

Report on an announced inspection of

HMP Guys Marsh

4–8 January 2010

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	19
First days in custody	19
2 Environment and relationships	
<hr/>	
Residential units	23
Staff-prisoner relationships	27
Personal officers	27
3 Duty of care	
<hr/>	
Bullying and violence reduction	29
Self-harm and suicide	32
Applications and complaints	34
Legal rights	35
Faith and religious activity	36
Substance use	37
4 Diversity	41
<hr/>	
5 Health services	49
<hr/>	
6 Activities	
<hr/>	
Learning and skills and work activities	57
Physical education and health promotion	61
Time out of cell	62
7 Good order	
<hr/>	
Security and rules	63
Discipline	64
Incentives and earned privileges	67

8	Services	
	Catering	71
	Prison shop	72
9	Resettlement	
	Strategic management of resettlement	75
	Offender management and planning	76
	Resettlement pathways	80
10	Recommendations, housekeeping points and good practice	87
	Appendices	
	I Inspection team	98
	II Prison population profile	99
	III Summary of prisoner questionnaires and interviews	102

Introduction

Guy's Marsh is a category C male training prison in Dorset. Since our last visit the young adult population had been relocated and the prison was now able to focus fully on its adult male population. This full announced inspection found the prison to be reasonably safe, with generally good staff-prisoner relationships and a sound focus on resettlement. However, the prison needed to make better use of its activity places and get more prisoners into work, education and vocational training.

Early days in custody were well managed. Prisoners generally felt safe and there were supportive suicide prevention arrangements and an improved approach to anti-bullying. However, drugs remained a significant problem. Adjudications and use of force were high. While use of the segregation unit had recently reduced, the regime in the unit was poor. The use of special accommodation appeared excessive and the paperwork failed to assure that its use was always justified.

The quality of accommodation varied. Staff-prisoner relationships were generally good, but we were concerned that staff did not always challenge poor and immature behaviour among some prisoners. There was an effective personal officer scheme, but the incentives and earned privileges scheme required better management. Although managers took diversity issues seriously, minority groups were less positive about their safety and various other aspects of their treatment than the majority population. These perceptions needed to be explored further and properly addressed, particularly given the significantly increased numbers of foreign nationals that the prison now held. Health services were very good.

Guy's Marsh had a reasonable number of purposeful activity places, but these were poorly utilised and we found only around two-thirds of prisoners engaged in activity, with too many left locked in their cells. Waiting lists for work were very long and poorly managed. The range and quality of learning and skills opportunities were reasonable, but there was limited scope for progression. Pay arrangements needed reform to incentivise better attendance. The library was a good resource. While the quality of PE was satisfactory, access was not managed effectively and fairly.

Resettlement provision and offender management work were generally good, although there was scope to improve initial assessments of need on induction and assessments of progress at discharge. Provision for indeterminate-sentenced prisoners was limited. There were reasonable services along most of the resettlement pathways, but there was an identified need to expand the range of offending behaviour courses.

This inspection has confirmed that Guys Marsh has a number of strengths, including reasonable levels of safety, generally good staff-prisoner relationships and a proper focus on resettlement. However, there is scope for improvement in various areas. Most particularly, as a training prison it needs to make better use of, and further develop, its purposeful activity provision.

Anne Owers
HM Chief Inspector of Prisons

March 2010

Fact page

Task of the establishment

Guys Marsh is a category C training prison for adult males.

Area organisation

South West

Number held

3.1.10: 573

Certified normal accommodation

520

Operational capacity

578

Last inspection

Short follow-up inspection: January 2008

Brief history

Opened in 1960 as a borstal, Guys Marsh became a young offender institution (YOI) in 1984. After completion of perimeter fencing in 1992, it became a closed establishment and started to accommodate adults. In 2008, the young offenders were moved out and Guys Marsh became an adult male category C prison holding life-sentenced and indeterminate-sentenced public protection prisoners (IPPs) as well as those undertaking the integrated drug treatment service (IDTS). Guys Marsh is a designated foreign national prisoner centre.

Description of residential units

Eight residential units comprising six units holding 498 prisoners, which include:

- one wing with a designated spur for life-sentenced prisoners
- one unit for IDTS and drug support
- one unit for induction prisoners
- one unit holding 40 enhanced prisoners
- one less secure unit holding 40 enhanced prisoners
- one segregation unit.

Healthy prison summary

Introduction

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:

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

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

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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

- outcomes for prisoners are not sufficiently good against this healthy prison test.

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

- outcomes for prisoners are poor against this healthy prison test.

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

Safety

- HP3 The management of new arrivals was good. First night procedures addressed risk issues, and induction was comprehensive and informative. Safer custody procedures were generally satisfactory, and prisoners felt safe. Suicide prevention arrangements were generally sound and anti-bullying arrangements had improved. The environment in the segregation unit was reasonable, but the regime was poor. The number of prisoners who used segregation as a place of safety had reduced markedly recently. Use of force was not insignificant, but many incidents were relatively minor. The special cell was used inappropriately. Drug detoxification procedures were good, but illicit drug use was high. Some vulnerable prisoners were managed safely on Anglia unit. Overall, the prison was performing reasonably well against this healthy prison test.
- HP4 All escorts to Guys Marsh were planned and well coordinated, and late arrivals were rare. Reception was clean, holding rooms were reasonably well equipped, and staff supervision was good. Staff were welcoming, respectful and clearly focused on prisoner safety. There was good use of peer support workers, who met all new arrivals, and good access to Listeners. New arrivals were usually processed quickly, but those arriving around lunchtime could experience delays.
- HP5 The induction and first night centre was clean, cells were properly prepared and staff were welcoming. A designated first night officer carried out comprehensive risk and needs assessments in private, documented individual circumstances and special needs, and made necessary referrals. There were no dedicated first night cells but handover procedures for night staff were effective.
- HP6 The induction programme covered a range of useful information. Peer support was used to deliver elements of the programme and give new arrivals a wider perspective of prison life. In our survey, nearly three-quarters of respondents, significantly better than the comparator¹ said the induction was useful.
- HP7 In our survey, only 8% of respondents, significantly better than the comparator, said they felt unsafe, and half felt able to report victimisation to staff if necessary. However, the perceptions of minority groups on personal safety were not as good. Reported levels of violence were not excessive, but the prison had identified some under-reporting, and there were some gaps in monitoring data. Anti-bullying procedures had improved and were reasonably well used, and consultation with staff had led to new initiatives on how to address violence and bullying.
- HP8 There was a comprehensive policy to address suicide and self-harm with effective management. The incidence of self-harm had fallen in recent years. Listeners felt well supported by senior managers and had good access to those in crisis, but contact and support for the team was underdeveloped. Assessment, care in custody and teamwork (ACCT) self-harm monitoring documentation was quality assured by managers, but we identified some weaknesses, in particular, the inappropriate use of

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments
HMP Guys Marsh

a prisoner to interpret in a review of a non-English speaker. This lacked accountability and breached confidentiality.

- HP9 The security committee had appropriate internal and external representatives. Meetings were well attended and given a high profile, with effective links to the violence reduction and drug strategy committees. There were also good links with local police, particularly on supply-reduction operations. Over 3,000 security information reports had been submitted in 2009, which were processed efficiently and promptly.
- HP10 Living conditions in the segregation unit were reasonable, and relationships between staff and prisoners were respectful and showed appropriate levels of care. However, entries in personal files did not reflect the high level of engagement we saw. The average length of stay had recently fallen but the regime for prisoners was poor; they could not shower every day and they had little purposeful activity.
- HP11 The number of formal adjudications was high, but charges appeared legitimate. Quarterly adjudication standardisation meetings were well attended by adjudicating governors. We were concerned about the quality of records of hearings, many of which did not give assurance that hearings were always conducted fairly and clearly.
- HP12 The use of force was significant for the nature and size of the establishment, although many incidents did not involve full control and restraint. Paperwork was often not completed correctly, but written accounts from officers gave assurance that force was used as a last resort. There was also evidence that de-escalation was used to good effect and encouraged by managers. Planned interventions were video recorded. Special accommodation was overused, and documentation did not give assurance that use was always justified.
- HP13 Clinical provision under the integrated drug treatment system (IDTS) was effective with 27 prisoners under treatment, although this number was due to rise. More flexible prescribing regimes, including secondary detoxification, were due to be introduced. About 19 IDTS prisoners were located on Saxon unit, although this did not provide a therapeutic environment. Prisoners, however, appreciated the support from IDTS nurses and CARAT/IDTS officers. In our survey, 47% of respondents said it was easy to get illegal drugs in Guys Marsh, against the 35% comparator, and the random positive mandatory drug testing rate remained high at 17.67%. Although there had been 103 suspicion tests in the previous six months, with a positive rate of 43.7%, not all requests were met within the required time frame.
- HP14 A small number of prisoners had raised concerns about their safety and shown a reluctance to engage with the regime. There was no vulnerable prisoner unit, but six such prisoners were held on Anglia. They told us that they felt safe and supported on Anglia, but there were no structured reintegration arrangements.

Respect

- HP15 Most of the environment was satisfactory, but the decorative state of some units, the cleanliness of the grounds and the screening of toilets needed improvement. Staff-prisoner relationships were generally friendly and respectful, but sometimes unchallenging and collusive. The prison had a progressive and integrated personal

officer scheme. The management of diversity was generally satisfactory and had been revitalised recently, but there were gaps in service provision and the negative perceptions of minority groups was a concern. Prisoners' views about the quality and quantity of food were mixed. The management of applications and complaints was adequate. Health services were very good. The prison was performing reasonably well against this healthy prison test.

- HP16 The standard of accommodation varied. Much was reasonable, with the best accommodation on the semi-open Jubilee unit, but the other semi-open facility, Fontmell, was in a poor state of repair. Saxon unit was relatively new but was disappointingly shabby, and some cells needed redecoration. Some external windows were stained and damaged windows, and there was litter in the grounds. Prisoners had good access to cleaning materials but standards of cleanliness in cells varied. Some cells contained damaged furniture, fixtures and fittings. Not all in-cell toilets in shared accommodation were adequately screened. Showers were also inadequately screened, and we received complaints about the availability of hot water.
- HP17 Most prisoners said that staff were approachable, acted reasonably and could be relied on to address their concerns or complaints. Our own observations confirmed that there were reasonable levels of interaction between staff and prisoners and that staff engaged with prisoners constructively. However, a significant minority of prisoners told us that some staff could not be relied upon to challenge delinquent behaviour. We observed an immature attitude and behaviour by some prisoners that staff failed to challenge.
- HP18 Significantly more prisoners than in comparator prisons said that they had a personal officer, and most prisoners we spoke to were positive about their engagement with them. The individual sentence plan (ISP) for each prisoner was a useful model, and helped to integrate personal officers into broader sentence management. Personal officers met individual prisoners each month and monitored progress and targets. The quality of record keeping was variable, although we saw examples of very effective engagement by personal officers.
- HP19 There were monthly incentives and earned privileges reviews for each prisoner, which were integrated with sentence planning, although the quality of record keeping and behavioural target setting was inconsistent. Nine prisoners were on basic regime at the time of our inspection, but we were not confident that all issues relating to individual prisoners had been considered objectively. Quality assurance arrangements were not delivered as set out.
- HP20 Prisoner's views about both the quality and quantity of food were mixed. The kitchen was large and well equipped and serveries were generally clean, but in several instances food had been stored overnight for staff or had not been properly cleared away after the evening meal. The kitchen placed an emphasis on locally cooked food, also using produce from the prison farm. Breakfast packs were issued the evening before they were to be eaten, which was unsatisfactory.
- HP21 The prison shop product list was comprehensive, and catalogues offered a range of items to meet the diverse needs of the population. Prisoners were consulted about quarterly changes to the shop list. Some new arrivals could wait up to 11 days to access the shop, although they could have additional reception packs during this time.

- HP22 Diversity management had been revitalised under the governor's leadership. The diversity and race equality action team met regularly, was well led and appeared to be a vibrant forum with meaningful discussion of all diversity strands. Prisoner diversity representatives felt that diversity issues were being addressed. A joint prisoner and staff diversity training course reflected the new commitment to this area. There was differential progress across the diversity strands. Work on disability was in its early stages, although individual needs were responded to and prisoner consultation had started. However, our survey indicated considerable dissatisfaction from prisoners with disabilities, which required further exploration. An effective partnership was being developed with Age Concern, and there was some effective work on a range of older prisoner issues. The prison had begun to raise awareness of faith issues among staff and prisoners, but had not yet developed a plan or monitoring to detail how prisoners' religious needs were being met. Work on the sexual orientation strand was underdeveloped.
- HP23 The management and promotion of race equality were appropriate. A race equality policy has been developed, and racist incident reports were managed effectively, with personal acknowledgements on receipt and conclusion. However, quality assurance required further development. There was a community engagement strategy, but community links remained limited. Consultation with black and minority ethnic prisoners was good, but some black and minority ethnic prisoners were concerned at the staff's lack of cultural awareness and felt alienated as a consequence. About a fifth of the population was from a black and minority ethnic background but just 2.1% of its staff. In our survey, black and minority ethnic respondents were more negative about their experiences of victimisation, and these perceptions required exploration and clarification.
- HP24 Since becoming a foreign nationals 'spoke' prison in June 2009, the number of foreign national prisoners had almost doubled. Despite initial difficulties, the prison had paid significant attention to this group of prisoners, including effective consultation, the appointment of prisoner representatives and better links with the UK Border Agency (UKBA), but some residual issues needed to be addressed. Use of formal interpreting services was low, and the reliance on peer interpreters lacked confidentiality and accuracy. The prison had recategorised a reasonable number of foreign national prisoners to category D, and was beginning to challenge some of this group's myths about sentence progression.
- HP25 A large number of applications were received, but the register was rarely completed in full and therefore failed to show how many had been responded to. However, in our survey prisoners were confident that applications were dealt with fairly and promptly. Complaint processes were well managed but responses did not always assure us that there had been a full investigation of the issues, and were sometimes curt. Quality assurance focused on process rather than tone or the effectiveness of response. Legal services were reasonably well promoted, and advice was available from trained staff.
- HP26 The chaplaincy team played an active role and offered a range of services and groups, not all of which were faith-based, as well as individual pastoral care. Muslim and Catholic prisoners could only have prayers or mass from a faith leader once every two weeks. The multi-faith room was very cold and bleak, and there were no washing facilities for Muslim prayers.

HP27 Health services were very good, with a broad range of health interventions. There was a good range of nurse-led clinics. Prisoners were generally positive about the health provision, although there was no health forum for prisoners and no lead healthcare worker identified for older prisoners. Access to the GP was very good with appointments available every weekday. The waiting list averaged three days but urgent cases were seen immediately. Pharmacy services were generally good, but prisoners could not consult a pharmacist and we had concerns about medication distribution points. The management of NHS appointments was very good and prisoners were given a copy of their referral letter. Mental health support was also very good with excellent interaction between the primary and secondary mental health providers. Although there were no formal counselling sessions, mental health staff had sufficient skills to support prisoners.

Purposeful activity

HP28 There were sufficient activity places for most prisoners, but less than three-quarters were filled. Participation in education and training was poor and too many prisoners were locked in cell during the day. The quality of learning and skills provision was reasonable although the scope for progression was limited. There was a satisfactory range of courses and good outcomes for learners. The pay structure did not sufficiently incentivise learning and skills. PE provision was generally good, although many prisoners complained about access. Most prisoners had reasonable time out of cell and association. We concluded that prison was not performing sufficiently well against this healthy prison test.

HP29 There were activity places for around 91% of the population, but on average only three-quarters of these were filled, which meant only about 69% of the population were usefully engaged in activity at a time.

HP30 Strode College provided skills for life provision and some vocational training. A4E and Tribal provided social and life skills programmes and careers information and advice, respectively. N-ergy offered national vocational qualifications (NVQs) at levels one and two in performing manufacturing operations. Strategic management of learning and skills was satisfactory, including the analysis and use of data to improve the quality of the provision. The day-to-day management of education and training was good. There was good teaching and learning across all areas. Pass rates were high in education, and satisfactory on vocational training courses. There was individual help for learners who needed it in classes and the workshops, and good use of prisoner peer learning coaches in classes. However, fewer than 35% of the population took part in education and training courses, and fewer than 5% were on courses above level two. Waiting lists for some courses were long and ineffectively managed. There was a reasonable range of vocational training, although there were insufficient spaces for prisoners on accredited training courses.

HP31 Work was available on the wings, as cleaners and servery orderlies, and in the kitchen. All work, apart from that in the kitchen, was available part-time. There were very long waiting lists for work places, and the labour allocation process did not effectively address or prioritise this. The pay structure was inequitable and favoured contract work at the expense of learning and skills. Prisoners doing contract work could earn between £25 and £35 a week, while those on education and vocational training courses were paid much less.

- HP32 The library facilities were spacious and opening hours were good, including evenings and weekends. There was a good range of learning and recreational materials, and the library was well promoted. Almost all prisoners were registered, and around half of the population used the library regularly.
- HP33 Management of the PE department was satisfactory and staff were generally well qualified. There was a good range of recreational PE. Most prisoners had access to PE for two sessions a week, and around 60% of prisoners used the provision. However, allocation of prisoners to PE from the wings was often on a first come, first served basis and not always managed effectively or fairly. Facilities were generally good and well maintained, but the cardiovascular suite was cramped. The department had strong links with healthcare and CARATs to provide a programme of remedial PE for prisoners who needed it, although there was a lack of staff to deliver this. There was a satisfactory range of accredited PE courses, and pass rates on most courses were high.
- HP34 The prison reported a time unlocked figure of between 10 and 11 hours a day, although this partly reflected an uplift from the semi-open conditions on Fontmell and Jubilee units. For most prisoners held on the closed wings, the core day suggested the maximum time out of cell was about nine hours; for unemployed or part-time employed prisoners, this was likely to be between three and seven hours. During a random roll check, we found just under a third of prisoners locked in cell during the working part of the day. Evening association was available four evenings a week and was rarely cancelled. Although association in the grounds was permitted at weekends, there were no formal exercise periods.

Resettlement

- HP35 Resettlement provision was generally good. A reducing reoffending strategy was informed by a meaningful needs analysis. The assessment of individual prisoner need against resettlement pathways during induction and assessment of progress at pre-release reviews required further development. The move to incorporate personal officers in developing initial sentence plans was positive. The quality of offender management unit work and sentence planning was generally good, with reasonable integration with community offender managers. Offender supervisors were properly involved in the management of sentences. Work with prisoners on indeterminate sentences was limited. The quality of provision across the resettlement pathways was generally satisfactory, although some were limited and needed development. The prison was performing reasonably well against this healthy prison test.
- HP36 The reducing reoffending policy was comprehensive, included details about the development of each pathway, and incorporated appropriate objectives and targets. The policy was also based on a useful needs analysis and appropriately linked to the area reducing reoffending policy and action plans. The strategic development of resettlement was well managed by a well-attended reducing reoffending strategy group. Information discussed and reviewed at this meeting was comprehensive.
- HP37 Initial assessments of new arrivals against resettlement pathways during induction were limited and not consistently incorporated into their ISP, although offender assessment system (OASys) targets were. The recent introduction of a resettlement coordinator had led to some improvements in addressing this gap. The offender

management unit (OMU) function was generally well developed and a multidisciplinary team of eight prison and probation officers. About 270 prisoners were formally in scope for offender management. Case reviews suggested most cases had been effectively managed, and there were mostly good links to outside offender managers. Most OASys assessments were up to date, and quality assurance systems were in place. Quality assurance of wider casework required further development. Although all prisoners were invited to a pre-release meeting six to eight weeks before discharge, this did not include an evaluation of progress against sentence plans and did not sufficiently analyse progress under the seven resettlement pathways.

- HP38 The prison held 21 life-sentenced prisoners and 41 on indeterminate sentence for public protection (IPP). There was relatively little available to support either group but those on IPPs were generally more positive about their experience of Guys Marsh than lifers.
- HP39 The work by the full-time accommodation worker was generally effective and well promoted. Good community links had helped over 120 individuals to find post-release accommodation in the previous nine months, and only five prisoners were released with no fixed accommodation during this time.
- HP40 There was no pre-release course to benefit the education, training and employment work, although there was a useful initiative through the Prince's Trust to promote self-employment. Jobcentre Plus staff visited the prison weekly to help prisoners who wanted to get jobs when they left, although the prison had few links with employers to offer prisoners real opportunities for preparation for employment. There was some distance learning work in support of future employment, but only a few prisoners were on these. The proportion of prisoners who went into jobs or further education and training on release was, however, satisfactory.
- HP41 Healthcare staff saw all prisoners before release for a basic general health check. Medication was provided as required, and prisoners were also given a letter for their GP outlining their healthcare while in prison. Prisoners under the care of the mental health team were referred to community teams and, where possible, community teams were invited to the prison to discuss patients.
- HP42 A well-integrated drug and alcohol strategy contained detailed action plans covering both supply and demand reduction, and was supported by an up-to-date needs analysis. Prisoners could access a good range of services. Those available through CARATs included both one-to-one and groupwork. The prison operated a well-managed P-ASRO (prison addressing substance related offending) course for drug users. One-to-one and groupwork services for alcohol users had also been developed, including the validated eight-week 'Beyond the Gate' course.
- HP43 There had been some recent development of the finance, benefit and debt pathway with the introduction of Shelter contract offering debt counselling beyond that already provided through Citizens Advice. Further work, including support work with prisoners and families, was also planned. A money management course was available through education, and prisoners were assisted in opening bank accounts.
- HP44 Prisoners had reasonable access to social visits on three days a week. The visits room was large enough, well decorated and had a good play area. Pathway work was limited, management arrangements were unclear, and there was little connection to

sentence planning. Family visits were a recent positive introduction, but there had only been four in the last 12 months and prisoners had to be on the enhanced level to apply. Although a family liaison officer had been appointed, he did not have enough time to carry out many of his duties. A parenting course was offered through education, and the Storybook Dads scheme was well run.

- HP45 Apart from the P-ASRO drug programme, the only other accredited programme available was ETS. The programme was well managed and access was reasonable. The use of offender supervisors to chair post-programme meetings was a positive initiative. Needs analysis consistently indicated the need for a wider range of offending behaviour programmes to help manage risk and facilitate progress. Some non-accredited programmes were also provided, mainly through education.

Main recommendations

- HP46 The prison should consult with black and minority ethnic and foreign national prisoners to explore their more negative perceptions of prison life.
- HP47 Managers should ensure that staff consistently and appropriately challenge and address prisoners' immature and antisocial behaviour.
- HP48 There should be an operational instruction clarifying the occasions on which special accommodation can be used. The instruction should cover the level of authorisation and ongoing governance required to locate or retain a prisoner in one of these cells.
- HP49 The prison should reduce the availability of drugs in the establishment.
- HP50 Waiting lists for work and vocational training courses should be reduced and managed more effectively, and the number of prisoners employed increased.
- HP51 Participation in education should be increased.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 We saw positive relations between the prisoners and escorting staff. Journeys were relatively short, and prisoners were generally satisfied with the service.
- 1.2 Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically, and reception staff used it appropriately to inform initial risk assessments. Prisoner escort records were properly completed and legible. Nearly all arrivals were planned. Prisoners arrived as expected and late arrivals were rare. The cellular vehicles we inspected were clean and had appropriate space to hold prisoners' property.
- 1.3 Prisoners were transferred in from prisons and courts in the South West, so journeys over two hours were rare and prisoners reported a reasonable experience. In our survey, 30% of respondents said that their journey was comfortable, against the comparator of 18%, 66% against 53% said that the cleanliness of the vans was good, and 90% against 82% said that they knew where they were going when transferred from another prison.

First days in custody

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 Reception was generally clean and well decorated. Holding rooms were adequately designed and reasonably equipped, and engagement between staff and prisoners was good. Prisoners were usually processed quickly, but those arriving between 11.30am and 12.30pm often had to wait in holding rooms for several hours until wing staff returned from lunch, and those arriving between 12.30pm and 1.30pm had to wait in vans. First night arrangements were sound, and prisoners received an induction programme that contained a good range of useful information.

Reception

- 1.5 Nearly all new receptions were planned. Prisoners usually arrived from adult local prisons in the South West area, predominately Bristol, Dorchester, Exeter and Gloucester, at pre-arranged times, although some newly sentenced prisoners arrived from Cardiff and Swansea. There were about 10 to 15 new arrivals a week.

- 1.6 Although reception was officially open from 7.30am to 12.30pm and 1.30pm to 5.30pm Monday to Friday, staff worked during lunch time or later in the evening to ensure that all prisoners received full reception and first night services.
- 1.7 Communal areas in the main reception were adequately clean and properly maintained. Walls were well decorated, flooring was clean and the offices and interview rooms were well equipped. Information boards displayed notices that explained sources of help and how to seek advice. However, these were in English only and there was a general lack of information in foreign languages (see paragraph 4.42).
- 1.8 The three holding rooms were clean, brightly decorated and fit for purpose. Notice boards displayed relevant information, televisions were working and reading material was available. Sight lines for staff observation were good and levels of supervision were appropriate.
- 1.9 On arrival, prisoners were taken from escorting vans into reception individually and were met by a trained reception officer. They had identity and warrant checks, and were asked if they understood what had happened to them prior to transfer.
- 1.10 Prisoners were dealt with in a timely fashion and usually processed within two hours. However, those who arrived between 11.30am and 12.30pm often had to wait in holding rooms until staff on the wings returned from lunch, sometimes for as long as four hours from their arrival. Some prisoners who arrived between 12.30pm and 1.30pm had to wait in vans because there were no arrangements to escort them from the gate to reception.
- 1.11 Procedures to process prisoners and the attitudes of officers working in the area were particularly good. Officers were respectful and aware of the potential risks to new arrivals. A first night and induction policy document had been published, and it worked effectively enough in reception to direct officers on new arrivals' initial needs and safety. Prisoners' personal details were recorded, initial cell sharing risk assessments were completed and their initial prison file was put together. These processes were carried out in private, which encouraged prisoners to relax and discuss their fears or immediate problems. Personal possessions were treated with respect and prisoners were told how to access stored property from the residential units.
- 1.12 There was good use of peer support. A prisoner peer support worker was employed as a full-time induction orderly based in the education department (see paragraph 1.19). He attended reception every day and saw all new arrivals in groups and individually to explain how they could use prison systems to meet their initial needs and how to access help. New arrivals also had good access to Listeners who attended reception every day (see paragraph 3.39).
- 1.13 In our survey, 80% of respondents said that they were treated well in reception, which was significantly better than the comparator of 71%.

First night

- 1.14 All new arrivals were taken to the first night centre on C spur in Anglia unit. Living conditions here were good. Communal areas were clean, bright and well decorated. Posters and other displays helped to make the environment welcoming. Cells were clean and well prepared.
- 1.15 Trained first night officers interviewed all new arrivals in private and carried out a comprehensive assessment of their immediate needs. A record of this assessment was kept in the prisoner's wing file that was drawn up as soon as he arrived on the unit. Entries in files

showed that staff were aware of the importance of dealing with any immediate risks and anxieties 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. All prisoners were offered a free telephone call, a shower and written information (induction pack) that set out what they could expect from the induction process. All new arrivals were offered a smoker's or non-smoker's pack.

