to-date diversity training. In our survey, only 53% of black and minority ethnic respondents said that they were treated with respect by staff, which was significantly worse than the 69% response from white prisoners.

## Recommendations

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- 3.53 There should be a strategy to address the perceptions of unfair treatment among black and minority ethnic prisoners.
- 3.54 Reports of racist incidents should be fully investigated and pursued to their conclusion following examination of all evidence.
- 3.55 All staff, particularly in prisoner contact roles, should receive up-to-date diversity training.

## Foreign national prisoners

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### Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.56 There was a significant number of foreign national prisoners, and their issues were addressed through the race equality action team. Dedicated staff dealt with their needs and liaised with the UK Border Agency. UKBA staff visited regularly for seminars and meetings with individual prisoners, but there was no regular independent immigration advice. Interpretation services were available.
- 3.57 There were 61 recorded foreign national prisoners (14% of the population). Those we met in a focus group and during our inspection had good English and many had lived in the UK for some time. In the prisoner focus group and in our survey, foreign nationals reported poor relationships with staff and a negative attitude towards them. In our survey, only 46% of foreign national respondents to our survey said that staff treated them with respect, against 65% of British respondents.
- 3.58 There was no specific foreign national prisoner policy. There was a policy statement in the information for foreign national prisoners outlining services and processes, but no clear policy objectives or targets. There were some targets for foreign national prisoners in the race equality action plan.
- 3.59 A full-time senior officer had been appointed foreign nationals' coordinator in January 2009 and prisoners said that she was active in maintaining contact with them, although she had not had any formal training for the post. There had been no specialist training for staff on the needs of foreign national prisoners, but those we spoke to were aware of the coordinator's role and the processes associated with deportation.

- 3.60 There was no separate foreign national prisoners' committee. Foreign national prisoner issues were dealt with as part of the race equality action team meetings, which were busy and wide ranging.
- 3.61 A specialist foreign nationals' clerk, who was also the parole clerk, managed communication with the UK Border Agency (UKBA), and contacted it promptly when a foreign national prisoner was received. She had not received formal training.
- 3.62 Prisoners often had to wait some time before they knew if UKBA intended to deport them, as UKBA did not generally consider cases until 18 months before the end of sentence. Prisoners had been held beyond their sentence end date awaiting deportation if this was their preference. Those who did not want to remain in prison had been moved to immigration removal centres (IRCs). The prison kept an accurate and up-to-date database of foreign national prisoners, but there were no data on discharges and transfers to IRCs.
- 3.63 The coordinator reported there was little need for translation and interpretation services but they were in place, and an up-to-date list of prisoners and staff with language skills was kept on the intranet. There was some information from UKBA on assisted return in a range of languages. UKBA questionnaires and other paperwork were in English only, but interpreting/translation services were provided if required.
- 3.64 A UKBA representative visited the prison every two months and held seminars and interviews with individual foreign national prisoners. There was no regular contact with an independent immigration advice and support agency.
- 3.65 Foreign national prisoner support and information meetings had been initiated. There were specific foreign national prisoner representatives, who attended REAT meetings, and wing notices displayed their names and photographs, as well as the staff race representatives. Foreign national prisoners willing to act as mentors had been identified, but none were currently active.
- 3.66 There had been a foreign national prisoner survey in January 2009. The main issues raised were contact with the coordinator, supply of DVDs/CDs and information about the countries to which they might be deported. There was no written plan for addressing these issues.

## Recommendations

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- 3.67 There should be a distinct foreign national prisoners' policy with clear objectives and targets.
- 3.68 There should be a specific foreign nationals committee, chaired by a senior manager.
- 3.69 There should be a foreign nationals training plan for staff.
- 3.70 The establishment should invite an independent immigration advisory service to visit the prison to provide information and advocacy for foreign national prisoners.
- 3.71 The foreign national prisoner survey should take place every six months, and there should be an action plan to deal with the issues raised, which is monitored by the foreign nationals committee.

## Applications and complaints

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### Expected outcomes:

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

- 3.72 Despite the systems to record and track applications, many relatively simple requests, mainly for access to personal property and cash, took too long to process. There was a high number of formal complaints, but many were about issues that should have been dealt with by residential staff, to the frustration of prisoners. Staff responses were timely, but some were cursory and did not address the issues.
- 3.73 Prisoners had access to application forms, and the system was well advertised on the wings. There were effective systems to process and track applications. Staff logged them in a book kept on the wings, and recorded the time the application was made, the nature of the request, and the area or department it was sent to for action. This meant that the time taken to deal with an application could be monitored.
- 3.74 Despite these systems, applications took too long to process and there was no evidence that staff helped prisoners to check their progress. Because of this, prisoners overused the formal complaints procedure to follow the progress of their application, particularly for simple requests to have approved articles of personal property in possession. In some cases, this had taken over two weeks.
- 3.75 Formal complaint forms were readily available on wings, and they could be posted in secure boxes located away from staff offices. The number of formal complaints was high at 161 from January to February 2009. The system was clogged with complaints concerning access to stored property, simple problems with private cash, and requests for information about progress of applications. Many of these issues could have been dealt with by wing officers through a single telephone call to the relevant area.
- 3.76 Comments by prisoners often reflected high levels of frustration and, in many cases, anger with the situation. Although replies to complaints were generally timely and respectful, some were cursory and displayed irritation, with little evidence of much effort to address the underlying issues.

### Recommendation

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- 3.77 Residential staff should be more active in helping prisoners pursue the outcome of simple applications and formal complaints.

## Legal rights

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### Expected outcomes:

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

3.78 Demand for legal services was primarily for information about contacting solicitors. Three of the four identified legal services officers had received no formal training. Legal visits were only possible in the morning, which was restrictive for some solicitors.

3.79 Legal services were provided by one senior officer and three officers, who dealt with five to six applications a week. There were rarely delays in seeing prisoners. The legal services officers had received limited training, and only one had been formally trained to date. There was a database of those requesting support, most of which was for names of solicitors. Information about the service was only advertised on the induction wing, although staff on other wings were aware of how to access it and demand for the service came from prisoners throughout the prison. A range of legal material was available for reference in the library.

3.80 Legal visits were restricted to two morning sessions a week, which was a problem for prisoners with legal advisers based some distance from the prison. In our survey, only 46% of respondents, against the comparator of 67%, said it was easy to attend legal visits. There were no legal visits booths, but legal visits took place at different times to social visits.

## Recommendations

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3.81 All legal services officers should receive appropriate training.

3.82 Legal visits should be available on afternoons when social visits do not take place.

## Substance use

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### Expected outcomes:

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

3.83 Prisoners completed detoxification before they arrived, but the prison was preparing to introduce the integrated drug treatment system (IDTS). The mandatory drug testing target of 4.5% had been exceeded, mainly through cannabis use.

## Clinical management

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3.84 Prisoners had completed detoxification before their arrival. The establishment was preparing to introduce the integrated drug treatment system (IDTS) in April 2009, but the number of prisoners transferred on methadone maintenance prescriptions was expected to be low. Two clinical lead nurses in the health services department had qualified as nurse prescribers and, together with two other colleagues, were due to undertake training in the management of substance misuse.

3.85 A named nurse liaised with the counselling, assessment, referral, advice and throughcare (CARAT) team and attended drug strategy meetings, and there was a joint working protocol between the services. She also ran a weekly smoking cessation clinic, but could see a maximum of 10 prisoners only. A further 25 prisoners were on the waiting list, some as long as 10 months. Auricular acupuncture was available for additional support.

## Drug testing

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- 3.86 The year-to-date random mandatory drug testing (MDT) positive rate was 7% against a target of 4.5%, which was relatively high for young adults. Only one prisoner had tested positive for a class A drug in the previous year; all other results were for cannabis.
- 3.87 There was an average of 20 suspicion tests a month, with a positive rate of 20%. Intelligence information was of variable quality, and often related to groups of prisoners smoking cannabis. There had been 26 drug finds in the previous six months, most coming over the perimeter wall. There was also some recent evidence of anabolic steroids entering the establishment.
- 3.88 Supply reduction was discussed at security and drug strategy meetings, and all prisoners who tested positive under MDT were referred to the CARAT service.
- 3.89 The MDT suite was in reception and had only one holding room, which accommodated four to five prisoners. Both the testing area and the holding room required refurbishment.

## Recommendations

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- 3.90 All prisoners should have access to smoking cessation clinics without undue delay.
- 3.91 The mandatory drug testing suite should be refurbished, and an additional holding room provided.

## Vulnerable prisoners

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- 3.92 F wing operated as a vulnerable prisoner unit, but had few of the necessary safeguards. There was no policy document or routine reviews, and little evidence of reintegration planning.
- 3.93 F wing was viewed by staff and prisoners as a vulnerable prisoner unit and operated accordingly. It had a capacity of 48 spaces, of which approximately 80% were filled by sex offenders. The remaining spaces were filled by prisoners with coping issues who felt vulnerable. F wing also held prisoners undertaking the sex offender treatment programme (SOTP).
- 3.94 Staff on F wing supported some difficult prisoners, but the wing had few safeguards in place. For example, there was no policy document setting out the wing's role, how prisoners were selected for it or the safeguards to support their reintegration. There were no routine regular reviews of the prisoners held there, and little evidence of reintegration planning. The only exception was the post-course SOTP reviews, which considered the suitability of a prisoner for location on a mainstream unit.
- 3.95 The staff had developed a regime for prisoners on the wing, and only five were unemployed. Activities included laundry work, wing cleaning and education, but there were few quality jobs and prisoners in education did not have access to the full range of courses (see paragraph 5.6 and recommendation 5.23). A few prisoners were also supported to work alongside prisoners from mainstream units, including in the motor mechanics workshop, kitchens and in the

canteen. Prisoners on the wing went to faith services and visits alongside other prisoners, but were always escorted by staff.

## **Recommendation**

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- 3.96 All prisoners on F wing should have regular reviews and reintegration plans.



## Section 4: Health services

### Expected outcomes:

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

4.1 There was satisfactory access to primary care services, and good GP services and nurse-led clinics. There were not enough dental sessions and waiting lists were too long. Pharmacy services were managed well, but nurses continued to undertake secondary dispensing. Nursing staff were well trained and committed to improving prisoner health, but hampered by lack of facilities and administrative support. Despite this, prisoners were complimentary about health services generally. Mental health services were good, but prisoners had poor perceptions of this area of care.

### General

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- 4.2 Buckinghamshire Primary Care Trust (PCT) commissioned health services for Aylesbury and two other local prisons, and the prison's relationship with the PCT was developing well. Health staff were employed by the Prison Service. The PCT had completed a health needs assessment in August 2008, and made recommendations. The Buckinghamshire prison partnership board met regularly.
- 4.3 The healthcare area was in a modern purpose-built complex with treatment rooms, offices and a meeting room. All areas were light and airy, but there was a shortage of accommodation as some rooms were used by non-healthcare staff. This restricted the delivery of some health services as clinics were delayed through lack of suitable rooms. For example, the meeting room could have been used for day care or health promotion groups, but was used as a meeting room for the whole prison instead. The sharing of accommodation also affected medical confidentiality, as clinical discussions were held while non-healthcare staff moved through the department.
- 4.4 The waiting room was large and bright with fixed seating, and had a television that was also used for health promotion DVDs. The front office, where clinical records were stored, was staffed continuously. There was an overall lack of storage space, and some offices were very cluttered.
- 4.5 The department was superficially clean, but we could not be sure that it met NHS standards. Handwashing facilities were generally good, with soap dispensers and elbow taps throughout the department. A prisoner cleaned the department three times a week, rather than at least every weekday.
- 4.6 The treatment room was modern and had plenty of storage space, but some cupboards were not robust and had loose doors. Medicines were held in this room, as there was no separate dispensary. Stock was held in secure metal cabinets, and the room was generally tidy.
- 4.7 There was a small inpatient facility with three cells on the upper floor, which was rarely used (see paragraph 4.44). Its bathroom was unfit for purpose and had been put out of bounds.

- 4.8 The reception healthcare room was unfit for purpose and needed to be renovated or decommissioned and reception screening transferred to the main healthcare department. The floor was dirty and cluttered, there were no handwashing facilities and no emergency bell.
- 4.9 New arrivals were given a leaflet explaining health services and how to access them. The leaflet was good but needed updating. The department strongly supported health promotion and a named nurse ensured it had a high profile across the prison. Healthcare notice boards were being placed around the prison to publicise NHS health promotion themes. The designated nurse had access to the PCT health promotion lead nurse and was currently holding an ear care health promotion.
- 4.10 There was no clinical information technology system. Although cabling was in place, there had not yet been a decision on the system to be used.
- 4.11 Health staff treated prisoners professionally and with respect, and there was a good rapport between the two groups. In one example we saw, despite being short staffed and very busy, healthcare staff showed great consideration in managing a young man with demanding behaviour who spent the day in the department to give his wing staff some respite.

## Clinical governance

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- 4.12 Clinical governance arrangements were in place. The head of healthcare was a grade 5 manager with an extensive background as a prison healthcare officer. He attended senior management meetings and the Buckinghamshire prison (Aylesbury, Grendon and Spring Hill) partnership board.
- 4.13 Nursing cover was available for 24 hours a day, although we questioned the need for this. The nursing establishment was for nine whole-time equivalent staff, excluding the head of healthcare, and with one on night duty and one on nights off, this effectively left seven nurses to staff the department seven days a week. This did not take into account leave or sickness.
- 4.14 The overall skill mix was appropriate. There were two band 7 clinical lead nurses; both were highly qualified registered general nurses (RGN), and qualified independent nurse prescribers, and one was also a registered mental health nurse (RMN). One was an emergency nurse practitioner and the other a specialist nurse in genitourinary medicine. One of the eight other nursing posts was vacant. The remaining nurses were all band 5 and either RGN or enrolled nurses (ENs); one of the RGNs was also an RMN. Two had diplomas in asthma management and one had a special interest in diabetes management. All had responsibility for managing various clinics, such as asthma, diabetes and smoking cessation, and were involved in vaccination clinics. Most staff were available between 7.45am and 5pm. The two clinical leads were on call overnight and worked alternate weekends, which provided support to the other nurses. Night duty was managed through internal rotation with all nurses expected to rotate through night and day duty. There were regular team meetings.
- 4.15 Ongoing professional training was fully supported and two nurses were waiting to undertake additional training. There was no clinical supervision.
- 4.16 A prison-employed GP held six clinics a week, and a local GP surgery covered one session and any GP absences. The PCT out of hours' service provided out of hours cover. Although there was little need for the service, we were told that response times were generally good. Visiting health professionals included a dentist, podiatrist, physiotherapist and optician.

- 4.17 There had been no administrative support since October 2008. This placed an unacceptable and distracting burden of paperwork on nursing staff, and data collection had not been possible. One discipline officer was allocated to healthcare for less than five hours a day. There was no continuity of officers, which was not conducive to patient care.
- 4.18 Emergency equipment made up of oxygen, dressings and a defibrillator was held in the treatment room and was checked and recorded daily. Access to specialist equipment was through the PCT.
- 4.19 Clinical records were kept in secure cabinets in the front office and could only be accessed by health staff. Despite the absence of any administrative support, the records were managed well. Entries were comprehensive and appropriate, but many had no signatures or designations. A summary sheet was attached to the inside cover of the prisoner's clinical record, which gave an immediate summary of his medical history. The management of old records was unsatisfactory. Although they were held in sealed 'medical in confidence' envelopes, any staff member could go into the room holding them.
- 4.20 The management of communicable diseases was good and there were links with the local Health Protection Agency (HPA). During the inspection, some prisoners were suspected of having tuberculosis. They were managed well, with regular interaction with identified contacts at the HPA, and were placed on a medical hold to ensure that investigations could be completed before they were moved to any other establishment.
- 4.21 The healthcare department maintained a register of injury to inmate forms (F213s), and notified management of any evidence of suspicious injuries.
- 4.22 National service frameworks and other NHS publications were available to clinical staff.
- 4.23 There was no dedicated forum for prisoners to address general issues with senior healthcare staff. Complaints were dealt with by the head of healthcare, and there was access to the Patient Advice and Liaison Service. All prisoners were asked to consent to the sharing of information with appropriate agencies where necessary.
- 4.24 The change in the core day had affected health services, which could no longer hold group clinics, such as well man or no smoking, on wings. However, prisoners were still allowed to have association when the clinics would have run, and could have attended wing clinics voluntarily.

## Primary care

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- 4.25 Health services were good, and in our survey 59% of respondents said that their overall quality was good, against the comparator of 54%. Only access to the pharmacist fared worse than the comparator, with only 37% of respondents, against 58%, saying they were able to see a pharmacist.
- 4.26 Health staff saw all new arrivals in reception for an initial health screen, in-possession medication risk assessment and cell-sharing risk assessment. The prisoner had a secondary screening and a more in-depth assessment in the health department within three days. He was also offered all appropriate vaccinations, including MMR (measles, mumps, rubella) and hepatitis B and, where necessary, referred to the GP or other visiting health professionals. Healthcare staff also talked to new arrivals during induction.

- 4.27 Access to health services was through a paper application system, but applications were difficult to complete for prisoners with poor literacy. The forms were sifted by the night nurse who arranged the necessary appointments. The appointments were returned through the internal post with clear instructions that patients would have to reapply if they failed to attend. The absence of administrative support and a clinical IT system meant there were no data on how many prisoners did not attend their appointments. The application form did not make clear that prisoners would see a nurse before they saw the GP. If a prisoner felt unwell in the morning, he was seen by health staff during the medications round for an assessment.
- 4.28 The clinical lead nurses assessed all applicants to see the GP. They used a triage system, but there were no triage algorithms. The nurses were often able to diagnose and prescribe treatment without the prisoner having to see the GP. They could also book blood tests and x-rays so that these were available when the GP saw the patient. The same nurses also undertook minor surgical procedures, such as removing cysts or warts.
- 4.29 The asthma nurses followed up their patients regularly and managed them with support from the GP. Diabetic patients were managed similarly, but with additional support from a specialist nurse from the local hospital, which also included podiatry and retinopathy screening.
- 4.30 Two of the nurses had been trained in the management of sexual health diseases, and managed patients jointly with the GP. The department participated in the national chlamydia screening programme, and all new arrivals were offered a full sexual health screening. Barrier protection was available and appropriate health advice was offered on request, although this was not publicised.
- 4.31 The GP visited the segregation unit three times a week and the nurses every day to administer medications.
- 4.32 There were no facilities for wing-based nursing, but wing nurses had been identified.

