

Report on an announced inspection of

HMYOI Portland

6–10 July 2009

by HM Chief Inspector of Prisons

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Introduction

Portland Young Offenders Institution has an unpropitious physical environment. It is in a remote location far away from most of its young offenders' homes, mostly with old and forbidding buildings, some not fit for use. Until fairly recently, staff attitudes and approach were equally negative and outdated. This inspection, however, found a prison which had changed both its outlook and its outcomes: with a focus on trying to provide a positive and rehabilitative experience for the young men placed there, in spite of the physical difficulties of the site.

Young offenders' institutions are intrinsically volatile places. Portland was no exception, with a significant number of violent incidents and uses of force. Positive efforts had, however, been made to reduce violence and bullying and to prevent self-harm and suicide. The security department was alert to issues related to gangs or radicalisation, but neither appeared to be current serious problems. At the other end of the spectrum, there were good arrangements for the support and care of prisoners who struggled to cope on normal location.

Relationships between staff and young prisoners were good and appropriate, with one of the best personal officer schemes we have seen in such establishments, strongly linked in to resettlement and sentence planning. In a prison where 40% of the population, but almost no staff, came from black and minority ethnic backgrounds, work on race and religious diversity was rightly prioritised. Efforts had been made to bring in black role models to assist with sentence planning and some activity. Nevertheless, black and minority ethnic and Muslim prisoners continued to have worse perceptions in some key areas than white and non-Muslim prisoners, particularly with regard to relationships with staff.

Most units, and particularly the newer ones, were in good condition. However, there remained one unit, Rodney, with no integral sanitation, where conditions can only be described as squalid: breaching acceptable standards of health and safety and in general unkempt and uncared-for. This unit urgently needs to close, as its sister unit has already done.

Managers at Portland had taken impressive and positive steps to try to provide a positive and purposeful experience for the young men held there. Nearly all were employed, and all but 7% were working towards an accreditation of some kind. There was a wide range of vocational training, engaging a number of outside agencies, employers and individuals. Work and training were integrated into sentence planning and resettlement work.

The resettlement work itself was extremely good, particularly given the distance from home of many young men, most of whom came from the London area. All staff, including residential staff, were involved, and the prison had made positive attempts to engage with statutory and voluntary agencies in the areas from which most prisoners came. Although visits were problematic, given the prison's location, there were positive attempts to ameliorate this, by giving young men extra phone calls, putting on a coach service, and employing a proactive family links worker.

We have inspected other prisons recently, in unpromising locations in rural areas far from prisoners' homes, where we have found managers and staff sunk into a condition of learned helplessness: expecting and providing little. This was far from the case at Portland. Managers recognised the problems of location and environment, but were nevertheless determined to create a space in which young men could have new and different opportunities. This had required a great deal of effort, both with external partners and, equally importantly, from the whole staff group. Sadly, both staff and managers were still let down by the unacceptable and insanitary accommodation in one unit, which should promptly be demolished; and there were still underlying issues of race and religion which will require continuing attention. Apart from

that, this is a positive report on a prison which has travelled a considerable distance and is actively seeking to improve the life chances of the young men it holds.

Anne Owers
HM Chief Inspector of Prisons

September 2009

Fact page

Task of establishment

Young offender institution holding young men aged 18 to 21 serving sentences of less than 10 years.

Area organisation

South West

Number held

9 June 2009: 588

Certified normal accommodation

9 June 2009: 599

Operational capacity

9 June 2009: 604

Last inspection

Full inspection: June 2004

Brief history

Portland opened as a convict prison in 1848, becoming a borstal in 1921, and then a young offender institution in 1988. Juvenile offenders were introduced in 1994. In April 2000 a new juvenile regime was introduced, under the auspices of the Youth Justice Board. The establishment reverted to holding young offenders only in 2002.

Description of residential units

Benbow	- large training wing
Raleigh	- resettlement wing
Drake	- large training wing
Collingwood	- super enhanced wing
Beaufort	- multidisciplinary wing to improve the skills deficits of prisoners assessed as suitable for the wing's work
Rodney	- allocation wing plus enhanced prisoners
Grenville	- induction wing
Hardy	- enhanced only wing
Nelson	- training wing with dedicated landing for the football academy

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.

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

HP3 Reception, first night and induction procedures were generally good though prisoners were unoccupied for lengthy periods during induction. Arrangements to prevent violence and self-harm were reasonable, but the number of violent incidents and the use of force were significant. However, there was little evidence that most prisoners

felt unsafe or intimidated, and the prison's response to the threat of gang activity was proportionate. There was a good suicide prevention policy, but implementation varied. The segregation unit regime was limited, although it was not used excessively, but the use of the special cell was high. Illicit drug use was very low, but integrated drug treatment system (IDTS) procedures required immediate improvement. Vulnerable prisoners were well cared for. The prison was performing reasonably well against this healthy prison test.

- HP4 Many prisoners had long journeys to the prison, although they were not always offered toilet stops. However, escort vans were clean, and prisoners were well treated by escort staff.
- HP5 The reception was small and some areas were grubby. Holding rooms had televisions and toilet facilities. Initial interviews were not carried out in private. New arrivals were given reading material and a cold drink, and usually had access to a prisoner peer supporter. They could have lengthy waits in reception. In our survey, more respondents than at our previous inspection said they had been treated well in reception, although the findings were significantly worse for black and minority ethnic, foreign national and Muslim respondents.
- HP6 An assessment of risk was incorporated into the induction passport document completed for all new arrivals, and staff were alert and responsive to potential risk factors. There were no designated first night cells on the first night and induction unit, but staff were familiar with the arrangements to identify new arrivals. Cells were prepared appropriately, although not all were clean. New arrivals received a first night group talk covering basic information but some did not have a one-to-one interview with a member of staff.
- HP7 Prisoners were reasonably positive about the content of the two-week induction programme, although they complained about the time they spent in cell between sessions. This was compounded by the wait to start the programme, which was not run on a rolling basis. Prisoners were given a comprehensive and user-friendly welcome booklet, but this was only available in English. Induction feedback sheets had not been analysed to inform the programme.
- HP8 Information on violence reduction and anti-bullying was widely advertised across the establishment. The introduction of violence reduction prisoner and unit staff representatives had been a positive initiative, as was the use of trained prisoners as mediators. The violence reduction and anti-bullying policies were reasonably comprehensive, and monthly meetings well attended, but the analysis of statistical information was underdeveloped. The level of violence at Portland was broadly comparable with similar establishments. The introduction of the bullying assessment team anti-bullying model had been positive, although it needed quality assurance of the application of sanctions and completion of investigations. A coordinator supported the prisoner representatives, and had implemented a seven-session programme for identified bullies.
- HP9 There was a comprehensive suicide and self-harm policy, supported by quarterly safer custody committee meetings. They analysed an extensive range of data, supplemented by a good quality annual analysis and review. The quality of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was varied, and needed to be evaluated and developed, especially on Beaufort unit, which held most prisoners on open ACCTs. Although there were currently 16

Listeners who were well supported, there was no Listener suite. Two camera cells in the care and control unit (CCU) were sometimes inappropriately used for prisoners on ACCTs, we were not assured that they were used only in exceptional circumstances.