- 1.16 Although there was no dedicated first night accommodation, handover procedures ensured that staff coming on duty, particularly night staff, were aware of the location of new arrivals and any special needs. During our night visit, staff on the first night unit knew the location and circumstances of their new arrivals.

Induction

- 1.17 All new arrivals had a five-day rolling induction programme, which started on the first full working day following reception.
- 1.18 The programme consisted of modular sessions delivered by a multidisciplinary team of prison staff, prisoner peer support and service providers, such as counselling, assessment, referral, advice and throughcare service (CARATs) workers, education officers and resettlement staff. Two full-time induction officers ensured that the programme ran as scheduled and that prisoners received all elements. Sessions were delivered in a well-equipped classroom in the education department and were rarely cancelled.
- 1.19 The course was comprehensive and included relevant information about access to prison services and activities (such as education and resettlement provision), expected behaviour and prison rules. Sessions were informative, and prisoners were given time for discussion and to ask questions. Peer support (the induction orderly) was used to help deliver sessions and give new arrivals a wider perspective of prison life. Education and work assessments were carried out during the prisoner's first week, and an initial sentence plan (ISP) was raised for all new arrivals (see sentence planning and offender management). In our survey, 74% of respondents said that the induction course covered everything they needed to know about the prison, which was significantly better than the comparator of 64%.

Recommendations

- 1.20 There should be arrangements to ensure that new arrivals can be escorted from vans to reception regardless of the time they arrive.
- 1.21 Prisoners should be located on the first night centre as soon as the reception process has finished.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The quality of accommodation was mixed, with the best accommodation on Jubilee unit. Communal areas of Saxon required redecoration, and the refurbishment of Fontmell was not yet complete. Some cells were in a poor decorative state, and we saw some damaged furniture. Not all toilets were adequately screened. The offensive displays policy was regularly flouted. Prisoners had ready access to showers but not all had enough privacy, and water temperatures were inconsistent and low. Prisoners on the standard level could wear their own clothes.

Accommodation and facilities

- 2.2 The largest residential unit was Saxon, which accommodated up to 120 prisoners in single cells over two galleried landings on two spurs. Communal areas were grubby and needed painting, and some flooring was damaged. We saw one cell observation panel that had been partially obscured by the occupant, which made it impossible to observe the prisoner on his bed from outside the cell.
- 2.3 Dorset, Cambria and Wessex units had accommodation on three wings over two galleried landings radiating from a central hub, which housed the unit offices. Cells were single, double or triple occupancy, and prisoners were given courtesy keys. External windows on these units were stained, and a few were damaged with broken glass. We saw some litter in the external areas around these units and Saxon unit.
- 2.4 Anglia and Mercia units were of a similar design, but were built to a higher security specification. Although 53 cells on these units were designed for single occupancy, they were used inappropriately to accommodate two prisoners. Some toilets in shared accommodation had missing screens – in one cell, the occupants had used a blanket to screen the toilet. Communal areas on these units were well lit and clean.
- 2.5 The best accommodation was on Jubilee unit with 40 single occupancy cells that had integrated well-screened toilet and shower facilities, and curtains. Cells were in good decorative order, and courtesy keys were provided. All prisoners on the unit were on the enhanced level of the incentives and earned privileges scheme (IEP) and the regime was relaxed with more opportunity for time out of cell.
- 2.6 After three months on Jubilee unit, prisoners were eligible for consideration for progression to Fontmell unit, which was similar to Jubilee but provided accommodation in semi-secure conditions. The 40 single cells on Fontmell also had integrated toilets and showers but were smaller than those on Jubilee. Although there was a programme of refurbishment to repair the fabric of the building, the accommodation was not of the same good standard as on Jubilee. There was rotten woodwork in communal corridors and mould in some shower units.

- 2.7 Although some units had employed prisoners as painters, some cells were in a poor decorative state. Many cells lacked picture boards and, as a result, walls were badly marked with toothpaste. There was also graffiti in some cells, notably on Saxon unit. Some cell furniture and fixtures were damaged, and not all prisoners in shared accommodation had access to a lockable cupboard or to two chairs. The majority of toilets were reasonably clean but some required deep cleaning. Curtains were not routinely provided, and in many cells prisoners had used prison-issue bedding to screen windows.
- 2.8 Units had a range of association equipment, some of which was damaged or missing. On Anglia, we saw prisoners playing pool with one cue between them, which was the property of one of the players.
- 2.9 In our survey, 67% of respondents, significantly better than the comparator of 40%, said their cell call bell was answered within five minutes. Although managers did not routinely monitor response times, we observed cell call bells being answered promptly.
- 2.10 Although the prison had a comprehensive offensive displays policy, we saw many cases where it was not adhered to by prisoners. Some staff described enforcement of the policy as an ongoing battle.
- 2.11 New notice boards had been installed. They were well laid out and contained relevant and up-to-date information.
- 2.12 Incoming and outgoing mail appeared to be processed efficiently. Unit staff delivered outgoing mail to the correspondence office every weekday morning at 11.30am and collected any incoming mail for the unit. However, as the prison did not receive incoming mail until around 10am in the week we inspected, due to the weather conditions, correspondence staff were unable to process it before the 11.30am collection, which meant that prisoners did not receive their mail on the day it arrived.
- 2.13 Staff in the correspondence office also monitored correspondence for prisoners subject to public protection measures. Such mail was separated out into a pigeon hole inappropriately labelled 'naughty boys'.
- 2.14 In our survey, only 14% of respondents, significantly better than the comparator of 19%, said they had difficulties accessing telephones. Additional telephones had been installed since the previous inspection but on some units, notably Saxon, the number did not meet our expectation of one to every 20 prisoners. Not all telephones were fitted with hoods.
- 2.15 The prison had a well-established prison council chaired by the head of interventions. This used to meet weekly, although this had recently reduced to fortnightly. Four parties representing specific interests elected prisoners to 25 seats on the council in an annual election. A senior officer was responsible for the council and some procedural changes were under way. A separate system of unit-based wing representative meetings had also been introduced to facilitate consultation with prisoners. Minutes of meetings indicated that the system was not yet fully embedded across the prison, and there did not appear to be a standard agenda.

Clothing and possessions

- 2.16 Prisoners on the enhanced level of the IEP scheme could wear their own clothes, and these arrangements had recently been extended to prisoners on the standard level. This was being

rolled out unit by unit to enable reception staff to cope with the increased demand for access to stored property.

- 2.17 Each unit had its own laundry, which was primarily used for prisoners' personal clothing. There was a rota to ensure equitable access to facilities.
- 2.18 The published facilities list was restrictive. The only items that could be sent into the prison were writing paper, photographs and diaries or address books. Once every three months, prisoners eligible to wear their own clothes could have additional clothing posted into the prison.
- 2.19 In our survey, 44% of respondents, significantly better than the comparator of 29%, said they could access their stored property. Systems in reception to facilitate access to stored property were well organised, and goods ordered through catalogues were delivered to prisoners on a weekly basis.

Hygiene

- 2.20 Standards of cell cleanliness varied considerably, despite the fact that prisoners had ready access to cleaning materials. Management checks of residential units had been introduced to monitor, among other things, standards of cleanliness on residential units, but there was little documented evidence in wing files of staff encouraging prisoners to maintain acceptable hygiene standards.
- 2.21 In our survey, 96% of respondents said they had access to a daily shower, although showers on some units were out of action and the majority of showers on Wessex, Dorset and Cambria were not in appropriately screened individual cubicles. We also received a number of complaints from prisoners about inconsistent and low water temperatures in showers.
- 2.22 In our survey, only 77% of respondents, significantly worse than the comparator of 82%, said they received clean sheets every week. We received some negative comments from prisoners about problems obtaining the correct amount of prison-issued bedding each week from the prison laundry to ensure a full kit exchange. We were also told that some sheets and T-shirts came back from the laundry damaged or stained and not fit for issue. Some units laundered prison-issued clothes and bedding in their own laundry, although this arrangement was unlikely to be sustainable once prisoners on standard needed to launder their own clothes.
- 2.23 Prisoners on the enhanced level of the IEP scheme could buy duvets and duvet covers. Many prison-issued blankets appeared worn and grubby.
- 2.24 Some mattresses were in very poor condition and, as a result, many prisoners used two mattresses to provide adequate support. Unit staff said they were only able to obtain one or two new mattresses a month, which were allocated on the basis of need. There did not appear to be a routine check of mattresses or a managed replacement programme.

Recommendations

- 2.25 The ongoing refurbishment of Fontmell unit should be expedited.
- 2.26 Communal areas on Saxon unit should be decorated and regularly cleaned.

- 2.27 Damaged flooring should be replaced.
- 2.28 Observation panels in cell doors should be free from obstruction.
- 2.29 Damaged and stained windows should be replaced.
- 2.30 External areas of the prison should be free from litter.
- 2.31 Cells designed for single use should not be used for shared occupancy.
- 2.32 All double cells should have adequately screened toilets.
- 2.33 Double cells should have sufficient furniture for both occupants, including lockable cabinets.
- 2.34 A painting programme should ensure that all cells are clean and free from graffiti.
- 2.35 All cells should be equipped with a picture board, and the display of posters should be restricted to these boards.
- 2.36 All association equipment should be well maintained and replaced if damaged.
- 2.37 The published offensive displays policy should be consistently enforced and adhered to.
- 2.38 Incoming mail should be distributed to prisoners on the day it is received into the prison.
- 2.39 There should be at least one telephone to 20 prisoners on all units, and all telephones should be fitted with privacy hoods.
- 2.40 The facilities list should provide more opportunity for prisoners to have goods posted in or handed in on visits.
- 2.41 There should be sufficient clean and good quality prison-issue clothing and bedding to ensure all prisoners can receive their weekly kit exchange.
- 2.42 All communal showers should be fitted with individual cubicles, and the water temperature should be consistently maintained.
- 2.43 A mattress exchange programme should be introduced.

Housekeeping points

- 2.44 There should be a standard agenda for wing representative meetings.
- 2.45 Toilets should be descaled.
- 2.46 The inappropriate pigeon hole label in the correspondence office should be removed immediately.

Staff-prisoner relationships

Expected outcomes:

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

2.47 Staff-prisoner relationships were mostly respectful, and prisoners felt positive towards the staff group. However, staff failed to set robust behavioural standards, and too much immature behaviour by prisoners was tolerated.

2.48 In our survey, 88% of respondents said that staff treated them with respect, which was significantly better than the 74% comparator, and 81%, against 73%, said that there was a member of staff that they could turn to if they had a problem. Our findings on staff victimisation were also positive. Only 16% of respondents, significantly better than the 22% comparator, said they had been victimised by staff, and only 12%, against 18%, had felt threatened or intimidated. However, the findings for black and minority ethnic, foreign and disabled respondent were poorer. Only 72% of foreign national respondents, against 92% of British, and 77% of respondents with a disability, against 89% of those without, felt that staff treated them with respect. Black and minority ethnic and foreign national prisoners were also more likely to be victimised by staff.

2.49 Most prisoners we spoke to said that staff were approachable and reasonable, and could be relied upon to address individual concerns or complaints. Our own observations confirmed that there was good interaction between staff and prisoners, and that staff engaged with prisoners constructively. Staff were not confined to offices and, despite lean staffing levels, individual officers were often out and about on the landings. The conduct of staff was respectful – for example, they normally referred to prisoners by their preferred names or titles.

2.50 However, a significant minority of prisoners said that some staff could not be relied on to challenge delinquent behaviour. Throughout the inspection we observed a high tolerance of some unacceptable behaviour by prisoners. During our evening duty visit, prisoners on Cambria unit had allegedly thrown food at staff, and one of our inspectors had food thrown at them the following day on the same unit. Although this was immediately reported to a member of staff, there appeared to be a reluctance to identify the prisoner responsible and take action. We also observed some inconsistencies in staff challenges to anti-social and immature behaviour. For example, we heard prisoners use unacceptable language that went unchallenged by staff, and we observed prisoners openly smoking in public areas of the prison, again unchallenged by staff. (See main recommendation HP47.)

Personal officers

Expected outcomes:

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

- 2.51 In our survey, more prisoners than the comparator said they had a personal officer, and most were positive about the frequency of contact with them and the support provided. The individual sentence plan system was effective in ensuring personal officers were aware of prisoner's sentence plan targets. Files were of variable quality, but some reflected positive engagement with prisoners.
- 2.52 The personal officer scheme was outlined in a policy document dated April 2009. Personal officers were responsible for prisoners who occupied designated cells, and their names were clearly indicated on cell cards and doors. In our survey, 84% of respondents, significantly better than the comparator of 72%, said they had a personal officer. The majority of prisoners we spoke to were positive about their level of contact with their personal officer and the support provided.
- 2.53 All prisoners had an individual sentence plan (ISP) opened during induction, which included a copy of their offender assessment system (OASys) targets, where applicable, and individual learning plan (ILP) targets. ISPs were retained in wing history files and so were readily accessible to all staff. Personal officers were responsible for a minimum of a monthly interview with their prisoners, and for reviewing, monitoring and reviewing progress against identified targets. Wing history files continued to be used as a daily occurrence log, and information contained in them could be used to inform the monthly discussions.
- 2.54 The quality of ISPs we sampled varied. Some did not include any targets, and comments by personal officers were sometimes observational. However, we also saw some good examples that reflected clear engagement with prisoners.
- 2.55 There was a rolling programme of staff training to embed the scheme, some staff had yet to attend this. There was also a comprehensive system of management checks of completed ISP and monthly reviews. The records of management checks showed that managers discussed the operation of the scheme with staff and prisoners, and provided feedback on their findings.
- 2.56 Although links between personal officers and offender management work were not yet fully established, the ISP was an effective model in assisting development of these links and in ensuring personal officers were familiar with and monitoring progress against sentence plan targets.

Recommendations

- 2.57 Individual sentence plans (ISPs) should always include offender assessment system (OASys) and/or individual learning plan targets.
- 2.58 Monthly ISP reviews should provide evidence of meaningful and positive engagement by staff.

Good practice

- 2.59 *The individual sentence plan was an effective model to assisting to ensure that personal officers were familiar with and monitoring progress against sentence plan targets.*

Section 3: Duty of care

Bullying and violence reduction

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 Our survey findings on prisoners' perceptions of safety were significantly better than the comparators, although the views of minority groups were less positive. Reported levels of violence were not excessive, but the monthly violence reduction meeting had identified some potential under-reporting and not all indicators of violence were monitored. The effectiveness of anti-bullying procedures had improved.
- 3.2 The violence reduction policy had been updated in March 2009. The monthly violence reduction and anti-bullying meeting was responsible for delivery of the policy and monitoring indicators of violence and bullying. Attendance at the meeting was reasonable, although prisoners did not attend.
- 3.3 The strategy was available electronically for all staff. It had been presented to a full staff meeting in November 2009, and there had been further extensive consultation with staff at three workshops in 2009, from which an action plan had been developed. A second violence reduction action plan largely focused on compliance and was reviewed at monthly meetings.
- 3.4 The staff consultation had led to the initiative of a disruptive prisoner forum. Monthly forums, attended by security managers, the intelligence analyst and the violence reduction coordinator, focused on the monitoring and management of individual prisoners who posed a potential risk to order and control. Prisoners were informed that they were being monitored through this forum.
- 3.5 Safer custody matters were explained to prisoners during induction. Although there were new safer custody notice boards on residential units, the information displayed was predominantly on suicide and self-harm issues.
- 3.6 Resources allocated to violence reduction work had increased since the previous inspection with the appointment of a full-time senior officer to coordinate both suicide and self-harm and violence reduction, but there were no formal cover arrangements for absence. The violence reduction coordinator reported directly to the director of safer custody.
- 3.7 The prison had conducted its own bullying survey in July 2009, although the response rate was low with only 69 surveys returned, with very few returned by black and minority ethnic prisoners. The survey findings had been analysed and discussed at monthly violence reduction meetings, and had led to actions, such as consideration of the areas in the prison where prisoners said they felt unsafe.
- 3.8 In our survey, only 24% of respondents, against the comparator of 30%, said they had ever felt unsafe in the prison, only 8%, against 14%, currently felt unsafe, and 50%, against 38%, said

they would report victimisation. However, survey findings for minority groups, particularly prisoners with a disability, were significantly more negative. For example, 56% of respondents who considered they had a disability said they had ever felt unsafe, against 20% for those who did not, and 23% compared to 6% said they felt unsafe currently.

- 3.9 Violence reduction meetings reviewed in detail assaults or fights that had occurred during the previous month, and monitored the number, type and location of assaults. Use of force data, the number of anti-bullying and victim logs opened, and the number of high and medium risk prisoners by location were also monitored. However, this data did not inform the violence reduction policy, and the meetings did not also consider the number of complaints or security information reports related to bullying, and there was no monitoring of the number of prisoners located in Tarrant unit in their own interest.
- 3.10 There had been 69 fights and assaults reported on the incident reporting system (IRS) in 2009, although the prison had identified some potential under-reporting of information about injuries reported as accidents to health and safety staff and injuries reported by prisoners to healthcare staff. For, example in September 2009, it was noted that three unexplained injuries should have been reported as assaults on the IRS. As a result, a staff notice issued in November 2009 focused on ensuring such information was brought to the attention of the orderly officer responsible for generating a local incident collation and reporting file, to ensure the incident was investigated, reported on the IRS and any appropriate follow-up action taken.
- 3.11 The number of reported incidents of violence did not appear excessive. However, given the availability of illegal drugs in the prison (see paragraph 3.83) and associated debt issues that seemed to underlay many incidents, the prison needed to ensure the ongoing rigorous monitoring and management of indicators of violence. Although there were some management checks of wing observation books, the violence reduction coordinator did not routinely check entries in observation books to ensure all key information was collected and addressed.
- 3.12 There had been a focus on improving the effectiveness of the published anti-bullying strategy. All reported incidents of bullying were dealt with under a three-stage anti-bullying procedure, with a central register of incidents maintained in the control room. The violence reduction coordinator was not routinely informed when a file was opened.
- 3.13 Prisoners suspected of violent or bullying behaviour were placed on stage one monitoring with an initial investigation by the residential manager. Investigations were countersigned by the orderly officer or violence reduction coordinator, and relevant departments, such as education and workshops, were informed that monitoring had been instigated. Prisoners were also told that they were being monitored. There had been 98 bullying files opened in 2009, an increase of 28 from 2008. This number indicated that bullying was a problem in the prison, but managers felt the increase reflected staff's increased awareness and use of anti-bullying procedures. The violence reduction coordinator also endeavoured to ensure that anti-bullying logs were not closed prematurely. If the behaviour continued, the prisoner be could placed on stage two and face sanctions under the incentives and earned privileges scheme. If there were no changes or the behaviour persisted, he was placed on stage three and located in Tarrant unit. There were four anti-bullying logs open during the inspection, one of which was at stage two.
- 3.14 There were no interventions to challenge persistent bullies. Anti-bullying files referred to a referral for counselling but we were told this was no longer available.
- 3.15 Separate victim support logs had been introduced. The number of victim support files opened had increased from 10 in 2008 to 72 in 2009. The violence reduction coordinator had also

produced a guide for staff on the completion of victim support plans, which identified some of the support staff could offer. An assertiveness course was delivered through the education department.

- 3.16 The violence reduction meeting conducted a thorough monthly quality check of a sample of open and closed bullying and victim support files. The minutes showed some improvement in the quality of files, although there were ongoing concerns with the quality of recorded investigations and the completion of monitoring logs. Our own examination of bullying and victim support logs concurred with the prison's findings. We saw some good quality entries in monitoring logs, but others were chiefly observational and not all records of investigations were thorough. Managers took appropriate follow-up action where completed documentation was below the required standard.

Recommendations

- 3.17 There should be prisoner representation at monthly violence reduction and anti-bullying meetings.
- 3.18 There should be formal cover arrangements for the violence reduction coordinator.
- 3.19 Anti-bullying and violence reduction procedures should be well publicised to prisoners throughout the prison.
- 3.20 Monitoring relating to anti-bullying and violence reduction should be extended to include more factors indicating potential incidents.
- 3.21 The violence reduction strategy should be informed by monitoring of indicators of violence and bullying to ensure a focus on the specific issues faced by prisoners at Guys Marsh.
- 3.22 The violence reduction coordinator should regularly check wing observation books to identify potential incidents of bullying and violence.
- 3.23 The prison should introduce appropriate interventions to deal with persistent bullies.

Housekeeping points

- 3.24 The two violence reduction action plans should be amalgamated into one action plan to be reviewed at monthly violence reduction meetings.
- 3.25 The violence reduction coordinator should be routinely informed when a bullying or victim support log is opened.

Vulnerable prisoners

- 3.26 The vulnerable prisoner policy was only in draft and did not provide specific guidance on the management of prisoners concerned for their safety. A small number of prisoners, notably on Anglia unit, expressed concern for their safety and were reluctant to engage in regime

activities outside the unit. Although they felt supported by staff, there was no recorded evidence of formal planning to support these prisoners to engage with the regime.

- 3.27 The prison had a draft vulnerable prisoner policy, but this was based on the suicide and self-harm and violence reduction processes and lacked specific guidance on how vulnerable prisoners would be managed at Guys Marsh.
- 3.28 There was no dedicated unit to accommodate vulnerable prisoners. The number of prisoners located in Tarrant unit in their own interest had decreased over recent months, but there were a few prisoners on normal location who had concerns about their safety. For example, six prisoners on Anglia unit during our inspection had such concerns. They appeared well cared for, and those we spoke to felt safe on the unit and supported by unit staff. However, some were reluctant to engage with the wider regime beyond the unit and, as a result, were not participating in regime activities such as work and education. Most were awaiting transfer to another prison. There was little recorded evidence of formal planning to facilitate and support these prisoners to engage fully with the regime at Guys Marsh.

Recommendation

- 3.29 There should be formal planning to allow prisoners who feel that they are at risk from other prisoners to integrate fully with the prison regime.

Self-harm and suicide

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.

- 3.30 The suicide prevention policy was comprehensive and was overseen by a well-attended monthly meeting. Listeners felt supported by senior managers, and met the Samaritans regularly, but had no opportunity to meet the suicide and self-harm coordinator regularly. The prison had no safer cell. Quality assurance of assessment, care in custody and team work (ACCT) self-harm monitoring documents was robust. Case reviews of documents were frequently not multidisciplinary, and did not update care maps consistently. One ACCT had been closed following a case review where a prisoner had been used inappropriately as an interpreter.
- 3.31 The prison had a comprehensive suicide prevention and self-harm policy, which had been reviewed in August 2009. The policy gave clear guidance to staff on their individual responsibilities, and information to assist in identifying and caring for prisoners at risk and in the assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures. Additional guidance documents for staff and managers had also been published.

- 3.32 There had been no self-inflicted deaths in custody since the last inspection. One serious self-harm incident in 2009 had been investigated as a near-miss.
- 3.33 The suicide prevention policy was overseen by a monthly suicide and self-harm prevention meeting, which was well attended. The meeting was chaired by the director of safer custody and often also attended by the governor and deputy governor. Representatives from the Samaritans and the Listeners also attended, although Listeners did not attend the full meeting.
- 3.34 A full-time safer custody senior officer had been in post for approximately 18 months. He was also responsible for management oversight of violence reduction and anti-bullying procedures (see bullying and violence reduction). He was well supported by the director of safer custody, but there were no formal cover arrangements for his absence. Although the published policy identified a number of suicide prevention and liaison officers based on residential units, in practice there was no clear role for these staff and they were not used as originally envisaged.
- 3.35 A relevant range of monitoring data was reviewed at the monthly meeting, including a thorough overview of the previous month's self-harm incidents, and analysis of the number, location and type of self-harm incidents throughout the year to identify any trends. This data showed a significant reduction in the number of self-harm incidents from 79 in 2008 to 42 in 2009. There was also a continuous improvement plan, which was reviewed at the monthly meetings. Approximately 21 staff had still to undertake ACCT foundation training. Dedicated training had been provided for night staff, and one of the 15 trained ACCT assessors was a member of the permanent night staff group. Night staff we spoke to were clear about their responsibilities in the event of an incident, and all carried anti-ligature shears.
- 3.36 In 2009, 126 ACCTs had been opened, and there were two open at the beginning of the inspection, although both were subsequently closed. There were robust arrangements to improve the quality of ACCT documentation, with a review of a sample of open and recently closed documents at the monthly suicide prevention meeting, in addition to an ongoing system of management checks. Overall, the quality of the recently closed ACCTs we reviewed was reasonable, although case reviews were frequently not multidisciplinary and targets in care maps were often not specific and time bound. Care maps were not always updated at case reviews. Staff made regular monitoring entries, although not all indicated meaningful engagement with the prisoner. Post-closure reviews were conducted and recorded in the ACCT. The prison had identified a lack of continuity in the use of case managers, and was focused on ensuring case reviews were chaired by the same case manager wherever possible. ACCT assessors could attend a quarterly meeting to discuss concerns.
- 3.37 We were concerned to find that one ACCT had been closed at a case review where a prisoner was used inappropriately as an interpreter, although it was apparent from the ACCT that staff had previously used professional interpreting services to communicate with the prisoner at risk. The use of a peer interpreter afforded no confidentiality.
- 3.38 There were eight Listeners at the time of the inspection. In our survey, 72% of respondents, significantly better than the comparator of 63%, said they were able to speak to a Listener at any time, and 36%, against 30%, said they had met a Listener within their first 24 hours. Listeners worked in reception on a rota basis and ensured all new arrivals were seen. There were also three Samaritans telephones in the prison.
- 3.39 Listeners had a weekly meeting with the Samaritans but had no opportunity to meet regularly with the safer custody manager, although those we spoke to felt supported by senior managers. The prison had no safer cells and had been informed that funding allocated to provide such a cell had been withdrawn and that a further funding bid was required. There was

one Listener suite on Mercia unit. The suite had been painted, but was not particularly welcoming.

- 3.40 On one occasion in 2009, two Listeners had been required to spend the night in the suite with a prisoner who had asked for their support. They had been unable to leave the suite during the night, although there were only two beds. Although the incident was raised at the monthly suicide prevention meeting, Listeners we spoke to had some concerns about the situation arising again.
- 3.41 There were new safer custody notice boards on residential units, but we did not see much evidence of promotion of the new telephone line for prisoners and visitors to report safety concerns, particularly next to telephones on units. The safer custody manager said use of the line was minimal.

Recommendations

- 3.42 All staff should be trained in assessment, care in custody and teamwork (ACCT) procedures.
- 3.43 ACCT reviews should consistently be attended by a multidisciplinary team.
- 3.44 Professional interpreting services should be used during ACCT procedures to ensure accuracy and confidentiality.
- 3.45 Listeners should have a regular opportunity to meet the suicide and self-harm coordinator.
- 3.46 A safer cell should be provided.

Housekeeping point

- 3.47 The Listener suite should be more welcoming.

Applications and complaints

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.

- 3.48 Applications registers on all units recorded when applications were received, but staff failed to record when responses were received. Many prisoners felt they had to make repeated applications to get responses from departments. Complaints processes were well managed but boxes were opened by the night orderly officer. Responses varied in tone, and some failed to investigate the issues raised thoroughly.
- 3.49 All units had applications registers to record applications, including those requiring a response from governors. The applications system was well used and each unit averaged at least 10

applications a day. The applications register recorded the name of the prisoner, the date of the application and to whom it was referred. However, the register was not used to record responses or wing manager checks, and the prison was unable to indicate how many applications had been responded to. Several prisoners we spoke with said that they had to make repeated applications to some departments to gain a response. In our survey, 94% of respondents, against the comparator of 89%, said it was easy to get an applications form, and these were provided on wings. There were also specialist application forms for education and healthcare.