## Pharmacy

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- 4.33 Supply-only pharmacy services were provided by HMP Woodhill. The pharmacist visited the prison quarterly to attend medicines and therapeutics committee meetings, but did not see any patients or hold pharmacy reviews of their medication. However, telephone support was available during working hours. Nursing staff managed and checked pharmaceutical stock. Heat-sensitive items were stored appropriately, and refrigerator temperature recordings were correct. There was little need for out-of-hours medication supply, as two nurses were independent prescribers, but if used, nurses administered medications against a faxed prescription. There was a dual-labelling system.
- 4.34 Nurses administered medicines on the wings at 8.30am and 6.15pm every day. Secondary dispensing was normal, as nurses dispensed daily doses of medication into Henley bags without a proper label. The patient's name was handwritten on the bag and medicines were taken to the wings in lockable boxes. This increased the risk of medication error. As there were no wing treatment rooms, nurses administered medicines in prisoners' cells, accompanied by a discipline officer. Weekly or monthly medications were administered at the same time.
- 4.35 There were no patient group directions for nurses to administer more potent medicines and only soluble paracetamol was allowed. A limited selection of over-the-counter remedies was available from the prison shop. Patient information leaflets were rarely given with medication, but there was a notice in the healthcare department advising prisoners of their availability.

Prisoners could reorder their prescriptions, and new supplies were generally returned within 48 hours. Prescribing levels were appropriate to the age of the population. Current medicine reference books were available in the department.

- 4.36 The quarterly medicines and therapeutics committee was chaired by the pharmacist; there was no representation from the PCT. There were some written pharmacy procedures and policies, but no special sick policy. Few controlled drugs were held at the prison. Controlled drugs records were not kept separately from named-patient records, but otherwise complied with the law. Prescriptions were faxed to the pharmacy and normally delivered the next day. Stock was checked weekly and orders faxed through to the pharmacy.
- 4.37 Each nurse had a stock of 60 soluble paracetamol tablets and was responsible for storing these and recording supplies to patients. Senior nursing staff monitored their usage and checked that their administration was recorded in the healthcare observation book and the separate special sick charts for individual patients. Unused medication was returned to the supplying pharmacy.
- 4.38 Pharmacy and prescribing data was difficult to collate, as all records were paper based. There were regular reviews of medication by nurses. Staff managed pharmaceutical products effectively, and there was no excessive pharmaceutical waste.

## Dentistry

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- 4.39 Dental treatment was good, but the waiting list had become too long with up to 50 prisoners waiting to be seen, some for six months. A further 65 were already under treatment and some had been waiting for up to nine months. Another 25 had applied for treatment but had not yet been assessed. The dentist had been in post for three months and had made significant inroads into reducing the list. However, there were not enough clinical sessions to clear the list.
- 4.40 Dental and radiographic records were of a high standard and completed at every session. Dental equipment was satisfactory, and planned improvements to the surgery included enhanced decontamination procedures and a washer disinfectant.
- 4.41 Prisoners with dental pain were normally seen at the next available session and, if necessary, prescribed appropriate medication while waiting. If necessary, they were referred to local dental services. A full range of NHS treatments was available.
- 4.42 Dental packs were given to new arrivals during their induction, and dental products were available through the prison shop. There was no formal oral health promotion strategy.
- 4.43 The dental team had completed training in resuscitation techniques. Emergency equipment was located nearby.

## Inpatient care

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- 4.44 The three inpatient cells were not on the certified normal accommodation and there were no inpatients at the time of the inspection. The facility was too far away from the main department and too close to H wing, which made the care of prisoners there difficult and a potential risk. There was no facility for day care or any other activity. The bathroom area was unfit for purpose. The flooring was poor and filthy, and the room had been placed out of bounds by the works department and needed a complete refurbishment. Prisoners were managed on the

wings rather than in inpatients, and the cells were mainly used for observation following hospitalisation.

## Secondary care

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- 4.45 We were told that NHS appointments were not unduly cancelled or rearranged. There was no healthcare activity data to verify this, but we found no evidence that there were many cancellations. Prisoners were not transferred while they underwent medical investigations or if they were waiting for an outpatient appointment in a local hospital.

## Mental health

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- 4.46 There were separate primary and secondary mental health teams, who worked well together. Prisoners with mental health support needs included those with obsessive compulsive disorder, post-traumatic stress disorder and psychosis.
- 4.47 The secondary mental health in-reach team (MHIRT) team was from the Oxfordshire and Buckinghamshire Foundation Mental Health Trust and comprised a full-time band 7 team leader, a full-time band 6 RMN, a part-time forensic clinical psychologist and three psychiatrists, one general and two forensic, who each held one session a week. The team was supported by a part-time administrator. There was no occupational therapy support.
- 4.48 In our survey, the response on mental health support was very negative. Sixty-nine per cent of respondents who had mental health issues said they were not receiving any help, against the comparator of 33%. Responses on receiving support from a doctor or nurse were also significantly worse than the comparators.
- 4.49 Referrals were accepted from all departments and prisoners themselves. The primary care team completed an initial assessed of referrals, who were discussed at a weekly referral meeting attended by both teams. The teams agreed a management plan for each referral, and the secondary team provided ongoing care through the care programme approach. All patients were discussed at the weekly meeting. Those under the care of the MHIRT underwent a full secondary mental health assessment and, where necessary, medication, and/or psychosocial intervention were initiated. The clinical psychologist was also able to provide cognitive behavioural therapy.
- 4.50 The relationship between discipline staff and the mental health teams was supportive, and discipline staff showed an interest in the management of prisoners. There was no formal mental health awareness training for staff.
- 4.51 There were no occupational therapy support or day care services. There was limited access to generic counselling services, but one primary care nurse was a trained bereavement counsellor. All mental health team contacts and interactions with prisoners were recorded on the generic clinical record to ensure all health professionals were up to date with their medical management.
- 4.52 Access to local secure units was sometimes difficult. One prisoner was waiting for a secure bed following assessment in February 2009.

## Recommendations

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- 4.53 All healthcare accommodation, including the meeting room, should be for the exclusive use of healthcare staff.
- 4.54 There should be regular professional cleaning of the healthcare department so that standards of cleanliness meet NHS requirements for infection control.
- 4.55 Unless the existence of the current inpatient unit can be justified, this facility should be closed.
- 4.56 Administrative support for the healthcare department should be increased as a matter of urgency.
- 4.57 An electronic clinical information system should be introduced as soon as possible.
- 4.58 Clinical supervision should be introduced and protected time given to staff to allow their participation.
- 4.59 A dedicated discipline officer should be deployed to assist healthcare functions and improve overall patient care.
- 4.60 Health professional entries in clinical records should meet professional guidelines, and the name and designation of all health professionals should be legible.
- 4.61 Old clinical records should be stored appropriately and only accessible to healthcare staff.
- 4.62 There should be a health forum for prisoners to meet with senior clinical managers and discuss health services.
- 4.63 Health clinics on wings should be restored to facilitate health promotion.
- 4.64 The bathroom area in the inpatient unit should not be used until it has been refurbished.
- 4.65 The healthcare reception room should be refurbished to include handwashing facilities and an alarm bell, and it should be cleaned regularly.
- 4.66 Triage algorithms should be used to ensure consistency of advice and treatment.
- 4.67 The number of prisoners failing to attend healthcare appointments should be recorded and monitored.
- 4.68 Additional dental sessions should be introduced to reduce the waiting list.
- 4.69 The primary care trust should commission a decontamination survey and provide a washer disinfectant.
- 4.70 The dental surgery should be refurbished to improve cross-infection controls and reduce clutter.

- 4.71 The service level agreement with the pharmacy provider should include counselling sessions, pharmacist-led clinics, clinical audit and medication review.
- 4.72 The pharmacist should make monthly visits to the prison to check the systems in operation, including professional control of the stock supplied and checks of faxed prescriptions against the originals.
- 4.73 When a dual-labelled pre-pack is dispensed against a prescription, the chart should be faxed to the pharmacy for the pharmacist to check that the prescription was appropriate and the correct item supplied.
- 4.74 Secondary dispensing of daily medication by nursing staff should stop immediately. Daily medication should be dispensed by the pharmacy supplier in appropriately labelled containers for staff to administer directly to patients.
- 4.75 The administration of medication on the wings should take place in conditions of confidentiality and security.
- 4.76 The medicines and therapeutics committee should formally review all procedures and policies to ensure they cover all aspects of the pharmacy service, and all staff should read and sign the agreed procedures.
- 4.77 The medicines and therapeutics committee should revise the special sick policy to enable the supply of all appropriate medicines.
- 4.78 Paracetamol soluble tablets for supply under the special sick policy should be stored appropriately in medicine cupboards.
- 4.79 Patient group directions should be developed to enable nurses to supply more potent medicines.
- 4.80 There should be formal procedures to encourage appropriate recording of pharmaceutical interventions and incidents.
- 4.81 There should be day care facilities for prisoners less able to cope with life on residential units.
- 4.82 There should be an occupational therapist to provide day care support.
- 4.83 There should be a programme of regular mental health awareness training for all prison staff.
- 4.84 Generic counselling services should be introduced.

### Housekeeping points

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- 4.85 There should be appropriate storage facilities in offices and treatment rooms.
- 4.86 The reception healthcare booklet should be updated.
- 4.87 Healthcare application forms should include pictorial illustrations of health services, and make clear that prisoners will be assessed by nurses before they see a GP.



4.88 The availability of barrier protection through healthcare should be advertised.



# Section 5: Activities

## Learning and skills and work activities

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### Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 Despite some recent improvements, progress to remedy weaknesses had been slow and many remained. Prisoners were positive about education and vocational training, and qualification achievement was satisfactory. However, standards of teaching in education classes were variable, and the range of education was too narrow. Many classes were cancelled due to staffing problems. The range and quality of vocational training had improved, but much was closed or operated below capacity. Unemployment was high. Much of the work offered was repetitive and mundane, although most prisoners felt their jobs would help them on release. The library was welcoming, appropriately stocked and run well, but as with education classes and vocational training, was not open in the evenings or weekends.
- 5.2 New arrivals received a brief introduction on learning and skills and work during their induction. Arrangements for initial assessment of their literacy and numeracy skills were poor; they were left to complete assessments unsupervised on the wings. Assessment was not sufficiently thorough to guide prisoners to learning programmes and qualifications that were challenging. However, screening and diagnostic testing to identify prisoners with potential dyslexia support needs were appropriate.
- 5.3 The promotion of learning and skills was poor. Induction did not focus enough on recruitment to education, and publicity of the provision was fragmented. A revised allocation process effectively brought together a multidisciplinary panel well informed about individual prisoners' needs, but the panel did not cover applications for education places in areas such as literacy and numeracy.
- 5.4 Although standards of teaching, training and learning were variable, in our survey a high proportion of respondents who had been involved in education felt it would help them on release. The best teaching was in courses promoting personal development and social integration, and the weakest in numeracy classes. During classes, prisoners spent much time on whole-class activities, and there was insufficient emphasis on meeting their individual learning needs. Individual learning plans were poor. Attainment ranges in the predominantly mixed-level classes were wide. Many classes did not offer sufficient challenge to the most able, or sufficient support for those who struggled with group tasks. Classroom resources had improved since previous inspections and were adequate.
- 5.5 Too many education classes were cancelled or taught by untrained staff due to staff absence or vacancies. Although 127 prisoners participated in education programmes, only 37 attended full time. On average, there were 56 places at each of the nine sessions during the week. The number in classes was often low, with only three or four in literacy and numeracy and information and communications technology (ICT) classes, although attendance at some

classes, such as assertiveness, was higher at six or seven. Generally, provision operated at around three-quarters of capacity.

- 5.6 The range of education was narrow and fragmented. There was no coherent curriculum for personal and social development across the prison. There was an adequate range of courses at level one, including art, assertiveness, budgeting, decision making, family man and teamwork, but very little at level two and above. There was a useful weekly support session for learners studying independently for GCSEs, A levels and Open University courses, attended by seven prisoners during inspection, but there was limited scope for progression to further learning overall.
- 5.7 The range of literacy, numeracy and provision in English for speakers of other languages (ESOL) was not sufficient. Most were mixed-level general programmes in the education centre, and there was no provision that integrated vocational training with literacy and/or numeracy learning. Prisoners learning ESOL did not work towards suitable accreditation. Support was not generally offered for adult literacy or numeracy in vocational or work areas. There was individual support for the small number of prisoners with dyslexia support needs.
- 5.8 No education was offered during the evenings or at weekends, apart from a course in British Sign Language run through the chaplaincy one evening a week. The range of programmes for vulnerable prisoners had improved, but was much narrower than provided in the education centre.
- 5.9 Qualification achievement was mainly satisfactory. Pass rates for those entering for literacy and numeracy accreditation were often good, although retention was poor on numeracy and entry level literacy programmes. Achievement on other accredited programmes was mixed. In classes that did not lead to accreditation, little of what prisoners achieved was recognised or recorded.
- 5.10 The range of vocational training had improved. It covered painting and decorating, brickwork, motor vehicle mechanics, using ICT, cookery, industrial cleaning and vocational PE. Nearly three-quarters of respondents to our survey said they had been involved in vocational or skills training. However, much was closed or operated well below capacity due to staffing problems. During the week of inspection, 81 prisoners were in vocational training, under two-thirds of the planned capacity of around 137. The prison had started to offer some training and accreditation of employability skills, such as team working, which catered for around 30 prisoners on motor vehicle training, painting and decorating, and vocational PE.
- 5.11 Teaching and learning were satisfactory overall. Motor vehicle training benefited from vehicle resources supplied by a motor company. Learners on painting and decorating programmes worked to commercial standards, above the level one award offered. All training staff had suitable occupational experience and qualifications.
- 5.12 Achievement was satisfactory overall for prisoners who completed their training. In our survey, most respondents who had participated in training felt it would help them on release. Achievement on some substantive vocational training courses in 2007/08 was good or very good. Achievements in painting and decorating, motor vehicle mechanics' courses, level one cookery awards and some PE courses were high. Success rates were satisfactory on short courses in health and safety, and health and hygiene, which accounted for approximately half the vocational accreditations. However, achievement was unsatisfactory on ICT programmes, and very poor in level two cookery.

- 5.13 Most vocational provision was at level one and progression opportunities to higher level awards were inadequate. Training to reach employment-standard level two awards made up less than a quarter of substantial programmes. Only motor vehicle training offered progression beyond level two.
- 5.14 Leadership and management of learning and skills were inadequate. Despite a recent emphasis on improving provision, progress to remedy weaknesses identified in previous learning and skills inspections had been slow and many remained. There had been a prolonged period without a head of learning and skills and, more recently, six months without an education manager. The management and planning of individual learning programmes needed improvement. Although the collection of data had improved across the prison, data analysis and evaluation were not yet sufficient. Quality assurance and improvement arrangements were still underdeveloped, and management collaboration across learning and skills was ineffective. The self-assessment process was not sufficiently developed, and self-assessment reporting not evaluative enough. The education contractor and the prison had separate development plans which, although useful, were not sufficiently aligned. A separate recovery plan devised by the education contractor had started to have some impact.
- 5.15 Unemployment was high at around 20% of the population. There was work for 166 prisoners, but the temporary closure of the laundry for refurbishment had affected 19 jobs, and vacancies elsewhere meant that the number working during the inspection was around 140. Despite this, around three-quarters of respondents to our survey said they had had a job while in prison. Work for 55 wing cleaners and orderlies accounted for a third of all jobs. Estates employed eight prisoners, the gardens six and recycling 11, and nine prisoners worked in the kitchens and seven in the mess. A further 41 jobs were red band or orderly roles in education and workshops, and wing activities' red bands. Much of the work was repetitive and mundane. Skills acquired were not accredited or adequately recognised, and cleaning qualifications had not been run four months. Nevertheless, more than two-thirds of survey respondents who had had jobs felt these would help them on release. Prisoners in work were entitled to paid time off to attend education classes for up to two half-day sessions a week.

## Library

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- 5.16 The library was small, but a welcoming and relaxed environment. There were opportunities for learning and personal development through resources, private study and discussion groups, although space for groupwork was more cramped. There was a range of books, lending and reference materials, magazines, CDs and newspapers, and requested books could be sourced through the Buckinghamshire library service. Library resources were well matched to prisoners' needs, interests and backgrounds, including those with learning or language requirements. There was a thorough system to chase up overdue books and stock loss was low in 2007/08.
- 5.17 Access to the library was fair but limited. All prisoners could visit it once a week for 40 minutes, and in our survey almost half of respondents said they attended weekly. However, library visits interrupted some education classes and were not sufficiently integrated into education planning. The library was not open during the evening or weekends.
- 5.18 There was effective use of data to monitor library access, for example by ethnicity and wing. Most prisoners were registered with the library, and those who had not borrowed books for some time were followed up regularly and encouraged to attend. There were monthly book selectors' meetings where prisoners could play an active part in choosing and reviewing books for the library.

- 5.19 The library staff team was experienced and well trained, and had access to continuous professional development through Buckinghamshire County Council, which provided the library under contract to the prison. Library staff provided good support for prisoners, for example through reader development groups and reading activities for young fathers.

## Recommendations

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- 5.20 There should be reliable arrangements for initial assessment of prisoners' literacy and numeracy and English for speakers of other languages (ESOL) needs.
- 5.21 New arrivals should be given clearly written and readily available information on all education, training and work opportunities.
- 5.22 There should be an effective and coherent application and allocation system to cover all education, vocational training and work.
- 5.23 The range of education and vocational training opportunities above level one should be improved.
- 5.24 There should be effective planning to meet the individual needs of learners.
- 5.25 There should be appropriate programmes of literacy, numeracy and ESOL support and development to meet the needs of prisoners in vocational training or work.
- 5.26 Classes and activities should be provided during the evenings and at weekends.
- 5.27 There should be a greater range of programmes and work for prisoners considered vulnerable.
- 5.28 There should be sufficient appropriate education and training staff, and the amount of education, training and work that is cancelled, closed or operating below capacity should be reduced significantly.
- 5.29 The personal and employability skills that prisoners acquire should be recognised and recorded through accreditation or other means.
- 5.30 Quality assurance and improvement arrangements, including self-assessment and the monitoring of standards of teaching and training, should be effective.
- 5.31 The proportion of the population who are unemployed should be significantly reduced, and opportunities for useful work increased.
- 5.32 Library opening hours should be extended to include evenings and weekends, and prisoners should have greater access.

## Physical education and health promotion

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### Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education

inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

5.33 Well-qualified staff provided an appropriate range of recreational and vocational PE. Outdoor facilities were good and indoor facilities satisfactory. Prisoners could have twice-weekly access to PE, but clashes with other regime activity reduced this to once a week for some.

5.34 Physical education staff were well qualified. Facilities for outdoor activities included a sports field with a full-sized football and rugby pitch. Indoor facilities included a large gym, weights room, and a fitness room with cardiovascular and resistance equipment. There was a classroom for vocational PE teaching and key skills support.

5.35 The range of recreational PE activity was adequate and reviewed regularly to ensure it reflected the needs of the population. Rugby and football matches against local outside teams were popular. Around 40 prisoners a week attended vocational PE and accredited provision included first aid courses, weights instructor training, football coaching and referee awards, and fitness instructor training at levels one and two. Prisoners could also complete Duke of Edinburgh bronze awards while at the prison. Health promotion included a healthy living course, which ran two evenings a week, and there was specific activity for prisoners referred by the healthcare team.