- HP10 The security department was alert to gang-related issues and had established good links with the police and the security department at Feltham. Neither gangs nor radicalisation appeared to be serious problems. The department received more than 50 security information reports a week from staff from all departments, not all purely observational. Security procedures were proportionate and did not affect prisoners adversely.
- HP11 Adjudications averaged 27.5 a week, which was not excessive. Hearings we saw were conducted well and charges were fully investigated. However, punishment tariffs included loss of smoking, which was inappropriate. Minor reports were not used excessively, and punishments appeared proportionate.
- HP12 The use of force was high with 112 incidents in the first six months of 2009, the majority involving full control and restraint. The standard of documentation was good, but several planned interventions had not been videoed.
- HP13 The special cell had been used 36 times in 2008 and 10 times since the start of 2009, which was high. The cell was clean and prisoners held there could wear normal clothing, subject to risk assessment. The average stay there in 2009 was slightly over four hours. Monitoring entries generally justified the length of time prisoners were held in these conditions, but did not provide assurance that staff always engaged positively with the prisoner to encourage him to return to a normal cell.
- HP14 The segregation unit, the care and control unit (CCU) was clean, but had a very limited regime. We saw little to suggest that it operated other than as a typical segregation unit. All prisoners located there were subject to a strip search without risk assessment, and could only use showers and telephones on three days a week. The unit was relatively lightly used, although some segregated prisoners had been held there for long periods in 2008. The most informative unit file entries had been made by visitors rather than CCU staff.
- HP15 The prison had managed just five prisoners on the integrated drug treatment system (IDTS), with only three at the time of the inspection. There were poor IDTS procedures, lack of treatment continuity and no monitoring. We heard of several instances of poor practice. Robust management, the training of generic healthcare staff, and joined-up care for prisoners needed to be introduced urgently. The availability of illegal drugs in the establishment was low, with a random mandatory drug testing rate of 0.5% 2008/9.
- HP16 Prisoners struggling to cope on normal location could be referred to Beaufort unit, where they had access to a reasonable range of activities and, subject to risk assessment, could attend activities with mainstream prisoners. However, a few prisoners were not actively participating in the regime and spent long periods locked up. There was a mentoring scheme, unit file entries and staff-prisoner relationships were very good, and we were satisfied with the safeguards in place. Reintegration to normal location was limited but did take place.

Respect

- HP17 Environmental standards in communal areas were generally good, although the cleanliness of cells varied. Standards on Rodney unit, however, remained squalid. Staff-prisoner relationships were good and supported by an effective personal officer scheme. The management of race equality was effective, and arrangements for foreign national prisoners were satisfactory, but the perceptions of minority prisoners remained a concern. The approach to broader diversity issues required further development. Applications and complaints were well managed but legal services provision was inadequate. The chaplaincy team made a significant contribution to the work of the prison. The quality of food was reasonable and consultative arrangements were good, but shop services needed improvement. Health services were generally good. The unacceptable conditions on Rodney meant that, while it remained open, Portland was not performing sufficiently well against this healthy prison test.
- HP18 External areas were reasonably clean and litter free, and communal areas on most residential units were generally clean and adequately maintained. Standards of cell cleanliness and maintenance varied across the prison, and many cells had noticeable amounts of graffiti, some of which was obscene. Most prisoners could shower daily.
- HP19 Prisoners on Rodney unit still had no in-cell sanitation, which made this accommodation unfit for purpose. This unit was filthy, squalid and unacceptably poor.
- HP20 The incentives and earned privileges (IEP) scheme was understood by staff and prisoners. It was motivational and offered meaningful incentives for prisoners at the higher levels. Staff were encouraged to make positive entries in unit files, not just warnings. There was a super-enhanced group of prisoners located on Collingwood unit. Although few prisoners were on basic regime, this group had no in-cell electricity after 8pm. The scheme was applied fairly and monitoring arrangements were robust.
- HP21 In our survey, 77% of respondents said that staff treated them with respect, which was significantly better than the comparator¹ of 66%. Prisoners were similarly positive when asked if there was a member of staff they could turn to if they needed help. However, the responses from minorities were significantly worse. There was little evidence overall that prisoners felt victimised or intimidated by staff, but again the perceptions of minorities were less encouraging. We saw many examples of constructive and respectful engagement between staff and prisoners. Staff appeared to know prisoners and were willing to interact, and most prisoners we spoke to were positive about the staff. The atmosphere around the prison was purposeful, relaxed and often friendly.
- HP22 Most prisoners knew their personal officer, and the scheme was well publicised on the units. Our survey findings on the personal officer scheme were significantly better than the comparators. The quality of unit file entries was generally good, and we saw many entries that demonstrated sound knowledge of the prisoner and engagement by staff. Regular management checks also provided meaningful comment as necessary. Links with offender supervisors were effective.