- 3.50 Complaints forms and envelopes were readily available on wings. Boxes were emptied every evening by the night orderly officer, which failed to ensure the confidentiality of complainants. Complaints processes were good and well recorded. In 2009, 1,859 complaints were received, including complaints to area office. Approximately 9% of all complaints received over the year were upheld. The most frequent areas for complaint were appeals against previous replies, general conditions, regime activity and security categorisation.
- 3.51 We sampled a number of complaints and found some problems with the responses. Many failed to provide a personal response. In some instances the complaint was not properly addressed and prisoners were essentially fobbed off, and in several responses the tone was brusque and curt. In contrast, a few complaints had good responses that apologised for failings on the part of the prison. In our survey, 50% of respondents felt their complaints were responded to promptly, against the comparator of 40%. While only 79% of respondents who considered themselves to have a disability, compared with 93% of those who did not, said it was easy to get a complaint form, 71% against 47% said they had made a complaint.

Recommendations

- 3.52 Applications registers should be fully completed to show that applications have been responded to.
- 3.53 Complaints boxes should be emptied daily by the request and complaints clerk to ensure confidentiality.
- 3.54 Responses to complaints should provide a personal and thorough response to the complaint.

Legal rights

Expected outcomes:

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

- 3.55 Legal services could be accessed on application through trained legal services officers or the resettlement coordinator. Service provision was well promoted on induction. Legal texts were available in the library, and weekly legal visits were facilitated.
- 3.56 Four staff were designated and trained legal services officers, although only one had received any recent training. One officer was more routinely assigned to these duties and was detailed

a morning or an afternoon every seven to 14 days. The other officers worked on legal services infrequently.

- 3.57 Legal services were promoted through notices on the wings and during induction. The induction peer supporter gave all new arrivals a questionnaire on immediate legal services requirements. These questionnaires, as well as general applications, were referred to legal services officers, and there were about six applications or referrals a week. Most concerned family law or appeals issues, and a basic support and referral service was offered. Legal services had an office and resources on Anglia unit.
- 3.58 The prison had also recently developed its partnership working with Citizens Advice and Shelter. A prison effective resettlement coordinator had been appointed who was also a trained solicitor. Assistance on offer was very well promoted on induction, and follow-up applications were coordinated through induction and the library. Services under Citizens Advice contract had been broadened to include areas of concern such as family law or onward referrals for specialist legal support. This new service ran in parallel with the legal services and, since November 2009, had assisted 26 prisoners.
- 3.59 The library held an extensive range of legal texts, as well reference books and advice documentation. This material was accessible and adequately promoted.
- 3.60 There was no legal visits facility, but legal visits sessions were available morning and afternoon every Thursday.

Faith and religious activity

Expected outcomes:

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

- 3.61 The chaplaincy team was well integrated into the prison regime and offered a wide range of faith and secular activities. There was a strong emphasis on ensuring chaplaincy facilities were accessible to as many prisoners as possible. The multi-faith room used for Muslim prayers was very cold. There was pastoral care for prisoners in specific difficulties, and staff also attended ACCT reviews.
- 3.62 There was a full-time coordinating chaplain assisted by part-time Catholic and Muslim chaplains. A Salvation Army chaplain was also allocated to the prison for two days a week. Sessional chaplains also provided support to prisoners of different faiths including Buddhists, and Sikhs. A member of the chaplaincy team saw all new arrivals within 24 hours and gave them a leaflet outlining the services.
- 3.63 The chapel was large, bright and airy. By contrast, the multi-faith room was exceptionally cold, partially due to its part-glass construction, which would have taken significant effort to ensure it was suitable for communal prayers and teaching classes. A shoe rack was provided but there were no suitable facilities for washing before prayers, and prisoners were expected to wash on the wing. There was a range of smaller meeting rooms for music lessons and group meetings. Three prison orderlies were based within the chaplaincy.

- 3.64 As the Muslim chaplain was a shared post with the HMP The Verne, prayers had to be led by a prisoner on alternate Fridays. Prisoners felt this was unsatisfactory, and the number attending prayers dropped when they were led by a fellow prisoner. Similarly, Catholic mass was only offered every fortnight as an ordained priest was not available every week. In our survey, only 46% of respondents, against a comparator of 55%, felt their religious beliefs were respected in the prison; prisoners who considered they had a disability were more negative than other groups.
- 3.65 Attendance at services varied, but Anglican mass usually had 20 prisoners and the number attending Catholic mass had increased to approximately 22 prisoners following an increase of prisoners from Eastern Europe. To increase participation, the chaplaincy had provided gospel readings in Polish. Twenty Muslim prisoner regularly attended Friday prayers.
- 3.66 An Alpha course and Bible studies group were offered most weeks. The prison also had guest speakers at different services, and several volunteers also attended the prison regularly. A wide range of classes and services was offered, including several music groups, and the chaplaincy sought to open up the facilities to other departments.
- 3.67 Chaplaincy staff also offered a pastoral care approach to prisoners experiencing specific difficulties, such as bereavement or family illness. A member of the chaplaincy team also attended as many ACCT reviews as possible.

Recommendations

- 3.68 There should be a Muslim chaplain present every week to lead Friday prayers.
- 3.69 Catholic prisoners should be able to attend mass every weekend.

Housekeeping point

- 3.70 The multi-faith room should be appropriately heated.

Substance use

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.

- 3.71 Under the integrated drug treatment system (IDTS), prisoners already maintained on methadone could continue their regimes, but there was no treatment for existing prisoners so far. Prisoners received a high level of support from the clinical team and IDTS/CARAT officers. The availability of illegal drugs fluctuated, and the current mandatory drug testing exceeded the target. Supply reduction was a priority for the prison.

Clinical management

- 3.72 The establishment had implemented the integrated drug treatment system (IDTS) 18 months previously. Prisoners transferred from local prisons could continue methadone treatment, but dosage was capped at 55ml. In January 2010, 26 received methadone and one buprenorphine; numbers were due to rise. Most were maintained, but seven prisoners had requested detoxification.
- 3.73 Until the week of the inspection, prisoners who had relapsed and were using heroin in the establishment could not access substitute prescribing. However, a newly appointed band 8 clinical lead/nurse prescriber for the cluster was introducing a protocol for initiation/re-initiation prescribing, and assessed prisoners in need of treatment.
- 3.74 The clinical IDTS team consisted of a GP, two band 6 and two band 5 nurses, and a band 4 support worker. Two of the nurses were registered mental nurses (RMNs), one held a counselling qualification, and another was a nurse practitioner. The skill mix included dual-diagnosis expertise, and a band 6 nurse attended mental health in-reach team meetings for joint planning of the care of prisoners with complex needs. Clinical staff had not yet completed part two of the Royal College of General Practitioners (RCGP) training.
- 3.75 The team was assisted by three IDTS/CARAT (counselling, assessment, referral, advice and throughcare) officers, making up one full-time equivalent. They supervised the consumption of methadone and acted as key workers for the prisoners. Prisoners spoke highly of the support from both the officers and the nurses. Joint reviews took place regularly, and psychosocial interventions included one-to-one as well as group work sessions; prisoners could also attend a dedicated gym session. A monthly service user forum gave prisoners the opportunity to contribute to service development.
- 3.76 Nineteen of the prisoners receiving methadone were located on Saxon unit. While the IDTS team and the treatment room were based here, the unit did not provide a therapeutic environment and its function was unclear (see paragraph 9.67).

Drug testing

- 3.77 Random mandatory drug testing (MDT) positive results fluctuated between 7% and 26.9%, with a year-to-date rate of 17.67% against a target of 13.5%. In addition, a high number of prisoners (31 in the previous six months) refused to be tested.
- 3.78 Almost a quarter of security information reports (SIRS), 24%, were drug related. In the previous six months, there had been 103 suspicion tests, averaging a 43.7% positive rate, but not all tests were completed in the required timeframe; frequent testing was limited. MDT was coordinated by the security senior officer but mostly undertaken by residential officers and described as a flexible task.
- 3.79 Test results and finds pointed towards opiates, followed by cannabis, as the main drugs of use, but hooch (illegal alcohol) had also been found. In our survey, 47% of respondents said it was easy to get illegal drugs, against the comparator of 35%.
- 3.80 Reducing drug supply was one of the prison's main objectives. A detailed action plan had been drawn up and was reviewed regularly. The large perimeter fence had been identified as a

major area of vulnerability, and security staff worked closely with local police and engaged with the community to increase awareness and cooperation. The security department was represented at drug strategy meetings and linked in well with drug treatment services.

Recommendations

- 3.81 Prescribing regimes for substance-dependent prisoners should be flexible and based on individual need, and should include initiation/secondary detoxification treatment.
- 3.82 Clinical integrated drug treatment system (IDTS) staff should complete further training in the clinical management of substance-dependent prisoners.
- 3.83 The establishment should ensure that the mandatory drug testing programme is resourced adequately to undertake the required level of target testing within the required timescale.

Section 4: Diversity

Expected outcomes:

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

- 4.1 The governor had revitalised the management of diversity. A diversity and race equality action team met monthly and managed all diversity issues, although not all diversity strands were addressed. The diversity action plan required updating. Ethnic monitoring data was discussed appropriately but other aspects of diversity were not monitored. There were diversity representatives on all units and specialist representatives for Gypsies, Travellers and foreign nationals. There was a positive approach to diversity training through a joint staff-prisoner programme.
- 4.2 A diversity policy developed in 2009 covered all the statutory duties of the prison, with a heavy focus on race equality. There were also separate policies covering disability, older prisoners, and foreign nationals, but there was no strategic work on sexual orientation and religion. A diversity action plan had also been developed, but many of its targets were unchallenging and had been completed.
- 4.3 A diversity and race equality team (DREAT) had begun monthly meetings in June 2009 and was attended by a prisoner representative and a representative from the Independent Monitoring Board (IMB). Notes of the meetings indicated strong leadership and generally good attendance. However, not all aspects of diversity were addressed at each meeting. Ethnic monitoring data was also addressed in detail at each meeting, but the prison did not monitor other elements of diversity, including disability, age or religion in a similar way. The governor chaired the DREAT meetings and had revitalised this area of work. A diversity manager had responsibility for all the diversity strands, with some limited support from staff responsible for individual areas of work. The role also included responsibility for foreign national prisoners.
- 4.4 A community engagement strategy had been produced and efforts had been made to ensure community representatives attended the DREAT. Attendance had not always been consistent but the diversity manager had made new community links and hoped to resolve this.
- 4.5 Prisoner diversity representatives and officers had been appointed on each unit, including specific representatives for Gypsies and Travellers, but their details were not published around the prison. They met regularly with the diversity manager and had also had a joint meeting with foreign national representatives. A diversity orderly had also been appointed and played a key role in the induction of new arrivals, including a session on diversity, and he attended most of the consultation groups on diversity issues. We were told that diversity representatives had coloured polo shirts to identify them, and they had published job descriptions.
- 4.6 A joint staff and prisoner diversity training course had been offered since March 2009. The course ran for 10 mornings and was facilitated by a member of staff from the education contractor A4E. The course had been a significant investment by the prison, and feedback from staff and prisoners had been positive.
- 4.7 Two single equality impact assessments had been completed and others were under way.

Recommendations

- 4.8 The diversity action plan should be reviewed and updated.
- 4.9 The diversity and race equality action team (DREAT) agenda should include standing items on all diversity issues.
- 4.10 Prison monitoring should include other elements of diversity, including disability, age and religion.
- 4.11 The DREAT should include community representatives at all meetings.

Housekeeping point

- 4.12 Prisoner representatives' details should be published around the prison.

Good practice

- 4.13 *The prison had made a significant investment in a joint staff-prisoner diversity training course, which had received positive feedback from staff and prisoners.*

Race equality

- 4.14 Over a quarter of the prison population was from a black and minority ethnic background, but only 2% of staff were from similar backgrounds. The DREAT analysed ethnic monitoring data meaningfully. Prisoner diversity representatives had been identified and met regularly. Racist incident reports were generally well managed, but quality assurance processes required strengthening. Black and minority ethnic prisoners had more negative perceptions than white prisoners.
- 4.15 The race equality policy had been updated in 2009 but was largely replicated in the diversity policy. Over a quarter of prisoners, 28%, were from a black and minority ethnic background. However, only 2.1% of staff were from a black and minority ethnic background, and prisoners felt that staff were not aware of cultural differences and interpreted some behaviour with suspicion, such as black or Muslim prisoners gathering together.
- 4.16 The full-time diversity manager was responsible for race equality and was viewed positively by staff and prisoners.
- 4.17 The DREAT monitored SMART (systematic monitoring and analysing of racist equality treatment) ethnic monitoring data, including both mandatory and locally agreed fields. This included adjudications, segregation, release on temporary licence, home detention curfew, education and access to the gym and education. There was meaningful discussion about trends, and action was taken where required to address issues.

Managing racist incidents

- 4.18 The management of racist incident report forms (RIRFs) was reasonably good. Forms were freely available on all wings, but were submitted through a general complaints box, which was opened by the night orderly officer (see recommendation 3.53). There was one RIRF box in the library, which the diversity manager opened. In the previous year, 142 RIRFs had been submitted. The quality of investigations was generally good, and complainants received both a personal acknowledgement and a slip when the investigation had been concluded. However, prisoner satisfaction with the process was not assessed. Some of the RIRFs from staff that we reviewed reported racist behaviour, but they had not challenged this when it had occurred.
- 4.19 RIRFs were discussed at the DREAT meeting and there was evidence that they were analysed by type, location and origin over a six-month period.
- 4.20 The diversity manager investigated almost all RIRFs but had not yet had formal training in the role, due to the suspension of the training programme. She had, however, received some one-to-one support from the area diversity manager.
- 4.21 There was an external quality assurance process for the management of RIRFs, but this was limited and there was no meaningful process to ensure the implementation of comments for improvement.
- 4.22 RIRFs were cross-referenced with violence reduction staff and the request complaints clerk, and vice versa, and internal communication about incidents appeared good.
- 4.23 There were no specific interventions for racist bullies or victims, but the policy provided for an incentives and earned privileges review or individual work with diversity staff, as well as other measures. Cell sharing risk assessments were consistently reviewed when a RIRF highlighted racist behaviour.

Race equality duty

- 4.24 In our survey, the views of black and minority ethnic prisoners were more negative than white prisoners across a range of areas. For example, only 64% compared with 84% said they had a staff member they could turn to for help if they had a problem, 35% against 13% said they had been victimised by another prisoner, and 17% against 3% said they had been victimised because of their race or ethnic origin.
- 4.25 Black and minority ethnic prisoners responded more positively about access to the gym than white respondents, with 65% against 41% saying they attended twice a week, and 44% of black and ethnic minority respondents, compared with 30% of white prisoners, said that staff usually spoke with them during association.
- 4.26 Notes of prisoner diversity representatives meetings indicated active engagement, but there did not appear to be in-depth discussions about the more negative perceptions of black and minority ethnic prisoners. Diversity representative met regularly with the diversity manager.

Recommendations

- 4.27 Satisfaction questionnaires should be introduced for those submitting racist incident report forms.
- 4.28 The diversity manager should receive appropriate training at the earliest opportunity.
- 4.29 The racist incident report form quality assurance process should ensure that qualitative comments are made and any required action is completed.
- 4.30 Managers should ensure staff challenge racist behaviour when it occurs.
- 4.31 Managers should ensure staff engage with black and minority ethnic prisoners to address their more negative perceptions of the prison.

Religion

- 4.32 Although the diversity and race equality action team picked up issues relating to religion when they were identified, there was no monitoring to establish if the regime affected some religious groups more than others.
- 4.33 There was no separate policy on religion or plan to ensure how the religious needs of prisoners were met. A member of the chaplaincy team usually attended the DREAT meeting, although religious issues did not feature frequently in discussion.
- 4.34 There had been some attention to increasing the awareness of staff and prisoners through a booklet that highlighted the key tenets of most religions and cultures.
- 4.35 There was no specific monitoring to address the access of minority groups, such as Muslim prisoners, to aspects of the prison regime (see recommendation 4.10). There were no specific faith consultation groups.

Recommendations

- 4.36 The diversity policy should be developed to address how the religious needs of prisoners will be met.
- 4.37 The prison should ensure that prisoner consultation groups reflect religious beliefs.

Foreign nationals

- 4.38 Although the prison had previously had a few foreign national prisoners, it was unprepared for the doubling of this population when it became a spoke prison in 2009. Staff had provided opportunities for consultation and foreign national representatives had been identified, but foreign national prisoners had unrealistically high expectations of the services that the prison could offer and expressed dissatisfaction in our survey, especially on safety and victimisation. Foreign nationals needed better access to UK Border Agency staff. Use of professional interpreting services was low.

- 4.39 A policy on foreign national prisoners had been published in 2009. In June 2009, Guys Marsh became a 'spoke' prison for foreign national prisoners, which had doubled the number of these prisoners. At the time of our inspection, it held 88 foreign national prisoners from 23 countries. The largest groups were from the West Indies, Poland, Somalia and Nigeria. We met with a group of foreign national prisoners who said they had received false messages about the services available at Guys Marsh before they were transferred. This resulted in much dissatisfaction when they first arrived. The prison had consulted effectively with the foreign nationals and, as a result, several foreign national representatives had been appointed and now had monthly meetings with prison staff. A foreign national liaison officer had been identified to work alongside the diversity manager and had 3.75 hours facility time a week.
- 4.40 Links with the UK Border Agency (UKBA) had improved and weekly visits from UKBA staff were scheduled, but did not always take place. UKBA had prioritised prisoners subject to IS91 detention orders, followed by those close to their tariff expiry date and then prisoners applying for the facilitated return scheme. This approach frustrated some foreign national prisoners who had evidence of administrative errors relating to their status, and who said they had ongoing difficulties in being able to see UKBA staff. There were seven prisoners subject to IS91 detention orders when we visited the prison. There were no independent advice services for foreign national prisoners.
- 4.41 In our survey, foreign national respondents expressed greater dissatisfaction than British prisoners across a broad range of measures, including safety, unfair treatment in the IEP scheme, being treated with respect by staff, and victimisation by prisoners and staff. For example, only 72% of foreign national respondents felt that staff treated them with respect, compared with 92% of British respondents.
- 4.42 Professional interpreting services were not used regularly. In 2009, only £300 had been spent on an interpreting agency. The prison placed greater emphasis on the use of peer interpreters, which lacked confidentiality and impartiality. Some leaflets had been translated into other languages, including RIRFs and policy documents, but their availability was not widely publicised.
- 4.43 Foreign national prisoners were positive about the management of their sentence progression, such as recategorisation and access to home detention curfew and release on temporary licence. The prison was able to demonstrate how many foreign national prisoners had achieved successful outcomes in these areas.
- 4.44 The library had increased its range of books and resources in foreign languages and had contacted several embassies to obtain relevant newspapers. The Storybook Dads scheme was also offered to foreign national prisoners, and two had recorded discs.
- 4.45 Telephone calls were provided for foreign national prisoners who did not receive domestic visits. They only needed to apply once, and their telephone credit was updated each month to allow them a five-minute call abroad.

Recommendations

- 4.46 Foreign national prisoners should be able to consult independent immigration advice services.
- 4.47 There should be greater use of professional interpreting services.

- 4.48 The prison should explore the negative perceptions of foreign national prisoners and take appropriate action in response.
- 4.49 Foreign national prisoners should have easy access to UK Border Agency (UKBA) representatives.

Housekeeping point

- 4.50 The details of information available in other languages should be publicised around the prison.

Disability

- 4.51 Prisoners with disabilities were appropriately assessed on arrival and disability logs were maintained. A disability liaison officer had been identified and there had been some provisional consultation with prisoners with disabilities about how best to ensure their needs were met. Individual needs were responded to. There was one cell that could be adapted and an accessible shower. Most areas of the prison were accessible, but the edges of steps had not been clearly marked.
- 4.52 A disability policy had been published in 2009, which outlined the prison's statutory duties and the resources available in Guys Marsh. New arrivals were asked whether they had a disability and, if they did, they were given a disability assessment screening. A disability register maintained on the shared drive included learning as well as physical disabilities, and 89 prisoners had self-disclosed a disability in 2009. A disability log was completed for prisoners with a disability, as well as a personal emergency evacuation plan, if necessary. We checked these documents on several wings. We found some disability logs completed to a high standard, while others were more superficial.
- 4.53 A disability liaison officer had been identified and received 3.75 hours a week facility time, and worked closely with the diversity manager. There had been meetings for prisoners with disabilities in September and December 2009 to discuss the best way to consult them, and there was a general commitment to identify prisoner disability representatives.
- 4.54 There were no specific adapted cells, but one double cell on Wessex unit had previously been used to accommodate a prisoner in a wheelchair. The associated aids, including handrails and a portable cell call bell, had since been removed, but we were told that they could be reinstated quickly if needed. There was also an accessible shower on Wessex with two grab rails; it had a small step, but we were told that there was a portable ramp to overcome this.
- 4.55 Most areas of the prison were accessible and there were ramps available at most buildings. However, steps to several units were not clearly marked and required highlighting for prisoners with visual impairments. Notes of the DREAT and prisoner diversity meetings showed that the prison responded to individual needs and had secured a portable hearing loop and special gadgets, such as a vibrating alarm clock. There had also been liaison with specialist advisers in the RNID and RNIB about individual prisoners. There was no formal prisoner Buddy policy, but this operated informally when required.
- 4.56 In our survey, prisoners with disabilities expressed greater dissatisfaction across a range of measures, including victimisation, than those without disabilities.

Recommendations

- 4.57 The prison should consider the development of a Buddy scheme for prisoners with disabilities.
- 4.58 The prison should engage with prisoners with disabilities to address their negative perceptions.

Housekeeping point

- 4.59 Steps should be clearly marked to aid prisoners with visual impairments.

Older prisoners

- 4.60 Guys Marsh had a partnership with Age Concern, which facilitated monthly seminars to address a range of age-related issues.
- 4.61 An older prisoners' policy had been developed in 2009, which outlined the facilities for older prisoners. Older prisoners' issues were managed through the DREAT, but were not a standing agenda item. An officer had been identified to take forward the needs of older prisoners in the establishment.
- 4.62 At the time of the inspection, 29 prisoners were over 50, including three over 70, and the oldest prisoner was 77. Older prisoners made up 5% of the prison population.
- 4.63 The prison was part of a South West prison cluster that benefited from the Age Concern older offenders project, which offers advice and support to older prisoners and their families. A project worker came to the prison twice weekly and had facilitated monthly sessions on a wide range of issues, including pension advice, fitness and developing healthy lifestyles. There were plans to offer individual sessions to assess need for age-related services in conjunction with education, healthcare and the gym. A survey of 30 prisoners in early 2009 had identified the needs of older prisoners and the activities that they were most interested in.
- 4.64 One prisoner received retirement pay, which was only £3.75 a week. Other older prisoners had elected to work and received prison pay. Older prisoners did not have to pay for television rental, and were unlocked on the wing.

Recommendations

- 4.65 Older prisoner issues should be a standing agenda item on the DREAT.
- 4.66 Retirement pay should be increased.

Sexual orientation

- 4.67 Although there was no strategy to address sexual orientation, there had been some work to manage individual issues effectively. There was some gay literature in the library for prisoners. This area required further development.
- 4.68 There was no evidence that sexual orientation was addressed at a strategic level, and no member of staff been identified to take this work forward. The notes of the DREAT indicated that there had been some limited discussion on sexual orientation, but this related to operational issues.
- 4.69 Healthcare staff said that they had condoms for issue, but these were rarely requested, despite the display of posters on wings advertising the service.
- 4.70 The librarian had a list of gay literature available for prisoners. The diversity manager said that there had been some informal consultation with gay prisoners on the best way of developing this area of work. Diversity representatives also confirmed that the prison had managed a transgender prisoner reasonably well. In our survey, 2% of respondents believed they had been victimised because of their sexuality, against a comparator of 1%.

Recommendation

- 4.71 The prison should develop the diversity strategy to include sexual orientation more effectively.

Section 5: Health services

Expected outcomes:

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

5.1 The healthcare department was generally well maintained, but an increase in clinics meant that there were often difficulties in providing enough clinical and interview rooms. The staff group was well trained and motivated, and prisoners were generally content with most health services. Primary care was good and there was speedy access to the GP and dental services. Pharmacy provision was generally good, but prisoners could not see a pharmacist. Mental health services were very good and there was joint working between primary and secondary services. Release procedures were well established. Relationships between health and prison staff were very good.

General

- 5.2 Health services were commissioned from the Dorset Primary Care Trust (PCT). A health needs assessment in 2008 had been followed by a prison health action plan 2009/10. Both papers covered the Dorset and Somerset prisons. A Dorset and Somerset Prison Partnership Board met bimonthly and was attended by the lead nurse and governor. There were good links with local community health providers providing in-reach services to the prison.
- 5.3 The healthcare centre had a good ambience and décor, and was clean and tidy. An infection control audit had been carried out by the PCT recently and an action plan implemented. The healthcare waiting area was small and had only one bench for waiting prisoners. This area was clean but opened on to the main yard and was very cold when we inspected.
- 5.4 The pharmacy room was small but adequate for purpose. Two medicine administration hatches led out on to an inner and outer waiting area, and neither provided confidentiality for prisoners (see paragraph 5.30), although the manager was seeking a solution to this concern. Medicines were stored in secure metal cupboards, but heat-sensitive products were not stored correctly in pharmacy fridges. Nursing staff were unaware that they should reset their maximum and minimum temperatures daily and reset temperatures when recordings were above 8°C. Emergency pharmacy medicines were checked by nursing staff, but some items had not had new expiry dates annotated.
- 5.5 The rest of the department was presentable and patient focused. Emergency bells were appropriately located throughout the department. The two treatment rooms were well equipped and fit for purpose.
- 5.6 The dental surgery was light, clean and airy and the standard of dental clinical governance was high. The dental unit was new and the compressor and autoclave met current guidelines. The X-ray machine was due for re-certification and replacement. Current surgery protocols and procedures were in place and met cross-infection control criteria, and disposable equipment was used whenever practicable. Waste disposal was satisfactory. However, the

surgery needed reorganisation and updating to meet forthcoming new NHS dental decontamination regulations, including a washer disinfectant.

- 5.7 The reception medical room was adequate but needed redecoration. The SystmOne IT system was on site. There was sufficient healthcare equipment to conduct initial screenings.
- 5.8 The integrated drug treatment system (IDTS) pharmacy room based on Saxon unit doubled up as an office, which was a risk to safety and confidentiality during medicine administration. The main telephone and administration points were in the same room, which should have only been used for the administration of medicines. There was also no purpose-built treatment room for clinical treatment, such as dressing or vaccinations. The methadone pump equipment was regularly cleaned and calibrated, but there were no records of this.
- 5.9 Written information about health services was available in foreign languages, and a professional interpreting service was used where necessary. Patients were involved in their own care plans and, where appropriate and with the prisoner's permission, discipline staff were also involved.
- 5.10 There was a good level of mutual respect between healthcare staff and prisoners. There was no evidence that security procedures impeded the delivery of clinical services in the prison.