5.36 PE was offered every day and four weekday evenings. Monitoring of take up and subsequent analysis was routine and thorough. Rota provided access to prisoners twice a week. However, clashes with other regime activity reduced this to once a week for some prisoners, and in our survey only 36% of respondents said they attended PE twice weekly, against the comparator of 48%. Gym records showed around half of the population attended PE against an internal target of 60%.

## Recommendation

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5.37 All prisoners should be able to attend physical education at least twice a week, and more prisoners should take part in PE.

## Faith and religious activity

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### Expected outcomes:

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

5.38 The chaplaincy team was led by a full-time coordinating chaplain and represented all faiths. The Muslim chaplain had recently been appointed to a full-time position. Attendance at formal services was good, and several faith-based groups and activities were offered. Prisoners were positive about the work of the chaplaincy and believed their faith was respected.

5.39 The chaplaincy was an extensive team of mainly part-time and sessional chaplains, led by a full-time coordinating Church of England chaplain. The Muslim chaplain had recently been appointed to a full-time post. The part-time chaplains were involved in regular services and

other groups, and the Hindu and Sikh chaplains attended regularly to provide services, despite the few prisoners from these faiths.

- 5.40 Attendance at formal services was good. On Sunday mornings, about 30 to 40 prisoners attended an ecumenical Christian service and between 15 and 25 attended Catholic Mass. More than a quarter of prisoners, about 120, were Muslim, of whom up to 45 regularly attended Friday prayers. This number had been capped following a recent incident at the festival of Eid. The governor assured us that arrangements would be made if more than 45 prisoners wished to attend services.
- 5.41 A full programme of well-attended faith-based groups included Christian studies, a citizenship workshop that addressed victim awareness, a daily Islamic study programme, and regular groups for minority faiths. There were links to community groups, with members of local churches sometimes attending to lead worship, and post-release mentoring support from faith-based groups, although take up was limited. There was an active prison visitor scheme, and 10 regular visitors saw one or two prisoners each. For prisoners of minority faiths, up to four family members could visit the prison for up to two religious festivals a year to attend services, followed by refreshments. Similar arrangements for the majority faiths were limited to life-sentenced prisoners and Listeners, to keep numbers manageable.
- 5.42 In our survey, 57% of respondents believed their religious beliefs were respected, significantly better than the comparator of 48%, and 66% said they could speak to a religious leader in private, which was also significantly better than the comparator of 55%. The findings were even more positive for Muslim respondents: 70%, compared with 54% of non-Muslim respondents, said their beliefs were respected, and 84%, compared with 60%, said they were able to speak to a religious leader in private.
- 5.43 The chaplaincy team shared all statutory responsibilities, and saw all new arrivals and gave an induction talk. Written material on the chaplaincy was also available for new arrivals. However, in our survey, only 40% of respondents said that they saw a chaplain within 24 hours of arrival, which was significantly below the comparator of 48%. The coordinating chaplain told us that the chaplaincy attended a variety of meetings that supported the wider work of the prison, such as the race equality action team and safer custody committee.
- 5.44 Facilities in the chaplaincy included a good-sized chapel, well-appointed and welcoming meeting rooms, a world faith room, and a separate and dedicated mosque. The team also had some dedicated administrative support.

## Recommendation

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- 5.45 Provision for Muslim prayers should be adequate for the number of prisoners wishing to attend.

## Time out of cell

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### Expected outcomes:

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



- 5.46 The core day did not provide 10 hours out of cell, and some prisoners were unlocked for less than one hour a day. Association was not one hour a day for all prisoners and was often cancelled. Opportunities for time out of cell were also restricted because work and education sessions did not operate at full capacity. Unemployed prisoners were occasionally unlocked for a shower. Exercise was available for just 30 minutes a day, and exercise areas were unsuitable.
- 5.47 The prison had a target of eight hours a day out of cell and reported an average of around 7.2 hours over the year. The published core day gave enhanced prisoners the opportunity for 8.75 hours out of cell and all other prisoners eight hours a day, which was well short of our expectation of 10 hours.
- 5.48 Prisoners' experience varied significantly. Some prisoners who were unemployed were only out of their cell to collect their meals and have 45 minutes of association. When association was cancelled, such prisoners could be in their cells for 48 hours with only a brief time out to collect meals. A snapshot survey on one morning revealed that 166 prisoners were locked in their cells, 37% of the population.
- 5.49 Association was available four evenings a week, Friday afternoons and twice on Saturday and Sunday. A limited number of prisoners on each wing were unlocked at a time. On weekday evenings, there were two 45-minute sessions and standard regime prisoners were only out for one session, which was below our expectation of one hour.
- 5.50 The core day was significantly disrupted by cancellation of association. More than 20% of association sessions had been cancelled in the previous quarter, although the prison had tried to mitigate the effects by timing cancellations to coincide with wing gym nights, which provided time out of cell for those able or wishing to go to the gym.
- 5.51 The lack of association sessions disrupted prisoners' opportunities to shower every day and use the telephones. There was no structured routine for unlocking prisoners who were unemployed in groups for showers and to use telephones, but this was done ad hoc if staff were available.
- 5.52 Work, education and programme sessions were also often cancelled because of staff absence, which further restricted time out of cell. At the time of the inspection, workshops and education operated at 60% of capacity.
- 5.53 Daily 30-minute morning exercise sessions were not well used. Staff only unlocked prisoners who were out of bed, and did not encourage others to get up for exercise. Exercise areas were bare and many were littered, which was a security risk and a potential health hazard. Association and exercise sessions were well supervised by staff, but there was little mixing with prisoners.
- 5.54 Association areas were bleak with little seating, although the provision of games equipment was reasonable. Staff were alert to prisoners who did not go out on association and were active in finding out the reasons.

## Recommendations

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- 5.55 Unemployed prisoners should be allowed out of their cell each day for a shower and a telephone call.

- 5.56 Exercise should be timed to maximise prisoner uptake.
- 5.57 Exercise areas should be clean and contain benches and landscaping.
- 5.58 Staff should interact with prisoners during exercise and association sessions.
- 5.59 There should be sufficient seating in association areas for prisoners not participating in games.

# Section 6: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 The security department was busy and dealt with a high number of security information reports. The smuggling in of mobile telephones continued to be a serious problem, despite many finds. Search targets were consistently achieved. There was an under-reporting of assaults through the incident reporting system. The almost complete ban on the handing or posting in of property was too restrictive. Rules of the establishment were fully explained on induction.

### Security

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- 6.2 The security committee was chaired by the head of security and operations, and monthly meetings were well attended. Security staff included a principal officer, a day-to-day senior officer, operational support grade and two administrative grade staff, as well two residential officers for searching and a further two for mandatory drug testing each day.
- 6.3 There had been a serious incident in December 2008, when concerted indiscipline broke out during the Eid celebration. Tornado teams had to attend the prison and 20 prisoners were transferred out. In another serious incident that month there was a death in custody that appeared to be self inflicted, but was still being investigated by the Prisons and Probation Ombudsman.
- 6.4 Assaults in the prison were required to be reported through the incident reporting system (IRS). Although 80 assaults had been reported in this way in 2008, there had been 94 adjudications for assault in just the last six months of the year. This suggested that the number of assaults for the year should have been over 180. While this discrepancy might have been partially explained by multiple assaults being reported as one incident, most assaults were by single prisoners. We concluded that there was a significant under-reporting of assaults through IRS.
- 6.5 The security department was extremely busy, and received on average 65 security information reports (SIRs) a week. In the six months to the end of January 2009, 200 SIRs had related to mobile telephones; this was a serious problem for the establishment. A further 74 SIRs were about drug use. In the same period, there had been 93 mobile telephone and 26 drugs finds. The establishment had a mobile telephone detector and it was felt that this addressed some of the routes for their entry into the prison.
- 6.6 We reviewed a random selection of SIRs, which had been submitted by staff from a wide range of departments and reported information that was not purely observational. These SIRs had been processed appropriately and without undue delay.

- 6.7 Residential staff completed routine searches, and the establishment's target of searching all cells every four weeks was met consistently. The two officers detailed to security each day completed target searches. Managers monitored the quality of searches.
- 6.8 There were no banned visitors at the time of inspection and only one prisoner on closed visits. Prisoners subject to closed visits were reviewed during meetings of the security committee. Residential staff regularly attended and contributed to these reviews.
- 6.9 While security procedures did not affect prisoners unnecessarily, there was an almost complete ban on property being posted or handed in, which was too restrictive.

## Rules

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- 6.10 The rules of the establishment were fully explained on induction and included in the compacts that new arrivals were expected to sign. Rules were also well publicised across the wings.

## Categorisation

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- 6.11 Categorisation and allocation of prisoners were reasonably well managed. Wing staff completed assessments when prisoners reached 21, and discussed options for their preferred allocation. Where possible, such needs were pursued. Although most young adults were transferred to category B conditions in the adult estate, there were examples of both category C and D allocation. A few were moved to Woodhill in the high security estate. Transfer for lifers was more problematic, given the small number of category B prisons that accommodated them, but was appropriately managed. We were told that it was exceptionally rare for a lifer to be transferred to the high security estate when he turned 21.

## Recommendation

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- 6.12 The almost complete ban on property being handed or posted in should be relaxed.

## Discipline

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### Expected outcomes:

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

- 6.13 The level of adjudications was high. Hearings were fair, but not all charges were fully investigated. The minor report system was seldom used, and its punishments were not excessive. Use of force had increased significantly and was high for the type and size of population. The quality of staff statements was generally good, but there was little reference to de-escalation techniques, and planned use of force incidents were not videoed. The unfurnished cell in the segregation unit had not been used for over a year. Staff in the segregation unit had not received mental health awareness training, the unit was cramped with mixed standards in cells, and prisoners could only shower on alternate days. Good order or discipline reviews lacked detail, although some positive steps had been taken to aid reintegration. The quality of wing history files was poor. Subject to risk assessment and status, segregated prisoners could attend education courses and offending behaviour programmes.

## Disciplinary procedures

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- 6.14 Adjudication review meetings took place regularly and were minuted. Punishment tariffs had been reviewed in July 2008 and were publicised to prisoners in the library. In the last six months of 2008, there had been 1,052 adjudications – an average of 40 a week – which was high. The number had dropped slightly to an average of 36 a week in the first two months of 2009, but was still high for such a settled population.
- 6.15 The adjudication room was formally set out and suitably fit for purpose, with adequate levels of natural light. The table and chair for the prisoner were secured to the floor, and there was a fixed alarm point. Hearings were coordinated by the segregation unit senior officer, and two officers escorted and supervised the prisoner, who was given a rub-down search before he entered the adjudication room. Staff always kept a respectful distance and there was no attempt at intimidatory tactics.
- 6.16 We observed several adjudication hearings which, while brisk, were conducted fairly. The prisoner was put at ease by the adjudicator, addressed respectfully and given every opportunity to challenge what was said and put across his version of events. Requests for witnesses and legal advice were dealt with appropriately. If a charge was found proved, the prisoner was given a copy of his punishment and the appeal process.
- 6.17 In our review of documentation from earlier adjudications, we found that charges were not always fully investigated. In these cases, written records lacked detail and the adjudicator had not asked all necessary questions.
- 6.18 A minor report system also operated on the wings, but was seldom used. There had been 72 minor reports over a six-month period, an average of only three a week for the whole establishment. Hearings had been conducted fairly and punishments were not excessive. We found no evidence of unofficial or collective punishments.

## The use of force

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- 6.19 The control and restraint (C&R) committee met monthly and was chaired by the head of security and operations. Use of force was also a standing agenda item for the security committee, which discussed and analysed trends. There had been 283 use of force incidents in 2008, which was a significant increase on the 180 at our inspection in 2004, and high for the size and type of population at Aylesbury. Over 70% of incidents in 2008 (206) had involved the use of C&R techniques. Since the start of 2009, there had been 47 use of force incidents, 32 involving C&R. At the end of February 2009, 86% of staff had received basic C&R refresher training against a target of 80%.
- 6.20 All use of force documentation was quality assured by the orderly officer, and completed documentation was securely stored in the segregation unit. The documentation was generally of a good standard, with statements by individual staff providing a full account of their involvement and the circumstances leading up to the incident. However, the completed reports that we reviewed had little documentary evidence that de-escalation techniques had been used. All incident reports had an injury to inmate form (F213) attached. Planned use of force incidents were not video recorded.
- 6.21 Staff who were regularly involved in use of force incidents met with the head of security and operations to discuss any incidents that they had been involved in and to determine that force had only been used as a last resort.

- 6.22 There was one unfurnished cell in the segregation unit, although this had not been used since the start of 2008. While maintained ready for use, the cell had only been used for searches of prisoners entering the unit.

## Segregation unit

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- 6.23 The segregation unit provided accommodation on two landings, the top one of which was galleried with good lines of sight, and the main areas were covered by CCTV. There were 15 normal cells and one unfurnished, and a further unfurnished cell was used as a storeroom. There was also a staff office, adjudication room, prisoner shower and exercise yard. The unit was cramped.
- 6.24 The number of prisoners held in the unit was consistently high, with a monthly average of between nine and 11 since the second half of 2008. All aspects of segregation were carefully monitored at quarterly meetings of the seclusion monitoring and review group (SMARG). All staff in the unit had been carefully selected and authorised to work there by the governor, and appeared suitable for their role. However, none had completed mental health awareness training.
- 6.25 Communal areas of the unit were clean and there were notice boards with up-to-date information. However, cell standards were variable, some had dirty floors and all had dirty toilets. There was some graffiti but many cells had been recently painted. Prisoners could have cleaning materials on request or these were issued by staff every three days, but staff did not seem active in getting prisoners to keep their cells clean. Staff recorded when a prisoner had cleaned his cell, and we found that one prisoner had not cleaned his cell for 14 days.
- 6.26 All cells were a reasonable size with good levels of natural light, and four had in-cell electricity. All cells, including the unfurnished cell, had in-cell sanitation units that had been carefully positioned to provide adequate privacy. Normal cells also had a fixed metal bed, plus either a freestanding wooden table and chair or cardboard furniture, and fixed shelves. There was a shortage of tables and chairs, but we were satisfied that cardboard furniture was generally only issued following a risk assessment. Eligible prisoners held under good order or discipline (GOOD) were placed in one of the cells with in-cell electricity and could have a television, subject to good behaviour.
- 6.27 At the time of inspection, the unit held 13 prisoners, including one on GOOD, one on rule 58 (pending adjudication), five removed from wing and six serving periods of cellular confinement. We spoke to all prisoners held there. They had no complaints and confirmed that they had received their entitlements. Several also spoke highly of staff in the unit.
- 6.28 On location into the unit, prisoners received a rub-down search, unless a strip search was determined as necessary. They were also given the unit's routines and rules. The routine, while basic, was delivered consistently. Prisoners received daily access to exercise and the telephone, but could only use the showers every other day. Staff from education visited once a week and saw the occupants individually for in-cell work. Prisoners held under removal from wing could also attend any educational courses they were scheduled, subject to risk assessment, and all prisoners, subject to risk assessment, were also allowed to attend offending behaviour courses.
- 6.29 Reviews of segregated prisoners were completed within prescribed timescales. They were chaired by a governor grade and routinely attended by unit and healthcare staff and the Independent Monitoring Board (IMB). Written accounts of these reviews often lacked detail,

although we found some examples of active steps to aid reintegration. This including letting a prisoner attend association on a wing while he still resided in the segregation unit.

- 6.30 Wing files were maintained on each prisoner in the segregation unit. Staff made regular entries, but they lacked any real quality and provided little evidence of positive engagement with the prisoner.
- 6.31 Statutory visitors, including a governor, chaplain and medical professional, attended every day and signed the unit's register. A member of the IMB visited regularly.

## Recommendations

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- 6.32 All charges should be fully investigated and this should be evidenced in adjudication records.
- 6.33 Senior managers should thoroughly investigate the increase in use of force figures, identify the causes, and implement procedures to reduce incidents.
- 6.34 Details of de-escalation techniques where used should be recorded in use of force documentation.
- 6.35 Planned use of force incidents should be video recorded.
- 6.36 All staff in the segregation unit should receive mental health awareness training.
- 6.37 Prisoners in the segregation unit should have daily access to showers.
- 6.38 Good order or discipline (GOOD) reviews should be more detailed and provide a full summary of the main points discussed and agreed.
- 6.39 Staff entries in segregation unit history files should provide evidence of positive engagement with prisoners.

## Housekeeping points

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- 6.40 Staff in the segregation unit should ensure that prisoners maintain their cells at a consistently high standard.
- 6.41 The toilets in the segregation unit should be descaled.

## Incentives and earned privileges

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### Expected outcomes:

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

- 6.42 Staff and prisoners understood the incentives and earned privileges (IEP) scheme. A significant number of prisoners were on the enhanced level, although they did not always have

the level of association stipulated in the policy. Prisoners received written confirmation of their monthly behaviour reports and behaviour warnings. There were frequent verbal warnings, often for minor infringements of wing rules. Points could be deducted more than once for a single incident. There were robust management checks of IEP review boards. Behaviour improvement targets for prisoners on basic were sometimes perfunctory, and entries in their monitoring logs did not indicate positive staff engagement.

- 6.43 The incentives and earned privileges (IEP) policy was described in an operational instruction dated September 2008 and was published on wing notice boards. Staff and prisoners were familiar with the policy and understood how it operated. The scheme was reviewed at least annually.
- 6.44 The scheme operated on three levels: basic, standard and enhanced. Although some prisoners commented on the time it took to obtain enhanced, 44% of prisoners were on this level at the time of the inspection, with 53% on standard and 12 on the basic level. Prisoners could retain their enhanced status on transfer into the prison. Prisoners on the standard level could apply to be considered for enhanced after three months in the prison.
- 6.45 The scheme was not location based, although H wing accommodated up to 22 enhanced prisoners, most of whom worked in key red band posts. All employed enhanced prisoners who were able to share a cell could apply to be considered for a move to H wing. Applications were processed by H wing staff and a waiting list operated. Prisoners who had previously been located on H wing but had been removed could apply to be reconsidered, but new applicants had priority. The role of H wing was not covered in the published IEP policy.
- 6.46 The key differentials between the IEP levels were access to private cash, shop spending limits, visits, time out of cell and access to items on the facilities list. Although the published policy said that prisoners on enhanced would receive an additional one-hour period of association a day, this was not available consistently because of cancelled association and the limit on the number of prisoners who could have association on each wing at a time.
- 6.47 Promotion or demotion in the scheme was through written colour-coded behaviour warnings and the outcome of points awarded in monthly behaviour reports. Prisoners received written confirmation of behaviour warnings and their monthly behaviour report, which were stored in a separate wing file. A review board chaired by the wing senior officer was convened if a prisoner received more than the specified number of written warnings or if his monthly behaviour report score fell short.
- 6.48 Monthly behaviour reports were completed by the personal officer or wing staff and were based on entries in the prisoner's wing file. Points were allocated for a range of behaviour, including adherence to rules and regulations, compliance with the regime, sentence planning targets and interaction with staff and prisoners. Points were automatically deducted for verbal warnings, minor reports, behaviour warnings and proven governor's adjudications received during the month. This meant that points could be deducted not only for a single incident, but also for any informal or formal action taken as a result.
- 6.49 Prisoners on the enhanced level had their IEP status reviewed following receipt of a proven governor's report, minor report or written behaviour warning. We saw some examples where wing senior officers exercised their discretion and did not downgrade prisoners on the basis of one review board. Managers were clear that serious disciplinary issues were at odds with enhanced status, and this was reflected in the IEP policy.