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

- HP23 The kitchen was clean and well equipped. The catering manager had worked hard to improve prisoner perception of the food. He had a regular input into the induction programme and visited the units during evening association to discuss relevant issues with prisoners. He had also recently introduced cultural awareness meetings that led to menu changes. In our survey, 36% of respondents said that the food was good, against a comparator of 26%, and the food we sampled was good. However the cold evening meal was unpopular. Breakfast packs were also served the night before consumption, and meals were served too early.
- HP24 The recent change of shop provider to DHL had led to some problems and general prisoner dissatisfaction. New arrivals could wait for nearly two weeks before they could order from the shop. The shop did not always offer alternatives to out of stock items, and prisoners had not been able to order from a catalogue for almost four months.
- HP25 The diversity and equal opportunities policy was primarily focused on staff rather than prisoner issues. The assistant diversity manager covered disability, but work in this area was limited. New arrivals were given a self-disclosure questionnaire but only 12 prisoners had been identified as having disabilities, which was lower than the numbers identified in other surveys. Information about prisoners with disabilities was not shared by departments, and awareness was limited, although identified prisoners were given some support. There was no identified lead for other aspects of diversity.
- HP26 A comprehensive race equality policy covered key issues and was supported by a detailed action plan. Approximately 40% of the population were from black and minority ethnic backgrounds. Every unit had at least one race equality representative, who met the race equality officer monthly and also attended the quarterly race equality action team (REAT) meeting. The REAT considered a range of information and data analysis, and equality impact assessments had involved consultation. There were about five racist incident reports a month, which were properly investigated. Prisoners were kept informed of the outcome of investigations and quality assurance arrangements were good. Despite these developments, in our survey black and minority ethnic and Muslim prisoners continued to have more negative perceptions than white and non-Muslim prisoners.
- HP27 The foreign national policy was comprehensive, although much did not relate directly to Portland. There were currently 69 foreign national prisoners. The foreign national committee met quarterly, including prisoner representatives, and reviewed and updated a continuous improvement plan. A monthly foreign nationals representatives support group also met. One of the two foreign national orderlies saw all foreign national new arrivals during induction, and they were interviewed by the foreign nationals coordinator. There was limited translated information across the prison. There were good links with immigration services and monthly surgeries. However, the perceptions of foreign national prisoners in our survey were worse than UK nationals across a range of indicators.
- HP28 Applications were managed through a three-copy system that operated reasonably well. The complaints system was also reasonably well managed with monthly evaluations of patterns and trends, including ethnic monitoring of the number of complaints and those upheld. However, there was no quality assurance of responses to applications or complaints, and complaints that were potentially about bullying were not always forwarded to the violence reduction department. There were no legally trained staff and the provision of legal services was poor.

- HP29 There was a visible chaplaincy led by three full-time chaplains, including an imam, and minority faiths were catered for. Attendance at the main Christian services and Friday prayers was good, and the chaplaincy offered a range of faith-based groups as well as one-to-one work. The prison's Muslim prayer room provided a reasonable space, although the chapel needed refurbishment.
- HP30 The healthcare centre was very well managed by the lead nurse manager. A recent refurbishment programme had provided extra space that enhanced health services. The staff skill mix was adequate, but staff vacancies inhibited the delivery of care, notably to prisoners with mental health problems. Prisoners had satisfactory access to the GP. There was a range of nurse-led clinics and support from visiting specialists. The in-possession medicines policy needed to improve, and prisoners did not have access to a pharmacist. The provision of dentistry was also limited. The mental health in-reach team was well resourced. There was a programme of mental health awareness training for all prison staff.

Purposeful activity

- HP31 Provision of learning and skills and the quality of teaching and learning were good, underpinned by effective initial assessment and integration with offender management. There were sufficient activity places for almost all prisoners, and a significant number were engaged in vocational training and education. The prison had developed an impressive number of partnerships to support and promote learning and skills acquisition, although learning progression needed to develop further. The provision of PE was satisfactory but accredited work was limited. Time out of cell was reasonable but over-reported, although few prisoners were locked up during the core day. Access to association was rarely cancelled, but regime slippage could affect available time. The prison was performing reasonably well against this healthy prison test.
- HP32 Learning and skills provision was well managed, with a focus on providing a wide range of learning opportunities. There were a total of 611 activity places and very little unemployment. Many prisoners were engaged in activity that led to accreditation, and 36% were in education. Only 7% were in work that did not lead to an accredited qualification.
- HP33 Teaching and learning were good in most areas, and initial assessment of literacy, numeracy and language needs was thorough. Information, advice and guidance was good and was available to prisoners throughout their stay. Learning plans contained long-term targets, and waiting lists for most courses were well managed. Accommodation and learning resources were generally good. Learning and skills were well integrated with sentence and resettlement planning arrangements, although progression to higher level learning was less well developed.
- HP34 The range of vocational training included barbering, horticulture, motor vehicle maintenance and catering. Resources to support vocational training were good, although progression up to and above level two was more limited. The prison worked with a wide range of external partners and employers to engage prisoners within the prison and on resettlement, such as the rail track maintenance partnership. The prison had also made links with some well-known personalities to enthuse learners

and promote skills acquisition. Success rates across learning and skills were good, as were standards of work.

- HP35 The library was not open at weekends or, for most prisoners, during the evening. Despite this, up to half of all prisoners used the library with about 275 visits a week. It was well equipped and stocked, including foreign language, easy read and talking books, and promoted initiatives such as Storybook Dads.
- HP36 The PE department had recently acquired a new gym and a classroom and was now well equipped with indoor and outdoor facilities. Achievement rates for prisoners completing PE courses was high, but the range of programmes was limited. However, the football academy provided in partnership with the Football Trust was a popular and impressive programme. Access to recreational PE was satisfactory, although use of outdoor facilities was limited and PE was less popular with prisoners than we would have expected.
- HP37 The prison reported a time out of cell figure of just under 8.5 hours a day, although the core day routine suggested the reality for most prisoners was nearer 7.5 hours. There was some evidence of over-reporting on some units. A random roll check revealed just 44 prisoners locked in cell during the main part of the working day. One-hour association was available on each unit, Monday to Thursday, and was hardly ever cancelled. However, domestic time during the day was more limited and there was evidence of routine slippage in the regime, notably in the evening. A few prisoners had 30 minutes exercise daily, but the exercise yard was poor.

Resettlement

- HP38 Resettlement was well resourced, and the prison had links with a range of partner agencies that enhanced opportunities for prisoners to resettle in the community effectively. The offender management unit was well integrated in the prison, and offender supervision was effective. There was good quality sharing of information among staff. Resettlement and discharge arrangements were impressive, and public protection arrangements were robust. Work on the majority of resettlement pathways was well developed and progressive, although almost half the population did not receive visits. The prison was performing well against this healthy prison test.
- HP39 The prison had a strong focus on resettlement, which started when prisoners arrived. The resettlement department was well resourced and well managed. There were effective partnerships with a broad range of agencies. Resettlement was integrated with offender management and learning and skills. All prisoners were assessed and received some form of sentence planning, even where sentences were short. Discharge arrangements were impressive and addressed prisoners' outstanding needs before release. The prison hosted two resettlement road shows for prisoners a year to promote positive opportunities, and this attracted a large number of providers. The resettlement policy document was limited, but governance and structures to drive forward work across the resettlement pathways were satisfactory.
- HP40 All new arrivals were allocated an offender supervisor, regardless of whether they were in scope for formal offender management. There had been efforts to engage unit staff, including personal officers, in sentence planning, which was supported by electronic contact logging arrangements for offender supervision and staff access to

information. Sentence planning, including review meetings, was satisfactory, but would be enhanced by video conferencing to involve community-based offender managers. A backlog of offender assessment system (OASys) assessments was being managed. Public protection arrangements were robust, but links with the security department required strengthening. There had been consultation with prisoners on indeterminate sentences for public protection, and to identify and seek to meet their needs. Release on temporary licence was used for a range of employment opportunities in the local community.