Clinical governance

- 5.11 Clinical governance arrangements covered the management and accountability of staff. The lead nurse manager was a band 7 registered general nurse/registered mental nurse (RGN/RMN) and was on the prison's senior management team. His deputy was a band 6 RMN. Two band 5 RGNs and one RMN completed the nursing group; there was one RGN vacancy. Two healthcare officers, both qualified in national vocational qualification level three in care, supported nursing staff and undertook appropriate clinics. The skill mix of trained staff was good, and generally met the clinical needs of prisoners. Qualified nursing staff had additional training and/or a special interest in conditions such as asthma, epilepsy and minor injuries. There was no identified member of staff to provide a health focus for older prisoners.
- 5.12 Meetings for trained staff were held regularly and minuted. Members of the health team regularly attended other prison meetings, including violence reduction, diversity and suicide and self-harm prevention.
- 5.13 The PCT directly employed a general practitioner (GP) who provided seven sessions a week, as well as working at a local GP practice. Out-of-hours medical cover was provided by regular agency doctors.
- 5.14 The two administrators, one full- and part-time, provided excellent support and dealt with the majority of in-house appointments as well as referrals to local NHS facilities.
- 5.15 Staff training was supported by the PCT and, where appropriate, all staff could access ongoing professional training. Clinical supervision was well structured and ongoing. Agency nurses were rarely used, as healthcare staff filled shift shortfalls where necessary. NHS guidelines and information publications were available on site or online.
- 5.16 Emergency equipment was held in the healthcare centre and was fit for purpose. Weekly checks were made and all clinical staff had completed annual basic and intermediate life

support training. Training records were maintained. Medical equipment was sourced through the PCT.

- 5.17 The SystmOne IT system was installed throughout the department. Both paper and electronic clinical records were held. Many prisoners had paper records from other prisons, but once they were at the prison, all entries were made on SystmOne. Clinical records were held securely and only accessible to healthcare staff. The electronic records we reviewed were appropriate and comprehensive. Old clinical records no longer in use were sent to secure storage at HMP The Verne.
- 5.18 There was no dedicated healthcare forum, although healthcare staff attended a prison-wide consultative committee when healthcare items were on the agenda.
- 5.19 There was an efficient PCT complaints system. Information on how to complain, with clear guidance to prisoners, was readily available in the healthcare department. Prisoners who wished to complain completed a complaints form and were then seen by the lead nurse manager to discuss the complaint. Where necessary, the complaint was escalated to the PCT customer services team. Responses to complaints were normally received within a month.
- 5.20 There were established links with the local health protection agency in the event of an outbreak of communicable disease. The prison held extensive stocks of vaccinations and equipment to deal with outbreaks of influenza. All eligible prisoners had been offered swine flu vaccinations.
- 5.21 The healthcare centre kept a register of all F213 (injury to inmate) forms and monitored unexplained injuries.
- 5.22 Information-sharing protocols were in place and initiated at the required time.

Primary care

- 5.23 Prisoners had reasonable access to most health services. All new arrivals were seen in reception and given a comprehensive health screening. A secondary screening was not routine, unless the initial screening highlighted concerns. Prisoners who arrived on medication were automatically referred to the GP for assessment of their medications. A healthcare officer gave an informative presentation during the induction programme and explained how to access services, how to complain and any other topical issues. The presentation also covered health promotion, with advice on smoking, physical, sexual and mental health. Where appropriate, community and national health campaigns were supported.
- 5.24 The healthcare department was open every day from 8am until 6pm, including weekends. Prisoners could access services through an application system or by attending 'sick parade' at two specified times a day. Applications were posted in locked healthcare boxes, collected daily by healthcare staff, and allocated to the relevant health professional. Individual appointment slips in sealed envelopes were returned to prisoners via night staff who delivered them to cells overnight. The system worked well, except when prisoners sent applications through the internal post. Prisoners were generally seen within 48 hours of receipt of the application.
- 5.25 The GP waiting list was no more than three days. Nurse-led clinics included venapuncture (blood taking), asthma, diabetes, hypertension and 'smoke stop'. Community specialist nurses also held clinics, including tissue viability, diabetes, epilepsy and blood-borne virus. Sexual health clinics were held every three weeks, when a consultant and specialist nurse visited the

prison. Prisoners had previously been offered chlamydia screening but this was currently in abeyance. Hepatitis B clinics ran twice weekly. There were currently no well man clinics, but it was hoped to reintroduce them. Chiropody services were held as necessary, and an optician visited monthly. If the optician's list reached 30 patients, another provider was contracted in to help clear the list. There were no physiotherapy services on site and prisoners were referred to local hospitals; this was under review. Barrier protection was discussed during the induction presentation and advice given on safe sex. Condoms and dental dams were available through healthcare.

- 5.26 There were no wing-based healthcare treatment rooms but nurses were visible on the wings, which helped to foster good working relationships with discipline staff.
- 5.27 Healthcare staff attended planned or unplanned use of force to monitor the health of the prisoner involved. The doctor and a nurse saw prisoners held in the segregation unit every day, and had good relationships with segregation staff.
- 5.28 Although access to the GP was good, in our survey, only 48 of respondents, against the comparator of 53%, said the quality of GP care was good. We found that this dissatisfaction mostly related to the GP's prescribing regime. We were told that many prisoners arrived on significant levels of opiate- or codeine-based medication, and were advised by the GP that this would be reduced where appropriate. In the majority of cases, opiate medication was not indicated.

Pharmacy

- 5.29 Pharmacy services were provided by a local pharmacy, and a pharmacist or technician visited once a month. However, prisoners could not see a pharmacist, and there were no pharmacy-led clinics. Prescriptions were processed in a timely manner.
- 5.30 Medicines were administered by nurses at 8.30am 11.30am and 4.30pm. Medicines needing to be given later had to be given in possession. We were concerned that prisoners tended to crowd around the medicine hatches during medicine administration times, which could compromise patient safety. Medication was supplied daily, weekly or monthly in possession, and most patients received their medication in possession. The GP completed in-possession risk assessments, but these were not documented formally. They were regularly reviewed by nursing staff. A varied list of medication was available under patient group directions (PGD), including pain relief, inhalers and eye treatments. The PGDs allowed patients to access more potent medication than would otherwise have been available.
- 5.31 Prescriptions were computer generated and faxed to the pharmacy for dispensing. The doctor determined the length of time the patient could have their medication in possession.
- 5.32 Controlled drugs were obtained via signed order using a duplicate book. Records were maintained on paper controlled drug registers, however these did not comply with the latest misuse of drugs regulations.
- 5.33 Special sick supplies were recorded on SystemOne.
- 5.34 A PCT wide medicines and therapeutics committee met every two months and was attended by the doctor and lead nurse.

Dentistry

- 5.35 Under the current dental services contract, commissioned by the PCT, a private dentist held three sessions a week. However, there were concerns that the service might be reduced under a new dental contract recently agreed with a different provider. In our survey, 22% of respondents, against the comparator of only 14%, said it was easy to see the dentist.
- 5.36 There were approximately 15 new applications a week to see the dentist, which were assessed by health staff and the dental team. Currently, there were about 200 patients, and 14 prisoners on the waiting list who had been waiting for two weeks. The attendance rate was very good with few failures to attend. A full range of treatments was offered. Patients in dental pain were seen at the first available session and, in the interim, were seen by nursing staff or the GP and given appropriate medication. Referral to secondary dental care for cases of trauma and specialist treatment was available through local NHS services. Dental records were well maintained and held securely, but a general medical history and oral cancer screening record were not routinely completed. There was no oral health promotion to prisoners.

Secondary care

- 5.37 The management of external NHS appointments was good. Patients referred to hospitals were shown a copy of their referral letter by the GP. The letter was passed to administrative staff who were responsible for booking external appointments.
- 5.38 Two prisoners were allowed to attend outside hospital appointments every weekday. Many appointments had to be cancelled due to emergencies taking priority over existing appointments. Between April and November 2009, 14 appointments were cancelled because of lack of escorts. In the same period, 19 prisoners did not attend appointments because other prisoners took priority. There was an example during the inspection when a prisoner with chest pain had to go to hospital; consequently, another prisoner lost his routine appointment.
- 5.39 The team had excellent relationships with local NHS facilities, and the senior administrator attended the PCT/Prison Escort and Bedwatch Working Group meeting every second month. The management of external hospital appointments was discussed at every meeting, all referrals were tracked and there was an ongoing action plan.

Mental health

- 5.40 Mental health support was good. However, in our survey, only 15% of respondents who said that they had mental health issues felt they received support from the doctor, against the comparator of 34%, and no respondents, against the comparator of 19%, said that they received support from a nurse. The latter response may be due to the fact that RMNs wore non-clinical dress and did not always wear name badges.
- 5.41 During the reception screening, new arrivals were asked if they had any concerns about mental health and, if they did, they were referred to one of the RMNs. If the healthcare worker assessing the prisoner thought he needed mental health support or had a history of mental health issues, he was referred immediately. Prisoners could also submit application forms to see the primary mental health team (PMHT). Such applicants were seen by the GP to determine which team should see them, and patients were also discussed at the weekly multidisciplinary mental health referral meeting. The lead nurse manager had a special interest

in dialectical behaviour therapy, and his deputy in learning difficulties and attention deficit hyperactivity disorder (ADHD). New arrivals already under the care of other prison or community mental health teams were automatically referred to the mental health in-reach team (MHIRT). Any member of prison staff could refer prisoners on to the primary mental health team.

- 5.42 Most treatment involved one-to-one work with prisoners. A general adult psychiatrist provided sessional support to the PMHT. Nursing staff provided counselling support. Wing staff were advised how to manage prisoners with mental health issues in their care. Where appropriate, and with the patient's permission, wing staff were given a copy of the patient's care plan. There was regular mental health awareness training for prison staff. A member of the primary mental health team always attended ACCT reviews if they were notified.
- 5.43 The MHIRT were from Dorset Community Health Services and comprised a consultant general psychiatrist, a band 7 team leader community psychiatric nurse (CPN), two band 6 CPNs, one senior practitioner social worker and a clinical psychologist. CPNs provided two sessions a week.
- 5.44 There was no dedicated work space for the team. They sometimes had to use treatment rooms to see their patients, and some rooms in healthcare were not suitable for conducting interviews. There was also no dedicated IT or telephone support for the team.
- 5.45 The team had an active caseload of 15 patients. On completion of treatment, patients were referred back to the PMHT. The team attended the weekly multidisciplinary team meetings to discuss all prisoners under the care of both teams. All prisoners under the care of the MHIRT were on the care programme approach programme. The team had established good relationships with local and regional community mental health teams and, where appropriate, communicated with them regularly.

Recommendations

- 5.46 There should be a review of where and how medicines are administered to patients to ensure patient confidentiality and safety. Waiting prisoners should not be allowed to crowd around prisoners receiving medication.
- 5.47 The integrated drug treatment system (IDTS) treatment room and office should be permanently divided to ensure patient safety, and IDTS services should have a dedicated clinical treatment area.
- 5.48 A lead healthcare worker should be identified to support older prisoners.
- 5.49 There should be a dedicated healthcare forum where prisoners can raise concerns with senior health staff.
- 5.50 Regular well man clinics should be held.
- 5.51 The pharmacist should audit faxed prescriptions, and regularly visit the prison to check dispensed faxes against original prescription.
- 5.52 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.

- 5.53 The pharmacist should have professional control of the stock supplied, and there should be a dual-labelling system to ensure audit of stock supplied by the prescriber.
- 5.54 The pharmacist should visit the prison at least once a month to check the systems in operation and provide counselling sessions, pharmacist-led clinics, clinical audit and medication review.
- 5.55 The in-possession risk assessments of each drug and patient should be documented.
- 5.56 The medicines and therapeutics committee should meet at least four times a year, and all stakeholders should attend.
- 5.57 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 5.58 The dental surgery should comply with new NHS decontamination regulations.
- 5.59 The dental x-ray machine should be reviewed and recertified.
- 5.60 There should be regular oral health promotion for prisoners.
- 5.61 Planned hospital appointments should not be cancelled because of other medical emergencies.

Housekeeping points

- 5.62 The reception healthcare room should be redecorated.
- 5.63 Once medicines are removed from the refrigerator, the new expiry date should be clearly marked on them.
- 5.64 All medicine refrigerators should be kept between 2° and 8° Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly.

Good practice

- 5.65 *The GP showed NHS referral letters to prisoners to ensure they knew they had been referred and to allay any anxiety.*
- 5.66 *The escort and bedwatch group provided continuous monitoring and management of NHS referrals and bed watches at a strategic level.*

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

6.1 Leadership and management of learning and skills were satisfactory, although there was insufficient sharing of best practice. The management of education by Strode College and A4E was good and there was a satisfactory range of education and training courses. Learners were well supported in education and workshops to improve their literacy, numeracy and language skills. Only 69% of prisoners took part in work and education activities, and waiting lists were long, and poorly prioritised and managed. A low proportion of prisoners were on education and vocational training courses, although most of those on accredited programmes achieved their qualification. Teaching and learning were good. The library facility was good and well managed.

Leadership and management

- 6.2 Leadership and management of learning and skills were satisfactory. Day-to-day management of vocational training and education was good. There were good working relationships between prison staff, training providers and education staff, although there were insufficient formal opportunities to share best practice. The prison had a good working relationship with its learning and skills providers, as well as external agencies such as Jobcentre Plus.
- 6.3 Quality assurance arrangements were satisfactory. Separate activity groups reported to the quality improvement group and regularly monitored the quality of provision. The range of courses had improved, and included courses in English for speakers of other languages (ESOL) to meet the needs of the growing foreign national population. Although staff development, appraisal, and the observation of teaching and learning were mostly satisfactory, some staff had not been appraised or observed for some time.
- 6.4 Self-assessment was well established and individual contractors contributed to an overall self-assessment report. Some aspects were clearly evaluative, with sufficient evidence to support statements, but other aspects were more descriptive, and not all areas were reported on or graded. There was insufficient use of data to inform changes and improvements to provision.
- 6.5 All learning and skills staff had been vetted with Criminal Records Bureau checks, and staff were able to recognise and deal appropriately with vulnerable adults. Policies and procedures to protect learners were appropriate and clear, and staff and learners understood their significance. Posters highlighting support arrangements for prisoners were prominently displayed in the education department, and health and safety information was clear. Assessment and verification practices were satisfactory. However, in some cases there was insufficient support to staff from Offender Learning and Skills Service (OLASS) providers.

- 6.6 The promotion of equality and diversity was good. There were arrangements to ensure adequate access to education for prisoners with mobility difficulties. The prisoner pay structure was inequitable and disadvantaged those who chose full-time education and vocational training. Prisoners doing contract work could earn between £25 and £35 a week, while those on education and vocational training courses earned only approximately £7 a week. However, part-time work and participation in education was offered.

Induction

- 6.7 All new arrivals were given an induction into education by Strode College and A4E staff. Strode College staff gave them an initial screening of their literacy, numeracy and language. Tribal provided good careers information and advice, as well as recording clear information about prisoners' short- and long-term plans. Individual learning plans (ILPs) were clearly linked to sentence plans, where appropriate. The results from literacy and numeracy screening were used well to inform ILPs. New arrivals were given clear information on the range of education, vocational training and work opportunities available.

Work

- 6.8 There were activity places for about 520 prisoners, and, on average, around 69% of the population were in work. Some prisoners were unable to work due to staff absences and workshop closures. Prisoners were allocated to work and other activities at a weekly labour board. The labour board considered initial assessment results, ILPs and interview records produced by Tribal and Strode College, and allocation was based on appropriate risk assessment. However, administrative support staff took decisions about allocation and transfer, and there were long waiting lists for activity places, which were not always prioritised and were poorly managed.
- 6.9 There were job opportunities in several workshops, the kitchen, farms and gardens, and laundry, as well as wing cleaner jobs (approximately 80) and a waste recycling operation – this was a new area of work not currently in operation. Some of the work in the workshops focused on packaging and light assembly, and was mundane and repetitive. However, prisoners developed useful employment skills in assembling and checking security lighting. Prisoners had good literacy and numeracy support in the workshops from education staff.
- 6.10 In the majority of the workshops, prisoners were punctual and actively engaged in work activities. In a few, attendance was low and prisoners were not working. This was mainly due to delays in the arrival of contract work or the supply of wrong parts. The workshop for packaging of potpourri bags was inadequately lit.

Vocational training

- 6.11 There was a reasonable range of vocational training, although there were insufficient spaces. Vocational training was available in areas such as barbering, catering, horticulture and construction. Approximately 86 prisoners were in employment-related training. Routine management of training was good, as was much of the teaching and coaching. However, waiting lists for many courses were long.
- 6.12 Resources for construction courses were satisfactory, although the mortar recycling machine was not in operation and learners wasted a lot of their time mixing mortar before lessons could

start. There were level one and diploma courses in brickwork and painting. A plastering course introduced by Strode College had yet to be fully implemented. Construction skills certification scheme (CSCS) awards provided appropriate accreditation to improve learners' potential for jobs. Overall, most learners who started on construction courses achieved their intended learning goal. Outcomes for other learners were satisfactory and in some cases good, particularly on the horticulture and industrial cleaning programmes.

- 6.13 The recently reintroduced barbering course was well planned and provided nationally accredited qualifications up to level two. The four prisoners on the programme were progressing well and some prisoners had progressed to other courses on release. Resources for barbering were satisfactory, but the ventilation and lighting were inadequate.
- 6.14 National vocational qualifications (NVQs) at level two were provided in some of the contract workshops through N-Ergy. N-ergy assessed about 20 prisoners who followed a performing manufacturing operations (PMO) qualification at level two. Pass rates on PMO had been high in the previous year, with qualifications for 88% of those completing the programme. The recognising and recording progress and achievement (RARPA) award was used effectively in workshops i.
- 6.15 Industrial cleaning courses were successful, and all prisoners completing the programmes achieved their qualifications. There was good use of the prison environment for training and practical activities, such as painting and decorating and industrial cleaning. However, most vocational courses offered were either level one or two, and there was only one prisoner on a level three course in catering.

Education

- 6.16 Under 20% of prisoners took part in education – 25 full time and 99 part time. Education was run by Strode College and A4E. The range of education courses was generally satisfactory and provided progression from entry level to level two, although only around 5% of the population were on courses at level three and beyond (including higher level, distance and open learning).
- 6.17 Achievements for prisoners were particularly high, over 90%, on arts and personal and social development courses and most literacy, numeracy, language, and information and communication technology (ICT) courses. Attendance and punctuality were mostly satisfactory, although attendance on some courses were low and waiting lists long.
- 6.18 Teaching and learning were good. Lessons were purposeful and engaging, and learners made good contributions. Learners' standard of work was good. Those on literacy and numeracy courses made good progress, while other learners developed useful life and vocational skills. The planning for and recording of individualised learning was satisfactory.
- 6.19 There was good additional support for learners who needed it, and peer learning coaches supported the less able learners effectively in class. Learners said they felt safe, and management of behaviour in learning sessions was good.

Library

- 6.20 Dorset County Council ran the library service, which was well managed by a full-time library manager, supported by a part-time library assistant. Three orderlies provided good support,

two of whom had customer service qualifications in library provision. The library managers provided additional IT training for orderlies through the European computer driving licence (ECDL) programme.

- 6.21 The library was spacious, welcoming and very well laid out, with small areas for group work and larger areas for meetings. There was comfortable space for prisoners to sit and read, and they could use computers during opening hours.
- 6.22 The book stock was approximately 5,500 although book loss was high at between 5% and 10%. Books were kept in good condition and regularly updated. There was a good range of fiction and non-fiction, easy readers, large print and audio books, and reference sources including legal material and Prison Service orders. There was a small range of foreign language books and dictionaries, and the library manager had contacted foreign embassies to provide newspapers and journals. Library staff quickly acquired books and reference materials for prisoners when needed.
- 6.23 The library was well promoted by its enthusiastic staff. Almost all prisoners were registered with the library, and around half of the population used it, although only 20% borrowed books regularly. The library was open every day, including evenings and Saturday mornings. There were appropriate arrangements for prisoners in the care and separation unit to access the library.
- 6.24 Jobcentre Plus offered regular support for prisoners in the library, and weekly immigration surgeries were also held there. Storybook Dads was very well developed and many prisoners made good use of this resource.

Recommendations

- 6.25 Retention and achievement data should be used more effectively to inform improvements.
- 6.26 Arrangements for sharing good practice between prison staff, education and training providers should be improved.
- 6.27 More employment opportunities should be offered and attendance effectively managed.
- 6.28 There should be a wider range of education and training courses above level two.

Housekeeping points

- 6.29 Lighting in the potpourri workshop should be improved as soon as possible.
- 6.30 Lighting and ventilation in the barbershop should be improved.
- 6.31 The mortar recycling machine in the brick workshop should be refurbished or replaced.

Physical education and health promotion

Expected outcomes:

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

- 6.32 Physical education (PE) facilities were good, but the cardiovascular suite was cramped. The department had good links with healthcare and CARATs and offered a good programme of remedial PE, although there was no cover for staff absences. There was a good range of recreational PE, although allocation to PE from the wings was poorly managed. The range of accredited PE programmes was satisfactory, with high pass rates for those who completed them.
- 6.33 Management of the physical education (PE) department was satisfactory and staff were generally well qualified, although some had not been on courses to update their skills for some time. Facilities and resources were generally good and well maintained, and included a sports hall, weights room, cardiovascular suite and outdoor Astroturf area, although the cardiovascular suite was cramped.
- 6.34 The PE department offered a satisfactory range of accredited PE courses, which included level one and two gym instructors' awards and first aid. Courses were well planned and advertised, and around 90% of those who completed them passed. Some gym orderlies were well qualified and took an active role in the running of courses and giving instruction.
- 6.35 A good range of recreational PE was offered. Most prisoners were allocated two sessions a week, and around 60% of prisoners used the provision. However, many prisoners complained that access was sometimes unfair. Allocation to PE from the wings was often on a first come, first served basis and not always effectively managed.
- 6.36 The department had strong links with healthcare and CARATs (counselling, assessment, referral, advice and throughcare service) to provide a programme of remedial PE for appropriate prisoners. However, only one member of staff was qualified in this and had no cover for sickness or leave periods.
- 6.37 Clean gym kit was available for prisoners, and they had adequate time to shower at the end of each session. There were appropriate records kept of accidents and action taken.

Recommendations

- 6.38 There should be more space for the cardiovascular suite.
- 6.39 There should be a fairer method on the wings to ensure appropriate access for all prisoners to recreational PE.
- 6.40 There should be appropriate cover for the member of staff providing remedial PE.

Time out of cell

Expected outcomes:

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

6.41 Reasonable time out of cell was available for most prisoners, with nine hours a day achievable for the majority and over 11 hours for some but, despite this, we found over a third of prisoners locked up during the working day. Access to association was good, but there were no exercise periods.

6.42 In 2009, the prison had reported monthly time unlocked figures that ranged from 9.9 hours to as high as 11 hours a day. Overall, a figure of 10.6 hours against a target of nine hours was recorded. Although impressive, these figures reflected an uplift from the semi-open unlock arrangements on Fontmell and Jubilee units, which held 78 enhanced-status prisoners (just under 13% of the population). Prisoners here were not normally confined to their rooms during the day, although there was some limitation on movement at meal times. The core day for these units permitted about 11.5 unlocked hours a day.

6.43 For the majority of prisoners, held on the secure wings, the core day suggested that the maximum time out of cell was about nine hours. For those unemployed or employed part-time, it was more likely to be between three and seven hours, although there were brief periods during the morning and at lunch time for some limited domestic activity, such as showers. For those not in activity during the afternoon, there was an extended period of lock up from about noon until just before 6pm. During a random roll check, we found 177 prisoners, just under a third, locked in cell during the working part of the day.

6.44 Ninety minutes association was available on four evenings a week on all units. During 2009, association had been cancelled 39 times, but a rota ensured individual wings were only affected four or five times over the year. Wing association was also available on Friday afternoons and during the day at weekends. Weekend association also included time outside in the grounds, as there were no designated exercise yards. The only prisoners who were separated for this were those on Saxon who we were told, for security reasons, associated in an area behind the unit and not in the main grounds.

6.45 Some facilities, such as pool tables were provided during association, and it was noteworthy that in our survey, 32% of respondents, significantly better than the comparator of 19%, said that staff normally spoke to them during association.

6.46 There were no designated exercise periods, even for those not engaged in activity. In our survey, only 19% of respondents, against the comparator of 52%, said that they exercised in the open air more than three times a week.

Recommendation

6.47 Exercise facilities and designated exercise periods should be provided.

Section 7: Good order

Security and rules

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.

7.1 The security department was well managed and properly integrated with other departments. There were effective systems to process information and communication between the security department and the rest of the prison.

Security

- 7.2 The security department was effectively managed by a principal officer responsible to the head of operations. There were effective systems to process information and use intelligence to inform risk assessments. Important elements of dynamic security were well established. Staff of all grades knew their prisoners, and the flow of information between the residential units and the security department was effective.
- 7.3 The large number of security information report (SIRs) – 1,991 in the previous six months – were processed and categorised by a nominated security collator. Information was communicated to all staff through monthly bulletins and published intelligence assessments.
- 7.4 The security committee was properly constructed and attended by representatives from appropriate departments and external agencies. They included a part-time police officer (who attended the prison three times a week), prison managers and staff from all areas. Meetings were well attended and security objectives were set through appropriate consideration of intelligence.
- 7.5 There were good links with the local police, particularly on operations to reduce the supply of drugs into the prison.
- 7.6 Security arrangements to deal with a building programme under way in the prison grounds were well managed, and there were no obvious weakness or anomalies in physical and procedural security.
- 7.7 The prison operating a modified free-flow system to allow supervised prisoner movement during the beginning and end of planned regime activities. Prisoner movement was effectively controlled by officers at strategic points in the grounds and along the route to work and education classes. Supervision was unobtrusive and allowed prisoners to walk freely within limited areas.
- 7.8 Residential staff conducted routine cell searches. The establishment reached its targets for searching all cells every quarter and all areas monthly. A list of cells for searching was sent out to residential managers, and progress against targets monitored by the security department and reported to the security committee.

Rules

- 7.9 Prison Service and local rules were published and displayed on notice boards on all residential units. Prisoners were required to sign compacts that acknowledged their receipt and understanding of the published rules.

Discipline

Expected outcomes:

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

- 7.10 The number of formal adjudications was high, but charges appeared legitimate. However, we had concerns about the quality of the records of hearings, including some that did not give assurance that hearings were always conducted fairly and clearly. The use of force was high for the size of population, although many incidents did not involve full control and restraint techniques. The paperwork was often not completed correctly, but written accounts gave assurance that force was used as a last resort, and the use of de-escalation was encouraged. Special accommodation was overused and not always justified. Living conditions in the segregation unit were reasonable and relationships between staff and prisoners were good, but the regime for prisoners was poor. The average length of stay had been too long and prisoners had used the unit as a place of safety until they transferred. However, the number of segregated prisoners had reduced drastically following the introduction of care planning for difficult prisoners and some managerial changes.