- 6.50 Our examination of wing files showed that verbal behaviour warnings were issued very frequently for a wide range of infringements of wing rules, some of which were minor and petty. There was little evidence in wing files that staff discussed inappropriate behaviour with prisoners or offered guidance before they issued verbal warnings. There was also some inconsistency about whether verbal warnings that might show evidence of a pattern of behaviour resulted in formal behaviour warnings.
- 6.51 Prisoners demoted to the basic level were set targets, although some targets were perfunctory. While there were daily entries in basic monitoring records, they were largely observational and did not demonstrate that prisoners were supported or encouraged to improve their behaviour.
- 6.52 Senior officers kept comprehensive records of all IEP reviews completed each month, including monitoring ethnicity. A residential principal officer carried out thorough monthly management checks of a sample of completed reviews and gave feedback to wing managers. The head of residence also made a monthly check of a random sample of reviews. The findings of these checks demonstrated that the published policy was not adhered to consistently. There was an appeal process for prisoners, and some board decisions had been overturned as a result of management checks.

## Recommendations

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- 6.53 The role and purpose of H wing should be clearly stated in the incentives and earned privileges (IEP) policy.
- 6.54 Prisoners on the enhanced level should have consistent access to the full range of privileges stated in the policy.
- 6.55 Management checks of wing file entries should ensure that verbal warnings are issued appropriately, and that there is consistency in identifying patterns of behaviour that result in formal behaviour warnings.
- 6.56 Managers should check the monthly behaviour report system to ensure that points are deducted fairly and that prisoners are not penalised more than once for a single incident or behaviour.
- 6.57 Behaviour improvement targets for prisoners on the basic level should address and challenge the underlying causes of their behaviour.
- 6.58 Daily entries in basic monitoring logs should evidence engagement with prisoners and record progress against behaviour improvement targets.



# Section 7: Services

## Catering

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### Expected outcomes:

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

- 7.1 The kitchen was modern, clean and well equipped. Serveries were generally clean, but we found waste food in the servery during our night visit. There were reasonable consultation arrangements, including a biannual survey. Prisoners' views on food were generally better than in comparator prisons, although they were negative about portion size, and breakfast packs were issued the night before they were to be eaten.
- 7.2 The kitchen had been built in September 2007 and was bright, clean and well equipped. Food was stored and prepared appropriately in designated areas. The catering team consisted of a senior officer, three prison officers and a civilian worker, and 14 prisoners were employed full time. Prisoners could work towards a national vocational qualification level one in catering.
- 7.3 Serveries on the wings were generally clean and in a good state of repair, although we were told that waste macerators were frequently out of action. During our night visit, we found waste food left in serveries. The prison was installing a central waste disposal unit in the kitchen.
- 7.4 Prisoners employed on wing serveries were appropriately trained and certificates were displayed. The servery workers we spoke to were aware of cross-contamination, and separate serving utensils were used for halal food. While prisoners wore white protective clothing to serve meals, some of this was grubby and stained. Staff and prisoners told us appropriate clothing for servery workers was in short supply and each worker had only one set.
- 7.5 Consultation arrangements were reasonable. Although there was no longer a separate catering forum, food was regularly discussed at monthly prisoner forum meetings. The forum minutes showed there was communication between the chair of the forum and catering staff, but catering staff had not attended the meeting recently. There was a biannual catering survey, and the most recent had been in October 2008. Results were published on wings and used to inform menu changes. Food comment forms were available on each wing. Completed forms were logged in the kitchen, prisoners received an individual response, and replies were also held centrally in the kitchen. There had been 13 comment forms received in 2009, including some with positive feedback.
- 7.6 The four-week menu cycle catered for a range of religious and cultural diets. Fruit was available at each midday and evening meal. Our survey findings were better than in comparator prisons, with 33% of respondents, against 26%, stating that the food was good, although we received negative comments about the size of portions. We observed that servery workers were able to eat significant amounts of leftover food, which could have been more equitably shared among all prisoners on the wing. The food we sampled was good and hot.
- 7.7 Food was served at reasonable times, although breakfast packs were issued the night before they were due to be eaten. Serveries were adequately supervised. Prisoners had no opportunity to dine in association, and there were no self-catering facilities.

## Recommendations

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- 7.8 Servery workers should be provided with sufficient quantities of clean, suitable clothing.
- 7.9 Breakfast should be served on the morning it is eaten.
- 7.10 Prisoners should be able to dine in association.

## Housekeeping point

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- 7.11 Waste food should not be left on serveries overnight.

## Prison shop

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### Expected outcomes:

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

- 7.12 The range of items in the shop was generally poor, but the number of goods for black and minority ethnic prisoners compared favourably with other establishments. A new supplier was due to take over shortly. The rate at which the initial £5 advance for new arrivals had to be repaid was high, and a few had not received their money promptly from the sending establishment. Consultative arrangements were good.
- 7.13 New arrivals were offered a choice of a smoker's or non-smoker's reception pack to the value of £3, in addition to £2 telephone credit, making an initial advance of £5. This had to be repaid at £1 a week, which was excessive, particularly as prisoners who remained unemployed after induction got only £2.50 a week, out of which £1 was stopped for their television.
- 7.14 Prisoners' monies was not always transferred promptly when they arrived. This was a particular problem with new arrivals from Parc. On one occasion, those affected were not allowed to use the shop for over a week until their money arrived, rather than receive a spending advance from the establishment.
- 7.15 There was an in-house shop run by two operational support grade staff and employing up to four prisoners. The contract for supplying the shop was due to switch to Bookers from the start of May 2009. Interim arrangements had caused some problems, but Bookers was due to install its own IT equipment.
- 7.16 The prison shop offered just over 200 items, which was less than normal. This was confirmed in our survey, in which only 35% of respondents, significantly less than the comparator of 48%, said that the shop sold a wide enough range of goods to meet their needs. Black and minority ethnic respondents were even more negative, with only 29%, against 42% of white respondents, saying that there was a wide enough range of goods. However, we found that the range of black and minority ethnic specific items compared reasonably well with similar establishments, although the overall range of goods offered was extremely limited. No fresh fruit was available.

- 7.17 The shop staff regularly attended monthly consultative meetings and had also attended the race equality action team. A list of the items that Bookers could supply had been issued to prisoner representatives so that a new product list could be drawn up.
- 7.18 Order forms were given to prisoners on Fridays and collected over the weekend. Orders were delivered in sealed bags on Thursday or Friday, and prisoners had to check the goods and sign that they were correct. These arrangements worked well and any disputes could soon be rectified as the shop staff were on site.
- 7.19 Hobby materials were available on the shop list and there were arrangements for prisoners to buy newspapers and approved magazines. Unacceptable delays in catalogue orders had been largely resolved.

## Recommendations

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- 7.20 The rate of repayment of the £5 advance for new arrivals should be reduced.
- 7.21 Aylesbury should make a suitable advance to a new arrival when his sending establishment fails to forward his money.
- 7.22 The range of products in the shop should be significantly increased, and should include a selection of fresh fruit.



# Section 8: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

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

- 8.1 The reducing reoffending strategy document and action plans did not correspond, and neither covered the offender management unit, indeterminate sentence prisoners or public protection. Attendance at the bi-monthly resettlement committee meetings was sometimes poor.
- 8.2 There was an up-to-date but limited reducing reoffending strategy document. The primary focus was on the seven resettlement pathways, but there was only a basic outline of each area. There was little information about delivery or how the areas fitted together. Although it referred to a needs analysis undertaken in September 2008, no one we spoke to was aware of its details, and there was no link between the summary outline and the pathway provision. Although 40% of the population were subject to a life sentence or an indeterminate sentence for public protection (IPP), the strategy document made no reference to these prisoners or the management of their sentence. There was only minimal reference to the offender management unit and its role, even though this was the mechanism through which all prisoners were managed (see main recommendation HP52).
- 8.3 A reducing reoffending action plan had also been produced, but had little reference to the strategy document. The development areas identified for some of the pathways in the policy document differed from the objectives in the action plan. The action plan was also out of date, as all but one of its objectives had completion dates before January 2009. It was also not clear how the action plan objectives were reviewed. The resettlement committee minutes made no regular references to the action plan or scheduled reviews. Any developments took place in isolation from other aspects of resettlement strategy. For example, in 2007 the psychology department undertook a comprehensive analysis of offending behaviour needs and identified several development objectives. Although these had been achieved, there was no reference to them in the reducing reoffending action plan or the strategy document, and resettlement committee minutes had not reflected this progress.
- 8.4 The resettlement committee met bi-monthly, but attendance was often poor. For example, there was rarely, if ever, representation from the lifer department, and other pathway leads did not attend regularly.

## Recommendations

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- 8.5 Objectives identified in the reducing reoffending action plan should relate directly to the strategy document and be reviewed through the resettlement committee.
- 8.6 All pathway leads, or their representatives, should attend the bi-monthly resettlement committee meeting.

## Offender management and planning

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### Expected outcomes:

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

8.7 All prisoners were allocated an offender supervisor. The offender management unit had a large multidisciplinary team, but contact with prisoners was poor, and little work was planned. Quality assurance of the offender assessment system (OASys) was appropriate, but there was little or no casework supervision or further quality checks. Public protection work was appropriate, but attendance at risk assessment and management panels was poor. There was offending behaviour provision for prisoners on indeterminate sentence for public protection, but little for mandatory or discretionary lifers. There were no pre-release boards.

## Sentence planning and offender management

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- 8.8 Two full-time resettlement officers provided comprehensive information to new arrivals during the induction programme, and all prisoners also completed a basic resettlement needs questionnaire. The questionnaire identified any accommodation needs and/or those oriented to training and education, although the latter duplicated information obtained by the education department. The information obtained was not copied to offender supervisors and there was little work on accommodation until closer to release.
- 8.9 All prisoners were allocated an offender supervisor. The offender management unit (OMU) had a large multidisciplinary team, separated into four groups specialising in different sets of prisoners. Prisoners on indeterminate sentence for public protection (IPPs) were allocated to one of four full-time-equivalent probation officers; lifers to two prison officer offender supervisors; out-of-scope prisoners to 2.5 probation service officers; and all phase two in-scope prisoners and some out-of-scope cases to nine officer offender supervisors. Caseloads were relatively small at an average of between 25 and 30 per worker. Despite this, however, contact with prisoners was poor. Prisoners in scope and lifers were not seen monthly, as they should have been. Apart from an annual offender assessment system (OASys) review and sentence plan update, contact was often restricted to applications from prisoners or informal contact. Although the two lifer officer offender supervisors were dedicated to the OMU, the other officers shared their OMU work with that on the wings. Although seven officers should have been allocated to the OMU every day this was rare, and OMU staff were frequently used to cover absences elsewhere. On one day during our inspection, only four officers were available, and on another there were none. Contact by probation service offender supervisors was generally better planned and more frequent.
- 8.10 All prisoners who were in scope under phase two of offender management (122 at the time of the inspection) and all lifers and IPPs (171) were reviewed by the activities and allocation board every two weeks. The board ensured that prisoners attended appropriate offending behaviour programmes and education and training courses in line with their sentence planning targets. Prisoners, programme and course waiting lists were reviewed as often as was necessary, and as OASys and sentence planning boards were updated, so too was the board's database. The system worked reasonably well, ensured consistency and checked



prisoner development. However, 32% of the prisoner population were not covered by the board and were unlikely to get a place on an offending behaviour programme (see paragraph 8.99). Their contact with offender supervisors was also limited, and they lacked support to meet sentence planning targets.

- 8.11 Sentence planning procedures and targets were generally reasonable and appropriately linked to risk. However, in our survey, although significantly more respondents than the comparator said they had a sentence plan (75% against 53%), only 63%, significantly worse than the comparator of 70%, said that they had been involved in its development. Nevertheless, 83% of respondents, against the comparator of 77%, said that they could achieve some or all of their targets at Aylesbury. Contact with community-based offender managers was reasonable, but there were few links between offender management and personal officers. We were told that it was rare for personal officers to attend sentence planning meetings or be engaged in their prisoners' progress on identified targets. We saw sentence plans in most of the wing files we reviewed, although wing staff rarely had a working knowledge of their content.
- 8.12 All OASys assessments completed at Aylesbury were quality assured by one of the probation staff before submission. At the time of the inspection, 57 prisoners were without an OASys assessment and a further 50 were overdue for a review, equating to 24% of the population. Of these, 68 were the responsibility of offender managers, but there continued to be a problem in completing this work. There was no system to ensure that there were even internal provisional reviews under such circumstance. We found two cases where reviews of prisoners were more than a year overdue.
- 8.13 The role of offender supervisors was unclear. Prisoners were prioritised on the basis of their sentence rather than their level of risk. This oversight was compounded by infrequent contact with prisoners. Offender supervisors had had little training beyond that oriented to OASys, and only probation offender supervisors had casework supervision. There was no quality assurance scheme beyond basic checks of OASys assessments.
- 8.14 The number of prisoners released was low, at between 10 and 12 a month. One of the resettlement officers interviewed prisoners about three months before their release. The primary focus of this contact was to ensure that suitable accommodation was available on release and to check any other outstanding concerns. There was an up-to-date database of prisoners to be released, which ensured that they were seen. However, there were no formal links between resettlement officers and offender supervisors, and this work was often done in isolation. There were no pre-release boards to review issues, including outstanding risk factors or potential offending behaviour, and plan for post release.
- 8.15 In our survey, prisoners' knowledge about services to support release was significantly worse than the comparators. There was little promotion of these before the three-month pre-release interview or through advertising around the establishment.
- 8.16 Release on temporary licence (ROTL) was rare. Only nine prisoners had applied in the previous 12 months, including only two in the last six months. Only two applications had been granted in the previous year, including only one since September 2008. Many prisoners were not aware of the system for granting applications and there was no information about this. Prisoners were not told if or when they qualified for consideration and, because of infrequent contact, offender supervisors did not necessarily pick up this issue. Home detention curfew was more common and prisoners were informed automatically when they qualified for consideration. In the previous six months, 26 prisoners had been considered, of whom 10 were successful.

## Public protection

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- 8.17 All new arrivals were initially screened and considered by the risk assessment management panel (RAMP), which met fortnightly. Most of the population (432 out of 440 prisoners) were subject to some form of public protection, and the RAMP ensured that all necessary information was collated. All prisoners subject to concerns about child protection (103) or harassment were subsequently reviewed at least every six months. Other wider public protection cases were only reviewed if further information came to light and required wider consideration. In practice, this was rare and there was no mechanism to ensure that new information triggered a review.
- 8.18 Attendance at the RAMP was poor, and often included only the head of offender management and administrative grade staff. Offender supervisors did not attend routinely, even when prisoners for whom they were responsible were reviewed.
- 8.19 Public protection was not a standing item on the resettlement committee agenda, and there was no forum where the strategic development of this provision was reviewed.

## Indeterminate-sentenced prisoners

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- 8.20 At the time of the inspection, there were 69 lifers and 102 prisoners on IPPs. Provision for IPP prisoners was generally good. They were prioritised for offending behaviour programmes (see paragraph 8.100), allocated to probation officer offender supervisors and, where resources allowed, could access some one-to-one provision via the psychology department. An additional psychologist had recently been recruited to work in HMP Bullingdon and Aylesbury on additional assessment and one-to-one work with IPP prisoners.
- 8.21 The 69 mandatory and discretionary lifers did not receive such a level of support. The two offender supervisors dedicated to this group had only infrequent, and usually unplanned, contact. Although some lifers could attend offending behaviour programmes, due to the length of tariffs, such prisoners were mostly held at Aylesbury before transfer to the adult estate.
- 8.22 Apart from offending behaviour programmes, lifers and IPP prisoners were treated and managed in much the same way. On arrival, they were given a lifer booklet with basic information about the sentence and system at Aylesbury. The psychology department also ran a monthly risk workshop to help these prisoners understand risk assessment and reduction. Most lifers were accommodated on E wing, along with a high proportion of IPP prisoners with tariffs of more than four years. However, there was relatively little on the wing specifically for these groups. Some, but not all, staff on E wing had undertaken lifer training, and life-sentenced or IPP prisoners accommodated elsewhere were not necessarily allocated to personal officers who had experience of working with lifers.
- 8.23 There were quarterly lifer meetings. Three prisoners on E wing had been identified as lifer representatives, but there were none elsewhere in the prison, although there were lifer notice boards on each wing with minutes of the meetings. There were no general lifer groups and nothing specific for IPP prisoners. There were four lifer family days a year, open to prisoners who had been at Aylesbury for at least six months and on enhanced status for the same length of time; IPP prisoners also needed to have a tariff in excess of four years. Because only eight prisoners could be accommodated at a time, eligible prisoners could attend only one or two lifer days a year.

## Recommendations

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- 8.24 Officer offender supervisors should be dedicated to work in the offender management unit.
- 8.25 The level of offender supervisor contact with prisoners should be clearly defined and monitored, and the level and quality of their input should be subject to quality assurance.
- 8.26 The role of personal officers in offender management should be clarified and implemented.
- 8.27 Information and advice about release support services should be provided at induction and advertised throughout the prison.
- 8.28 The pre-release assessment interview should be linked to the work of offender supervisors and offender managers.
- 8.29 All prisoners should have a pre-release meeting that covers all aspects of resettlement and risk management.
- 8.30 The basic offender resettlement questionnaire should ensure information collated is not replicated elsewhere.
- 8.31 Personal officers should make their prisoners aware of when they qualify for release on temporary licence consideration, and offender supervisors should support them to apply for it.
- 8.32 Attendance at the risk assessment and management panel (RAMP) should be improved.
- 8.33 The RAMP should automatically review prisoners subject to public protection concerns when new information about them is received.
- 8.34 There should be a lifer strategy to ensure there are appropriate resources and systems to manage this population.
- 8.35 Prisoners on life sentences and indeterminate sentences for public protection (IPP) should be allocated to personal officers with specific training and/or experience of work with these groups.
- 8.36 There should be regular lifer and IPP prisoner groups.
- 8.37 The strategic development of public protection should be a standing item at the resettlement committee.

## Housekeeping point

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- 8.38 There should be lifer/IPP representatives on all wings where these prisoners are accommodated.