- HP41 The rate of prisoners discharged without fixed accommodation averaged 6.5 % for the previous six months, which was low given the shortage of supported accommodation in London, the destination of many of those released. There were strong links with a range of providers. Two staff, including a Nacro worker, worked with prisoners individually and in groups, and targeted individuals for assistance before their release.
- HP42 There was a good range of education and training to help prisoners on release, including specific courses on CV and application letter writing, and interview techniques. The prison worked with a wide range of external partners and employers to develop prisoners' skills in the prison and on release.
- HP43 Work on finance, benefit and debt was underdeveloped, but new resources were due to be allocated. Jobcentre Plus and Connexions provided some services, and the education department ran money management and budgeting courses. Prisoners could apply for bank accounts and citizen cards before release, and take-up of these services was high.
- HP44 Healthcare discharge planning was good and health services were involved in resettlement meetings before release. The care programme approach was used for prisoners with severe and enduring mental health problems, and they were connected to local health provision.
- HP45 There was a comprehensive substance misuse strategy, based on a needs analysis. In the absence of the drug strategy coordinator, the head of diversity and the head of interventions had managed the strategy, leading to a focus on service delivery rather than development. Prisoners had access to a wide range of interventions, including a dedicated alcohol service with two workers who provided awareness training and one-to-one work. The active counselling, assessment, referral, advice and throughcare service (CARATs) caseload was 120 and the team prioritised clients well, although it was short staffed. The P-ASRO (prison addressing substance related offending) course was well established and managed, and completion targets were exceeded.
- HP46 The prison had recognised that a significant number of prisoners – more than 40% – were not receiving visits and were a long way from home. It had introduced schemes to address this, such as a coach from London and additional telephone credits for those not receiving visits. The new family and friends centre was a welcoming environment, and a Barnardo's project worker identified and supported new visitors. Prisoners and visitors commented on the long waits to be admitted into the prison. The level of supervision in the visits room was appropriate, and staff were respectful and polite, but prisoners wore bibs during visits, which was unnecessary given other security measures. An active bi-monthly steering group oversaw the children and families pathway action plan. The full-time family links worker was integrated into the

resettlement team. The prison had organised three family visits days, which had received positive feedback.

- HP47 The prison had undertaken a comprehensive analysis of offending behaviour needs in 2008. In addition to accredited programmes, there were some shorter local programmes on assertiveness and stress management for prisoners on Beaufort. A further programme aimed to encourage more positive behaviour from prisoners who had lost motivation to engage with the regime. Prisoners returning to Dorset, Hampshire and London could engage with mentors through the Milestones project.

Main recommendations

- HP48 Rodney unit should be closed down immediately.
- HP49 Monthly information and data on violence reduction and anti-bullying should be analysed over time to identify patterns and trends.
- HP50 The use of force committee should investigate and monitor the high level of force at Portland and develop strategies to reduce it.
- HP51 There should be appropriate protocols, systems and staff expertise for the safe management of drug-dependent prisoners under the integrated drug treatment system.
- HP52 The prison should develop a diversity policy and action plan oriented to the full range of diversity issues, and each strand should have an identified lead.
- HP53 The establishment should investigate the reasons for the negative perceptions held by black and minority ethnic and Muslim prisoners, and establish a means to improve them.
- HP54 Prisoners should be able to have an hour's exercise in the open air daily.

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 prisoners' individual needs are recognised and given proper attention.

- 1.1 Prisoners had lengthy journeys to Portland and did not always get toilet breaks. Portland supplied a welcome booklet for prisoners due to be transferred in.
- 1.2 The prison had received an average of 25 new arrivals a week in the first six months of 2009. Transfers were planned and prisoners generally arrived in the early afternoon. Prisoners told us that they knew they were due to be transferred, although not all had received a full 24-hours notice. Relationships between the prison and escort contract staff were positive.
- 1.3 Prisoners had long journeys. In our survey, 17% of respondents, significantly more than the comparator of 6%, said they had journeys of over four hours. Prisoner escort records showed that, although prisoners were routinely given food and drink during journeys, they did not always have toilet breaks. However, respondents' views on the cleanliness and comfort of the vehicle, the attention paid to health needs and treatment by escort staff were better than the comparators. The van we inspected was clean and had sufficient space for prisoners' property.
- 1.4 The prison had made links with Feltham prison and had supplied the *Welcome to Portland* booklet to alleviate anxieties of prisoners due to be transferred to Portland. In our survey, 38% of respondents, significantly better than the comparator of 21%, said they had received written information about what would happen to them before their arrival.
- 1.5 In the first six months of 2009, 92 prisoners had been discharged to court. Prisoners discharged to court were often unlikely to return to Portland.

Recommendation

- 1.6 Prisoners transferring to Portland should be given toilet breaks at least every two and a half hours.

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.

- 1.7 New arrivals could have extended waits in reception, and the toilets for them were grubby. Reception interviews were not conducted in private. A risk assessment was incorporated into

the induction passport and staff were aware of potential risk factors. Cells for new arrivals were adequately equipped, but not all had been cleaned. New arrivals were sometimes locked in cells on their first night in the prison without having been interviewed. The *Welcome to Portland* booklet was detailed and user friendly. Prisoners spent considerable periods in their cells during their first week.