Disciplinary procedures

- 7.11 There had been 798 governors' adjudications in the previous six months. This was high for an average population of about 565 category C prisoners. However, the records of adjudications we examined showed that punishments were, on the whole, awarded consistently, and that the charges were appropriate.
- 7.12 Monthly statistics on the number and nature of adjudications were presented to the senior management team. Results of proven offences were noted, categorised and communicated to adjudicators to identify trends and to deal with particular problem areas as they arose.
- 7.13 Adjudication standardisation meetings took place quarterly and were chaired by the governor or deputy governor. They were well attended by adjudicating governors, and the minutes showed good standards of discussion. Punishment tariffs had been published and were used consistently at formal hearings.
- 7.14 The records of adjudications that we examined showed that, although many hearings were conducted consistently with full investigations of charges, a significant number did not assure us that they were always conducted in a fair and clear manner by all adjudicating governors. There were too many examples where adjudicators did not take time to ensure that the prisoner fully understood the process before moving on, and not all were offered the opportunity to seek legal advice. Records did not always indicate that the prisoner was given the opportunity to challenge the evidence and put across his version of events. Some records were illegible.

- 7.15 We were not assured that prisoners were always given time and support to prepare their case. During inspection, we saw instances where charge sheets were slid under prisoners' doors the evening before adjudication. During the hearing the following day, the prisoner was not asked if he understood the charge, had enough time to prepare his case or needed help with it.

The use of force

- 7.16 The use of force was high for the size of the population. In 2009, there had been 95 incidents that required the use of force, with 38 incidents in the previous six months. However, these included about 40 cases that did not involve full use of control and restraint techniques.
- 7.17 Planned intervention was well organised, properly carried out and documentation was completed correctly. Proper authority was recorded and all incidents were appropriately supervised by senior staff.
- 7.18 Records on the spontaneous use of force were mixed. Proper authorisation was not recorded in all cases, and in some, the authorising officer was also named as the certifying officer and had been actively involved in the application of force. Some whole sections of forms were not signed, and although there were regular checks by managers, they did not have an impact on the overall quality of paperwork. However, accounts from officers were generally very good and gave some assurance that force was used as a last resort following meaningful attempts at de-escalation. Many statements gave examples where de-escalation had been used during difficult incidents, and that this response was encouraged by managers.
- 7.19 There were monitoring arrangements with strong links to violence reduction, the security committee and the senior management team. Incidents were discussed at the monthly security committee and violence reduction committee meetings. Information, including the nature of the incident, its location and the ethnicity of the prisoners involved, was collated each month and presented for analysis. The minutes we examined showed good standards of debate on relevant issues. Trends were identified and appropriate action was taken.
- 7.20 The use of special accommodation was high, at eight times in the previous six months, and the quality of records to authorise and monitor its use was poor. Forms did not always indicate that proper authorisation was granted, and necessary observations were not always recorded. In some cases, it was not possible to determine the reason for this level of segregation at all.

Segregation unit

- 7.21 The segregation unit (Tarrant) consisted of 12 ordinary cells, two special cells, a prisoner shower, staff office, adjudication room and kitchen servery. The environment was reasonably maintained. Communal corridors were clean and adequately decorated, up-to-date information was displayed on notice boards and showers were working. Cells were generally clean, well ventilated and adequately furnished, but some were grubby with graffiti on walls and furniture.
- 7.22 A published strategy document set out the management arrangements, expected working practices, and the guiding principles of the unit. We found copies in the unit office, and staff were aware of its content. There was also a published staff selection policy.
- 7.23 Governance and management of segregation had improved since the last inspection. Since October 2009, the unit had been administered by a nominated senior officer supported by trained officers who reported directly to the head of residence, who made daily visits. The

segregation of prisoners was properly monitored through regular case conferences and reviews.

- 7.24 The use of segregation had been high, with a disproportionate number of prisoners using segregation as a place of safety until they were transferred out of the prison. In the last six months of 2009, 48 prisoners had been segregated at their own request, with an average stay of about five weeks. There had, however, been a marked reduction in the number of these cases in the previous few months, with just seven held in October to December 2009 - a reduction of over 90% a month.
- 7.25 There had been improvements in the way that applications from prisoners seeking segregation were dealt with. Individual care plans had been introduced on residential units for more difficult prisoners following their application, and new managerial arrangements in the segregation unit meant that senior officers encouraged residential staff to deal with prisoners through established interventions, such as anti-bullying measures and victim support plans (see also section on vulnerable prisoners). At the time of inspection, there were five prisoners in the segregation unit - three segregated under prison rule 45 (good order or discipline) and two for protection at their own request.
- 7.26 Staff interviewed all newly arriving prisoners in private to identify any immediate needs. Prisoners arriving on to the unit were searched thoroughly and respectfully. They were only strip searched following an assessment of risk, authorised by the senior officer in charge.
- 7.27 The regime for prisoners was poor. Although exercise was provided, prisoners could not have a shower every day and had very little access to anything else meaningful. Prisoners had no access to any off-unit activities. In-cell education was not offered regularly and segregated prisoners could not continue to attend communal education activities. Education staff did not always visit the unit.
- 7.28 Relationships between staff and prisoners were very good. We saw officers deal with difficult individuals respectfully, using high levels of care and were clearly comfortable when dealing with prisoners. There was extensive use of preferred names and titles, and residents said that staff were kind and helpful. However, staff entries in personal records were generally poor and did not demonstrate the high levels of care that we saw. Reviews of longer stay prisoners were timely and well attended, but planning to return them to normal location needed further developing.
- 7.29 Although there was evidence that staff supported individual prisoners and dealt with some of the issues that had caused their segregation, formal and consistent reintegration planning had not yet been consistently developed.
- 7.30 The prison was part of a South West area disruptive prisoner strategy in which prisoners displaying particularly difficult behaviour were sent to Guys Marsh from other prisons for 28 days. Movement of prisoners in these cases was approved and organised from regional office and authorised by the regional manager. We were told that the policy had been implemented twice in 2009. There were no prisoners segregated under this protocol during our inspection.

Recommendations

- 7.31 All prisoners attending adjudications should be given sufficient time and support to prepare their case.

- 7.32 All adjudication proceedings should be conducted in a clear and fair manner, with checks that prisoners understand the charge and procedures they face, which are evidenced in the records of hearings.
- 7.33 Use of force forms should be completed correctly.
- 7.34 There should be an operational instruction clarifying the occasions on which special accommodation can be used, and which covers the level of authorisation and ongoing governance required to locate or retain a prisoner in one of these cells.
- 7.35 Entries in segregation unit prisoner files should improve.
- 7.36 The regime for prisoners in the segregation should include daily access to showers and a programme of purposeful activity for longer stay prisoners.
- 7.37 Formal planning to return prisoners held in the segregation unit under good order or discipline to normal prison location should be further developed.

Housekeeping points

- 7.38 Records of disciplinary hearings should be legible.
- 7.39 Cells in the segregation unit should be kept clean and free of graffiti.

Incentives and earned privileges

Expected outcomes:

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

7.40 The incentives and earned privileges (IEP) policy was publicised on residential units. Personal officers conducted monthly reviews of prisoners' IEP status through the individual sentence plan (ISP) process. Staff did not consistently record the improvements needed for prisoners to progress to the next level or evidence the marking awarded. Prisoners demoted to basic were not always given behaviour improvement targets, and some demotions did not appear to consider individual circumstances and patterns of behaviour. Monitoring data was not analysed to ensure the system operated fairly and consistently.

- 7.41 The incentive and earned privileges (IEP) scheme was explained in a policy document reviewed in April 2009. Three IEP levels, basic, standard and enhanced, were in operation. At the time of the inspection, 48% of prisoners were on the enhanced level, 50% on the standard level, and nine prisoners were on the basic level. Standards of behaviour expected at each level were clearly outlined in a behaviour matrix that was publicised on residential units.
- 7.42 The policy allowed prisoners transferred into the prison to retain their enhanced status from a previous establishment. To progress to the enhanced level, prisoners had to have been working for the previous three months or be actively seeking employment, have received no

IEP warnings or proven adjudications in the previous two months, and have no proven adjudications for fights or assaults in the previous six months.

- 7.43 Prisoners on Jubilee and Fontmell units were on the enhanced level. To progress to Jubilee, prisoners had to have been on the enhanced level for a minimum of three months. Prisoners on Jubilee unit - other than those with offences of arson or prisoners with medical conditions that would make the accommodation on Fontmell unsuitable - were considered for progression to Fontmell unit following a successful three-month period on Jubilee unit. However, as the standard of accommodation on Jubilee was better than that on Fontmell (see residential units) some prisoners did not want to move on. There appeared to be some confusion about how this situation would be managed, and the published IEP policy made no reference to progression to or regression from Jubilee and Fontmell units. Some staff said that prisoners refusing to move from Jubilee to Fontmell would not only be demoted to standard but also placed on report.
- 7.44 In our survey, 62% of respondents, significantly better than the comparator of 49%, said the differentials between levels encouraged them to change behaviour. However, some prisoners told us that the main motivation to achieving enhanced status had been the opportunity to wear their own clothes, which had been reduced now prisoners on standard could also wear their own clothes. Managers were aware of this and said that the differentials would be reviewed as a result. The other key differentials were additional private cash and visits, and the ability to buy additional items from the facilities list, such as duvets and electronic games consoles.
- 7.45 Progress within the scheme was intended to be based on a pattern of behaviour, with monthly reviews of a prisoner's IEP status conducted by his personal officer at the monthly individual sentence plan (ISP) review. Formal written behaviour warnings resulting in an IEP review. Serious breaches of discipline could also result in an IEP review and, according to the published IEP policy, prisoners who refused to work or were dismissed from work would be demoted to the basic level, although residential managers said enhanced prisoners would be demoted to standard rather than basic. We saw few examples of formal written warnings, and ISP records did not consistently evidence why a marking was given and what improvements prisoners needed to make to progress to the next level.
- 7.46 Of the nine prisoners on the basic level at the end of the inspection week, four were located in Tarrant unit. We were concerned that relocation to Tarrant unit resulted in an automatic IEP review, and that it had been practice to demote prisoners to the basic level at this review rather than to consider their individual circumstances and patterns of previous behaviour. Residential managers were alert to this issue and taking steps to address it. .
- 7.47 We reviewed the paperwork of prisoners who had been placed on the basic level and were not assured that all had been given a copy of the basic behaviour compact, which outlined the regime they were entitled to on basic and the required behaviour improvement targets to progress to the standard level. One basic level prisoner we spoke to was in a triple cell with a television, which was not allowed under the published policy and did not provide assurance that his behaviour was being monitored. Daily monitoring entries in wing files for prisoners on basic were almost entirely observational.
- 7.48 Although each unit collated monthly monitoring data on the number of prisoners on each level of the scheme, there was no analysis of this data to ensure the scheme operated fairly and consistently across the prison. IEP was a standing agenda item at quarterly wing operations meetings.

- 7.49 There was some quality assurance of IEP review paperwork, but the arrangements described in the policy did not happen in practice.

Recommendations

- 7.50 The progression routes to Jubilee and Fontmell units should be clarified and included in the published incentives and earned privileges (IEP) policy.
- 7.51 IEP differentials should be reviewed to ensure they motivate prisoners to engage with the scheme.
- 7.52 Prisoners should be downgraded on the basis of their behaviour over a period of time rather than as a consequence of individual acts.
- 7.53 Monthly IEP reviews should clearly indicate the reason why a marking was given and the improvements required to progress to the next level.
- 7.54 A senior manager should routinely monitor the operation of the incentives and earned privileges scheme across the prison for consistency and fairness.
- 7.55 Prisoners on basic level should be given a compact that includes behaviour improvement targets.
- 7.56 Staff should work with basic prisoners to help them modify their behaviour and this should be evidenced in individual sentence plans (ISPs) and in monitoring records.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 A new kitchen had good facilities and included a skills training classroom. Fresh produce grown in the prison garden had been incorporated into the menu. Serveries were generally clean but some were not cleaned thoroughly after the evening meal. Food surveys had shown prisoner dissatisfaction with the quality and quantity of food. Breakfast packs were issued the evening before they were due to be eaten.
- 8.2 A new kitchen opened 20 months previously was large, well equipped and airy. It had designated food storage and preparation areas, as well as a classroom with computers for prisoners undertaking national vocational qualification (NVQs).
- 8.3 The catering team included a catering manager and a deputy, a head chef and five additional staff. Twenty-six prisoners worked in the kitchen on a seven-day rota, of whom eight were undertaking NVQ level two and one NVQ level three. Staff were linked with specific units, which they were expected to visit twice a week to check the serveries. All prisoners and staff wore kitchen whites and hats.
- 8.4 The kitchen used a significant amount of produce from the prison garden, including salad and vegetables, and attempted to cook as many fresh meals as possible. Menus operated on a rolling five-week cycle, with a range of provision to cater for halal, vegetarian and other specialist diets. The catering manager reported good working relationships with the Muslim chaplain, and Ramadan had been well managed. The prison had secured external funding for Eid, and the Muslim chaplain had played a key role in ensuring dietary requirements were met.
- 8.5 Jewish prisoners complained that they could only have kosher meals on three evenings a week. The kitchen manager said that the cost of kosher meals was high, and these prisoners were expected to eat vegetarian meals on the other days. The prison had recently won an award from the Vegan Society.
- 8.6 Meals were transported to units on heated trolleys. We were told that food was usually served within 45 minutes of being placed on trolleys. Although these trolleys should have been cleaned after each service, we noted food debris on several.
- 8.7 Serveries were generally clean, but on one we found a tray with leftover food from the previous evening, which had been left for staff at their request. On another servery, we found discarded food and vegetables that had not been cleaned after the evening meal had been served. Food hygiene certificates were displayed. There were standard wastage charts and temperature recording forms on serveries. Two of the serveries we checked did not have temperature probes that worked. A mobile servery operated on Cambria as the building had damp and severe condensation.

- 8.8 Meals were served at appropriate times, but breakfast packs were issued the evening before they were due to be eaten. There were no facilities to dine in association and prisoners ate in their cells.
- 8.9 The catering department had conducted two food surveys in the previous year, but response rates had been variable, with a response of only 12% to one survey. In both surveys, prisoners had expressed dissatisfaction with portion sizes and the quality of the breakfast pack. It was not clear how the kitchen was taking the comments forward.
- 8.10 Prisoners we spoke with had mixed views about the quality of food, and some expressed concern about both the quality and size of meals, especially at lunchtime. We noted exceptionally tight portion control with little room for additional meals to be served. Some staff also said they had raised the amount of food issued with the kitchen. In our survey, foreign national respondents were more positive about the food than other prisoners, with a satisfaction score of 43% compared with 27% for British nationals.
- 8.11 Food comments books were not available on all units. Where they were used, comments were infrequently recorded and rarely acknowledged or responded to by kitchen staff.

Recommendations

- 8.12 The prison should ensure it can meet special dietary requirements every day.
- 8.13 Food trolleys should be cleaned and inspected after each food service.
- 8.14 All servery areas should be thoroughly cleaned after the evening meal, and food should not be stored for staff.
- 8.15 Breakfast should be issued on the morning it is to be eaten.
- 8.16 Prisoners should have the option to dine in association.
- 8.17 The prison should act on the findings of food surveys.
- 8.18 Food comments books should be available on all units, and kitchen staff should respond to comments.

Housekeeping point

- 8.19 Temperature probes should be fully functional.

Prison shop

Expected outcomes:

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

- 8.20** The shop offered a reasonable range of goods, including fresh fruit, but foreign national prisoners felt that the products did not meet all their needs. New arrivals sometimes had delays in ordering shop goods.
- 8.21** The prison shop was managed by DHL. Weekly orders were processed, bagged and delivered to prisoners on their residential units. The delivery of orders was well managed. Any complaints were dealt with at the time they were made, and prison staff monitored outcomes to ensure that ongoing problems were resolved. Prisoners could also order a range of items from mail order catalogues available on the residential units.
- 8.22** Shop order forms were issued to prisoners on Friday to be returned by Monday afternoon. Orders were bagged off site, delivered to the prison on Thursday and distributed by prison staff. New arrivals could experience a delay of up to 11 days before they could buy goods from the shop (depending on their unit), although they could have additional reception packs during this time. In our survey, only 15% of respondents, significantly worse than the comparator of 24%, said they had access to the shop within their first 24 hours.
- 8.23** Shop order forms listed 375 items, and a list of goods that prisoners could order was published on all residential units. Although the range of items was varied and covered a variety of food, including fresh fruit, it did not meet the diverse needs of all prisoners. In our survey, only 31% of foreign national respondents said the shop sold a wide enough range of goods to meet their needs, which was significantly worse than the 47% for British nationals.

Recommendations

- 8.24** All prisoners should have access to the prison shop within 24 hours of arrival.
- 8.25** The range of goods for foreign national prisoners should be improved.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The reducing reoffending policy and strategy were well constructed and appropriately linked to area developments. Provision was based on an up-to-date needs analysis, although this needed to evaluate the needs of minority groups. Monthly strategy meetings were well attended, and extensive information was collated and discussed. Resettlement work was prioritised across the establishment.
- 9.2 The reducing reoffending policy was up to date and covered the period 2009/10. A comprehensive needs analysis had been included, based on prisoner self-assessments for 2008/9. Since then, it had been established that offender assessment system (OASys) information, available for approximately 96% of the population, very closely matched self-reported need. It had been decided that OASys data would form the basis of future needs analysis, except that relating to substance misuse (see drugs and alcohol below). However, the needs analysis did not specifically address the needs of minority groups.
- 9.3 The document detailed information about each of the seven resettlement pathways, along with public protection and offender management. There were also specific objectives and targets for each area. An overarching action plan included developmental targets and linked appropriately to the area strategy plan. Objectives were reviewed at monthly reducing reoffending meetings.
- 9.4 The reducing reoffending group was appropriately constituted, well attended and included representatives from key departments, along with leads or representatives of each resettlement pathway. Although chaired by the head of reducing reoffending, the governing governor also attended, which emphasised the priority given by the establishment. Our review of meeting minutes showed that a range of data and information was included, and reports and analysis was used to establish patterns of behaviour and areas of concern over time. There was particular emphasis on inter-departmental working and liaison with offender supervisors as the lynchpin of offender management. In our survey, 28% of respondents said that a member of staff had helped them address their offending behaviour while at Guys Marsh, significantly better than the 17% comparator.
- 9.5 The senior officer attached to the offender management unit was also responsible for developing voluntary and community engagement. There was a directory of organisations for staff, divided into each pathway, with almost half oriented to accommodation. Although many agencies were identified, not all engaged directly with the establishment – which had 25 service level agreements. There was an annual resettlement fair and quarterly community strategy meetings, attending by around 10 agencies.

Recommendation

- 9.6 The annual needs analysis should include an evaluation of the needs of minority groups.

Offender management and planning

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.

- 9.7 All prisoners were subject to individual sentence plans, managed by personal officers. Although appropriate information was included, there was no consistent initial assessment of need across resettlement pathways. The quality of work by the offender management unit (OMU) was generally good, and there were appropriate links with offender managers. Communication between personal officers and offender supervisors was adequate, but further clarification of these roles was needed. Quality assurance systems needed to be extended to the role of personal officers and wider casework in OMU. Public protection arrangements were appropriate, but work with indeterminate-sentenced prisoners needed further attention.

Sentence planning and offender management

- 9.8 The induction programme included inputs from a range of resettlement services, including the counselling, assessment, referral, advice and throughcare service (CARATs) and healthcare, along with a presentation from the offender management unit (OMU). All new arrivals were introduced to the prison's model of sentence planning, which involved the development of individual sentence plans (ISPs). These were based on the individual learning plans (ILPs) constructed by the information, advice and guidance (IAG) provider, Tribal, along with targets identified through OASys. At the time of the inspection, only 20 prisoners were serving sentences of less than 12 months and therefore not subject to OASys; their ISP was based exclusively upon the ILP.
- 9.9 The ISP was managed by personal officers, whose role was to identify specific targets and monitor/manage progress while the prisoner was at Guys Marsh, working closely with offender supervisors. Personal officers undertook monthly formal reviews. Although this model had only been in place formally for about four months, progress was generally good.
- 9.10 Although in principle the ILPs also included assessments against the seven resettlement pathways, in practice, these were perfunctory. Where concerns were identified, they did not consistently lead to referrals to pathway providers or include identified targets. As OASys was oriented to risk management and offending, these documents also did not necessarily include all resettlement needs. In our survey relating to offender management, only 31% of respondents, significantly worse than the 78% comparator, said that they had received an interview with staff regarding help with housing problems, contacting families etc.

- 9.11 In November 2009, the prison had secured funding to introduce a new role of prison effective resettlement coordinator (PERC) whose role was to link this aspect of assessment to the sentence planning process. Although yet to be formally implemented, an assessment document already produced included assessments against pathways with referrals to appropriate services, and which linked to individual sentence plans.
- 9.12 This model of sentence planning generally worked well. We looked at some individual sentence plans and, while the quality varied considerably, the standard overall was reasonably good. Links with offender supervisors on progress against targets was reasonable. However, there was no formal quality assurance scheme to ensure consistency of delivery or linkage to the wider work of offender supervisors, especially for prisoners in scope for offender management (47% of the population).
- 9.13 The OMU was headed by a principal officer and included eight offender supervisors. Only two offender supervisors were officer grades; the others were directly employed or probation service officers. There was one full-time probation officer. While two offender supervisors specialised in managing prolific or priority offenders (PPOs), and the probation officer managed the majority of indeterminate-sentenced prisoners, all other cases were allocated across the team.
- 9.14 At the time of the inspection, 270 prisoners were in scope for offender management (including lifers), and a further 283 were subject to initial OASys and annual reviews. Although most OASys assessments were up to date, 59 were out of date. Twenty-nine in-scope prisoners had out-of-date documents and six had no OASys. For prisoners out of scope, there were 10 out-of-date OASys and 14 with no OASys. The prison estimated that approximately 11 prisoners a month arrived without an OASys.
- 9.15 During the inspection, an assessment of a range of in- and out-of-scope prisoners was undertaken in conjunction with HM Inspectorate of Probation. OASys and risk of harm assessments were generally completed appropriately and in a timely manner, and there was no discernable difference in the quality of OASys undertaken by offender supervisors (for out-of-scope prisoners) and offender managers (in-scope), and the quality of targets and their links to assessments were generally appropriate. There was evidence of reasonable links between offender supervisors and offender managers. Although links between offender supervisors and personal officers were apparent, it was not clear how they were managed or who had responsibility for this. Offender supervisors told us that they often contacted personal officers to obtain information on progress, but that information was rarely forwarded to them as a matter of course. The distinct roles of personal officers and offender supervisors needed further clarification, although offender supervisors told us that such distinctions were often determined case by case.
- 9.16 Sentence planning processes were generally appropriate and offender managers attended regularly, although we were told that attendance had tailed off recently, primarily due to resource restrictions on area probation services. There were regular telephone conferences, although video conferencing had yet to be implemented. In our survey, 77% of respondents said they had a sentence plan, significantly better than the 63% comparator, and 71% said they had been involved in its development, against the comparator of 60%.
- 9.17 There was an appropriate quality assurance system for OASys, but no similar system for broader casework. The former head of offender management had undertaken this role until his departure in July 2009. Some support for probation service employees had been subsequently introduced from an external source, but did not extend across the whole team.

- 9.18 The prison released approximately 50 prisoners a month. All prisoners were invited to a pre-release meeting six to eight weeks before release. IAG and benefit advice was given, along with a self-evaluation of need against pathways. This latter aspect was essentially administrative and, while referrals could be made if needed before release, there was no mechanism for reviewing progress against sentence plan targets, or other areas of pathway work. Offender supervisors did not attend these meetings or contribute formally to their evaluation.
- 9.19 In the previous six months, 27 prisoners had been considered for release on temporary licence (ROTL), of whom 12 had been successful. There were potentially seven employment places available - three in the prison mess, two in the outside grounds, one at a local school for children with learning difficulties, and one at a local water company. At the time of the inspection, none of these posts was occupied. There was little information about ROTL around the establishment, and prisoners were not automatically considered for it - but had to apply providing specific reasons. In the same period, 108 prisoners had been considered for home detention curfew (HDC), of whom 38 (35%) had been successful. The boards we reviewed showed that cases were considered appropriately and there was an appeal process. Of 21 appeals, four had been successful.

Categorisation

- 9.20 There were appropriate reviews when prisoners reached their qualifying date for consideration of category D status. Reviews were undertaken on wings with oversight managed by the senior officer attached to offender management. This ensured consistency of application. We were told that approximately 20% of cases reviewed were successful. Transfers to category D establishments could be a problem when prisoners chose specific establishments, but there appeared to be no significant backlog at the time of our inspection.

Public protection

- 9.21 The head of offender management was responsible for the overall management of public protection. All new arrivals were screened for public protection issues before allocation to offender supervisors. At the time of the inspection, 263 prisoners were subject to multi-agency public protection arrangements (MAPPA), of whom 145 were MAPPA two cases and four were level three. Thirty-four prisoners were subject to mail and/or telephone monitoring. In the cases we reviewed where public protection was a factor, appropriate paperwork and communication was in place.
- 9.22 All MAPPA two and three cases were reviewed at least once at the monthly inter-departmental risk management meeting during their last six months of sentence. Offender managers were invited to review meetings, and offender supervisors were expected to complete reports for these meetings and take the lead in discussions. Reports were forwarded to offender managers. However, although a standard template was used for these reports, their quality of information and level of evaluation varied considerably. In some cases, information was merely that available in the OASys, while others included information from personal officers, an evaluation of progress at Guys Marsh and some indication of significant risk factors post release.

Indeterminate-sentenced prisoners

- 9.23 At the time of the inspection, there were 21 life-sentenced prisoners and 41 prisoners sentenced to indeterminate sentences for public protection (IPPs). These groups had been introduced at Guys Marsh within the previous two years. There was relatively little available for either group.
- 9.24 Although most lifers were allocated to one wing (on Mercia) there was no information for them regarding what Guys Marsh could, or could not, provide. As a consequence, many we spoke to had unrealistic expectations about their likely progress. Many had previously been in category D conditions but had been returned, and some were very unclear about their likely prospects. There were ad hoc lifer groups, but no regular and consistent forum. No staff had yet undertaken the managing indeterminate sentences and risk (MISaR) training course.
- 9.25 IPP prisoners were allocated across all units and were managed as any other category C prisoner. They had no specific information or forum on their needs. However, they received some priority for access to offending behaviour programmes, in particular enhanced thinking skills (see paragraph 9.90).
- 9.26 Most indeterminate-sentenced prisoners were allocated to the probation officer in OMU. Casework was generally appropriate and there was some individual work, although this was limited. Assessments required for parole reports etc were undertaken by the psychology department at HMP Erlestoke as part of an area agreement.

Recommendations

- 9.27 Individual sentence plans should include information on assessments across all resettlement pathways.
- 9.28 The pre-release meetings should include an evaluation against sentence planning targets and an assessment of progress for all seven resettlement pathways.
- 9.29 There should be a formal quality assurance scheme to ensure the consistency of provision by personal officers in sentence planning and their links to the offender management unit (OMU).
- 9.30 A quality assurance scheme should be introduced to cover all aspects of offender management work along with offender assessment system (OASys) assessments.
- 9.31 An up-to-date OASys document should accompany prisoners on their transfer to Guys Marsh.
- 9.32 Release on temporary licence should be used more widely to support resettlement and return to the community, and the range of work placements available should be extended.
- 9.33 Reports on public protection prepared by offender supervisors should be quality assured.
- 9.34 Facilities for indeterminate-sentenced prisoners should be extended to include regular forums and information specific to such sentences.