# Resettlement pathways

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## Expected outcomes:

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

## Reintegration planning

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8.39 Resettlement officers had reasonable links with community accommodation providers. Much of the vocational training on offer was below the level required for related employment. There was limited support for prisoners with finance, benefit or debt needs. Education no longer offered the pre-release course, but a money management course was available. Prisoners did not currently have a health check before their release.

## Accommodation

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8.40 The two resettlement officers provided accommodation support. Although advice was available during sentence, along with support to complete housing forms, for most prisoners, housing issues were not picked up until a few months before their release. All prisoners were interviewed three months before their release to establish release addresses, but there was no direct link with offender supervisors or offender managers. Resettlement officers knew their cases reasonably well, had links with community providers, including the St Giles Trust, and were generally able to get appropriate post-release support and help.

8.41 Most prisoners due for release returned to live with their family or into approved probation hostels. In our survey, only 29% of respondents said they would have difficulty finding accommodation on release, significantly better than the 39% comparator. Of prisoners who were released, 92.8% returned to settled accommodation, against a prison target of 84.5%. In the previous year, only one prisoner had been released with no fixed address.

## Education, training and employment

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*For further details, see Learning and skills and work activities in Section 5*

8.42 The prison's performance slightly exceeded its target for the progression of released prisoners into education, training or employment. Some vocational training in the prison provided a useful basis for self-employment. The prison offered vocational training at levels one and two in catering and some vocational PE, while motor vehicle training extended to levels three and four. However, too much vocational provision was only offered at level one, which was below the level usually required for gaining related employment. There were no short courses for prisoners nearing release in essential qualifications, such as the safety certificates needed to work on construction sites. The education, training and employment pre-release course had stopped in January 2009. The information, advice and guidance for new arrivals did not sufficiently focus on the training and education they required to meet their resettlement needs.

## **Finance, benefit and debt**

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- 8.43 There was no specific finance, benefit and debt provision. The resettlement officers provided some support, but this was limited and the staff had not been trained for such work. New arrivals were not asked about any debts they had. In our survey, only 27% of respondents said they knew who to speak to in the prison about money and finance on release, which was significantly worse than the 33% comparator.
- 8.44 The previous education pre-release programme had offered some debt advice and guidance and incorporated the unlock programme (setting up bank accounts pre-release). There was no clear indication whether the course would be resurrected. The education service offered a basic money management course. The programme was delivered seven to eight times a year, depending on demand, with a 10-session course delivered over five weeks.

## **Mental and physical health**

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- 8.45 Due to the absence of an administrator, prisoners due for release were not currently called to healthcare for a final health check. However, they were given a letter outlining their medical history and medication on release.
- 8.46 All prisoners who had been under the care of the mental health in-reach team were seen and, where possible, community mental health teams were invited to attend a pre-release case review. In all cases, community teams were contacted and details of the prisoner's care programme approach while in prison were shared.

## **Recommendations**

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- 8.47 There should be a suitable programme of short courses useful for employment for prisoners nearing release, and an appropriate pre-release course to help them secure employment, training or education on release.
- 8.48 Information, advice and guidance for new arrivals should enable effective planning of their training and education to meet their resettlement needs.
- 8.49 Specialist debt and finance support and help should be available to all prisoners.
- 8.50 There should be formal health discharge clinics to ensure all prisoners released from prison are seen by a member of the health team and advised how to access health services in the community.

## **Drugs and alcohol**

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- 8.51 There was a wide range of support for prisoners with drug and/or alcohol problems, including the P-ASRO programme, but counselling, assessment, referral, advice and throughcare (CARAT) services were under-resourced.

- 8.52 The head of residence was the establishment drug coordinator and chaired monthly drug strategy meetings. He was assisted by a dedicated drug strategy senior officer who oversaw service provision. Appropriate departments were represented at drug strategy meetings.
- 8.53 The drug strategy policy document was comprehensive and included an action plan. A basic alcohol strategy had been developed, but this focused on testing rather than service provision, which was inappropriate for this population. The counselling, assessment, referral, advice and throughcare (CARAT) service conducted an annual needs analysis to feed into the strategies, and also provided substance misuse awareness training to prison staff.
- 8.54 Prisoners with drug- and/or alcohol-related problems could access a wide range of support services provided by a multidisciplinary team. Both CARATs and the P-ASRO (prison addressing substance related offending) programme were provided by Inclusion staff, and the team also included two drug strategy officers. The teams were co-located.
- 8.55 All new arrivals were seen on a one-to-one basis during induction. Between April 2008 and January 2009 the CARAT team had undertaken 104 triage assessments, against an annual target of 70, but not all were within the first five days.
- 8.56 A manager and one worker held an open caseload of 213 clients and one of the drug strategy officers undertook CARAT work as well as voluntary drug testing (VDT). The team did its best to balance assessments with interventions, but the service was overstretched and had no consistent administrative support.
- 8.57 The service covered prisoners whose main problem was alcohol, but the majority were multiple drug users. In response to recent finds, steroid use was also addressed. Prisoners could access short CARAT groupwork modules focusing on harm reduction, cannabis, alcohol and relapse prevention, and there was a 'motivation to change' group in preparation for the P-ASRO programme. However, the number of groups faced reduction in order to catch up with new referrals.
- 8.58 Structured one-to-one work was supplemented with in-cell work packs, but only 10 prisoners were engaged in ongoing one-to-one contact. They were prioritised by date of release and vulnerability.
- 8.59 A PE instructor and the CARAT officer jointly facilitated a six-week healthy living course. Auricular acupuncture was available, and weekly Alcoholics Anonymous and Cocaine Anonymous self-help groups provided additional support.
- 8.60 The P-ASRO programme was available to prisoners requiring structured intervention, and this included vulnerable prisoners, but those on indeterminate sentences for public protection (IPP) were prioritised. Between April 2008 and March 2009, 60 prisoners had started and 44 completed the course, against annual targets of 60 and 36. The programme team consisted of a manager, her deputy and two facilitators, all from Inclusion. They worked closely with CARATs and received establishment support.
- 8.61 Past P-ASRO participants spoke highly of the course and the helpfulness of the facilitators. They suggested that a dedicated P-ASRO gym session and a greater focus on alcohol would be useful. There was no post-programme peer support, which was particularly relevant for those serving long sentences. Prisoners with complex needs could be referred to the psychology department or the chaplaincy for counselling.

- 8.62 CARAT and P-ASRO teams were well integrated into the prison and contributed to multi-agency meetings, such as the activities allocation and risk assessment panels. There were links with local drug intervention programmes (DIPs), but post-release support (especially for those with alcohol problems) was more difficult to arrange through the London DIPs since they prioritised class A drug users.
- 8.63 All P-ASRO participants had signed drug testing compacts and were tested three times during the programme. VDT was available to all prisoners independent of location. There were 135 VDT compacts and a further 40 prisoners on the waiting list. The capacity to offer additional VDT places had been lost when one of the drug strategy officers had also taken on CARAT work. Testing frequency was risk assessed.
- 8.64 Prisoners were positive overall about the support. In our survey, 75% of respondents with substance-related problems said they had received help, against a comparator of 60%, and 94%, against 77%, said that this had been useful to them.

## Recommendations

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- 8.65 The alcohol strategy should be developed and focus on service provision rather than testing.
- 8.66 Counselling, assessment, referral, advice and throughcare (CARAT) provision should be extended to meet demand for the service.
- 8.67 There should be consistent administrative support for the CARAT team.
- 8.68 There should be dedicated gym sessions for P-ASRO participants.
- 8.69 There should be a peer support scheme to offer ongoing support to prisoners who complete the P-ASRO programme.
- 8.70 All prisoners should have access to voluntary drug testing, and testing capacity should be increased.

## Good practice

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- 8.71 *The CARAT service prepared prisoners for the P-ASRO programme by running a 'motivation to change' groupwork module before they started the course.*

## Children and families of offenders

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- 8.72 Procedures to process prisoner's mail were efficient. The number of telephones broadly met our expectation. The visitors' centre had appropriate information in a range of languages, some toys and limited refreshments. The visits session we observed did not start at the published time. The visits environment needed improvement; the closed visits booths were not screened off and the small play area was uninviting. There were some positive pathway initiatives, but the work lacked strategic direction.
- 8.73 Procedures to manage prisoners' incoming and outgoing mail were efficient. There were no restrictions on the number of letters prisoners could receive, and mail was distributed on the

day it arrived in the prison. There were some notices to promote the use of the Pris-M initiative, which enabled prisoners to receive email correspondence from friends and families, but there had been little take up of the scheme and the equipment had been withdrawn.

- 8.74 The number of telephones on wings was broadly in line with our expectation of one per 20 prisoners. Although some had no privacy hoods, they were in the process of being fitted. All telephones had information notices advising prisoners that calls would be monitored. In our survey, only 23% of respondents, significantly better than the comparator of 31%, said they had problems with access to telephones.
- 8.75 Visits could only be booked by telephone. The visits booking line was open each weekday, and we got through on our first attempt.
- 8.76 Visits sessions lasted two hours and took place on Wednesday, Thursday, Saturday and Sunday afternoons and Saturday mornings. There were no evening visits. The session we observed did not start at the published time. Visitors booked in at a small visitors' centre, which was staffed by a manager employed by Visitors' Centre Services (VSC), who was supported by a small team of volunteers. The centre had appropriate, relevant information in a range of languages. There were a few toys, and refreshments were limited to hot drinks. There were also lockers, toilets and a quiet room for prayer.
- 8.77 The designated visits senior officer attended the centre at each session to support the team. Visitors were given a number when they were booked in and were admitted to the prison in number order. Visitors who arrived late could not have a full two-hour visit.
- 8.78 The visits room was not accessible for people with disabilities or mobility problems, but visitors could apply for an accessible visit, which took place in a small designated area in the main prison and was supervised by a prison officer. There were no refreshments available for those on accessibility visits.
- 8.79 The passive drug dog was being trained at the time of the inspection, but the published policy stated that a single positive drug dog indication would result in the offer of a closed visit.
- 8.80 The visits environment needed improvement, and some areas, such as the waiting area, required redecoration. Seating was fixed and the 32 tables were close to each other. There were three closed visits booths, which were not screened from the main room. There was one prisoner on closed visits at the time of the inspection and no banned visitors. Prisoners on closed visits could have drinking water, but no other refreshments.
- 8.81 The small play area was uninviting, although the chaplaincy had secured funding from local churches to provide additional toys. The VSC manager and volunteers staffed the play area and the visits refreshments bar. On the day we observed visits, neither the play area nor the refreshments bar opened until visits were well under way, which resulted in a lengthy queue for refreshments.
- 8.82 There was no separate prisoner waiting area, so prisoners sat at their designated table to wait for their visitors. Visits staff would not make telephone calls on their behalf to visitors who were late, but prisoners could ask to be taken back to their wing to make a call. Visitors who arrived before 3.45pm were permitted to have their visit to the end of the session at 4.15pm. All prisoners were required to wear bibs, which was unnecessary given the other security measures. The mats used during prisoners' exit searches were very dirty.
- 8.83 Prisoners could have inter-prison visits, telephone calls and accumulated visits by application.



- 8.84 There was an identified pathway lead for children and families work, who was a member of the resettlement committee. There were some positive pathway initiatives, but the work lacked a cohesive, strategic focus. The reducing reoffending strategy was not clear about who was responsible for delivering specific work or how progress would be monitored.
- 8.85 Families were invited to attend a range of faith-based festivals and events facilitated by the chaplaincy team (see paragraph 5.41). There were four lifer family days a year when families could visit various parts of the prison and take part in a buffet lunch. There had also been two Listener family days, the most recent in January 2009, with presentations by safer custody staff and Samaritans. The chaplaincy team was collating information about the relatively small number of prisoners who were parents, which was to be used to develop children-father visits in summer 2009.
- 8.86 Prisoners had the opportunity to record a story book on to CD for their children through the 'why read' project facilitated by the library staff for one session a month. In October 2008, an author had delivered a story-writing workshop for prisoners with children, and the library had also run a family session in the library attended by four carers and five children. A member of education staff and a prison officer had also delivered the seven-week family man course, and the next one was due to start in June 2009.

## Recommendations

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- 8.87 Visitors should be able to book their next visit while they are at the establishment.
- 8.88 Visits should start at the advertised time.
- 8.89 Closed visits should be authorised only when there is significant risk justified by security intelligence.
- 8.90 Prisoners should not have to wear a bib in the visits room.
- 8.91 Closed visits facilities should be screened from the main visits room and offer privacy.
- 8.92 The fixed seating in the visits room should be replaced.
- 8.93 The reducing reoffending policy and action plan should include clear targets for the delivery of objectives relevant to the children and families pathway.

## Housekeeping points

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- 8.94 The play area and tea bar should open at the start of the visits session.
- 8.95 Refreshments should be available in the accessibility visits room.
- 8.96 The mats used during prisoners' exit searches should be replaced.

## Attitudes, thinking and behaviour

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- 8.97 A range of programmes was available, but many prisoners had difficulty accessing them, and there were no non-accredited interventions or one-to-one work.

- 8.98 There was a generally good range of accredited programmes, including enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM), the sex offender treatment programme (SOTP) and P-ASRO (prison addressing substance related offending) (see paragraph 8.60). There had been 190 programme completions in 2008/09.
- 8.99 In our survey, 19% of respondent, significantly higher than the comparator of 8%, said they were currently attending an offending behaviour programme, and 83%, against 59%, thought offending behaviour programmes would help them on release. Despite these positive assessments, many prisoners had difficulty accessing programmes.
- 8.100 The prison had prioritised IPP prisoners for programmes, and 56% of all completions were from this group, although they accounted for only 23% of the population. Lifers accounted for 21% of completions and determinate prisoners only 22%, although this latter group were 59% of the population. For the ETS programme, 75% of the 122 prisoners on the waiting list were determinate-sentenced prisoners. No alternative non-accredited programmes or one-to-one provision were currently available (except for substance misuse, see paragraphs 8.56-59), and there was no victim awareness programme.
- 8.101 There had been a comprehensive needs analysis, based on criminogenic factors, in February 2007. This required updating.

## Recommendations

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- 8.102 The provision of accredited programmes should be extended to meet prisoner needs.
- 8.103 A victim awareness programme should be introduced.
- 8.104 There should be an annual needs analysis to identify and support the range of prisoner treatment needs.

# Section 9: Recommendations, housekeeping points and good practice

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

## Main recommendations

To the Governor

- 
- 9.1 All incidents of violence and assault should be accurately recorded through the incident reporting system. (HP47)
  - 9.2 There should be a clear policy that specifies safeguards for vulnerable prisoners. (HP48)
  - 9.3 The quantity, range and quality of work, education and vocational training should be increased. (HP49)
  - 9.4 Prisoners should spend 10 hours out of their cells on weekdays. (HP50)
  - 9.5 Association periods should be longer and should not be cancelled. (HP51)
  - 9.6 The reducing reoffending policy should cover all aspects of reducing reoffending, including the offender management unit, work with prisoners serving life sentences and indeterminate sentences for public protection, and public protection, along with the seven resettlement pathways. (HP52)
  - 9.7 There should be a clear strategy to ensure completion of missing and out-of-date offender assessment system (OASys) documents. (HP53)

## Recommendations

To the Governor

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### First days in custody

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- 9.8 Reception should be staffed to receive, process and locate new arrivals on to the induction unit without delay. (1.15)
- 9.9 Conditions in all reception holding rooms should be improved. (1.16)
- 9.10 Initial risk assessments and safety screening should be carried out with sensitivity and privately in appropriate surroundings. (1.17)
- 9.11 Prisoners' property should be processed on the day of their arrival. (1.18)
- 9.12 All new arrivals should receive all elements of the induction programme and attend all scheduled sessions.(1.19)
- 9.13 Prisoners on induction should not be locked in their cells during the core day.(1.20)

## **Residential units**

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- 9.14 Cells designed to hold one prisoner should not be used to hold two. (2.19)
- 9.15 All double cells should have sufficient furniture for both occupants. (2.20)
- 9.16 All in-cell toilets should be properly screened. (2.21)
- 9.17 The published offensive displays policy should be consistently enforced. (2.22)
- 9.18 All prisoners should have the opportunity to wear their own clothes. (2.23)
- 9.19 All prisoners should be able to access their stored property within one week of making an application. (2.24)
- 9.20 Communal showers should be fitted with privacy screens, maintained in good condition and be well ventilated. (2.25)
- 9.21 Prisoners should be able to shower daily and immediately after work and before visits.(2.26)
- 9.22 Staff should encourage all prisoners to keep their cells clean and should record such encouragement in wing files. (2.27)

## **Staff-prisoner relationships**

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- 9.23 Staff should address prisoners by their preferred name or title. (2.33)
- 9.24 There should be management checks to assess the quality of staff record keeping and encourage a more meaningful staff engagement with prisoners. (2.34)

## **Personal officers**

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- 9.25 Personal officers should evidence in weekly wing file entries that the information about prisoners obtained during the introductory interview forms the basis of future interactions and engagement. (2.42)

## **Bullying and violence reduction**

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- 9.26 The safer custody team should have administrative support. (3.12)
- 9.27 The safer custody team should provide targeted training to improve the quality of anti-bullying monitoring. (3.13)
- 9.28 There should be annual anti-bullying surveys, which include questions on where and when prisoners feel at risk, and an analysis of the findings should be presented to the safer custody meeting. (3.14)

## **Self-harm and suicide**

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- 9.29 Assessment, care in custody and teamwork (ACCT) documents should not be closed by a single member of staff. (3.27)
- 9.30 Staff who cannot attend an ACCT case review should send a replacement or provide a written report. (3.28)
- 9.31 Monitoring entries in ACCT documents should, wherever possible, provide evidence of positive engagement by staff. (3.29)
- 9.32 A Listener should see each new arrival on their first day in reception or on the first night unit. (3.30)
- 9.33 Prisoners should have access to Listeners at night. (3.31)
- 9.34 The names and locations of Listeners should be prominently publicised on all wings. (3.32)
- 9.35 Staff should routinely check on the welfare of prisoners who request the Samaritans telephone. (3.33)
- 9.36 Some cells should be upgraded to meet the specification of a safer or reduced risk cell. (3.34)

## **Race equality**

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- 9.37 There should be a strategy to address the perceptions of unfair treatment among black and minority ethnic prisoners. (3.53)
- 9.38 Reports of racist incidents should be fully investigated and pursued to their conclusion following examination of all evidence. (3.54)
- 9.39 All staff, particularly in prisoner contact roles, should receive up-to-date diversity training. (3.55)

## **Foreign national prisoners**

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- 9.40 There should be a distinct foreign national prisoners' policy with clear objectives and targets. (3.67)
- 9.41 There should be a specific foreign nationals committee, chaired by a senior manager. (3.68)
- 9.42 There should be a foreign nationals training plan for staff. (3.69)
- 9.43 The establishment should invite an independent immigration advisory service to visit the prison to provide information and advocacy for foreign national prisoners.(3.70)
- 9.44 The foreign national prisoner survey should take place every six months, and there should be an action plan to deal with the issues raised, which is monitored by the foreign nationals committee. (3.71)