Reception

- 1.8 Two staff were on duty in reception every day, including weekday evenings. Reception remained open over the lunch period if an escort was scheduled to arrive.
- 1.9 The reception area was small with three holding rooms, although the third was seldom used. Holding rooms had closed circuit television cameras, monitored from the main reception desk. The rooms had benches – one had a table and chairs – as well as a television and some material and information, mostly in English. The holding room toilets were grubby and stained, particularly in the third room.
- 1.10 New arrivals were given reading material and a cold drink, and there was a small selection of microwave meals catering for a range of diets. There was a shower, although this was seldom used, and a telephone, which new arrivals did use.
- 1.11 All new arrivals were strip searched. The search area was small and was not adequately private, as it was opposite the main desk. The search we observed was conducted by only one member of staff. A second member of staff was behind the reception desk and could not see the prisoner. In our survey, 79% of respondents, better than the comparator of 72%, said the reception search was carried out in a respectful way. However, only 43% of foreign national respondents, compared with 83% of British respondents, said the reception search was respectful.
- 1.12 Reception staff were professional and courteous. In our survey, 62% of respondents, significantly better than the 56% at the previous inspection, said they were treated well in reception, although only 54% of black and minority ethnic respondents, compared with 67% of white respondents, said this was the case.
- 1.13 Although health services staff used a private facility to interview new arrivals, reception interviews took place at the main counter, which gave no privacy. First night staff were present in reception when escorts arrived, as was a prisoner meeter and greeter. During our inspection, the meeter and greeter was a trained Listener, but we were told this was not always the case, although a Listener was brought to reception if required. There was also a Listener on the induction unit. The meeter and greeter saw new arrivals in the holding rooms and dealt with questions about Portland. He was not allowed to remain in reception over the lunch period.
- 1.14 The prison had a vulnerability policy and staff responded appropriately to potential risk factors. Reception staff carried out a vulnerability assessment during completion of the induction passport, which they drew up. This was fully completed by first night staff who were also responsible for completing cell sharing risk assessments. First night staff checked all documentation that accompanied the new arrival to ensure that relevant information was used to inform these assessments.
- 1.15 New arrivals could experience lengthy waits in reception, particularly if a significant number arrived on the same day or with large amounts of property.

First night

- 1.16 All new arrivals were located on Grenville, the induction unit, in single cells that had privacy keys. They were given a smoker's or non-smoker's pack, valued at £3.50 and £2.50 respectively, and could have up to two to be paid back at a reasonable rate, and £1 telephone credit, which they were not required to pay back. Those with sufficient funds could buy additional telephone credit.
- 1.17 There were no designated first night cells, but there was a system to ensure all staff, including those on night duty, knew the location of new arrivals. Cells were appropriately equipped with basic toiletries, writing materials and information leaflets, but not all had been cleaned satisfactorily and some had graffiti. New arrivals were given the comprehensive and user-friendly *Welcome to Portland and Grenville* booklet, which included an induction timetable and an overview of key aspects of the regime and relevant rules and regulations. The booklet was only available in English.
- 1.18 New arrivals were given a first night group presentation, which covered a range of relevant information. In the session we observed, staff took the time to explain procedures fully to prisoners and to alleviate concerns.
- 1.19 All new arrivals were due to have an individual private interview with a first night member of staff to identify and address immediate concerns, but there were two occasions when this did not happen on the first night during the week of the inspection – although we were told that this was rare. Following the first night talk, prisoners had access to telephones and showers during association.
- 1.20 There were problems with the transfer of telephone PIN (personal identification number) accounts between HMP Ashfield and Portland. Although one prisoner told us he had been given the opportunity to make a call on the staff telephone, this did not appear to be consistently available to all prisoners.

Induction

- 1.21 There were 11 prison officers on Grenville unit and any of them could deliver induction sessions. There was a team focus on ensuring new arrivals were supported and the published programme delivered.
- 1.22 The induction programme was delivered over a two-week period. The first week mainly took place in one of the two induction classrooms on Grenville. There were also one-to-one interviews with resettlement and offender management unit staff during this week to assess resettlement needs across each resettlement pathway. Classroom sessions were delivered by staff from a range of relevant departments and included the use of prisoners such as race equality peer representatives. Gym inductions were also completed during this time.
- 1.23 The induction classrooms were spartan and formal, with only limited information on display. There was little use of multi-media, although staff endeavoured to engage prisoners effectively and encouraged them to ask questions.
- 1.24 The first week of induction was not delivered as a rolling programme and did not begin until the Monday morning of the week after reception. Many prisoners told us that they spent considerable time in their cells during induction. This was compounded by the absence of an

exercise period for prisoners on Grenville. The second week of the programme involved completion of a range of education assessments.

- 1.25 An effective tracking system was used to ensure sessions were delivered in accordance with the published timetable. Prisoners completed a feedback questionnaire at the end of the induction programme, although this information had not been collated or analysed to inform development of the programme.
- 1.26 Following completion of the induction programme, prisoners were usually moved to Rodney unit to complete further education courses. The recent closure of Hardy unit had resulted in a small backlog of prisoners awaiting a move to Rodney unit.

Recommendations

- 1.27 The reception area should be clean and toilets should be descaled.
- 1.28 The reception search should take place in an area with privacy, and should not be conducted by just one member of staff.
- 1.29 Reception interviews should be conducted in a private interview room.
- 1.30 The meeter and greeter should remain in reception over the lunch period.
- 1.31 Cells on Grenville unit should be adequately cleaned for each new occupant.
- 1.32 Published material in reception and induction, including the *Welcome to Portland* booklet, should be available in an appropriate range of languages.
- 1.33 Individual first night interviews should always take place before new arrivals are locked in cells on their first night.
- 1.34 The first week of the induction programme should be delivered as a rolling programme, making use of a full range of multi-media.
- 1.35 Prisoners should be unlocked when they are not actively participating in induction sessions.
- 1.36 Responses to induction feedback questionnaires should be collated to inform future reviews and development of the programme.

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 Standards of cell cleanliness varied and many had graffiti. Access to cell cleaning equipment appeared to be a problem. Rodney unit did not have in-cell sanitation and was unfit for purpose. Hygiene standards on the unit were unacceptably poor. The policy on the display of offensive material was not adequately enforced or adhered to. Some showers had ventilation problems. External areas were clean and free from litter.

Accommodation and facilities

- 2.2 The eight residential units varied in size, age and function. A further unit, Hardy, had been closed just before the inspection following problems with the sanitation system.
- 2.3 Benbow, Drake and Raleigh units made up one large residential block and Grenville and Nelson made up a second block. Benbow and Raleigh could accommodate up to 81 and 85 prisoners respectively. Grenville was the induction unit and Raleigh was designated as the resettlement unit. Benbow, Drake and Nelson provided accommodation for the general prisoner population. Prisoners enrolled on the football academy programme were located on the first landing of Nelson unit. In these units, accommodation was over three galleried landings with separate association landings. Both Benbow and Drake had a fourth small landing.
- 2.4 Rodney unit was a separate building that could accommodate up to 72 prisoners. The unit had three floors with cellular accommodation on four landings on the upper two levels. Collingwood was a small unit for 36 prisoners on the super enhanced level of the incentives and earned privileges (IEP) scheme with accommodation on two galleried landings. Beaufort unit, the skills deficiency unit, had the newest and best accommodation, with en suite toilet, washbasin and shower in all cells, and spacious double cells with adequate furniture.
- 2.5 Accommodation varied between single and double occupancy, although most prisoners were in single cells. A few single cells on Benbow and Raleigh were used as doubles. These cells were small and not suitable to accommodate two prisoners. Most had only one table and chair. Double cells throughout the prison were of a suitable size. All but one we viewed had adequately screened toilets with waist-height partition screens and floor-to-ceiling curtains. Although double cells usually had lockable cupboards, prisoners were not given keys and many cupboards had no locks or backs. Some prisoners were given privacy keys for their cells.
- 2.6 Cell standards varied considerably. Units had different cell painting arrangements. Some units had a designated wing painter, while on others, prisoners could paint their own cells if they requested this. Many cells had noticeable amounts of graffiti, some obscene, on doors, walls and furniture. Many walls were covered in toothpaste residue used to display posters and

pictures. We also saw some broken furniture in cells. Some toilets and toilet screens were badly stained.