Resettlement pathways

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

9.35 Accommodation support and guidance was reasonable, with appropriate links to the community to support prisoner needs. Although few prisoners left Guys Marsh without accommodation, further analysis was needed to ensure that settled accommodation was available to all. Careers information and advice were good. Prisoners gained employment skills in some areas of work in the prison, although links with employers were poor. There was no preparation for release course or job club. All prisoners were invited to a pre-release health discharge clinic and given information, and there was support for prisoners with mental health needs. Provision under the finance, benefit and debt pathway had recently been expanded.

Accommodation

- 9.36 There was one full-time accommodation worker. Information about available provision was widely advertised across the establishment. In our survey, only 33% of respondents thought they would have accommodation problems on release, against the 40% comparator.
- 9.37 All new arrivals were seen during induction and given information about available support. Individual referrals could be picked up at this point or throughout their time at Guys Marsh. There were good links with accommodation providers in the community and a variety of support was available, including specialist housing and hostel accommodation. There were appropriate with OMU and the management of prisoners leaving for probation-approved premises. At the time of the inspection, the accommodation officer's caseload was 266 prisoners, with cases being worked on up to 14 months ahead.
- 9.38 In the nine months since April 2009, 122 prisoners had been helped in obtaining supported or hostel accommodation. During this same period, only five prisoners (1% of released prisoners) had been identified as of no fixed abode on release. Although 326 prisoners had not wanted or needed accommodation support, because of limited pre-release meetings (see section above), there was little analysis of release plans to ensure that these prisoners were returning to settled accommodation.

Education, training and employment

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

- 9.39 Careers information and advice was available to prisoners through Tribal, which also helped some prisoners with writing CVs and job applications. Jobcentre Plus had well-developed links with the prison and provided a useful weekly service for prisoners wanting to get jobs on release, although the prison had few links with employers to offer prisoners real opportunities for employment.

- 9.40 Prisoners gained satisfactory employability skills in workshops and good skills in vocational training areas such as construction, barbering, horticulture and cooking. Where accredited qualifications were available, most prisoners who completed their course achieved the qualification. Some distance learning courses helped to support employment, such as project management or site administration, but only a few prisoners were on these.
- 9.41 There was no preparation for release course, although there was work was through the Prince's Trust on a business venture course for self-employment. There was no job club in the prison and little opportunity for prisoners to research employment opportunities. The proportion of released prisoners who went into jobs or further education and training was satisfactory. There was little information in the library on further or higher education courses.

Mental and physical health

- 9.42 All prisoners were invited to a discharge clinic before release. They were given a simple health check and asked if they had any remaining health concerns. If they were on medication, they were given sufficient supplies to last them until they could see their GP. They were given a letter for their GP that outlined their healthcare while in prison, as well as a discharge pack with information on how to access health services in the community, including advice on how to register with a GP. Basic health advice including the supply of condoms and advice about sexual health were also available.
- 9.43 Prisoners under the care of the mental health in-reach team were seen by a member of the team, the appropriate community mental health team (CMHT) was notified, and an appointment made for them to be seen by the team if necessary. Where possible, CMHTs were invited into the prison before the prisoner's release to discuss ongoing management.
- 9.44 Medication was provided for prisoners attending court. Those on methadone received their dose before they left the prison.
- 9.45 The prison had no dedicated palliative care policy.

Finance, benefit and debt

- 9.46 Part-time support for prisoners with financial problems, in particular debt, had been available at Guys Marsh for approximately two years as part of a contract with the Citizens Advice Bureau (CAB). The contract had been part-funded through the Law Society and there were restrictions on who could and could not access support. While there was some flexibility in practice, this had implications for funding.
- 9.47 In October 2009, further facilities were provided as part of a new area contract with Shelter. This covered individual interviews and assessments, family debt advice and groupwork. The two latter aspects had yet to be introduced, although an implementation plan had been drawn up. Good links with the original CAB contract ensured further specialist support was still available.
- 9.48 Prisoners could open a bank account before release, although arrangements for this were unclear, there was little information around the establishment, and prisoners were not specifically approached. Such matters were not identified at the pre-release meeting. A money management course was available through the education department.

- 9.49 In our survey, only 22% of respondents, against a comparator of 39%, thought they would have finance or money problems on release.

Recommendations

- 9.50 All prisoners should have their housing needs assessed in advance of release to ensure that accommodation in the community is settled. Where it is not, specialist help and support should be available.
- 9.51 A pre-release course should be introduced.
- 9.52 Links with employers should be improved to offer prisoners better opportunities for jobs on release, and prisoners should be given more opportunities to research available jobs.
- 9.53 The prison should have a palliative care policy.
- 9.54 Prisoners should be offered the opportunity to open a bank account before their release at their pre-release meeting.

Drugs and alcohol

- 9.55 The drug and alcohol strategy was supported by the senior management team, informed by a needs assessment and contained detailed action plans. Prisoners could access a wide range of interventions. Voluntary drug testing was only available on Saxon unit, but the unit's remit was unclear.
- 9.56 Monthly drug and alcohol strategy meetings were attended by members of the senior management team, including the governor. The director of interventions led the strategy and a designated principal officer was the establishment drug coordinator. An integrated drug and alcohol policy document was informed by population needs analysis and contained detailed action plans for both supply and demand reduction initiatives. These were regularly reviewed and updated.
- 9.57 In our survey, 93% of respondents with a drug/alcohol problem knew who to contact for help, against the comparator of 86%, and 82%, against 73%, said they had received help.
- 9.58 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by a manager, a senior practitioner and three full-time equivalents, as well as 1.5 band 4 workers from AWP (Avon and Wiltshire Partnership). Another full-time post was divided between three CARAT/IDTS/compact-based drug testing (CBDT) officers.
- 9.59 Prisoners treated under the integrated drug treatment system (IDTS) received good one-to-one support from the IDTS/CARAT officers, who worked closely with the nursing team on Saxon unit. AWP staff were based in separate premises and, until the week of the inspection, had not acted as key workers for IDTS clients. The caseload was to be shared to create a more integrated service.
- 9.60 The CARAT service offered weekly induction input and was well advertised throughout the prison. In January 2010, the team's active caseload was 158. Prisoners could access

structured one-to-one support and the full range of IDTS group work modules, two of which ran every week. The more intensive CARAT group work package was due to start shortly, including a six-session relapse prevention module.

- 9.61 There was a range of joint working protocols with other departments, and the service was represented at relevant multi-agency meetings. Care plans were forwarded to health services and to the OMU, and there were joint care plans for IDTS clients. Although there were good links with mental health teams, these were informal and did not include joint care coordination.
- 9.62 Prisoners requiring more structured intervention could undertake the P-ASRO (prison addressing substance related offending) programme, which was well established and managed. In January 2010, 84 prisoners had started and 63 had completed the course, against an annual target of 96 starts and 62 completions. A dedicated gym session and a peer support scheme provided additional support. Eligibility criteria for these interventions still excluded prisoners stable on methadone regimes.
- 9.63 The programme team consisted of a treatment manager and two facilitators from EDP (Exeter Drugs Project) and two officers; the team was cohesive and experienced, and had achieved an audit rating of 96%. They worked well with the CARAT service and had good establishment support; the governor presented participants with completion certificates, which was appreciated.
- 9.64 Prisoners with primary alcohol problems could access one-to-one and group work interventions provided by two part-time workers from EDP, who were co-located with the CARAT team. They interviewed an average of 18 prisoners a week, and held an active caseload of eight clients. Validated alcohol awareness modules ran every month. Prisoners with a high level of need could also undertake a validated eight-week alcohol course consisting of two sessions a week, run by Beyond the Gate and funded by Friends of Guys Marsh.
- 9.65 Alcoholics Anonymous and Narcotics Anonymous self-help groups met weekly in the library and were open to all prisoners.
- 9.66 Pre-release work was completed on a one-to-one basis, and the CARAT team had built up links with a number of drug intervention programmes (DIPs) in the South West. A worker from the Bournemouth team had received security clearance and started engaging with prisoners six weeks before their release.
- 9.67 CBDT was in operation for 330 prisoners, against a local target of 300 and a key performance target of 200. This mostly consisted of compliance testing enhanced prisoners. All 120 prisoners on Saxon unit were expected to sign voluntary drug testing (VDT) compacts, but the remit of this unit was unclear. The single cell accommodation housed prisoners with a variety of needs; a supportive regime was lacking; and drug services (apart from IDTS staff) were not based there. The VDT compact still linked test results with status, which was inappropriate, and VDT was not available to prisoners outside Saxon.

Recommendations

- 9.68 **Counselling, assessment, referral, advice and throughcare (CARAT) workers from AWP, IDTS/CARAT officers and IDTS (integrated drug treatment system) nurses should provide a fully integrated service to prisoners.**

- 9.69 The CARAT service should be represented at mental health team meetings to facilitate care coordination for dual-diagnosis clients.
- 9.70 Prisoners receiving methadone maintenance treatment should not be prevented from participating in the P-ASRO programme solely on the grounds of their treatment.
- 9.71 Incentive-based and voluntary drug testing (VDT) compacts should be clearly differentiated.
- 9.72 The remit of Saxon unit (the IDTS/voluntary testing unit) should be clarified.
- 9.73 VDT should be available to prisoners whatever their location.

Good practice

- 9.74 *The establishment had actively developed alcohol services, and prisoners with primary alcohol problems could access both one-to-one and group work interventions.*

Children and families of offenders

- 9.75 Prisoners had reasonable access to social visits, and the visits room was large enough, well decorated and had a good play area. However, pathway work was limited, management arrangements were unclear and there was little connection with sentence planning. Although a family liaison officer had been appointed he had not been given enough time for the role. There were some useful interventions for prisoners, such as a parenting course and Storybook Dads.
- 9.76 A revised visits policy had been published in 2009. It set out the protocols and procedures for the administration of social visits clearly, while identifying responsibilities of staff and visitors.
- 9.77 There was a visitors' centre outside the main prison gate. It was open at 12.30pm on Friday, Saturday and Sunday. It was closed during inspection, but prisoners told us that their visitors were treated very well there, and delays in starting visits were rare. A bus, provided by the Friends of Guys Marsh, took visitors to and from the prison and local railway station for a small fee.
- 9.78 The visits room was large, clean and welcoming, with displays of pictures by prisoners' children. However, the low fixed tables and chairs were too close together, which affected privacy when the room was full. There was a small but well-equipped children's play area near to the main visits area, supervised by qualified workers supplied by Barnardo's, and a small snack bar. The room could accommodate up to 44 social visits a session.
- 9.79 The closed visits area was stark and unwelcoming. It could accommodate two visits a session. Heavy plastic panels between the prisoner and his visitor made communication difficult.
- 9.80 Prisoners received information on booking visits in their induction booklet. Families had to book visits by telephone, but when we tried the line it was engaged on at least four occasions. Visits could not be booked by email or in person at prison. Visits were offered on three afternoons a week and there were no reported problems about families being able to book a visit on particular days, and no backlog or waiting list.

- 9.81 Other work to improve relationships between prisoners and their families was limited. A family liaison officer had been appointed at senior officer level, but he had little time to carry out much of his planned work because of other obligations. He was also the segregation unit manager, IEP coordinator and ran the prisoner council.
- 9.82 Nominal family visits had been offered on four occasions to enhanced prisoners, who had to use visiting orders from their normal entitlement. Although these visits were popular with the small group they benefited, their purpose was unclear, management arrangements were confused, and there was little connection with sentence planning, offender management or other resettlement interventions or structures.
- 9.83 A parenting class was delivered through the education department, although no course was running at the time of the inspection. All prisoners could participate in the Storybook Dads scheme, run by library staff.

Recommendations

- 9.84 The family liaison officer should be given enough time to carry out the role properly.
- 9.85 The number of family visits should be increased, offered to all prisoners and their purpose in relation to resettlement and sentence management clarified.

Attitudes, thinking and behaviour

- 9.86 The provision of enhanced thinking skills was generally good. Although recent needs analyses had indicated a need for further programmes, none had yet been agreed, despite attempts by the prison. Provision elsewhere, especially at HMP Erlestoke, was difficult to access. A range of supportive courses was provided through the education contract.
- 9.87 Although recent needs analyses indicated that around 70% of prisoners required work under this pathway, the prison offered little. Alongside the work oriented to alcohol and drug misuse (see above) the only other accredited programme was enhanced thinking skills (ETS).
- 9.88 ETS provision was generally good. Although there were some concerns about staff shortages, this had not affected delivery so far. The scheduled completion rate was 72 prisoners a year, equating to 80 starts on eight programmes. The delivery team was on target to achieve this.
- 9.89 Post-programme reviews of ETS were chaired by offender supervisors. This ensured the integration of the OMU in the process and reinforced the prison's commitment to the model of offender supervision. Personal officers were also encouraged to attend meetings, and this happened on approximately 50-60% of occasions. Offender managers were also invited and were occasionally included as part of a telephone conference call.
- 9.90 We were told that, as an area approach to managing demand, prisoners from Guys Marsh could access programmes elsewhere, especially at HMP Erlestoke, but this had proved difficult. Priority was given to prisoners already at Erlestoke, and only two prisoners had been able to transfer in the previous six months, specifically to access the healthy relationships programme. Attempts by Guys Marsh to bid for further programme facilities had so far been unsuccessful.

- 9.91 A4E delivered a range of appropriate programmes under the education contract that, although not specifically offending behaviour programmes, supported prisoners in their wider development. They included 'becoming victim aware' (BVA), drug and alcohol awareness, assertiveness and a parenting programme that also addressed some aspects of domestic violence. Each course equated to either 22 or 31 hours and was delivered monthly. These programmes were consistently well evaluated by prisoners, reflected by the waiting lists and demand for them. In September 2009, the waiting list for BVA had been up to 110, which had led to more programmes being delivered. At the time of the inspection the waiting list was down to around 60.
- 9.92 In our survey, 27% of respondents, against the comparator of only 17%, said they were currently involved in an offending behaviour programme, and 80% compared with 57%, said they had been involved with an offending behaviour programme at some point while at Guys Marsh.

Recommendation

- 9.93 Prisoners should be able to access programmes needed to address their risk of reoffending and risk factors while at Guys Marsh.

Section 10: 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

-
- 10.1 The prison should consult with black and minority ethnic and foreign national prisoners to explore their more negative perceptions of prison life.(HP46)
 - 10.2 Managers should ensure that staff consistently and appropriately challenge and address prisoners' immature and antisocial behaviour. (HP47)
 - 10.3 There should be an operational instruction clarifying the occasions on which special accommodation can be used. The instruction should cover the level of authorisation and ongoing governance required to locate or retain a prisoner in one of these cells. (HP48)
 - 10.4 The prison should reduce the availability of drugs in the establishment. (HP49)
 - 10.5 Waiting lists for work and vocational training courses should be reduced and managed more effectively, and the number of prisoners employed increased. (HP50)
 - 10.6 Participation in education should be increased. (HP51)

Recommendation

To NOMS

-
- 10.7 An up-to-date OASys document should accompany prisoners on their transfer to Guys Marsh. (9.31)

Recommendation

To the Interventions and Substance Misuse Group

-
- 10.8 Prisoners receiving methadone maintenance treatment should not be prevented from participating in the P-ASRO programme solely on the grounds of their treatment. (9.70)

Recommendation

To the Director of Offender Management

-
- 10.9 A safer cell should be provided. (3.46)

Recommendations

To the governor

First days in custody

-
- 10.10 There should be arrangements to ensure that new arrivals can be escorted from vans to reception regardless of the time they arrive. (1.20)

10.11 Prisoners should be located on the first night centre as soon as the reception process has finished. (1.21)

Residential units

- 10.12 The ongoing refurbishment of Fontmell unit should be expedited. (2.25)
- 10.13 Communal areas on Saxon unit should be decorated and regularly cleaned. (2.26)
- 10.14 Damaged flooring should be replaced. (2.27)
- 10.15 Observation panels in cell doors should be free from obstruction. (2.28)
- 10.16 Damaged and stained windows should be replaced. (2.29)
- 10.17 External areas of the prison should be free from litter. (2.30)
- 10.18 Cells designed for single use should not be used for shared occupancy. (2.31)
- 10.19 All double cells should have adequately screened toilets. (2.32)
- 10.20 Double cells should have sufficient furniture for both occupants, including lockable cabinets. (2.33)
- 10.21 A painting programme should ensure that all cells are clean and free from graffiti. (2.34)
- 10.22 All cells should be equipped with a picture board, and the display of posters should be restricted to these boards. (2.35)
- 10.23 All association equipment should be well maintained and replaced if damaged. (2.36)
- 10.24 The published offensive displays policy should be consistently enforced and adhered to. (2.37)
- 10.25 Incoming mail should be distributed to prisoners on the day it is received into the prison. (2.38)
- 10.26 There should be at least one telephone to 20 prisoners on all units, and all telephones should be fitted with privacy hoods. (2.39)
- 10.27 The facilities list should provide more opportunity for prisoners to have goods posted in or handed in on visits. (2.40)
- 10.28 There should be sufficient clean and good quality prison-issue clothing and bedding to ensure all prisoners can receive their weekly kit exchange. (2.41)
- 10.29 All communal showers should be fitted with individual cubicles, and the water temperature should be consistently maintained. (2.42)
- 10.30 A mattress exchange programme should be introduced. (2.43)

Personal officers

- 10.31 Individual sentence plans (ISPs) should always include offender assessment system (OASys) and/or individual learning plan targets. (2.57)
- 10.32 Monthly ISP reviews should provide evidence of meaningful and positive engagement by staff. (2.58)

Bullying and violence reduction

- 10.33 There should be prisoner representation at monthly violence reduction and anti-bullying meetings. (3.17)
- 10.34 There should be formal cover arrangements for the violence reduction coordinator. (3.18)
- 10.35 Anti-bullying and violence reduction procedures should be well publicised to prisoners throughout the prison. (3.19)
- 10.36 Monitoring relating to anti-bullying and violence reduction should be extended to include more factors indicating potential incidents. (3.20)
- 10.37 The violence reduction strategy should be informed by monitoring of indicators of violence and bullying to ensure a focus on the specific issues faced by prisoners at Guys Marsh. (3.21)
- 10.38 The violence reduction coordinator should regularly check wing observation books to identify potential incidents of bullying and violence. (3.22)
- 10.39 The prison should introduce appropriate interventions to deal with persistent bullies. (3.23)

Vulnerable prisoners

- 10.40 There should be formal planning to allow prisoners who feel that they are at risk from other prisoners to integrate fully with the prison regime. (3.29)

Self-harm and suicide

- 10.41 All staff should be trained in assessment, care in custody and teamwork (ACCT) procedures. (3.42)
- 10.42 ACCT reviews should consistently be attended by a multidisciplinary team. (3.43)
- 10.43 Professional interpreting services should be used during ACCT procedures to ensure accuracy and confidentiality. (3.44)
- 10.44 Listeners should have a regular opportunity to meet the suicide and self-harm coordinator. (3.45)

Applications and complaints

- 10.45 Applications registers should be fully completed to show that applications have been responded to. (3.52)
- 10.46 Complaints boxes should be emptied daily by the request and complaints clerk to ensure confidentiality. (3.53)
- 10.47 Responses to complaints should provide a personal and thorough response to the complaint. (3.54)

Faith and religious activity

- 10.48 There should be a Muslim chaplain present every week to lead Friday prayers. (3.68)
- 10.49 Catholic prisoners should be able to attend mass every weekend. (3.69)

Substance use

- 10.50 Prescribing regimes for substance-dependent prisoners should be flexible and based on individual need, and should include initiation/secondary detoxification treatment. (3.81)
- 10.51 Clinical integrated drug treatment system (IDTS) staff should complete further training in the clinical management of substance-dependent prisoners. (3.82)
- 10.52 The establishment should ensure that the mandatory drug testing programme is resourced adequately to undertake the required level of target testing within the required timescale. (3.83)

Diversity

- 10.53 The diversity action plan should be reviewed and updated. (4.8)
- 10.54 The diversity and race equality action team (DREAT) agenda should include standing items on all diversity issues. (4.9)
- 10.55 Prison monitoring should include other elements of diversity, including disability, age and religion. (4.10)
- 10.56 The DREAT should include community representatives at all meetings. (4.11)

Diversity: race equality

- 10.57 Satisfaction questionnaires should be introduced for those submitting racist incident report forms. (4.27)
- 10.58 The diversity manager should receive appropriate training at the earliest opportunity. (4.28)
- 10.59 The racist incident report form quality assurance process should ensure that qualitative comments are made and any required action is completed. (4.29)

- 10.60 Managers should ensure staff challenge racist behaviour when it occurs. (4.30)
- 10.61 Managers should ensure staff engage with black and minority ethnic prisoners to address their more negative perceptions of the prison. (4.31)

Diversity: religion

- 10.62 The diversity policy should be developed to address how the religious needs of prisoners will be met. (4.36)
- 10.63 The prison should ensure that prisoner consultation groups reflect religious beliefs. (4.37)

Diversity: foreign nationals

- 10.64 Foreign national prisoners should be able to consult independent immigration advice services.(4.46)
- 10.65 There should be greater use of professional interpreting services.(4.47)
- 10.66 The prison should explore the negative perceptions of foreign national prisoners and take appropriate action in response. (4.48)
- 10.67 Foreign national prisoners should have easy access to UK Border Agency (UKBA) representatives. (4.49)

Diversity: disability

- 10.68 The prison should consider the development of a Buddy scheme for prisoners with disabilities. (4.57)
- 10.69 The prison should engage with prisoners with disabilities to address their negative perceptions. (4.58)

Diversity: older prisoners

- 10.70 Older prisoner issues should be a standing agenda item on the DREAT. (4.65)
- 10.71 Retirement pay should be increased. (4.66)

Diversity: sexual orientation

- 10.72 The prison should develop the diversity strategy to include sexual orientation more effectively. (4.71)

Health services

- 10.73 There should be a review of where and how medicines are administered to patients to ensure patient confidentiality and safety. Waiting prisoners should not be allowed to crowd around prisoners receiving medication. (5.46)

- 10.74 The integrated drug treatment system (IDTS) treatment room and office should be permanently divided to ensure patient safety, and IDTS services should have a dedicated clinical treatment area. (5.47)
- 10.75 A lead healthcare worker should be identified to support older prisoners. (5.48)
- 10.76 There should be a dedicated healthcare forum where prisoners can raise concerns with senior health staff. (5.49)
- 10.77 Regular well man clinics should be held. (5.50)
- 10.78 The pharmacist should audit faxed prescriptions, and regularly visit the prison to check dispensed faxes against original prescription. (5.51)
- 10.79 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (5.52)
- 10.80 The pharmacist should have professional control of the stock supplied, and there should be a dual-labelling system to ensure audit of stock supplied by the prescriber. (5.53)
- 10.81 The pharmacist should visit the prison at least once a month to check the systems in operation and provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.54)
- 10.82 The in-possession risk assessments of each drug and patient should be documented. (5.55)
- 10.83 The medicines and therapeutics committee should meet at least four times a year, and all stakeholders should attend. (5.56)
- 10.84 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (5.57)
- 10.85 The dental surgery should comply with new NHS decontamination regulations. (5.58)
- 10.86 The dental x-ray machine should be reviewed and recertified. (5.59)
- 10.87 There should be regular oral health promotion for prisoners. (5.60)
- 10.88 Planned hospital appointments should not be cancelled because of other medical emergencies. (5.61)

Learning and skills and work activities

- 10.89 Retention and achievement data should be used more effectively to inform improvements. (6.25)
- 10.90 Arrangements for sharing good practice between prison staff, education and training providers should be improved. (6.26)
- 10.91 More employment opportunities should be offered and attendance effectively managed. (6.27)
- 10.92 There should be a wider range of education and training courses above level two. (6.28)

Physical education and health promotion

- 10.93 There should be more space for the cardiovascular suite. (6.38)
- 10.94 There should be a fairer method on the wings to ensure appropriate access for all prisoners to recreational PE. (6.39)
- 10.95 There should be appropriate cover for the member of staff providing remedial PE. (6.40)

Time out of cell

- 10.96 Exercise facilities and designated exercise periods should be provided. (6.47)

Discipline

- 10.97 All prisoners attending adjudications should be given sufficient time and support to prepare their case. (7.31)
- 10.98 All adjudication proceedings should be conducted in a clear and fair manner, with checks that prisoners understand the charge and procedures they face, which are evidenced in the records of hearings. (7.32)
- 10.99 Use of force forms should be completed correctly. (7.33)
- 10.100 There should be an operational instruction clarifying the occasions on which special accommodation can be used, and which covers the level of authorisation and ongoing governance required to locate or retain a prisoner in one of these cells. (7.34)
- 10.101 Entries in segregation unit prisoner files should improve. (7.35)
- 10.102 The regime for prisoners in the segregation should include daily access to showers and a programme of purposeful activity for longer stay prisoners. (7.36)
- 10.103 Formal planning to return prisoners held in the segregation unit under good order or discipline to normal prison location should be further developed. (7.37)

Incentives and earned privileges

- 10.104 The progression routes to Jubilee and Fontmell units should be clarified and included in the published incentives and earned privileges (IEP) policy. (7.50)
- 10.105 IEP differentials should be reviewed to ensure they motivate prisoners to engage with the scheme. (7.51)
- 10.106 Prisoners should be downgraded on the basis of their behaviour over a period of time rather than as a consequence of individual acts. (7.52)
- 10.107 Monthly IEP reviews should clearly indicate the reason why a marking was given and the improvements required to progress to the next level. (7.53)

- 10.108 A senior manager should routinely monitor the operation of the incentives and earned privileges scheme across the prison for consistency and fairness. (7.54)
- 10.109 Prisoners on basic level should be given a compact that includes behaviour improvement targets. (7.55)
- 10.110 Staff should work with basic prisoners to help them modify their behaviour and this should be evidenced in individual sentence plans (ISPs) and in monitoring records. (7.56)

Catering

- 10.111 The prison should ensure it can meet special dietary requirements every day. (8.12)
- 10.112 Food trolleys should be cleaned and inspected after each food service. (8.13)
- 10.113 All servery areas should be thoroughly cleaned after the evening meal, and food should not be stored for staff. (8.14)
- 10.114 Breakfast should be issued on the morning it is to be eaten. (8.15)
- 10.115 Prisoners should have the option to dine in association. (8.16)
- 10.116 The prison should act on the findings of food surveys. (8.17)
- 10.117 Food comments books should be available on all units, and kitchen staff should respond to comments. (8.18)

Prison shop

- 10.118 All prisoners should have access to the prison shop within 24 hours of arrival. (8.24)
- 10.119 The range of goods for foreign national prisoners should be improved. (8.25)

Strategic management of resettlement

- 10.120 The annual needs analysis should include an evaluation of the needs of minority groups. (9.6)