## **Applications and complaints**

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- 9.45 Residential staff should be more active in helping prisoners pursue the outcome of simple applications and formal complaints. (3.77)

## **Legal rights**

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- 9.46 All legal services officers should receive appropriate training. (3.81)
- 9.47 Legal visits should be available on afternoons when social visits do not take place. (3.82)

## **Substance use**

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- 9.48 All prisoners should have access to smoking cessation clinics without undue delay. (3.90)
- 9.49 The mandatory drug testing suite should be refurbished, and an additional holding room provided. (3.91)

## **Vulnerable prisoners**

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- 9.50 All prisoners on F wing should have regular reviews and reintegration plans. (3.96)

## **Health services**

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- 9.51 All healthcare accommodation, including the meeting room, should be for the exclusive use of healthcare staff. (4.53)
- 9.52 There should be regular professional cleaning of the healthcare department so that standards of cleanliness meet NHS requirements for infection control. (4.54)
- 9.53 Unless the existence of the current inpatient unit can be justified, this facility should be closed. (4.55)
- 9.54 Administrative support for the healthcare department should be increased as a matter of urgency. (4.56)
- 9.55 An electronic clinical information system should be introduced as soon as possible. (4.57)
- 9.56 Clinical supervision should be introduced and protected time given to staff to allow their participation. (4.58)
- 9.57 A dedicated discipline officer should be deployed to assist healthcare functions and improve overall patient care.(4.59)
- 9.58 Health professional entries in clinical records should meet professional guidelines, and the name and designation of all health professionals should be legible. (4.60)
- 9.59 Old clinical records should be stored appropriately and only accessible to healthcare staff. (4.61)

- 9.60 There should be a health forum for prisoners to meet with senior clinical managers and discuss health services. (4.62)
- 9.61 Health clinics on wings should be restored to facilitate health promotion. (4.63)
- 9.62 The bathroom area in the inpatient unit should not be used until it has been refurbished. (4.64)
- 9.63 The healthcare reception room should be refurbished to include handwashing facilities and an alarm bell, and it should be cleaned regularly. (4.65)
- 9.64 Triage algorithms should be used to ensure consistency of advice and treatment. (4.66)
- 9.65 The number of prisoners failing to attend healthcare appointments should be recorded and monitored. (4.67)
- 9.66 Additional dental sessions should be introduced to reduce the waiting list. (4.68)
- 9.67 The primary care trust should commission a decontamination survey and provide a washer disinfectant. (4.69)
- 9.68 The dental surgery should be refurbished to improve cross-infection controls and reduce clutter. (4.70)
- 9.69 The service level agreement with the pharmacy provider should include counselling sessions, pharmacist-led clinics, clinical audit and medication review. (4.71)
- 9.70 The pharmacist should make monthly visits to the prison to check the systems in operation, including professional control of the stock supplied and checks of faxed prescriptions against the originals. (4.72)
- 9.71 When a dual-labelled pre-pack is dispensed against a prescription, the chart should be faxed to the pharmacy for the pharmacist to check that the prescription was appropriate and the correct item supplied. (4.73)
- 9.72 Secondary dispensing of daily medication by nursing staff should stop immediately. Daily medication should be dispensed by the pharmacy supplier in appropriately labelled containers for staff to administer directly to patients. (4.74)
- 9.73 The administration of medication on the wings should take place in conditions of confidentiality and security. (4.75)
- 9.74 The medicines and therapeutics committee should formally review all procedures and policies to ensure they cover all aspects of the pharmacy service, and all staff should read and sign the agreed procedures. (4.76)
- 9.75 The medicines and therapeutics committee should revise the special sick policy to enable the supply of all appropriate medicines. (4.77)
- 9.76 Paracetamol soluble tablets for supply under the special sick policy should be stored appropriately in medicine cupboards. (4.78)
- 9.77 Patient group directions should be developed to enable nurses to supply more potent medicines. (4.79)

- 9.78 There should be formal procedures to encourage appropriate recording of pharmaceutical interventions and incidents. (4.80)
- 9.79 There should be day care facilities for prisoners less able to cope with life on residential units. (4.81)
- 9.80 There should be an occupational therapist to provide day care support. (4.82)
- 9.81 There should be a programme of regular mental health awareness training for all prison staff. (4.83)
- 9.82 Generic counselling services should be introduced. (4.84)

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

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- 9.83 There should be reliable arrangements for initial assessment of prisoners' literacy and numeracy and English for speakers of other languages (ESOL) needs. (5.20)
- 9.84 New arrivals should be given clearly written and readily available information on all education, training and work opportunities. (5.21)
- 9.85 There should be an effective and coherent application and allocation system to cover all education, vocational training and work. (5.22)
- 9.86 The range of education and vocational training opportunities above level one should be improved.(5.23)
- 9.87 There should be effective planning to meet the individual needs of learners. (5.24)
- 9.88 There should be appropriate programmes of literacy, numeracy and ESOL support and development to meet the needs of prisoners in vocational training or work. (5.25)
- 9.89 Classes and activities should be provided during the evenings and at weekends. (5.26)
- 9.90 There should be a greater range of programmes and work for prisoners considered vulnerable. (5.27)
- 9.91 There should be sufficient appropriate education and training staff, and the amount of education, training and work that is cancelled, closed or operating below capacity should be reduced significantly. (5.28)
- 9.92 The personal and employability skills that prisoners acquire should be recognised and recorded through accreditation or other means. (5.29)
- 9.93 Quality assurance and improvement arrangements, including self-assessment and the monitoring of standards of teaching and training, should be effective.(5.30)
- 9.94 The proportion of the population who are unemployed should be significantly reduced, and opportunities for useful work increased. (5.31)
- 9.95 Library opening hours should be extended to include evenings and weekends, and prisoners should have greater access. (5.32)



## **Physical education and health promotion**

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- 9.96 All prisoners should be able to attend physical education at least twice a week, and more prisoners should take part in PE. (5.37)

## **Faith and religious activity**

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- 9.97 Provision for Muslim prayers should be adequate for the number of prisoners wishing to attend. (5.45)

## **Time out of cell**

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- 9.98 Unemployed prisoners should be allowed out of their cell each day for a shower and a telephone call. (5.55)
- 9.99 Exercise should be timed to maximise prisoner uptake. (5.56)
- 9.100 Exercise areas should be clean and contain benches and landscaping. (5.57)
- 9.101 Staff should interact with prisoners during exercise and association sessions. (5.58)
- 9.102 There should be sufficient seating in association areas for prisoners not participating in games. (5.59)

## **Security and rules**

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- 9.103 The almost complete ban on property being handed or posted in should be relaxed. (6.12)

## **Discipline**

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- 9.104 All charges should be fully investigated and this should be evidenced in adjudication records. (6.32)
- 9.105 Senior managers should thoroughly investigate the increase in use of force figures, identify the causes, and implement procedures to reduce incidents. (6.33)
- 9.106 Details of de-escalation techniques where used should be recorded in use of force documentation. (6.34)
- 9.107 Planned use of force incidents should be video recorded. (6.35)
- 9.108 All staff in the segregation unit should receive mental health awareness training. (6.36)
- 9.109 Prisoners in the segregation unit should have daily access to showers. (6.37)
- 9.110 Good order or discipline (GOOD) reviews should be more detailed and provide a full summary of the main points discussed and agreed. (6.38)
- 9.111 Staff entries in segregation unit history files should provide evidence of positive engagement with prisoners. (6.39)

## **Incentives and earned privileges**

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- 9.112 The role and purpose of H wing should be clearly stated in the incentives and earned privileges (IEP) policy. (6.53)
- 9.113 Prisoners on the enhanced level should have consistent access to the full range of privileges stated in the policy. (6.54)
- 9.114 Management checks of wing file entries should ensure that verbal warnings are issued appropriately, and that there is consistency in identifying patterns of behaviour that result in formal behaviour warnings. (6.55)
- 9.115 Managers should check the monthly behaviour report system to ensure that points are deducted fairly and that prisoners are not penalised more than once for a single incident or behaviour. (6.56)
- 9.116 Behaviour improvement targets for prisoners on the basic level should address and challenge the underlying causes of their behaviour. (6.57)
- 9.117 Daily entries in basic monitoring logs should evidence engagement with prisoners and record progress against behaviour improvement targets. (6.58)

## **Catering**

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- 9.118 Servery workers should be provided with sufficient quantities of clean, suitable clothing. (7.8)
- 9.119 Breakfast should be served on the morning it is eaten. (7.9)
- 9.120 Prisoners should be able to dine in association. (7.10)

## **Prison shop**

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- 9.121 The rate of repayment of the £5 advance for new arrivals should be reduced. (7.20)
- 9.122 Aylesbury should make a suitable advance to a new arrival when his sending establishment fails to forward his money. (7.21)
- 9.123 The range of products in the shop should be significantly increased, and should include a selection of fresh fruit. (7.22)

## **Strategic management of resettlement**

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- 9.124 Objectives identified in the reducing reoffending action plan should relate directly to the strategy document and be reviewed through the resettlement committee. (8.5)
- 9.125 All pathway leads, or their representatives, should attend the bi-monthly resettlement committee meeting. (8.6)

## **Offender management and planning**

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- 9.126 Officer offender supervisors should be dedicated to work in the offender management unit. (8.24)
- 9.127 The level of offender supervisor contact with prisoners should be clearly defined and monitored, and the level and quality of their input should be subject to quality assurance. (8.25)
- 9.128 The role of personal officers in offender management should be clarified and implemented. (8.26)
- 9.129 Information and advice about release support services should be provided at induction and advertised throughout the prison. (8.27)
- 9.130 The pre-release assessment interview should be linked to the work of offender supervisors and offender managers. (8.28)
- 9.131 All prisoners should have a pre-release meeting that covers all aspects of resettlement and risk management. (8.29)
- 9.132 The basic offender resettlement questionnaire should ensure information collated is not replicated elsewhere. (8.30)
- 9.133 Personal officers should make their prisoners aware of when they qualify for release on temporary licence consideration, and offender supervisors should support them to apply for it. (8.31)
- 9.134 Attendance at the risk assessment and management panel (RAMP) should be improved. (8.32)
- 9.135 The RAMP should automatically review prisoners subject to public protection concerns when new information about them is received. (8.33)
- 9.136 There should be a lifer strategy to ensure there are appropriate resources and systems to manage this population. (8.34)
- 9.137 Prisoners on life sentences and indeterminate sentences for public protection (IPP) should be allocated to personal officers with specific training and/or experience of work with these groups. (8.35)
- 9.138 There should be regular lifer and IPP prisoner groups. (8.36)
- 9.139 The strategic development of public protection should be a standing item at the resettlement committee. (8.37)

## **Resettlement pathways**

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- 9.140 There should be a suitable programme of short courses useful for employment for prisoners nearing release, and an appropriate pre-release course to help them secure employment, training or education on release. (8.47)

- 9.141 Information, advice and guidance for new arrivals should enable effective planning of their training and education to meet their resettlement needs. (8.48)
- 9.142 Specialist debt and finance support and help should be available to all prisoners. (8.49)
- 9.143 There should be formal health discharge clinics to ensure all prisoners released from prison are seen by a member of the health team and advised how to access health services in the community. (8.50)
- 9.144 The alcohol strategy should be developed and focus on service provision rather than testing. (8.65)
- 9.145 Counselling, assessment, referral, advice and throughcare (CARAT) provision should be extended to meet demand for the service. (8.66)
- 9.146 There should be consistent administrative support for the CARAT team. (8.67)
- 9.147 There should be dedicated gym sessions for P-ASRO participants. (8.68)
- 9.148 There should be a peer support scheme to offer ongoing support to prisoners who complete the P-ASRO programme. (8.69)
- 9.149 All prisoners should have access to voluntary drug testing, and testing capacity should be increased. (8.70)
- 9.150 Visitors should be able to book their next visit while they are at the establishment. (8.87)
- 9.151 Visits should start at the advertised time. (8.88)
- 9.152 Closed visits should be authorised only when there is significant risk justified by security intelligence. (8.89)
- 9.153 Prisoners should not have to wear a bib in the visits room. (8.90)
- 9.154 Closed visits facilities should be screened from the main visits room and offer privacy. (8.91)
- 9.155 The fixed seating in the visits room should be replaced. (8.92)
- 9.156 The reducing reoffending policy and action plan should include clear targets for the delivery of objectives relevant to the children and families pathway. (8.93)
- 9.157 The provision of accredited programmes should be extended to meet prisoner needs. (8.102)
- 9.158 A victim awareness programme should be introduced. (8.103)
- 9.159 There should be an annual needs analysis to identify and support the range of prisoner treatment needs. (8.104)

# Housekeeping points

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## **First days in custody**

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- 9.160 The grounds around the reception entrance should be kept clean and clear of rubbish. (1.21)

## **Residential units**

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- 9.161 External areas should be clean and free from litter. (2.28)
- 9.162 Laundry equipment should be maintained and repaired promptly. (2.29)

## **Self-harm and suicide**

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- 9.163 Wing managers should routinely complete and evidence daily quality checks of open ACCT documents. (3.35)

## **Health services**

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- 9.164 There should be appropriate storage facilities in offices and treatment rooms. (4.85)
- 9.165 The reception healthcare booklet should be updated. (4.86)
- 9.166 Healthcare application forms should include pictorial illustrations of health services, and make clear that prisoners will be assessed by nurses before they see a GP. (4.87)
- 9.167 The availability of barrier protection through healthcare should be advertised. (4.88)

## **Discipline**

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- 9.168 Staff in the segregation unit should ensure that prisoners maintain their cells at a consistently high standard. (6.40)
- 9.169 The toilets in the segregation unit should be descaled. (6.41)

## **Catering**

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- 9.170 Waste food should not be left on serveries overnight. (7.11)

## **Offender management and planning**

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- 9.171 There should be lifer/IPP representatives on all wings where these prisoners are accommodated. (8.38)

## **Resettlement pathways**

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- 9.172 The play area and tea bar should open at the start of the visits session. (8.94)

9.173 Refreshments should be available in the accessibility visits room. (8.95)

9.174 The mats used during prisoners' exit searches should be replaced. (8.96)

## Example of good practice

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9.175 The CARAT service prepared prisoners for the P-ASRO programme by running a 'motivation to change' groupwork module before they started the course. (8.71)

# Appendix I: Inspection team

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Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Steve Moffatt	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Laura Nettleingham	Researcher
Rachel Murray	Researcher

## **Specialist inspectors**

Sigrid Engelen	Substance use inspector
Bridget McEvilly	Healthcare inspector
Sharon Monks	Pharmacy inspector
John Reynolds	Dental inspector

Alastair Pearson	Ofsted team leader
Julia Horsman	Ofsted inspector
Lisa Williams	Ofsted inspector

## Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	440	100
<b>Total</b>	<b>440</b>	<b>100</b>

(ii) Sentence	Number of prisoners	%
12 months-less than 2 years	2	0.46
2 years-less than 4 years	65	14.77
4 years-less than 10 years	190	43.18
10 years and over (not life)	15	3.41
Life	168	38.18
<b>Total</b>	<b>440</b>	<b>100</b>

(iii) Length of stay	Number of prisoners	%
Less than 1 month	25	5.68
1 month to 3 months	65	14.77
3 months to 6 months	72	16.36
6 months to 1 year	110	25
1 year to 2 years	104	23.65
2 years to 4 years	61	13.86
4 years or more	3	0.68
<b>Total</b>	<b>440</b>	<b>100</b>

(iv) Main offence	Number of prisoners	%
Violence against the person	164	37.27
Sexual offences	80	18.18
Burglary	17	3.86
Robbery	107	24.32
Theft and handling	1	0.23
Drugs offences	22	5
Other offences	31	7.05
Offence not recorded/holding warrant	18	4.09
<b>Total</b>	<b>440</b>	<b>100</b>

(v) Age	Number of prisoners	%
18 years	81	18.41
19 years	125	28.41
20 years	174	39.54
21 years	59	13.41
22 years	1	0.23
<b>Total</b>	<b>440</b>	<b>100</b>

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	284	64.54
Between 50 and 100 miles of the prison	107	24.32
Over 100 miles from the prison	38	8.64
Overseas	1	0.23
No fixed address	10	2.27
<b>Total</b>	<b>440</b>	<b>100</b>



<b>(vii) Nationality</b>	<b>Number of prisoners</b>	<b>%</b>
British	379	86.13
Foreign nationals	61	13.87
<b>Total</b>	<b>440</b>	<b>100</b>

<b>(viii) Ethnicity</b>	<b>Number of prisoners</b>	<b>%</b>
<i>White:</i>		
British	194	44.1
Irish	5	1.1
Other White	14	3.2
<i>Mixed:</i>		
White and Black Caribbean	26	5.9
White and Black African	3	0.7
White and Asian	3	0.7
Other Mixed	9	2
<i>Asian or Asian British:</i>		
Indian	4	0.9
Pakistani	7	1.6
Bangladeshi	7	1.6
Other Asian	15	3.4
<i>Black or Black British:</i>		
Caribbean	66	15
African	52	11.8
Other Black	30	6.8
<i>Not stated:</i>	1	0.2
<i>Other ethnic group</i>	4	0.9
<b>Total</b>	<b>440</b>	<b>100</b>

<b>(ix) Religion</b>	<b>Number of prisoners</b>	<b>%</b>
Church of England	110	25
Roman Catholic	73	16.59
Other Christian denominations	11	2.5
Muslim	120	27.3
Sikh	2	0.45
Hindu	2	0.45
Buddhist	13	2.95
Other	5	1.13
No religion	104	23.63
<b>Total</b>	<b>440</b>	<b>100</b>

## Appendix III: Summary of prisoner questionnaires and interviews

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### Young adult survey methodology

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

### Choosing the sample size

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

At the time of the survey on 16 February 2009, the young adult population at HMYOI Aylesbury was 439. The sample size was 124. Overall, this represented 28% of the young adult population.

### Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

### Methodology

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

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

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

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

## **Response rates**

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In total, 119 respondents completed and returned their questionnaires. This represented 27% of the young adult population. The response rate was 96%. In addition to the two respondents who refused to complete a questionnaire, three questionnaires were not returned.

## **Comparisons**

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 23 young offender institutions since April 2003.
- A comparison within the 2009 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between Muslim and non-Muslim young adults.