- 2.7 Rodney unit was used as an allocation unit for prisoners who had completed induction and were awaiting location to another unit. It also held a more static population, chiefly on the third floor. The unit was squalid and hygiene standards were unacceptably poor. The accommodation had no in-cell sanitation, which made it unfit for purpose. Some toilets and sinks in communal recesses were very dirty, and one toilet had no seat. Night access to communal recesses was controlled by a computer system that allowed up to four visits a night for a maximum of 10 minutes. Only one prisoner was allowed out of his cell at a time and there was a queuing system. As a result, prisoners had lengthy waits to use recesses. If a prisoner returned late to his cell, the computer denied him any further access that night. The night sanitation system was not activated until night staff had conducted their evening roll check and was switched off again at approximately 6am, although prisoners were not unlocked until 8am. This meant that prisoners did not have 24-hour access to sanitation facilities.
- 2.8 Since the previous inspection, grilles had been fitted around cell windows in Rodney unit to prevent prisoners from throwing anything out of them. However, we saw waste toilet tissue and accumulated debris behind the grilles on window ledges outside cells and on another external ledge above ground height. Water from the toilet recess had leaked into the staff office, which had been relocated, but there was still a hole in the roof and the room continued to be used for interviews. Windows in stairwells were very grubby. The flooring in communal areas was damaged in places, for example in the shower area, and although there had been attempts to keep it clean, cumulative dirt was ingrained along the edges. There were food stains on the walls behind waste bins at the end of each landing. We found dirty meal trays stacked on top of waste bins some time after lunch had finished. We found staff serving prisoners pre-packed evening meals from baskets placed directly on the floor.
- 2.9 Some cells on Rodney unit were in a poor decorative state with graffiti and stains on walls, and peeling paint on floors and pipes. In one occupied cell, the central pane of glass in the window was missing completely, and a smaller pane was partially missing with shards of broken glass. Both had been inadequately plugged with cardboard.
- 2.10 Communal areas on most of the other units were generally bright, clean and adequately maintained. There was an appropriate range of association equipment, including pool and table tennis tables, in a generally good state of repair. Some units, including Benbow and Nelson, had separate association rooms for enhanced level prisoners. Some furniture in association rooms needed to be replaced, for example, damaged chairs on Nelson unit. Enhanced status prisoners on Benbow had a small dining area and toaster.
- 2.11 The external areas were reasonably clean and litter free. The exercise yard shared by four of the main units was too small and had no seating or landscaping.
- 2.12 In our survey, 51% of respondents, better than the comparator of 43%, said their cell call bell was normally answered within five minutes, and our observations and checks concurred with these findings.
- 2.13 Although staff and prisoners were familiar with the prison's offensive displays policy, we saw many examples of posters in cells that breached the policy, which did not appear to be adequately enforced by staff. Observation panels were not obstructed.

- 2.14 Every unit held a monthly prisoner consultation meeting chaired by the unit senior officer and attended by a representative sample of prisoners. Meetings were minuted and there was a standard agenda to ensure consistency across units.
- 2.15 There had been some problems with noise through cell windows. In our survey, 60% of respondents, broadly the same as the comparator, said it was normally quiet enough for them to relax or sleep in their cell at night. However, this was worse than the 68% finding in 2007.
- 2.16 The number of telephones was generally sufficient for the population, except on Rodney unit where there were only three telephones for 72 prisoners. Not all telephones were fitted with privacy hoods, and the telephones on Beaufort were too close to each other to allow privacy. In our survey, 51% of respondents, worse than the comparator of 31%, said they had problems getting access to the telephone. Prisoners could use the telephone during the day but demand was highest during evening association, especially since the introduction of split association (see paragraph 5.40), when prisoners had limited time to make calls, use the shower and associate with their peers.
- 2.17 Letters were collected daily and, despite some difficulties with redeployment of staff, were generally delivered to units on the day they arrived. Correspondence staff censored 5% of mail each day and separated out any required to be read for public protection or security purposes and forwarded it to the relevant department. There was no upper limit on the amount of outgoing mail prisoners could send at their own cost, and they were given at least one free letter a week. There was less clarity about mail entitlements for foreign national prisoners (see paragraph 3.67).

Clothing and possessions

- 2.18 Only prisoners on enhanced or super enhanced level could wear their own clothes. Those on enhanced could only wear their own clothes on association while super enhanced prisoners could wear their own clothing only on Collingwood. All prisoners could wear their own underwear and socks.
- 2.19 In our survey, 73% of respondents, better than the comparator of 51%, said they were normally offered enough clean suitable clothing for the week. New arrivals were given one set of clothes in reception and visited the clothing exchange store the following day to receive their full kit entitlement.
- 2.20 Each unit had a laundry overseen by an appointed orderly. Not all units had irons and ironing boards. Access to laundries was equitable and each landing had a designated slot. Items not washed on the unit were exchanged at the weekly kit exchange.
- 2.21 During their first four weeks in the prison, prisoners could have a range of items posted in. After this time, items on the published facilities list had to be bought through the catalogue system and approved suppliers.
- 2.22 There was a small backlog of 11 applications to access stored property from reception, with the longest wait just over two weeks. We were told this backlog was due to recent staff sickness.
- 2.23 There was a supply of appropriate discharge clothing in reception and prisoners could apply to have their own stored clothes washed before discharge. Suitable bags were provided for prisoners on discharge.

- 2.24 Valuable property was not security marked before it was issued.