Offender management and planning

- 10.121 Individual sentence plans should include information on assessments across all resettlement pathways. (9.27)
- 10.122 The pre-release meetings should include an evaluation against sentence planning targets and an assessment of progress for all seven resettlement pathways. (9.28)
- 10.123 There should be a formal quality assurance scheme to ensure the consistency of provision by personal officers in sentence planning and their links to the offender management unit (OMU). (9.29)
- 10.124 A quality assurance scheme should be introduced to cover all aspects of offender management work along with offender assessment system (OASys) assessments. (9.30)

- 10.125 Release on temporary licence should be used more widely to support resettlement and return to the community, and the range of work placements available should be extended. (9.32)
- 10.126 Reports on public protection prepared by offender supervisors should be quality assured. (9.33)
- 10.127 Facilities for indeterminate-sentenced prisoners should be extended to include regular forums and information specific to such sentences. (9.34)

Resettlement pathways

- 10.128 All prisoners should have their housing needs assessed in advance of release to ensure that accommodation in the community is settled. Where it is not, specialist help and support should be available. (9.50)
- 10.129 A pre-release course should be introduced. (9.51)
- 10.130 Links with employers should be improved to offer prisoners better opportunities for jobs on release, and prisoners should be given more opportunities to research available jobs. (9.52)
- 10.131 The prison should have a palliative care policy. (9.53)
- 10.132 Prisoners should be offered the opportunity to open a bank account before their release at their pre-release meeting. (9.54)
- 10.133 Counselling, assessment, referral, advice and throughcare (CARAT) workers from AWP, IDTS/CARAT officers and IDTS (integrated drug treatment system) nurses should provide a fully integrated service to prisoners. (9.68)
- 10.134 The CARAT service should be represented at mental health team meetings to facilitate care coordination for dual-diagnosis clients. (9.69)
- 10.135 Incentive-based and voluntary drug testing (VDT) compacts should be clearly differentiated. (9.71)
- 10.136 The remit of Saxon unit (the IDTS/voluntary testing unit) should be clarified. (9.72)
- 10.137 VDT should be available to prisoners whatever their location. (9.73)
- 10.138 The family liaison officer should be given enough time to carry out the role properly. (9.84)
- 10.139 The number of family visits should be increased, offered to all prisoners and their purpose in relation to resettlement and sentence management clarified. (9.85)
- 10.140 Prisoners should be able to access programmes needed to address their risk of reoffending and risk factors while at Guys Marsh. (9.93)

Housekeeping points

Residential units

- 10.141 There should be a standard agenda for wing representative meetings. (2.44)
- 10.142 Toilets should be descaled. (2.45)
- 10.143 The inappropriate pigeon hole label in the correspondence office should be removed immediately. (2.46)

Bullying and violence reduction

- 10.144 The two violence reduction action plans should be amalgamated into one action plan to be reviewed at monthly violence reduction meetings. (3.24)
- 10.145 The violence reduction coordinator should be routinely informed when a bullying or victim support log is opened. (3.25)

Self-harm and suicide

- 10.146 The Listener suite should be more welcoming. (3.47)

Faith and religious activity

- 10.147 The multi-faith room should be appropriately heated. (3.70)

Diversity

- 10.148 Prisoner representatives' details should be published around the prison. (4.12)

Diversity: foreign nationals

- 10.149 The details of information available in other languages should be publicised around the prison. (4.50)

Diversity: disability

- 10.150 Steps should be clearly marked to aid prisoners with visual impairments. (4.59)

Health services

- 10.151 The reception healthcare room should be redecorated. (5.62)

10.152 Once medicines are removed from the refrigerator, the new expiry date should be clearly marked on them. (5.63)

10.153 All medicine refrigerators should be kept between 2° and 8° Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly. (5.64)

Learning and skills and work activities

10.154 Lighting in the potpourri workshop should be improved as soon as possible. (6.29)

10.155 Lighting and ventilation in the barbershop should be improved. (6.30)

10.156 The mortar recycling machine in the brick workshop should be refurbished or replaced. (6.31)

Discipline

10.157 Records of disciplinary hearings should be legible. (7.38)

10.158 Cells in the segregation unit should be kept clean and free of graffiti. (7.39)

Catering

10.159 Temperature probes should be fully functional. (8.19)

Examples of good practice

10.160 The individual sentence plan was an effective model to assisting to ensure that personal officers were familiar with and monitoring progress against sentence plan targets.(2.59)

10.161 The prison had made a significant investment in a joint staff-prisoner diversity training course, which had received positive feedback from staff and prisoners.(4.13)

10.162 The GP showed NHS referral letters to prisoners to ensure they knew they had been referred and to allay any anxiety. (5.65)

10.163 The escort and bedwatch group provided continuous monitoring and management of NHS referrals and bed watches at a strategic level. (5.66)

10.164 The establishment had actively developed alcohol services, and prisoners with primary alcohol problems could access both one-to-one and group work interventions. (9.74)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Marie Orrell	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Catherine Nichols	Researcher
Olayinka Macauley	Research trainee
Sigrid Engelen	Substance use inspector
Bridget McEvilly	Health services inspector
Susan Melvin	Pharmacy
John Reynolds	Dental
Bob Cowdrey	Ofsted lead inspector
Rosie Belton	Ofsted inspector
Neil Edwards	Ofsted inspector
Lucy Lo Vel	Ofsted inspector
Jo Parkman	Ofsted Inspector
Steve Woodgate	Probation inspector

Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	1	510	89.18
Recall		62	10.82
Total	1	572	

Sentence	18-20 yr olds	21 and over	%
Less than 6 months		11	1.92
6 months-less than 12 months		9	1.57
12 months-less than 2 years		78	13.61
2 years-less than 4 years	1	190	33.33
4 years-less than 10 years		210	36.65
10 years and over (not life)		11	1.92
ISPP		42	7.33
Life		21	3.66
Total	1	572	

Age	Number of prisoners	%
Under 21 years: <i>minimum age=20</i>	1	0.17
21 years to 29 years	274	47.82
30 years to 39 years	168	29.32
40 years to 49 years	101	17.63
50 years to 59 years	21	3.66
60 years to 69 years	5	0.87
70 plus years: <i>maximum age=77</i>	3	0.52
Total	573	

Nationality	18-20 yr olds	21 and over	%
British	1	484	84.64
Foreign nationals		88	15.36
Total	1	572	

Security category	18-20 yr olds	21 and over	%
Uncategorised sentenced	1	6	1.22
Category C		556	97.03
Category D		10	1.75
Total	1	572	

Ethnicity	18-20 yr olds	21 and over	%
<i>White:</i>			
British		415	72.43
Irish		6	1.05
Other White		32	5.58
<i>Mixed:</i>			
White and Black Caribbean		6	1.05
White and Black African		3	0.52
White and Asian		1	0.17
Other mixed	1	3	0.69
<i>Asian or Asian British:</i>			
Indian		3	0.52
Pakistani		1	0.17
Bangladeshi		3	0.52
Other Asian		11	1.92
<i>Black or Black British:</i>			
Caribbean		38	6.63
African		34	5.93
Other Black		7	1.22
<i>Chinese or other ethnic group:</i>			
Chinese		5	0.87
Other ethnic group		3	0.52
Not stated		1	0.17
Total	1	572	

Religion	18-20 yr olds	21 and over	%
Baptist		3	0.52
Church of England		91	15.88
Roman Catholic		82	14.31
Other Christian denominations		24	4.19
Muslim	1	54	9.59
Sikh		1	0.17
Buddhist		10	1.75
Jewish		4	0.70
Other		14	2.44
No religion		289	50.44
Total	1	572	

Sentenced prisoners only

Length of stay	18-20 year olds		21 and over	
	Number	%	Number	%
Less than 1 month	1		65	11.53
1 month to 3 months			148	25.87
3 months to 6 months			147	25.69
6 months to 1 year			128	22.37
1 year to 2 years			80	13.98
2 years to 4 years			3	0.52
Total	1		572	

Main offence	18-20 yr olds	21 and over	%
Violence against the person		167	29.14
Sexual offences		11	1.92
Burglary		90	15.71
Robbery	1	79	13.96
Theft and handling		19	3.32
Fraud and forgery		10	1.75
Drugs offences		129	22.51
Other offences		67	11.69
Total	1	572	

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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 14 December 2009, the prisoner population at HMP Guys Marsh was 569. The sample size was 131. Overall, this represented 23% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. One respondent was interviewed.

Methodology

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

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

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

In total, 98 respondents completed and returned their questionnaires. This represented 17% of the prison population. The response rate was 75%. In addition to the six respondents who refused to complete a questionnaire, 21 questionnaires were not returned and six were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C trainer prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Guys Marsh in 2004.
- A comparison within the 2009 survey between the responses of white prisoners 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 the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

In addition to the main prisoner survey, an offender management survey was distributed to a small sample of prisoners, randomly selected from the total population of prisoners who fall in scope under offender management. The following analyses have been conducted:

- The current survey responses against comparator figures for all (in scope) prisoners surveyed in category C prisons. This comparator is based on all responses from offender management surveys carried out in six category C prisons.
- The current survey responses against comparator figures for all (in scope) prisoners surveyed across all prisons. This comparator is based on all responses from surveys carried out in 31 prisons of varying functional type.

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

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

Summary

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 for certain responses within the summary 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

Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	50 (52%)
	<i>30 - 39</i>	21 (22%)
	<i>40 - 49</i>	21 (22%)
	<i>50 - 59</i>	3 (3%)
	<i>60 - 69</i>	1 (1%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	87 (89%)
	<i>Yes - on recall</i>	11 (11%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	0 (0%)
	<i>Less than 6 months</i>	2 (2%)
	<i>6 months to less than 1 year</i>	6 (6%)
	<i>1 year to less than 2 years</i>	8 (8%)
	<i>2 years to less than 4 years</i>	37 (39%)
	<i>4 years to less than 10 years</i>	28 (29%)
	<i>10 years or more</i>	1 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>	10 (11%)
	<i>Life</i>	3 (3%)
Q1.5	Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)	
	<i>Not sentenced</i>	0 (0%)
	<i>6 months or less</i>	47 (55%)
	<i>More than 6 months</i>	38 (45%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	7 (7%)
	<i>1 to less than 3 months</i>	18 (19%)
	<i>3 to less than 6 months</i>	16 (17%)
	<i>6 to less than 12 months</i>	23 (24%)
	<i>12 months to less than 2 years</i>	18 (19%)
	<i>2 to less than 4 years</i>	13 (14%)
	<i>4 years or more</i>	1 (1%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	15 (16%)
	<i>No</i>	80 (84%)

Q1.8	Is English your first language?			
	Yes			86 (92%)
	No			7 (8%)
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	69 (71%)	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i>	1 (1%)
	<i>White - other</i>	8 (8%)	<i>Mixed race - White and Black Caribbean</i>	4 (4%)
	<i>Black or Black British - Caribbean</i>	3 (3%)	<i>Mixed race - White and Black African</i>	1 (1%)
	<i>Black or Black British - African</i>	6 (6%)	<i>Mixed race - White and Asian</i>	0 (0%)
	<i>Black or Black British - other</i>	1 (1%)	<i>Mixed race - other</i>	0 (0%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Chinese</i>	1 (1%)
	<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>	1 (1%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	Yes			6 (6%)
	No			89 (94%)
Q1.11	What is your religion?			
	<i>None</i>	35 (36%)	<i>Hindu</i>	0 (0%)
	<i>Church of England</i>	19 (20%)	<i>Jewish</i>	2 (2%)
	<i>Catholic</i>	19 (20%)	<i>Muslim</i>	8 (8%)
	<i>Protestant</i>	1 (1%)	<i>Sikh</i>	0 (0%)
	<i>Other Christian denomination</i>	5 (5%)	<i>Other</i>	5 (5%)
	<i>Buddhist</i>	2 (2%)		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>			93 (98%)
	<i>Homosexual/gay</i>			1 (1%)
	<i>Bisexual</i>			0 (0%)
	<i>Other</i>			1 (1%)
Q1.13	Do you consider yourself to have a disability?			
	Yes			10 (10%)
	No			87 (90%)
Q1.14	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	21 (22%)	11 (11%)	39 (41%)	25 (26%)
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	8 (8%)	75 (78%)	13 (14%)	

Q1.16	Do you have any children under the age of 18?	
	Yes	51 (53%)
	No.....	46 (47%)

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?	19 (21%)	41 (45%)	12 (13%)	12 (13%)	4 (4%)	3 (3%)	0 (0%)
	Your personal safety during the journey?	13 (16%)	38 (47%)	14 (17%)	7 (9%)	7 (9%)	2 (2%)	0 (0%)
	The comfort of the van?	5 (6%)	22 (24%)	11 (12%)	28 (31%)	21 (23%)	3 (3%)	0 (0%)
	The attention paid to your health needs?	7 (8%)	29 (35%)	23 (28%)	14 (17%)	8 (10%)	1 (1%)	1 (1%)
	The frequency of toilet breaks?	4 (5%)	9 (11%)	16 (19%)	19 (23%)	21 (25%)	3 (4%)	12 (14%)
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>	
		9 (10%)	37 (40%)	45 (48%)	1 (1%)		1 (1%)	
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>	
		17 (18%)	47 (51%)	23 (25%)	2 (2%)	2 (2%)	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?				83 (90%)	7 (8%)	2 (2%)	
	Before you arrived here did you receive any written information about what would happen to you?				20 (22%)	68 (76%)	2 (2%)	
	When you first arrived here did your property arrive at the same time as you?				80 (91%)	6 (7%)	2 (2%)	

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> | 29 (33%) | <i>Money worries</i> | 17 (19%) |
| <i>Loss of property</i> | 20 (23%) | <i>Feeling depressed or suicidal</i> .. | 40 (45%) |
| <i>Housing problems</i> | 18 (20%) | <i>Health problems</i> | 45 (51%) |
| <i>Contacting employers</i> | 12 (14%) | <i>Needing protection from other prisoners</i> | 15 (17%) |
| <i>Contacting family</i> | 27 (31%) | <i>Accessing phone numbers</i> | 29 (33%) |
| <i>Ensuring dependants were being looked after</i> | 11 (13%) | <i>Other</i> | 2 (2%) |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|----------------------------------------------------|----------|------------------------------------------------------|----------|
| <i>Didn't have any problems</i> | 33 (40%) | <i>Money worries</i> | 13 (16%) |
| <i>Loss of property</i> | 15 (18%) | <i>Feeling depressed or suicidal</i> .. | 8 (10%) |
| <i>Housing problems</i> | 17 (21%) | <i>Health problems</i> | 16 (20%) |
| <i>Contacting employers</i> | 6 (7%) | <i>Needing protection from other prisoners</i> | 5 (6%) |
| <i>Contacting family</i> | 15 (18%) | <i>Accessing phone numbers</i> | 18 (22%) |
| <i>Ensuring dependants were looked after</i> | 3 (4%) | <i>Other</i> | 5 (6%) |
- Q3.3 Please answer the following questions about reception:**
- | | Yes | No | Don't remember |
|-------------------------------------------------------------------|----------|----------|----------------|
| Were you seen by a member of health services? | 81 (85%) | 11 (12%) | 3 (3%) |
| When you were searched, was this carried out in a respectful way? | 80 (88%) | 7 (8%) | 4 (4%) |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | Very well | Well | Neither | Badly | Very badly | Don't remember |
|-----------|----------|----------|--------|------------|----------------|
| 26 (27%) | 51 (53%) | 11 (11%) | 3 (3%) | 0 (0%) | 5 (5%) |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|----------------------------------------------------------------------------------------------------|----------|
| <i>Information about what was going to happen to you</i> | 61 (66%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> | 47 (51%) |
| <i>Information about how to make routine requests</i> | 53 (58%) |
| <i>Information about your entitlement to visits</i> | 52 (57%) |
| <i>Information about health services</i> | 52 (57%) |
| <i>Information about the chaplaincy</i> | 50 (54%) |
| Not offered anything | 21 (23%) |

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack</i>	87 (93%)
	<i>The opportunity to have a shower</i>	43 (46%)
	<i>The opportunity to make a free telephone call</i>	35 (37%)
	<i>Something to eat</i>	70 (74%)
	<i>Did not receive anything</i>	4 (4%)
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	46 (51%)
	<i>Someone from health services</i>	67 (74%)
	<i>A Listener/Samaritans</i>	33 (36%)
	<i>Did not meet any of these people</i>	12 (13%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes</i>	14 (15%)
	<i>No</i>	80 (85%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	81 (85%)
	<i>No</i>	12 (13%)
	<i>Don't remember</i>	2 (2%)
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	8 (9%)
	<i>Within the first week</i>	81 (86%)
	<i>More than a week</i>	4 (4%)
	<i>Don't remember</i>	1 (1%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	8 (9%)
	<i>Yes</i>	63 (68%)
	<i>No</i>	15 (16%)
	<i>Don't remember</i>	7 (8%)

SECTION 4: LEGAL RIGHTS AND RESPECTFUL CUSTODY

Q4.1	How easy is it to:					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
		N/A				
	Communicate with your solicitor or legal representative?	20 (22%)	29 (32%)	15 (16%)	14 (15%)	8 (9%) 6 (7%)
	Attend legal visits?	14 (18%)	29 (36%)	11 (14%)	4 (5%)	6 (8%) 16 (20%)
	Obtain bail information?	6 (8%)	16 (21%)	17 (22%)	6 (8%)	5 (6%) 27 (35%)

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

Not had any letters 19 (20%)
 Yes 33 (35%)
 No 41 (44%)

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	55 (60%)	27 (30%)	1 (1%)	8 (9%)
Are you normally able to have a shower every day?	91 (96%)	3 (3%)	0 (0%)	1 (1%)
Do you normally receive clean sheets every week?	73 (77%)	11 (12%)	1 (1%)	10 (11%)
Do you normally get cell cleaning materials every week?	82 (87%)	9 (10%)	1 (1%)	2 (2%)
Is your cell call bell normally answered within five minutes?	61 (67%)	10 (11%)	8 (9%)	12 (13%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75 (85%)	12 (14%)	0 (0%)	1 (1%)
Can you normally get your stored property if you need to?	39 (44%)	33 (38%)	12 (14%)	4 (5%)

Q4.4 What is the food like here?

Very good 4 (4%) *Good* 23 (25%) *Neither* 29 (31%) *Bad* 24 (26%) *Very bad* 13 (14%)

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

Have not bought anything yet 1 (1%)
 Yes 40 (44%)
 No 50 (55%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	58 (59%)	32 (33%)	3 (3%)	3 (3%)	0 (0%)	2 (2%)
An application form	58 (63%)	28 (30%)	4 (4%)	2 (2%)	0 (0%)	0 (0%)

Q4.7 Have you made an application?

Yes 85 (89%)
 No 11 (11%)

Q4.8	Please answer the following questions concerning applications: (If you have not made an application please tick the 'not made one' option.)					
		Not made one	Yes	No		
	Do you feel <i>applications</i> are dealt with fairly?	11 (12%)	55 (59%)	27 (29%)		
	Do you feel <i>applications</i> are dealt with promptly (within seven days)?	11 (13%)	46 (53%)	30 (34%)		
Q4.9	Have you made a complaint?					
	Yes				48 (50%)	
	No				48 (50%)	
Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)					
		Not made one	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	48 (51%)	16 (17%)	30 (32%)		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	48 (52%)	22 (24%)	22 (24%)		
	Were you given information about how to make an appeal?	35 (38%)	33 (35%)	25 (27%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint				48 (52%)	
	Yes				10 (11%)	
	No				34 (37%)	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	20 (22%)	11 (12%)	28 (30%)	24 (26%)	9 (10%)	1 (1%)
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is				3 (3%)	
	Enhanced				45 (48%)	
	Standard				45 (48%)	
	Basic				0 (0%)	
	Don't know				1 (1%)	
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is				3 (3%)	
	Yes				66 (70%)	
	No				22 (23%)	
	Don't know				3 (3%)	

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

<i>Don't know what the IEP scheme is</i>	3 (3%)
Yes	57 (62%)
No	27 (29%)
<i>Don't know</i>	5 (5%)

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

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	4 (4%)	90 (96%)
In the last six months have you spent a night in the segregation/care and separation unit?	10 (11%)	80 (89%)

Q4.17 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/N/A</i>
Do you feel your religious beliefs are respected?	42 (46%)	15 (16%)	35 (38%)
Are you able to speak to a religious leader of your faith in private if you want to?	48 (55%)	6 (7%)	33 (38%)

Q4.18 Can you speak to a Listener at any time, if you want to?

	Yes	No	<i>Don't know</i>
	69 (72%)	3 (3%)	24 (25%)

Q4.19 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?	76 (81%)	18 (19%)
Do most staff treat you with respect?	79 (88%)	11 (12%)

SECTION 5: SAFETY

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

Yes	23 (24%)
No	72 (76%)

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

Yes	7 (7%)
No	87 (93%)

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

<i>Never felt unsafe</i>	72 (78%)	<i>At meal times</i>	5 (5%)
<i>Everywhere</i>	6 (7%)	<i>At health services</i>	5 (5%)
<i>Segregation unit</i>	2 (2%)	<i>Visit's area</i>	3 (3%)
<i>Association areas</i>	8 (9%)	<i>In wing showers</i>	7 (8%)
<i>Reception area</i>	1 (1%)	<i>In gym showers</i>	5 (5%)
<i>At the gym</i>	5 (5%)	<i>In corridors/stairwells</i>	6 (7%)
<i>In an exercise yard</i>	8 (9%)	<i>On your landing/wing</i>	9 (10%)
<i>At work</i>	5 (5%)	<i>In your cell</i>	5 (5%)
<i>During movement</i>	10 (11%)	<i>At religious services</i>	0 (0%)
<i>At education</i>	4 (4%)		

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

Yes	16 (17%)
No	79 (83%)

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

<i>Insulting remarks (about you or your family or friends)</i>	4 (29%)	<i>Because of your sexuality</i>	1 (7%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (43%)	<i>Because you have a disability</i>	1 (7%)
<i>Sexual abuse</i>	2 (14%)	<i>Because of your religion/religious beliefs</i>	5 (36%)
<i>Because of your race or ethnic origin</i>	5 (36%)	<i>Because of your age</i>	1 (7%)
<i>Because of drugs</i>	2 (14%)	<i>Being from a different part of the country than others</i>	6 (43%)
<i>Having your canteen/property taken</i>	3 (21%)	<i>Because of your offence/crime</i> ...	3 (21%)
<i>Because you were new here</i>	3 (21%)	<i>Because of gang related issues</i> .	5 (36%)

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

Yes	15 (16%)
No	78 (84%)

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

<i>Insulting remarks (about you or your family or friends)</i>	6 (40%)	<i>Because you have a disability</i>	2 (13%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (13%)	<i>Because of your religion/religious beliefs</i>	4 (27%)
<i>Sexual abuse</i>	1 (7%)	<i>Because of your age</i>	2 (13%)
<i>Because of your race or ethnic origin</i>	6 (40%)	<i>Being from a different part of the country than others</i>	7 (47%)
<i>Because of drugs</i>	3 (20%)	<i>Because of your offence/crime</i> ...	3 (20%)
<i>Because you were new here</i>	4 (27%)	<i>Because of gang related issues</i> .	2 (13%)
<i>Because of your sexuality</i>	2 (13%)		

Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	<i>Not been victimised</i>	71	(76%)			
	Yes	11	(12%)			
	No	11	(12%)			
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes	16	(17%)			
	No	77	(83%)			
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes	11	(12%)			
	No	83	(88%)			
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>
	30 (33%)	13 (14%)	7 (8%)	1 (1%)	1 (1%)	40 (43%)

SECTION 6: HEALTH SERVICES

Q6.1	How easy or difficult is it to see the following people:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor?	11 (12%)	15 (16%)	34 (37%)	11 (12%)	18 (19%)	4 (4%)
	The nurse?	11 (12%)	20 (22%)	42 (46%)	7 (8%)	9 (10%)	3 (3%)
	The dentist?	16 (18%)	5 (5%)	15 (16%)	5 (5%)	28 (31%)	22 (24%)
	The optician?	32 (36%)	5 (6%)	10 (11%)	9 (10%)	20 (22%)	14 (16%)
Q6.2	Are you able to see a pharmacist?						
	Yes	49	(60%)				
	No	33	(40%)				
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?	13 (14%)	9 (10%)	29 (31%)	15 (16%)	14 (15%)	13 (14%)
	The nurse?	15 (16%)	8 (9%)	39 (43%)	10 (11%)	12 (13%)	7 (8%)
	The dentist?	31 (34%)	6 (7%)	20 (22%)	9 (10%)	13 (14%)	11 (12%)
	The optician?	40 (44%)	1 (1%)	14 (16%)	17 (19%)	11 (12%)	7 (8%)
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>
		9 (10%)	6 (6%)	35 (38%)	14 (15%)	18 (19%)	11 (12%)
Q6.5	Are you currently taking medication?						
	Yes	35	(37%)				
	No	60	(63%)				

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>	60	(65%)
	Yes	28	(30%)
	No	5	(5%)
Q6.7	Do you feel you have any emotional well-being/mental health issues?		
	Yes	18	(19%)
	No	77	(81%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)		
	<i>Do not have any issues/not receiving any help</i>	81	(89%)
	Doctor	2	(2%)
	Nurse.....	0	(0%)
	Psychiatrist.....	5	(5%)
	Mental health in-reach team.....	3	(3%)
	Counsellor	1	(1%)
	Other	3	(3%)
Q6.9	Did you have a problem with either of the following when you came into this prison?		
		Yes	No
	Drugs	29 (32%)	62 (68%)
	Alcohol	26 (27%)	72 (73%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?		
	Yes	16	(16%)
	No	82	(84%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?		
	Yes	40	(43%)
	No	3	(3%)
	<i>Did not/do not have a drug or alcohol problem</i>	51	(54%)
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, whilst in this prison?		
	Yes	32	(36%)
	No	7	(8%)
	<i>Did not/do not have a drug or alcohol problem</i>	51	(57%)
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?		
	Yes	23	(25%)
	No	8	(9%)
	<i>Did not have a problem/have not received help</i>	62	(67%)

Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	4 (4%)	80 (84%)	11 (12%)
	Alcohol	2 (2%)	80 (91%)	6 (7%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes			14 (15%)
	No			3 (3%)
	N/A.....			78 (82%)

SECTION 7: PURPOSEFUL ACTIVITY

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)						
	Prison job				65 (71%)		
	Vocational or skills training.....				18 (20%)		
	Education (including basic skills).....				25 (27%)		
	Offending behaviour programmes.....				25 (27%)		
	Not involved in any of these				10 (11%)		
Q7.2	If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?						
		Not been involved	Yes	No	Don't know		
	Prison job	12 (15%)	37 (46%)	23 (28%)	9 (11%)		
	Vocational or skills training	14 (23%)	30 (49%)	11 (18%)	6 (10%)		
	Education (including basic skills)	16 (25%)	35 (55%)	8 (13%)	5 (8%)		
	Offending behaviour programmes	14 (21%)	35 (51%)	13 (19%)	6 (9%)		
Q7.3	How often do you go to the library?						
	Don't want to go				11 (12%)		
	Never				8 (9%)		
	Less than once a week				20 (22%)		
	About once a week				27 (30%)		
	More than once a week				19 (21%)		
	Don't know				5 (6%)		
Q7.4	On average how many times do you go to the gym each week?						
	Don't want to go	0	1	2	3 to 5	More than 5	Don't know
	23 (25%)	13 (14%)	9 (10%)	23 (25%)	17 (19%)	2 (2%)	4 (4%)