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

## **Summary**

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

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

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

## Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	86%
	<i>21 - 29</i> .....	14%
	<i>30 - 39</i> .....	0%
	<i>40 - 49</i> .....	0%
	<i>50 - 59</i> .....	0%
	<i>60 - 69</i> .....	0%
	<i>70 and over</i> .....	0%
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	99%
	<i>Yes - on recall</i> .....	1%
	<i>No - awaiting trial</i> .....	0%
	<i>No - awaiting sentence</i> .....	0%
	<i>No - awaiting deportation</i> .....	0%
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	0%
	<i>Less than 6 months</i> .....	0%
	<i>6 months to less than 1 year</i> .....	1%
	<i>1 year to less than 2 years</i> .....	2%
	<i>2 years to less than 4 years</i> .....	18%
	<i>4 years to less than 10 years</i> .....	39%
	<i>10 years or more</i> .....	4%
	<i>IPP (indeterminate sentence for public protection)</i> .....	19%
	<i>Life</i> .....	16%
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b><i>Not sentenced</i></b> .....	0%
	<i>6 months or less</i> .....	20%
	<i>More than 6 months</i> .....	80%
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	4%
	<i>1 to less than 3 months</i> .....	4%
	<i>3 to less than 6 months</i> .....	12%
	<i>6 to less than 12 months</i> .....	23%
	<i>12 months to less than 2 years</i> .....	28%
	<i>2 to less than 4 years</i> .....	27%
	<i>4 years or more</i> .....	2%
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>	
	<i>Yes</i> .....	12%
	<i>No</i> .....	88%

<b>Q1.8</b>	<b>Is English your first language?</b>			
	Yes.....			92%
	No.....			8%
<b>Q1.9</b>	<b>What is your ethnic origin?</b>			
	White - British.....	46%	Asian or Asian British - Bangladeshi .....	2%
	White - Irish.....	2%	Asian or Asian British - Other.....	0%
	White - Other.....	3%	Mixed Race - White and Black Caribbean.....	4%
	Black or Black British - Caribbean. ....	16%	Mixed Race - White and Black African.....	3%
	Black or Black British - African.....	14%	Mixed Race - White and Asian .....	2%
	Black or Black British - Other .....	2%	Mixed Race - Other .....	3%
	Asian or Asian British - Indian.....	1%	Chinese.....	0%
	Asian or Asian British - Pakistani ...	2%	Other ethnic group .....	2%
<b>Q1.10</b>	<b>What is your religion?</b>			
	None.....	25%	Hindu.....	0%
	Church of England.....	24%	Jewish.....	0%
	Catholic.....	21%	Muslim .....	22%
	Protestant.....	2%	Sikh.....	0%
	Other Christian denomination .....	3%	Other.....	1%
	Buddhist.....	2%		
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>			
	Heterosexual/ Straight.....			99%
	Homosexual/Gay.....			0%
	Bisexual .....			1%
	Other .....			0%
<b>Q1.12</b>	<b>Do you consider yourself to have a disability?</b>			
	Yes.....			5%
	No.....			95%
<b>Q1.13</b>	<b>How many times have you been in prison before?</b>			
	0	1	2 to 5	More than 5
	51%	19%	25%	4%
<b>Q1.14</b>	<b>Including this prison, how many prisons have you been in during this sentence/remand time?</b>			
	1	2 to 5	More than 5	
	10%	87%	3%	
<b>Q1.15</b>	<b>Do you have any children under the age of 18?</b>			
	Yes.....			17%
	No.....			83%

## Section 2: Courts, transfers and escorts

**Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...**

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	3%	45%	18%	17%	11%	6%	0%
Your personal safety during the journey	12%	63%	12%	6%	5%	0%	1%
The comfort of the van	4%	11%	11%	31%	43%	0%	0%
The attention paid to your health needs	4%	36%	30%	11%	11%	3%	4%
The frequency of toilet breaks	2%	12%	20%	21%	27%	1%	18%

**Q2.2 How long did you spend in the van?**

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
5%	46%	40%	7%	2%

**Q2.3 How did you feel you were treated by the escort staff?**

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
8%	65%	19%	5%	1%	1%

**Q2.4 Please answer the following questions about when you first arrived here:**

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	85%	14%	1%
Before you arrived here did you receive any written information about what would happen to you?	25%	67%	9%
When you first arrived here did your property arrive at the same time as you?	85%	12%	3%

## Section 3: Reception, first night and induction

**Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)**

<i>Didn't ask about any of these</i> .....	16%	<i>Money worries</i> .....	12%
<i>Loss of property</i> .....	12%	<i>Feeling depressed or suicidal</i> .....	50%
<i>Housing problems</i> .....	19%	<i>Health problems</i> .....	57%
<i>Contacting employers</i> .....	9%	<i>Needing protection from other prisoners</i> .....	12%
<i>Contacting family</i> .....	59%	<i>Accessing phone numbers</i> .....	33%
<i>Ensuring dependants were being looked after</i> .....	5%	<i>Other</i> .....	0%

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

<i>Didn't have any problems</i> .....	49%	<i>Money worries</i> .....	19%
<i>Loss of property</i> .....	15%	<i>Feeling depressed or suicidal</i> .....	8%
<i>Housing problems</i> .....	10%	<i>Health problems</i> .....	6%

Contacting employers.....	6%	Needing protection from other prisoners.....	9%
Contacting family.....	16%	Accessing phone numbers.....	11%
Ensuring dependants were looked after.....	2%	Other.....	3%

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

	Yes	No	Don't remember
Were you seen by a member of health services?	92%	6%	3%
When you were searched, was this carried out in a respectful way?	83%	15%	3%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
8%	48%	31%	11%	1%	1%

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

Information about what was going to happen to you.....	46%
Information about what support was available for people feeling depressed or suicidal.....	49%
Information about how to make routine requests.....	52%
Information about your entitlement to visits.....	53%
Information about health services.....	65%
Information about the chaplaincy.....	56%
<b>Not offered anything.....</b>	<b>24%</b>

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

A smokers/non-smokers pack.....	92%
The opportunity to have a shower.....	34%
The opportunity to make a free telephone call.....	73%
Something to eat.....	74%
<b>Did not receive anything.....</b>	<b>2%</b>

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

Chaplain or religious leader.....	40%
Someone from health services.....	82%
A Listener/Samaritans.....	12%
<b>Did not meet any of these people.....</b>	<b>15%</b>

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

Yes.....	20%
No.....	80%

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

Yes.....	79%
No.....	17%
Don't remember.....	3%

<b>Q3.10</b>	<b>How soon after your arrival did you go on an induction course?</b>	
	<i>Have not been on an induction course</i> .....	9%
	<i>Within the first week</i> .....	34%
	<i>More than a week</i> .....	49%
	<i>Don't remember</i> .....	8%
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i> .....	9%
	<i>Yes</i> .....	56%
	<i>No</i> .....	23%
	<i>Don't remember</i> .....	11%

## Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to?</b>							
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>	
	Communicate with your solicitor or legal representative?	11%	35%	13%	24%	7%	10%	
	Attend legal visits?	9%	36%	17%	12%	2%	23%	
	Obtain bail information?	2%	9%	23%	8%	5%	53%	
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>							
	<i>Not had any letters</i> .....						19%	
	<i>Yes</i> .....						32%	
	<i>No</i> .....						49%	
<b>Q4.3</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>							
					<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?				52%	42%	3%	4%
	Are you normally able to have a shower every day?				25%	75%	0%	0%
	Do you normally receive clean sheets every week?				91%	8%	1%	1%
	Do you normally get cell cleaning materials every week?				63%	36%	1%	0%
	Is your cell call bell normally answered within five minutes?				52%	28%	16%	3%
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?				67%	32%	2%	0%
	Can you normally get your stored property, if you need to?				29%	49%	18%	4%
<b>Q4.4</b>	<b>What is the food like here?</b>							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>		
		4%	28%	40%	17%	10%		
<b>Q4.5</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>							
	<i>Have not bought anything yet</i> .....							0%
	<i>Yes</i> .....							35%
	<i>No</i> .....							65%



<b>Q4.6</b>	<b>Is it easy or difficult to get either</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form	56%	32%	3%	1%	3%	5%
	An application form	50%	38%	7%	4%	0%	1%
<b>Q4.7</b>	<b>Have you made an application?</b>						
	Yes.....						97%
	No.....						3%
<b>Q4.8</b>	<b>Please answer the following questions concerning applications</b> (If you have not made an application please tick the 'not made one' option)						
					<b>Not made one</b>	Yes	No
	Do you feel <i>applications</i> are dealt with fairly?				3%	58%	39%
	Do you feel <i>applications</i> are dealt with promptly? (within seven days)				3%	24%	73%
<b>Q4.9</b>	<b>Have you made a complaint?</b>						
	Yes.....						50%
	No.....						50%
<b>Q4.10</b>	<b>Please answer the following questions concerning complaints</b> (If you have not made a complaint please tick the 'not made one' option)						
					<b>Not made one</b>	Yes	No
	Do you feel <i>complaints</i> are dealt with fairly?				50%	19%	31%
	Do you feel <i>complaints</i> are dealt with promptly? (within seven days)				50%	21%	29%
	Were you given information about how to make an appeal?				28%	41%	32%
<b>Q4.11</b>	<b>Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?</b>						
	<b>Not made a complaint</b> .....						50%
	Yes.....						13%
	No.....						37%
<b>Q4.12</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>						
		<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
		26%	9%	24%	26%	10%	4%
<b>Q4.13</b>	<b>Please answer the following questions about your religious beliefs?</b>						
					Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?				57%	15%	28%
	Are you able to speak to a religious leader of your faith in private if you want to?				66%	3%	31%

**Q4.14 Can you speak to a listener at any time, if you want to?**

Yes	No	Don't know
36%	7%	57%

**Q4.15 Please answer the following questions about staff in this prison?**

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	59%	41%
Do <b>most</b> staff treat you with respect?	61%	39%

### Section 5: Safety

**Q5.1 Have you ever felt unsafe in this prison?**

Yes.....	34%
No.....	66%

**Q5.2 Do you feel unsafe in this prison at the moment?**

Yes.....	11%
No.....	89%

**Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)**

<b>Never felt unsafe</b> .....	68%	<i>At meal times</i> .....	3%
<i>Everywhere</i> .....	8%	<i>At health services</i> .....	7%
<i>Segregation unit</i> .....	3%	<i>Visit's area</i> .....	5%
<i>Association areas</i> .....	11%	<i>In wing showers</i> .....	8%
<i>Reception area</i> .....	0%	<i>In gym showers</i> .....	7%
<i>At the gym</i> .....	11%	<i>In corridors/stairwells</i> .....	10%
<i>In an exercise yard</i> .....	7%	<i>On your landing/wing</i> .....	3%
<i>At work</i> .....	8%	<i>In your cell</i> .....	4%
<i>During Movement</i> .....	18%	<i>At religious services</i> .....	5%
<i>At education</i> .....	11%		

**Q5.4 Have you been victimised by another prisoner or group of prisoners here?**

Yes.....	19%
No.....	81%

**Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**

<i>Insulting remarks (about you or your family or friends)</i> .....	8%	<i>Because you were new here</i> .....	2%
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	8%	<i>Because of your sexuality</i> .....	0%
<i>Sexual abuse</i> .....	2%	<i>Because you have a disability</i> .....	1%
<i>Because of your race or ethnic origin</i> .....	3%	<i>Because of your religion/religious beliefs</i> .....	2%
<i>Because of drugs</i> .....	0%	<i>Being from a different part of the country than others</i> .....	6%
<i>Having your canteen/property taken</i> .....	4%	<i>Because of your offence/ crime</i> .....	10%

- Q5.6 Have you been victimised by a member of staff or group of staff here?**  
 Yes..... 24%  
 No..... 76%
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- |   |    |  |    |
|---|----|--|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 8% | <i>Because of your sexuality.....</i>                              | 0% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i>         | 2% | <i>Because you have a disability.....</i>                          | 3% |
| <i>Sexual abuse.....</i>  | 1% | <i>Because of your religion/religious beliefs.....</i>             | 4% |
| <i>Because of your race or ethnic origin.....</i>                   | 5% | <i>Being from a different part of the country than others.....</i> | 6% |
| <i>Because of drugs.....</i>  | 2% | <i>Because of your offence/ crime.....</i>                         | 8% |
| <i>Because you were new here.....</i>                               | 5% |  |    |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**  
**Not been victimised**..... 66%  
 Yes..... 12%  
 No..... 22%
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**  
 Yes..... 23%  
 No..... 77%
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**  
 Yes..... 17%  
 No..... 83%
- Q5.11 Is it easy or difficult to get illegal drugs in this prison?**
- |                  |             |                |                  |                       |                   |
|------------------|-------------|----------------|------------------|-----------------------|-------------------|
| <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>Don't know</i> |
| 11%              | 10%         | 7%             | 3%               | 11%                   | 57%               |

## Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:**
- |              | <b>Don't know</b> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor   | 13%               | 7%               | 38%         | 15%            | 18%              | 9%                    |
| The nurse    | 8%                | 23%              | 51%         | 12%            | 5%               | 1%                    |
| The dentist  | 20%               | 3%               | 14%         | 13%            | 29%              | 22%                   |
| The optician | 34%               | 3%               | 12%         | 20%            | 17%              | 13%                   |
- Q6.2 Are you able to see a pharmacist?**  
 Yes..... 37%  
 No..... 63%

**Q6.3 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	21%	10%	34%	18%	10%	7%
The nurse	17%	17%	36%	16%	9%	5%
The dentist	41%	9%	22%	11%	12%	5%
The optician	53%	8%	16%	16%	4%	3%

**Q6.4 What do you think of the overall quality of the health services here?**

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	15%	8%	43%	18%	12%	5%

**Q6.5 Are you currently taking medication?**

Yes.....	19%
No.....	81%

**Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**

<i>Not taking medication</i> .....	81%
Yes.....	13%
No.....	7%

**Q6.7 Do you feel you have any emotional well being/ mental health issues?**

Yes.....	19%
No.....	81%

**Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**

<i>Do not have any issues / Not receiving any help</i> .....	95%
<i>Doctor</i> .....	2%
<i>Nurse</i> .....	1%
<i>Psychiatrist</i> .....	4%
<i>Mental Health In Reach team</i> .....	3%
<i>Counsellor</i> .....	2%
<i>Other</i> .....	2%

**Q6.9 Did you have a problem with either of the following when you came into this prison?**

	<i>Yes</i>	<i>No</i>
<i>Drugs</i>	19%	81%
<i>Alcohol</i>	14%	86%

**Q6.10 Have you developed a problem with either of the following since you have been in this prison?**

	<i>Yes</i>	<i>No</i>
<i>Drugs</i>	4%	96%
<i>Alcohol</i>	2%	98%

**Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**

Yes.....	16%
No.....	4%
<i>Did not / do not have a drug or alcohol problem</i> .....	80%

<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?</b>			
	Yes.....			15%
	No.....			5%
	<b>Did not / do not have a drug or alcohol problem</b> .....			80%
<b>Q6.13</b>	<b>Was the intervention or help you received, whilst in this prison, helpful?</b>			
	Yes.....			14%
	No.....			1%
	<b>Did not have a problem/Have not received help</b> .....			85%
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	<i>Drugs</i>	2%	83%	15%
	<i>Alcohol</i>	3%	88%	8%
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes.....			7%
	No.....			11%
	N/A.....			82%

## Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply)</b>				
	Prison job.....			40%	
	Vocational or skills training.....			28%	
	Education (including basic skills).....			42%	
	Offending behaviour programmes.....			19%	
	<b>Not involved in any of these</b> .....			24%	
<b>Q7.2</b>	<b>If you have been involved in any of the following, whilst in prison, do you think it will help you on release?</b>				
		<b>Not been involved</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	Prison job	26%	52%	19%	3%
	Vocational or skills training	27%	65%	3%	4%
	Education (including basic skills)	17%	67%	10%	6%
	Offending behaviour programmes	28%	59%	7%	6%
<b>Q7.3</b>	<b>How often do you go to the library?</b>				
	<b>Don't want to go</b> .....			16%	
	<i>Never</i> .....			10%	
	<i>Less than once a week</i> .....			25%	
	<i>About once a week</i> .....			39%	
	<i>More than once a week</i> .....			6%	
	<i>Don't know</i> .....			4%	

<b>Q7.4</b>	<b>On average how many times do you go to the gym each week?</b>						
	<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
		11%	6%	41%	31%	3%	6%

<b>Q7.5</b>	<b>On average how many times do you go outside for exercise each week?</b>					
	<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
		38%	15%	15%	8%	18%
						7%

<b>Q7.6</b>	<b>On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i> .....	31%
	<i>2 to less than 4 hours</i> .....	15%
	<i>4 to less than 6 hours</i> .....	24%
	<i>6 to less than 8 hours</i> .....	14%
	<i>8 to less than 10 hours</i> .....	3%
	<i>10 hours or more</i> .....	7%
	<i>Don't know</i> .....	6%

<b>Q7.7</b>	<b>On average, how many times do you have association each week?</b>					
	<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
		0%	2%	9%	71%	11%
						7%

<b>Q7.8</b>	<b>How often do staff normally speak to you during association time?</b>	
	<i>Do not go on association</i> .....	3%
	<i>Never</i> .....	19%
	<i>Rarely</i> .....	30%
	<i>Some of the time</i> .....	32%
	<i>Most of the time</i> .....	11%
	<i>All of the time</i> .....	5%

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>	
	<i>Still have not met him/her</i> .....	10%
	<i>In the first week</i> .....	44%
	<i>More than a week</i> .....	29%
	<i>Don't remember</i> .....	17%

<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
		10%	13%	27%	18%	19%
						13%

<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>	
	<i>Not sentenced</i> .....	0%
	<i>Yes</i> .....	75%
	<i>No</i> .....	25%

<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	25%
	<i>Very involved</i> .....	16%
	<i>Involved</i> .....	32%
	<i>Neither</i> .....	9%
	<i>Not very involved</i> .....	10%
	<i>Not at all involved</i> .....	9%
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	25%
	<i>Yes</i> .....	62%
	<i>No</i> .....	13%
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	25%
	<i>Yes</i> .....	48%
	<i>No</i> .....	27%
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>	
	<i>Not sentenced</i> .....	0%
	<i>Yes</i> .....	32%
	<i>No</i> .....	68%
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>	
	<i>Yes</i> .....	13%
	<i>No</i> .....	87%
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>	
	<i>Yes</i> .....	38%
	<i>No</i> .....	55%
	<i>Don't know</i> .....	7%
<b>Q8.10</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i> .....	23%
	<i>No</i> .....	76%
	<i>Don't know</i> .....	1%
<b>Q8.11</b>	<b>Did you have a visit in the first week that you were here?</b>	
	<i>Not been here a week yet</i> .....	9%
	<i>Yes</i> .....	25%
	<i>No</i> .....	58%
	<i>Don't remember</i> .....	8%
<b>Q8.12</b>	<b>Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)</b>	
	<i>Don't know what my entitlement is</i> .....	17%
	<i>Yes</i> .....	68%
	<i>No</i> .....	15%

<b>Q8.13</b>	<b>How many visits did you receive in the last week?</b>				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	9%	59%	31%	0%	0%

<b>Q8.14</b>	<b>Have you been helped to maintain contact with your family/friends whilst in this prison?</b>	
	Yes.....	43%
	No.....	57%