Hygiene

- 2.25 In our survey, 71% of respondents, better than the comparator of 56%, said they had daily access to showers. Shower rooms were generally of a good size with benches. Some showers had no privacy screens and many, notably on Nelson unit, had ventilation problems.
- 2.26 Many cells had basic cleaning materials, such as cleaner, toilet brushes and dustpan and brushes. However, in our survey, only 39% of respondents, below the comparator of 58%, said they normally received cell cleaning materials every week. This figure was significantly worse on Rodney, where only 19% of respondents said they received cleaning materials weekly. There was no designated domestic period in the core day for prisoners to carry out cell cleaning. Many prisoners said it was difficult to get a mop and bucket unless they were wing cleaners, and this was confirmed by unit staff. On one unit, we were told that prisoners were not allowed to use mops as too many had gone missing, and on another that they were not permitted due to concern about their potential use as a weapon. Standards of cell cleanliness varied considerably. On Grenville, staff made a recorded daily cell inspection and awarded a weekly bonus to the best cell on each landing, but this system was not common throughout the prison.
- 2.27 Prisoners had access to clean bedding at the weekly kit exchange, and our survey findings had improved since the previous inspection with 85% of respondents, compared with 77%, saying they received clean sheets every week. There was no clear system for the replacement of mattresses, and some we saw were old and worn. Prisoners were not allowed to have curtains as an earned privilege.

Recommendations

- 2.28 Adequate hygiene standards should be maintained on all units, and all prisoners should have 24-hour access to toilet and washing facilities.
- 2.29 All broken or damaged windows should be repaired immediately or these cells taken out of commission.
- 2.30 Cells designed for single use should not be used for shared occupancy.
- 2.31 All double cells should have adequately screened toilets.
- 2.32 Double cells should have sufficient furniture for both occupants, including lockable cabinets.
- 2.33 There should be a painting programme to ensure all cells are clean and free from graffiti.
- 2.34 All association rooms and furniture should be well maintained.
- 2.35 All toilets should be de-scaled.
- 2.36 The published offensive displays policy should be consistently enforced.
- 2.37 All telephones should be fitted with privacy hoods.

- 2.38 An additional telephone should be installed on Rodney unit.
- 2.39 The telephones on Beaufort unit should be moved to ensure calls can be made in private.
- 2.40 All prisoners should have the opportunity to wear their own clothes.
- 2.41 Prisoners' valuable property should be security marked.
- 2.42 Communal showers should be fitted with privacy screens, maintained in good condition and be well ventilated.
- 2.43 Staff should encourage all prisoners to keep their cells clean and provide them with sufficient cleaning materials.
- 2.44 A mattress exchange programme should be introduced.
- 2.45 Prisoners should be able to buy curtains as an earned privilege.

Housekeeping point

- 2.46 All units should have irons and ironing boards.

Staff-prisoner relationships

Expected outcomes:

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

2.47 Staff had constructive and respectful engagement with prisoners, but black and minority ethnic, foreign national and Muslim prisoners had more negative perceptions of staff.

2.48 In our survey, 77% of respondents said that staff treated them with respect, which was significantly better than the comparator of 66% and an improvement on our finding of 59% in 2007. Respondents were similarly positive about turning to staff for help: 81% said there was a member of staff they could turn to if they needed help, compared with the comparator of 69% and the 62% finding in 2007. However, findings for minorities were significantly worse. Only 63% of black and minority ethnic respondents said that staff treated them with respect and only 67% said there was a member of staff they could turn to for help, compared with 89% and 91% respectively for white respondents. Findings for foreign national prisoners were similar and those for Muslim respondents were worse, with only 54% saying that most staff treated them with respect.

2.49 There was little evidence in our survey that prisoners felt victimised or intimidated by staff, although the perceptions of Muslim and foreign national prisoners were poorer. We saw many examples of appropriate, constructive and respectful engagement. Staff appeared to know their prisoners, as shown in their first-hand knowledge and what they recorded about

prisoners. Most prisoners we spoke to were positive about the staff, and the atmosphere in the prison was purposeful, relaxed and often friendly. Our generally positive impression of relationships was consistent with the results of the prison's most recent measuring the quality of prison life (MQPL) survey of March 2008. In this survey, prisoners indicated that relationships were good, and that they were treated fairly and even kindly by staff.

Personal officers

Expected outcomes:

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

- 2.50 There was an effective personal officer scheme, built on sound staff-prisoner relationships. Personal officer entries in wing history files were good and demonstrated knowledge and engagement. Management checks of wing file entries were meaningful. There were links between personal officers and offender supervisors
- 2.51 There was a personal officer policy document dated June 2009. Prisoners were allocated to the personal officer on the unit with the lowest caseload at the time. The exceptions to this were Grenville and Rodney units, where personal officers were allocated to prisoners in designated cells. The scheme was explained on induction and well publicised around the units.
- 2.52 Prisoners knew the names of their personal officers. In our survey, 88% of respondents, better than the comparator of 66%, said that they had a personal officer, and 66%, against 61%, said that their personal officer was helpful
- 2.53 The personal officer scheme was built on sound staff-prisoner relationships. This was evidenced in wing history files, where we saw many personal officer entries that demonstrated commitment, engagement and knowledge of the individual prisoner. The exception was on Rodney unit. Although the wing file entries here were not of the same quality as on the other units, they were still reasonable. Management checks took place as required and were recorded, including additional comment where necessary.
- 2.54 Personal officers had effective and well-embedded links with offender supervisors. Personal officer entries in wing history files showed that they were aware of sentence plan targets and motivated prisoners to achieve their objectives.
- 2.55 The small number of staff from black and minority ethnic backgrounds on the residential units had been recognised by the establishment. To help compensate for this, positive role models from black and minority ethnic backgrounds had been invited in to support prisoners. This was a very positive initiative (see paragraph 8.99).

Good practice

- 2.56 *Personal officers had good links to offender management and motivated prisoners to achieve 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 Most prisoners at Portland felt safe at the time of the inspection, although nearly 40% had felt unsafe at some time. Violence reduction and anti-bullying policies were comprehensive, although monthly meetings were not always well attended. Statistical information indicated a steady level of violence, but there was little evaluation of this data to establish patterns or identify hotspots. The new anti-bullying model was not yet fully embedded. There was a seven-session anti-bullying programme for bullies but nothing similar for victims.

3.2 Violence reduction and anti-bullying work were incorporated into the wider safer custody model, which also included suicide and self-harm. The department was headed by a principal officer supported by a senior officer, who were line managed by the head of residence. There were violence reduction and anti-bullying policies, which had been updated in April 2009. The violence reduction policy was reasonably comprehensive, covered the reporting and managing of violent incidents, and incorporated links to wider aspects of safer custody, including anti-bullying and suicide and self-harm management.