Q7.5	On average how many times do you go outside for exercise each week?					
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	6 (7%)	12 (13%)	51 (57%)	3 (3%)	14 (16%)	4 (4%)

Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)					
	<i>Less than 2 hours</i>	<i>2 to less than 4 hours</i>	<i>4 to less than 6 hours</i>	<i>6 to less than 8 hours</i>	<i>8 to less than 10 hours</i>	<i>10 hours or more</i>
	8 (9%)	13 (14%)	15 (16%)	21 (23%)	16 (18%)	15 (16%)
	<i>Don't know</i>					3 (3%)

Q7.7	On average, how many times do you have association each week?					
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	1 (1%)	1 (1%)	2 (2%)	12 (13%)	69 (78%)	4 (4%)

Q7.8	How often do staff normally speak to you during association time?					
	<i>Do not go on association</i>	<i>Never</i>	<i>Rarely</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
	2 (2%)	6 (7%)	19 (21%)	35 (38%)	20 (22%)	9 (10%)

SECTION 8: RESETTLEMENT

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>	<i>In the first week</i>	<i>More than a week</i>	<i>Don't remember</i>		
	15 (16%)	44 (47%)	24 (26%)	10 (11%)		

Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	15 (16%)	23 (25%)	25 (27%)	13 (14%)	9 (10%)	7 (8%)

Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>	<i>Yes</i>	<i>No</i>			
	0 (0%)	72 (77%)	22 (23%)			

Q8.4	How involved were you in the development of your sentence plan?				
	<i>Do not have a sentence plan/OASys</i>	22	(24%)		
	<i>Very involved</i>	18	(20%)		
	<i>Involved</i>	30	(33%)		
	<i>Neither</i>	4	(4%)		
	<i>Not very involved</i>	9	(10%)		
	<i>Not at all involved</i>	7	(8%)		
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?				
	<i>Do not have a sentence plan/OASys</i>	22	(24%)		
	<i>Yes</i>	61	(66%)		
	<i>No</i>	9	(10%)		
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?				
	<i>Do not have a sentence plan/OASys</i>	22	(24%)		
	<i>Yes</i>	30	(33%)		
	<i>No</i>	39	(43%)		
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?				
	<i>Not sentenced</i>	0	(0%)		
	<i>Yes</i>	37	(41%)		
	<i>No</i>	53	(59%)		
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	<i>Yes</i>	26	(28%)		
	<i>No</i>	68	(72%)		
Q8.9	Have you had any problems with sending or receiving mail?				
	<i>Yes</i>	38	(40%)		
	<i>No</i>	52	(55%)		
	<i>Don't know</i>	4	(4%)		
Q8.10	Have you had any problems getting access to the telephones?				
	<i>Yes</i>	13	(14%)		
	<i>No</i>	78	(83%)		
	<i>Don't know</i>	3	(3%)		
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>	6	(7%)		
	<i>Yes</i>	19	(21%)		
	<i>No</i>	65	(71%)		
	<i>Don't remember</i>	1	(1%)		
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>				
	6 (7%)	0	1 to 2	3 to 4	5 or more
		56 (62%)	29 (32%)	0 (0%)	0 (0%)

- Q8.13 How are you and your family/friends usually treated by visits staff?**
- | | |
|---------------------------------|----------|
| <i>Not had any visits</i> | 29 (31%) |
| <i>Very well</i> | 18 (19%) |
| <i>Well</i> | 20 (21%) |
| <i>Neither</i> | 11 (12%) |
| <i>Badly</i> | 4 (4%) |
| <i>Very badly</i> | 4 (4%) |
| <i>Don't know</i> | 8 (9%) |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
- | | |
|----------|----------|
| Yes..... | 40 (43%) |
| No..... | 52 (57%) |
- Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)**
- | | | | |
|-----------------------------------------------|----------|---------------------------------------------------------------------------|----------|
| <i>Don't know who to contact</i> .. | 34 (38%) | <i>Help with your finances in preparation for release</i> | 27 (30%) |
| <i>Maintaining good relationships</i> | 24 (27%) | <i>Claiming benefits on release</i> ... | 33 (37%) |
| <i>Avoiding bad relationships</i> | 16 (18%) | <i>Arranging a place at college/continuing education on release</i> | 24 (27%) |
| <i>Finding a job on release</i> | 32 (36%) | <i>Continuity of health services on release</i> | 23 (26%) |
| <i>Finding accommodation on release</i> | 37 (42%) | <i>Opening a bank account</i> | 26 (29%) |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**
- | | | | |
|-----------------------------------------------|----------|---------------------------------------------------------------------------|----------|
| <i>No problems</i> | 35 (41%) | <i>Help with your finances in preparation for release</i> | 19 (22%) |
| <i>Maintaining good relationships</i> | 9 (11%) | <i>Claiming benefits on release</i> ... | 23 (27%) |
| <i>Avoiding bad relationships</i> | 15 (18%) | <i>Arranging a place at college/continuing education on release</i> | 11 (13%) |
| <i>Finding a job on release</i> | 35 (41%) | <i>Continuity of health services on release</i> | 10 (12%) |
| <i>Finding accommodation on release</i> | 28 (33%) | <i>Opening a bank account</i> | 21 (25%) |
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**
- | | |
|----------------------------|----------|
| <i>Not sentenced</i> | 0 (0%) |
| Yes..... | 48 (56%) |
| No..... | 38 (44%) |



Prisoner survey responses HMP Guys Marsh 2009

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

Key to tables

		HMP Guys Marsh 2009	Cat C trainer prisons comparator
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
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	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		98	3837
SECTION 1: General information			
2	Are you under 21 years of age?	0%	1%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	11%	9%
4a	Is your sentence less than 12 months?	8%	5%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	3%
5	Do you have six months or less to serve?	55%	36%
6	Have you been in this prison less than a month?	7%	7%
7	Are you a foreign national?	16%	12%
8	Is English your first language?	92%	90%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	20%	27%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	4%
11	Are you Muslim?	8%	11%
12	Are you homosexual/gay or bisexual?	2%	4%
13	Do you consider yourself to have a disability?	10%	14%
14	Is this your first time in prison?	22%	34%
15	Have you been in more than five prisons this time?	14%	13%
16	Do you have any children under the age of 18?	53%	55%
SECTION 2: Transfers and escorts			
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?	66%	53%
1b	Was your personal safety during the journey good/very good?	63%	62%
1c	Was the comfort of the van good/very good?	30%	18%
1d	Was the attention paid to your health needs good/very good?	43%	32%
1e	Was the frequency of toilet breaks good/very good?	16%	13%
2	Did you spend more than four hours in the van?	1%	9%
3	Were you treated well/very well by the escort staff?	70%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	82%
4b	Before you arrived here did you receive any written information about what would happen to you?	22%	18%
4c	When you first arrived here did your property arrive at the same time as you?	91%	88%

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	23%	15%
1c	Housing problems?	21%	22%
1d	Problems contacting employers?	14%	10%
1e	Problems contacting family?	31%	47%
1f	Problems ensuring dependants were looked after?	13%	12%
1g	Money problems?	19%	16%
1h	Problems of feeling depressed/suicidal?	45%	50%
1i	Health problems?	51%	62%
1j	Problems in needing protection from other prisoners?	17%	19%
1k	Problems accessing phone numbers?	33%	39%
2	When you first arrived:		
2a	Did you have any problems?	60%	59%
2b	Did you have any problems with loss of property?	18%	14%
2c	Did you have any housing problems?	21%	16%
2d	Did you have any problems contacting employers?	7%	4%
2e	Did you have any problems contacting family?	18%	20%
2f	Did you have any problems ensuring dependants were being looked after?	4%	5%
2g	Did you have any money worries?	16%	16%
2h	Did you have any problems with feeling depressed or suicidal?	10%	14%
2i	Did you have any health problems?	20%	19%
2j	Did you have any problems with needing protection from other prisoners?	6%	5%
2k	Did you have problems accessing phone numbers?	22%	20%
3a	Were you seen by a member of health services in reception?	85%	89%
3b	When you were searched in reception, was this carried out in a respectful way?	88%	75%
4	Were you treated well/very well in reception?	80%	71%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	66%	52%
5b	Information about what support was available for people feeling depressed or suicidal?	51%	46%
5c	Information about how to make routine requests?	58%	40%
5d	Information about your entitlement to visits?	57%	46%
5e	Information about health services?	57%	63%
5f	Information about the chaplaincy?	54%	55%

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	93%	81%
6b	The opportunity to have a shower?	46%	41%
6c	The opportunity to make a free telephone call?	37%	50%
6d	Something to eat?	75%	78%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	51%	49%
7b	Someone from health services?	74%	75%
7c	A Listener/Samaritans?	36%	30%
8	Did you have access to the prison shop/canteen within the first 24 hours?	15%	24%
9	Did you feel safe on your first night here?	85%	83%
10	Have you been on an induction course?	92%	92%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	74%	64%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	53%	50%
1b	Attend legal visits?	54%	56%
1c	Obtain bail information?	29%	19%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	41%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	61%	61%
3b	Are you normally able to have a shower every day?	96%	94%
3c	Do you normally receive clean sheets every week?	77%	82%
3d	Do you normally get cell cleaning materials every week?	87%	75%
3e	Is your cell call bell normally answered within five minutes?	67%	40%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	85%	69%
3g	Can you normally get your stored property, if you need to?	44%	29%
4	Is the food in this prison good/very good?	29%	30%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	46%
6a	Is it easy/very easy to get a complaints form?	92%	85%
6b	Is it easy/very easy to get an application form?	94%	89%
7	Have you made an application?	89%	86%

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	67%	59%
8b	Do you feel applications are dealt with promptly (within seven days)?	61%	53%
9	Have you made a complaint?	50%	56%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	35%	35%
10b	Do you feel complaints are dealt with promptly (within seven days)?	50%	40%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	23%	24%
10c	Were you given information about how to make an appeal?	36%	31%
12	Is it easy/very easy to see the Independent Monitoring Board?	42%	38%
13	Are you on the enhanced (top) level of the IEP scheme?	48%	62%
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	70%	53%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	62%	49%
16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	6%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	12%
13a	Do you feel your religious beliefs are respected?	46%	55%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	59%
14	Are you able to speak to a Listener at any time, if you want to?	72%	63%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	73%
15b	Do most staff, in this prison, treat you with respect?	88%	74%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	24%	30%
2	Do you feel unsafe in this prison at the moment?	8%	14%
4	Have you been victimised by another prisoner?	17%	20%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	4%	10%
5b	Hit, kicked or assaulted you?	6%	5%
5c	Sexually abused you?	2%	1%
5d	Victimised you because of your race or ethnic origin?	5%	4%
5e	Victimised you because of drugs?	2%	3%
5f	Taken your canteen/property?	3%	3%
5g	Victimised you because you were new here?	3%	4%
5h	Victimised you because of your sexuality?	1%	1%
5i	Victimised you because you have a disability?	1%	2%
5j	Victimised you because of your religion/religious beliefs?	5%	3%
5k	Victimised you because of your age?	1%	2%
5l	Victimised you because you were from a different part of the country?	6%	5%
5m	Victimised you because of your offence/crime?	3%	3%
5n	Victimised you because of gang related issues?	5%	4%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	16%	22%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	7%	10%
7b	Hit, kicked or assaulted you?	2%	3%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	7%	5%
7e	Victimised you because of drugs?	3%	3%
7f	Victimised you because you were new here?	4%	4%
7g	Victimised you because of your sexuality?	2%	1%
7h	Victimised you because you have a disability?	2%	2%
7i	Victimised you because of your religion/religious beliefs?	4%	3%
7j	Victimised you because of your age?	2%	1%
7k	Victimised you because you were from a different part of the country?	8%	4%
7l	Victimised you because of your offence/crime?	3%	4%
7m	Victimised you because of gang related issues?	2%	2%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	50%	38%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	17%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	12%	18%
11	Is it easy/very easy to get illegal drugs in this prison?	47%	35%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	53%	39%
1b	Is it easy/very easy to see the nurse?	67%	65%
1c	Is it easy/very easy to see the dentist?	22%	14%
1d	Is it easy/very easy to see the optician?	17%	19%
2	Are you able to see a pharmacist?	60%	52%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	48%	53%
3b	The nurse?	62%	66%
3c	The dentist?	44%	46%
3d	The optician?	30%	48%
4	The overall quality of health services?	49%	48%

Key to tables

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Healthcare continued			
5	Are you currently taking medication?	37%	42%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	85%	88%
7	Do you feel you have any emotional well-being/mental health issues?	19%	25%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	28%	35%
8b	A doctor?	15%	34%
8c	A nurse?	0%	19%
8d	A psychiatrist?	36%	17%
8e	The mental health in-reach team?	21%	31%
8f	A counsellor?	7%	11%
9a	Did you have a drug problem when you came into this prison?	32%	17%
9b	Did you have an alcohol problem when you came into this prison?	27%	10%
10a	Have you developed a drug problem since you have been in this prison?	16%	12%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	93%	86%
12	Have you received any help or intervention whilst in this prison?	82%	73%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	74%	71%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	16%	22%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	9%	16%
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?	83%	57%

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	71%	62%
1b	Vocational or skills training?	20%	19%
1c	Education (including basic skills)?	27%	31%
1d	Offending behaviour programmes?	27%	17%
2ai	Have you had a job whilst in this prison?	85%	82%
For those who have had a prison job whilst in this prison:			
2aii	Do you feel the job will help you on release?	54%	51%
2bi	Have you been involved in vocational or skills training whilst in this prison?	77%	63%
For those who have had vocational or skills training whilst in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	64%	82%
2ci	Have you been involved in education whilst in this prison?	75%	76%
For those who have been involved in education whilst in this prison:			
2cii	Do you feel the education will help you on release?	73%	76%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	80%	57%
For those who have been involved in offending behaviour programmes whilst in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	65%	69%
3	Do you go to the library at least once a week?	51%	46%
4	On average, do you go to the gym at least twice a week?	46%	54%
5	On average, do you go outside for exercise three or more times a week?	19%	52%
6	On average, do you spend ten or more hours out of your cell on a weekday?	16%	16%
7	On average, do you go on association more than five times each week?	78%	76%
8	Do staff normally speak to you most of the time/all of the time during association?	32%	19%
SECTION 8: Resettlement			
1	Do you have a personal officer?	84%	72%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	62%	63%
For those who are sentenced:			
3	Do you have a sentence plan?	77%	63%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	71%	60%
5	Can you achieve some/all of your sentence plan targets in this prison?	87%	69%
6	Are there plans for you to achieve some/all your targets in another prison?	43%	37%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	41%	31%
8	Do you feel that any member of staff has helped you to prepare for release?	28%	17%
9	Have you had any problems with sending or receiving mail?	41%	37%
10	Have you had any problems getting access to the telephones?	14%	19%
11	Did you have a visit in the first week that you were here?	21%	24%
12	Did you receive one or more visits in the last week?	32%	31%

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	59%	54%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	43%	38%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	27%	16%
15c	Avoiding bad relationships?	18%	12%
15d	Finding a job on release?	36%	44%
15e	Finding accommodation on release?	42%	46%
15f	With money/finances on release?	30%	32%
15g	Claiming benefits on release?	37%	46%
15h	Arranging a place at college/continuing education on release?	27%	33%
15i	Accessing health services on release?	26%	36%
15j	Opening a bank account on release?	29%	29%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	11%	14%
16c	Avoiding bad relationships?	18%	14%
16d	Finding a job?	41%	45%
16e	Finding accommodation?	33%	40%
16f	Money/finances?	22%	39%
16g	Claiming benefits?	27%	30%
16h	Arranging a place at college/continuing education?	13%	24%
16i	Accessing health services?	12%	19%
16j	Opening a bank account?	25%	35%
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?	56%	57%



Prisoner OM survey responses HMP Guys Marsh 2009

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

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Percentages which are not highlighted show there is no significant difference.					
Number of completed questionnaires returned		17	125	17	586
SECTION 1: General information					
1	Are you under 21 years of age?	6%	0%	6%	12%
2	Are you a foreign national?	12%	8%	12%	9%
3	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	18%	26%	18%	24%
4	Do you consider yourself to have a disability?	31%	16%	31%	19%
5	Is this prison in your home probation area?	12%	11%	12%	30%
6	Are you on recall?	24%	11%	24%	18%
7	Were you sentenced to less than two years?	19%	8%	19%	12%
8	Do you have six months or less to serve?	25%	29%	25%	29%
SECTION 2: Reception and induction					
9	Did you have any of the following problems when you first arrived here?:				
9a	Housing problems?	19%	44%	19%	26%
9b	Problems contacting employers?	13%	8%	13%	9%
9c	Problems contacting family?	6%	14%	6%	17%
9d	Problems of feeling depressed/suicidal?	25%	22%	25%	22%
9e	None of the above problems?	75%	50%	75%	53%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	93%	82%	93%	74%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	86%	62%	86%	66%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	91%	62%	91%	42%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	31%	78%	31%	57%

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SECTION 3: Sentence planning					
14	Do you have a sentence plan?	71%	84%	71%	72%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	64%	67%	64%	75%
16	Has your sentence plan taken into account your individual needs?	75%	59%	75%	61%
17	Can you achieve all or some of your sentence plan targets in this prison?	92%	73%	92%	70%
18	Are there plans for you to achieve some/all your targets in another prison?	17%	30%	17%	33%
19	Are there plans for you to achieve some/all your targets whilst on licence in the community?	50%	42%	50%	43%
20	Have you had any meetings to discuss your sentence plan whilst in custody?	50%	79%	50%	83%
21	If you have had sentence planning meetings did any of the following attend:				
21a	Offender supervisor?	80%	71%	80%	59%
21b	Prison staff from other departments?	60%	33%	60%	28%
21c	Offender manager?	100%	54%	100%	50%
21d	Anyone from other agencies?	20%	11%	20%	20%
22	Were these meetings useful to you?	71%	62%	71%	66%
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	81%	93%	81%	89%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	69%	83%	69%	79%
25	If you have had contact from your offender manager, what type of contact was it:				
25a	Contact by letter?	56%	62%	56%	48%
25b	Contact by phone?	33%	22%	33%	24%
25c	A visit to the prison?	56%	74%	56%	68%
26	Has your offender manager changed since you have been in custody?	25%	39%	25%	41%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	50%	67%	50%	70%
28	Do you think you have been supported by your offender manager whilst in prison?	33%	37%	33%	43%

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SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	57%	78%	57%	71%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every week?	13%	2%	13%	12%
31	Do you think you have been supported by your offender supervisor whilst in prison?	50%	44%	50%	54%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody?:				
32a	No issues?	54%	58%	54%	65%
32b	Difficulties with religion?	23%	7%	23%	8%
32b	Difficulties with race?	23%	10%	23%	7%
32c	Difficulties with a disability?	31%	7%	31%	7%
32d	Difficulties with language?	15%	7%	15%	2%
32e	Difficulties with reading/writing skills?	15%	23%	15%	13%
32f	Difficulties with other issues?	15%	10%	15%	9%
33	Whilst in custody have you been helped with any of the following:				
33a	Housing ?	13%	12%	13%	12%
33b	Eductaion/training/employment?	27%	57%	27%	57%
33c	Money and debt?	0%	9%	0%	8%
33d	Relationships (e.g. family/partner)?	7%	13%	7%	14%
33e	Lifestyle (e.g. friendships)?	20%	13%	20%	14%
33f	Drug use?	33%	41%	33%	37%
33g	Alcohol use?	40%	31%	40%	25%
33h	Emotional well-being?	7%	17%	7%	23%
33i	Thinking skills?	53%	41%	53%	39%
33j	Attitude to offending?	13%	33%	13%	33%
33k	Health?	13%	38%	13%	35%
33l	Not had any help?	27%	9%	27%	15%
34	Has anyone done any work with you on basic skills?	29%	65%	29%	53%
35	Has anyone done any work with you on victim awareness?	33%	34%	33%	33%

Key to tables

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36	Has any member of staff helped you to address your offending behaviour whilst in custody?	33%	36%	33%	38%
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release whilst in custody?	20%	9%	20%	15%
38	Do you think you will have a problem with the following on release from custody:				
38a	Problems maintaining/avoiding good relationships?	40%	22%	40%	21%
38b	Problems finding a job?	70%	61%	70%	62%
38c	Finding accommodation?	70%	50%	70%	45%
38d	Problems with money/finances?	50%	33%	50%	36%
38e	Problems claiming benefits?	40%	47%	40%	37%
38f	Problems arranging a place at college/continuing education?	60%	22%	60%	21%
38g	Problems contacting external drug or alcohol agencies?	30%	17%	30%	12%
38h	Problems accessing healthcare services?	20%	22%	20%	15%
38i	Problems opening a bank account?	50%	25%	50%	30%
38j	None of the above problems?	10%	28%	10%	23%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	57%	70%	57%	66%



Key questions (disability analysis) HMP Guys Marsh 2009

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

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Number of completed questionnaires returned		10	87
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	21%	15%
1.8	Is English your first language?	100%	91%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	21%	20%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	5%
1.11	Are you Muslim?	0%	9%
1.13	Do you consider yourself to have a disability?	-	-
1.14	Is this your first time in prison?	0%	24%
2.1d	Was the attention paid to your health needs good/very good?	29%	45%
2.3	Were you treated well/very well by the escort staff?	75%	69%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	87%	91%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	0%	33%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	34%	46%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	50%	51%
3.2a	Did you have any problems when you first arrived?	83%	58%
3.3a	Were you seen by a member of healthcare staff in reception?	67%	87%
3.3b	When you were searched in reception, was this carried out in a respectful way?	67%	90%
3.4	Were you treated well/very well in reception?	56%	83%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	90%	72%
3.9	Did you feel safe on your first night here?	71%	87%
3.10	Have you been on an induction course?	100%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	53%

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4.3a	Are you normally offered enough clean, suitable clothes for the week?	60%	60%
4.3b	Are you normally able to have a shower every day?	90%	97%
4.3e	Is your cell call bell normally answered within five minutes?	71%	66%
4.4	Is the food in this prison good/very good?	21%	30%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	29%	46%
4.6a	Is it easy/very easy to get a complaints form?	79%	93%
4.6b	Is it easy/very easy to get an application form?	90%	94%
4.9	Have you made a complaint?	71%	47%
4.13	Are you on the enhanced (top) level of the IEP scheme?	50%	48%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	73%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	66%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	29%	1%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	29%	9%
4.17a	Do you feel your religious beliefs are respected?	21%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	29%	58%
4.18	Are you able to speak to a Listener at any time if you want to?	29%	77%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	82%
4.19b	Do most staff, in this prison, treat you with respect?	77%	89%
5.1	Have you ever felt unsafe in this prison?	56%	20%
5.2	Do you feel unsafe in this prison at the moment?	23%	6%
5.4	Have you been victimised by another prisoner?	56%	13%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	5%
5.5i	Victimised you because you have a disability?	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	23%	3%
5.6	Have you been victimised by a member of staff?	23%	16%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	6%
5.7h	Victimised you because you have a disability?	12%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	4%

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5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	16%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	12%	12%
5.11	Is it easy/very easy to get illegal drugs in this prison?	87%	42%
6.1a	Is it easy/very easy to see the doctor?	60%	52%
6.1b	Is it easy/ very easy to see the nurse?	71%	67%
6.2	Are you able to see a pharmacist?	40%	62%
6.5	Are you currently taking medication?	71%	32%
6.7	Do you feel you have any emotional well-being/mental health issues?	60%	14%
7.1a	Are you currently working in the prison?	50%	72%
7.1b	Are you currently undertaking vocational or skills training?	13%	19%
7.1c	Are you currently in education (including basic skills)?	37%	25%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	29%
7.3	Do you go to the library at least once a week?	43%	52%
7.4	On average, do you go to the gym at least twice a week?	29%	48%
7.5	On average, do you go outside for exercise three or more times a week?	13%	20%
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.)	26%	16%
7.7	On average, do you go on association more than five times each week?	75%	78%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	13%	34%
8.1	Do you have a personal officer?	87%	83%
8.9	Have you had any problems sending or receiving mail?	56%	39%
8.10	Have you had any problems getting access to the telephones?	12%	14%



Key questions (disability analysis) HMP Guys Marsh 2009

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Number of completed questionnaires returned		10	87
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	21%	15%
1.8	Is English your first language?	100%	91%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	21%	20%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	5%
1.11	Are you Muslim?	0%	9%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	0%	24%
2.1d	Was the attention paid to your health needs good/very good?	29%	45%
2.3	Were you treated well/very well by the escort staff?	75%	69%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	87%	91%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	0%	33%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	34%	46%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	50%	51%
3.2a	Did you have any problems when you first arrived?	83%	58%
3.3a	Were you seen by a member of healthcare staff in reception?	67%	87%
3.3b	When you were searched in reception, was this carried out in a respectful way?	67%	90%
3.4	Were you treated well/very well in reception?	56%	83%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	90%	72%
3.9	Did you feel safe on your first night here?	71%	87%
3.10	Have you been on an induction course?	100%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	53%

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	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	60%	60%
4.3b	Are you normally able to have a shower every day?	90%	97%
4.3e	Is your cell call bell normally answered within five minutes?	71%	66%
4.4	Is the food in this prison good/very good?	21%	30%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	29%	46%
4.6a	Is it easy/very easy to get a complaints form?	79%	93%
4.6b	Is it easy/very easy to get an application form?	90%	94%
4.9	Have you made a complaint?	71%	47%
4.13	Are you on the enhanced (top) level of the IEP scheme?	50%	48%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	73%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	66%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	29%	1%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	29%	9%
4.17a	Do you feel your religious beliefs are respected?	21%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	29%	58%
4.18	Are you able to speak to a Listener at any time if you want to?	29%	77%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	82%
4.19b	Do most staff, in this prison, treat you with respect?	77%	89%
5.1	Have you ever felt unsafe in this prison?	56%	20%
5.2	Do you feel unsafe in this prison at the moment?	23%	6%
5.4	Have you been victimised by another prisoner?	56%	13%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	5%
5.5i	Victimised you because you have a disability?	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	23%	3%
5.6	Have you been victimised by a member of staff?	23%	16%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	6%
5.7h	Victimised you because you have a disability?	12%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	4%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	16%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	12%	12%
5.11	Is it easy/very easy to get illegal drugs in this prison?	87%	42%
6.1a	Is it easy/very easy to see the doctor?	60%	52%
6.1b	Is it easy/ very easy to see the nurse?	71%	67%
6.2	Are you able to see a pharmacist?	40%	62%
6.5	Are you currently taking medication?	71%	32%
6.7	Do you feel you have any emotional well-being/mental health issues?	60%	14%
7.1a	Are you currently working in the prison?	50%	72%
7.1b	Are you currently undertaking vocational or skills training?	13%	19%
7.1c	Are you currently in education (including basic skills)?	37%	25%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	29%
7.3	Do you go to the library at least once a week?	43%	52%
7.4	On average, do you go to the gym at least twice a week?	29%	48%
7.5	On average, do you go outside for exercise three or more times a week?	13%	20%
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.)	26%	16%
7.7	On average, do you go on association more than five times each week?	75%	78%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	13%	34%
8.1	Do you have a personal officer?	87%	83%
8.9	Have you had any problems sending or receiving mail?	56%	39%
8.10	Have you had any problems getting access to the telephones?	12%	14%