<b>Q8.15</b>	<b>Do you know who to contact to get help with the following within this prison: (please tick all that apply)</b>		
	<i>Don't know who to contact</i> .....	48%	<i>Help with your finances in preparation for release</i> ..... 27%
	<i>Maintaining good relationships</i> .....	18%	<i>Claiming benefits on release</i> ..... 28%
	<i>Avoiding bad relationships</i> .....	13%	<i>Arranging a place at college/continuing education on release</i> ..... 28%
	<i>Finding a job on release</i> .....	37%	<i>Continuity of health services on release</i> ..... 16%
	<i>Finding accommodation on release</i> .....	45%	<i>Opening a bank account</i> ..... 25%

<b>Q8.16</b>	<b>Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)</b>		
	<i>No problems</i> .....	49%	<i>Help with your finances in preparation for release</i> ..... 21%
	<i>Maintaining good relationships</i> .....	6%	<i>Claiming benefits on release</i> ..... 21%
	<i>Avoiding bad relationships</i> .....	11%	<i>Arranging a place at college/continuing education on release</i> ..... 21%
	<i>Finding a job on release</i> .....	41%	<i>Continuity of health services on release</i> ..... 14%
	<i>Finding accommodation on release</i> .....	29%	<i>Opening a bank account</i> ..... 15%

<b>Q8.17</b>	<b>Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?</b>	
	<i>Not sentenced</i> .....	0%
	Yes.....	66%
	No.....	34%





## Young adult survey responses HMYOI Aylesbury 2009

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

### Key to tables

		HMYOI Aylesbury 2009	Young adult institutions comparator
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<b>Number of completed questionnaires returned</b>		<b>119</b>	<b>1951</b>
<b>SECTION 1: General Information</b>			
2	Are you under 21 years of age?	86%	87%
3a	Are you sentenced?	100%	82%
3b	Are you on recall?	1%	6%
4a	Is your sentence less than 12 months?	1%	18%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	19%	1%
5	Do you have six months or less to serve?	20%	40%
6	Have you been in this prison less than a month?	4%	20%
7	Are you a foreign national?	12%	10%
8	Is English your first language?	92%	93%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	49%	28%
10	Are you Muslim?	23%	17%
11	Are you homosexual/gay or bisexual?	1%	2%
12	Do you consider yourself to have a disability?	5%	11%
13	Is this your first time in prison?	51%	42%
14	Have you been in more than 5 prisons this time?	3%	3%
15	Do you have any children under the age of 18?	17%	25%
<b>SECTION 2: Transfers and Escorts</b>			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	48%	35%
1b	Was your personal safety during the journey good/very good?	76%	57%
1c	Was the comfort of the van good/very good?	15%	11%
1d	Was the attention paid to your health needs good/very good?	41%	32%
1e	Was the frequency of toilet breaks good/very good?	14%	12%
2	Did you spend more than four hours in the van?	7%	6%
3	Were you treated well/very well by the escort staff?	74%	64%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	79%
4b	Before you arrived here did you receive any written information about what would happen to you?	24%	23%
4c	When you first arrived here did your property arrive at the same time as you?	85%	86%

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<b>SECTION 3: Reception, first night and induction</b>			
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:		
<b>1b</b>	Problems with loss of property?	12%	14%
<b>1c</b>	Housing problems?	19%	28%
<b>1d</b>	Problems contacting employers?	9%	13%
<b>1e</b>	Problems contacting family?	59%	70%
<b>1f</b>	Problems ensuring dependants were looked after?	5%	12%
<b>1g</b>	Money problems?	12%	17%
<b>1h</b>	Problems of feeling depressed/suicidal?	50%	49%
<b>1i</b>	Health problems?	57%	63%
<b>1j</b>	Problems in needing protection from other prisoners?	12%	19%
<b>1k</b>	Problems accessing phone numbers?	33%	55%
<b>2</b>	When you first arrived:		
<b>2a</b>	Did you have any problems?	51%	57%
<b>2b</b>	Did you have any problems with loss of property?	15%	9%
<b>2c</b>	Did you have any housing problems?	10%	15%
<b>2d</b>	Did you have any problems contacting employers?	6%	4%
<b>2e</b>	Did you have any problems contacting family?	16%	21%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	2%	3%
<b>2g</b>	Did you have any money worries?	19%	20%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	8%	14%
<b>2i</b>	Did you have any health problems?	6%	9%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	9%	5%
<b>2k</b>	Did you have problems accessing phone numbers?	11%	17%
<b>3a</b>	Were you seen by a member of health services in reception?	92%	89%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	83%	70%
<b>4</b>	Were you treated well/very well in reception?	56%	63%
<b>5</b>	On your day of arrival, were offered any of the following information:		
<b>5a</b>	Information about what was going to happen to you?	46%	56%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	49%	53%
<b>5c</b>	Information about how to make routine requests?	52%	44%
<b>5d</b>	Information about your entitlement to visits?	53%	56%
<b>5e</b>	Information about health services?	65%	61%
<b>5f</b>	Information about the chaplaincy?	56%	56%

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<b>SECTION 3: Reception, first night and induction continued</b>			
<b>6</b>	On your day of arrival, were you offered any of the following:		
<b>6a</b>	A smokers/non-smokers pack?	92%	83%
<b>6b</b>	The opportunity to have a shower?	34%	41%
<b>6c</b>	The opportunity to make a free telephone call?	73%	72%
<b>6d</b>	Something to eat?	74%	82%
<b>7</b>	Within the first 24 hours did you meet any of the following people:		
<b>7a</b>	The chaplain or a religious leader?	40%	48%
<b>7b</b>	Someone from health services?	82%	68%
<b>7c</b>	A listener/Samaritans?	12%	24%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	20%	20%
<b>9</b>	Did you feel safe on your first night here?	80%	80%
<b>10</b>	Have you been on an induction course?	91%	91%
For those who have been on an induction course:			
<b>11</b>	Did the course cover everything you needed to know about the prison?	62%	64%
<b>SECTION 4: Legal rights and respectful custody</b>			
<b>1</b>	In terms of your legal rights, is it easy/very easy to:		
<b>1a</b>	Communicate with your solicitor or legal representative?	46%	58%
<b>1b</b>	Attend legal visits?	46%	67%
<b>1c</b>	Obtain bail information?	11%	43%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	32%	39%
<b>3</b>	For the wing/unit you are currently on:		
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	52%	53%
<b>3b</b>	Are you normally able to have a shower every day?	25%	56%
<b>3c</b>	Do you normally receive clean sheets every week?	91%	82%
<b>3d</b>	Do you normally get cell cleaning materials every week?	63%	56%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	52%	42%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	58%
<b>3g</b>	Can you normally get your stored property, if you need to?	29%	35%
<b>4</b>	Is the food in this prison good/very good?	33%	26%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	48%
<b>6a</b>	Is it easy/very easy to get a complaints form?	88%	79%
<b>6b</b>	Is it easy/very easy to get an application form?	88%	84%
<b>7</b>	Have you made an application?	97%	76%

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<b>SECTION 4: Legal rights and respectful custody continued</b>			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	60%	63%
8b	Do you feel applications are dealt with promptly? (within 7 days)	25%	54%
9	Have you made a complaint?	50%	47%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	37%	39%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	41%	40%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	26%
10c	Were you given information about how to make an appeal?	41%	30%
12	Is it easy/very easy to see the Independent Monitoring Board?	33%	24%
13a	Do you feel your religious beliefs are respected?	57%	48%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	55%
14	Are you able to speak to a Listener at any time, if you want to?	36%	49%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	59%	69%
15b	Do most staff, in this prison, treat you with respect?	61%	66%
<b>SECTION 5: Safety</b>			
1	Have you ever felt unsafe in this prison?	34%	32%
2	Do you feel unsafe in this prison at the moment?	11%	18%
4	Have you been victimised by another prisoner?	19%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	8%	13%
5b	Hit, kicked or assaulted you?	8%	11%
5c	Sexually abused you?	2%	1%
5d	Victimised you because of your race or ethnic origin?	3%	4%
5e	Victimised you because of drugs?	0%	2%
5f	Taken your canteen/property?	4%	5%
5g	Victimised you because you were new here?	2%	6%
5h	Victimised you because of your sexuality?	0%	2%
5i	Victimised you because you have a disability?	1%	2%
5j	Victimised you because of your religion/religious beliefs?	2%	3%
5k	Victimised you because you were from a different part of the country?	6%	6%
5l	Victimised you because of your offence/crime?	10%	4%

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<b>SECTION 5: Safety continued</b>			
6	Have you been victimised by a member of staff?	24%	23%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	8%	13%
7b	Hit, kicked or assaulted you?	2%	5%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	5%	4%
7e	Victimised you because of drugs?	2%	1%
7f	Victimised you because you were new here?	5%	5%
7g	Victimised you because of your sexuality?	0%	1%
7h	Victimised you because you have a disability?	3%	2%
7i	Victimised you because of your religion/religious beliefs?	4%	3%
7j	Victimised you because you were from a different part of the country?	6%	5%
7k	Victimised you because of your offence/crime?	8%	4%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	35%	32%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	26%
10	Have you ever felt threatened or intimidated by a member of staff in here?	17%	19%
11	Is it easy/very easy to get illegal drugs in this prison?	21%	21%
<b>SECTION 6: Healthcare</b>			
1a	Is it easy/very easy to see the doctor?	45%	43%
1b	Is it easy/very easy to see the nurse?	74%	62%
1c	Is it easy/very easy to see the dentist?	16%	16%
1d	Is it easy/very easy to see the optician?	16%	13%
2	Are you able to see a pharmacist?	37%	58%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	55%	59%
3b	The nurse?	63%	67%
3c	The dentist?	53%	44%
3d	The optician?	50%	44%
4	The overall quality of health services?	59%	54%

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<b>Healthcare continued</b>			
5	Are you currently taking medication?	19%	23%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	66%	57%
7	Do you feel you have any emotional well being/mental health issues?	19%	30%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	69%	33%
8b	A doctor?	10%	29%
8c	A nurse?	6%	26%
8d	A psychiatrist?	26%	36%
8e	The mental health in-reach team?	21%	34%
8f	A counsellor?	10%	24%
9a	Did you have a drug problem when you came into this prison?	19%	16%
9b	Did you have an alcohol problem when you came into this prison?	14%	14%
10a	Have you developed a drug problem since you have been in this prison?	4%	7%
10b	Have you developed an alcohol problem since you have been in this prison?	2%	4%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	80%	75%
12	Have you received any help or intervention whilst in this prison?	75%	60%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	94%	77%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	17%	26%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	12%	26%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	40%	47%
<b>SECTION 7: Purposeful activity</b>			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	40%	40%
1b	Vocational or skills training?	28%	18%
1c	Education (including basic skills)?	42%	29%
1d	Offending Behaviour Programmes?	19%	8%

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<b>Purposeful activity continued</b>			
<b>2ai</b>	Have you had a job whilst in prison?	75%	71%
For those who have had a prison job whilst in prison:			
<b>2aii</b>	Do you feel the job will help you on release?	70%	53%
<b>2bi</b>	Have you been involved in vocational or skills training whilst in prison?	73%	64%
For those who have had vocational or skills training whilst in prison:			
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	89%	56%
<b>2ci</b>	Have you been involved in education whilst in prison?	83%	76%
For those who have been involved in education whilst in prison:			
<b>2cii</b>	Do you feel the education will help you on release?	81%	64%
<b>2di</b>	Have you been involved in offending behaviour programmes whilst in prison?	72%	60%
For those who have been involved in offending behaviour programmes whilst in prison:			
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	83%	59%
<b>3</b>	Do you go to the library at least once a week?	45%	29%
<b>4</b>	On average, do you go to the gym at least twice a week?	36%	48%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	26%	40%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	7%	9%
<b>7</b>	On average, do you go on association more than five times each week?	11%	41%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	16%	22%
<b>SECTION 8: Resettlement</b>			
<b>1</b>	Do you have a personal officer?	90%	65%
For those with a personal officer:			
<b>2</b>	Do you think your personal officer is helpful/very helpful?	44%	63%
For those who are sentenced:			
<b>3</b>	Do you have a sentence plan?	75%	53%
For those with a sentence plan?			
<b>4</b>	Were you involved/very involved in the development of your plan?	63%	70%
<b>5</b>	Can you achieve some/all of you sentence plan targets in this prison?	83%	77%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	64%	48%
For those who are sentenced:			
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	32%	29%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	13%	15%
<b>9</b>	Have you had any problems with sending or receiving mail?	38%	39%
<b>10</b>	Have you had any problems getting access to the telephones?	23%	31%
<b>11</b>	Did you have a visit in the first week that you were here?	25%	38%
<b>12</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	68%	66%

**Key to tables**

	Any percent highlighted in green is significantly better	HMYOI Aylesbury 2009	Young adult institutions comparator
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<b>Resettlement continued</b>			
13	Did you receive one or more visits in the last week?	31%	44%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	43%	46%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	18%	17%
15c	Avoiding bad relationships?	13%	14%
15d	Finding a job on release?	37%	45%
15e	Finding accommodation on release?	45%	47%
15f	With money/finances on release?	27%	33%
15g	Claiming benefits on release?	27%	43%
15h	Arranging a place at college/continuing education on release?	27%	40%
15i	Accessing health services on release?	16%	40%
15j	Opening a bank account on release?	25%	34%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	6%	19%
16c	Avoiding bad relationships?	11%	21%
16d	Finding a job?	41%	58%
16e	Finding accommodation?	29%	39%
16f	Money/finances?	21%	50%
16g	Claiming benefits?	21%	34%
16h	Arranging a place at college/continuing education?	21%	44%
16i	Accessing health services?	14%	17%
16j	Opening a bank account?	15%	29%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	66%	61%





Key question responses (ethnicity, nationality and religion) HMYOI Aylesbury 2009

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

Key to tables

		Black and minority ethnic young adults	White young adults	Foreign national young adults	British national young adults	Muslim young adults	Non-Muslim young adults
	Any percent highlighted in green is significantly better						
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<b>Number of completed questionnaires returned</b>		<b>58</b>	<b>60</b>	<b>14</b>	<b>101</b>	<b>26</b>	<b>90</b>
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.7	Are you a foreign national?	18%	7%			20%	10%
1.8	Is English your first language?	88%	97%	65%	96%	76%	97%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			71%	46%	81%	40%
1.10	Are you Muslim?	37%	8%	35%	20%		
1.12	Do you consider yourself to have a disability?	3%	7%	8%	5%	4%	5%
1.13	Is this your first time in prison?	48%	53%	65%	50%	54%	50%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	41%	39%	29%	42%	38%	40%
2.3	Were you treated well/very well by the escort staff?	67%	80%	43%	79%	70%	74%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	90%	80%	78%	85%	89%	84%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	63%	54%	71%	56%	40%	63%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	47%	54%	57%	50%	48%	52%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	60%	55%	57%	58%	64%	57%
3.2a	Did you have any problems when you first arrived?	45%	56%	63%	51%	48%	51%
3.3a	Were you seen by a member of healthcare staff in reception?	90%	93%	86%	92%	93%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	88%	78%	77%	83%	89%	82%

## Key to tables

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3.4	Were you treated well/very well in reception?	59%	53%	43%	58%	66%	54%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	81%	83%	71%	83%	77%	83%
3.9	Did you feel safe on your first night here?	77%	82%	57%	83%	70%	84%
3.10	Have you been on an induction course?	91%	90%	92%	90%	93%	90%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	42%	57%	45%	46%	47%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	53%	50%	54%	52%	58%	49%
4.3b	Are you normally able to have a shower every day?	22%	29%	29%	25%	27%	25%
4.3e	Is your cell call bell normally answered within five minutes?	50%	54%	50%	53%	50%	52%
4.4	Is the food in this prison good/very good?	37%	29%	34%	33%	28%	33%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	42%	43%	35%	23%	40%
4.6a	Is it easy/very easy to get a complaints form?	86%	90%	92%	89%	89%	89%
4.6b	Is it easy/very easy to get an application form?	84%	92%	92%	88%	80%	91%
4.9	Have you made a complaint?	46%	53%	54%	50%	58%	48%
4.13a	Do you feel your religious beliefs are respected?	61%	52%	62%	57%	70%	54%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	73%	58%	85%	62%	84%	60%
4.14	Are you able to speak to a Listener at any time, if you want to?	33%	39%	23%	38%	23%	40%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	55%	63%	62%	60%	46%	62%
4.15b	Do <b>most</b> staff, in this prison, treat you with respect?	53%	69%	46%	64%	58%	64%
5.1	Have you ever felt unsafe in this prison?	29%	39%	35%	33%	39%	31%

## Key to tables

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5.2	Do you feel unsafe in this prison at the moment?	14%	8%	8%	10%	19%	8%
5.4	Have you been victimised by another prisoner?	16%	22%	22%	17%	28%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%	0%	3%	4%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	2%	0%	1%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	0%	8%	1%	4%	1%
5.6	Have you been victimised by a member of staff?	24%	24%	35%	22%	23%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	0%	0%	6%	12%	3%
5.7h	Have you been victimised because you have a disability? (By staff)	0%	5%	0%	3%	0%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	2%	0%	5%	16%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	13%	34%	29%	22%	23%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	16%	18%	43%	13%	19%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	16%	27%	43%	19%	7%	25%
6.1a	Is it easy/very easy to see the doctor?	38%	50%	29%	47%	27%	50%
6.1b	Is it easy/ very easy to see the nurse?	69%	80%	65%	76%	72%	77%
6.2	Are you able to see a pharmacist?	33%	40%	25%	39%	20%	42%
6.5	Are you currently taking medication?	17%	22%	35%	17%	31%	17%
6.7	Do you feel you have any emotional well being/mental health issues?	17%	22%	14%	19%	19%	18%
7.1a	Are you currently working in the prison?	36%	45%	22%	43%	34%	42%
7.1b	Are you currently undertaking vocational or skills training?	33%	24%	22%	29%	19%	32%

## Key to tables

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7.1c	Are you currently in education (including basic skills)?	43%	40%	50%	42%	39%	42%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	21%	17%	14%	20%	7%	23%
7.3	Do you go to the library at least once a week?	47%	42%	50%	43%	50%	42%
7.4	On average, do you go to the gym at least twice a week?	41%	32%	35%	35%	39%	35%
7.5	On average, do you go outside for exercise three or more times a week?	31%	21%	43%	24%	34%	24%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	7%	8%	7%	7%	6%
7.7	On average, do you go on association more than five times each week?	7%	15%	14%	11%	7%	13%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	22%	15%	17%	12%	18%
8.1	Do you have a personal officer?	86%	93%	86%	91%	84%	91%
8.9	Have you had any problems sending or receiving mail?	35%	42%	29%	40%	42%	37%
8.10	Have you had any problems getting access to the telephones?	17%	29%	22%	23%	12%	26%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	74%	61%	57%	69%	70%	67%