3.3 Information on violence reduction and anti-bullying was widely available across all units and prisoners had a reasonable understanding of the key principles. There was also information provided during induction. Every unit had at least one, and sometimes two, violence reduction officers to offer support, information and guidance to prisoners and staff on the management of related issues. Eight violence reduction prisoner representatives had also been identified across most, although not all, units. The aim was to have two such prisoners on each unit, but this was not always possible because of the turnover of prisoners. The names and photographs of prisoner and staff representatives were displayed on wing notice boards.

3.4 Violence reduction meetings were held monthly, although attendance varied considerably. Representatives from key departments, including security, resettlement, psychology and race equality, did not always attend. Prisoner and staff violence reduction representatives were also invited but again did not attend consistently. As a consequence, reviews of issues and progress on units were often incomplete, although recent minutes showed that prisoner representatives were encouraged to take an active part in discussions.

3.5 Some statistical information on violent incidents and related activity was presented to meetings, but the level of analysis was very limited. Information was not evaluated over time, no comparative data were available, and there was no pattern or trend analysis. The basic information showed that patterns of violence had remained consistent over the previous two and a half years. In the previous six months there had been, on average, 11 fights, five prisoner-on-prisoner assaults, and two assaults on staff each month. In 2008, the monthly average had been 14 fights, six prisoner and two officer assaults and in 2007 14 fights, six prisoner and three officer assaults. These figures were broadly comparable with similar

establishments. The lack of data analysis meant that it was not possible to identify hotspots or areas of concern. Complaints relating to bullying were not routinely forwarded to the violence reduction coordinator (see paragraph 3.83).

- 3.6 In April 2009, Portland had introduced a new model of managing anti-bullying behaviour, and updated the anti-bullying policy to support this model. The previous three-stage anti-bullying model was replaced by a simpler two-stage bullying assessment team (BAT) approach. Suspected bullies were placed on stage one, which involved monitoring but no sanctions. Stage two was used only when there was specific evidence of bullying and combined a period of monitoring, usually 14 days, with one or more of a range of sanctions, including a ban on activity, reduction of incentives and earned privileges (IEP) status following a review, or removal from specific employment. The prison had recently introduced anti-bullying training for staff, which was planned to run monthly. In 2008 and the first three months of 2009, 45 anti-bullying books had been opened, averaging three a month. In the three months since April, 21 had been opened, 12 stage one and nine stage two. This increase appeared to indicate a higher profile of bullying following the relaunch rather than an increase in actual bullying.
- 3.7 There was no quality assurance of the BAT. A suspected bully had an initial investigation, usually by one of the unit senior officers. Although the violence reduction coordinator was informed of this, there was no review to ensure a consistent response or quality of investigation. The decision regarding sanctions for prisoners on stage two was determined by the unit principal officer, and there was no system to ensure that sanctions were applied consistently or fairly. Between April and June 2009, the psychology department had undertaken a comprehensive evaluation of bullying, including a survey of prisoners. The report had been published but identified recommendations had still to be agreed and implemented.
- 3.8 A dedicated violence reduction interventions coordinator worked with prisoners subject to bullying monitoring, violence reduction officers and unit representatives. The role was valued by both staff and prisoners. The coordinator offered prisoner representatives training in basic counselling and listening skills, and they could take a programme in mediation up to national vocational qualification level one. There was evidence that these prisoners used mediation in working with others in conflict on the units.
- 3.9 Prisoners subject to level two bullying monitoring had a seven-session anti-bullying programme, delivered by the interventions coordinator individually. The programme had yet to be fully evaluated but appeared to have had a positive impact. Despite this, there was relatively little for prisoners who were the victims of bullying. Although BAT monitoring books had identified care maps for victims, these tended to be basic and offered few, if any, interventions, other than monitoring, and there was no specific programme for them.
- 3.10 More survey respondents than the comparator (39% against 32%) said they had felt unsafe at some point at the prison. However, responses to most other measures of safety were similar to the comparator or better. In our survey, most prisoners said that they felt safe at the time of the inspection, though 33% of foreign nationals said that they felt unsafe at present. However, 39% of all prisoners, against the 32% comparator, said that they had felt unsafe at some point at Portland. Foreign national and Muslim prisoners were more likely than their British or non-Muslim counterparts to say that they had been victimised by staff. In general, both black and minority ethnic and Muslim prisoners were less likely than their white and non-Muslim counterparts to have felt unsafe, or to report victimisation by other prisoners.

Recommendations

- 3.11 There should be consistent attendance at the violence reduction meetings from all key departments and units.
- 3.12 There should be a quality assurance scheme to ensure the consistency of bullying investigations.
- 3.13 The sanctions given to prisoners subject to bullying assessment team (BAT) monitoring should be monitored to ensure consistency.
- 3.14 The anti-bullying model and strategy should be reviewed at least annually and recommendations should be incorporated into the continuous improvement plan.
- 3.15 There should be a programme to support victims of bullying.

Good practice

- 3.16 *The violence reduction interventions coordinator offered a range of provision to support prisoners, unit violence reduction officers and prisoner representatives.*

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.

3.17 There were appropriate suicide and self-harm prevention systems and data was effectively analysed, but recommendations from self-harm monitoring reports were not taken forward consistently. Assessment, care in custody and teamwork (ACCT) documentation and management were reasonable, but there was no effective quality assurance, and implementation needed to develop, especially on Beaufort unit, which had the majority of open ACCTs. The use of the care and control unit to manage prisoners at risk of self-harm was inappropriate, and the lack of a Listener suite was a significant omission.

- 3.18 The suicide and self-harm strategy document had been updated in April 2009. It was comprehensive and covered all key aspects of the management of risk and implementation of the assessment, care in custody and teamwork (ACCT) self-harm monitoring process. The suicide prevention coordinator was also the violence reduction coordinator.
- 3.19 The suicide prevention committee had been renamed the safer custody committee in October 2008 in recognition of the wider context of its work. The committee was appropriately constituted and quarterly meetings were generally well attended. A self-harm monitoring report, detailing patterns and trends, prepared by the psychology department, was presented

to each meeting. This information was discussed in detail and compiled into an annual report. Although a continuous improvement plan was updated monthly and reviewed at each meeting, recommendations from the self-harm monitoring report were not taken forward consistently and were often repeated from quarter to quarter. A monthly safer custody newsletter was distributed to all staff. This covered key safer custody issues and was a useful mechanism to update staff on new developments.

- 3.20 There had been 135 ACCTs, relating to 120 prisoners, opened in the first six months of 2009, which was higher, proportionately, than in previous years. There had been 191 ACCTs relating to 173 prisoners in 2008, and 195 ACCTs for 180 prisoners in 2007. At the time of the inspection, there were 14 open ACCTs, of which 10 were on Beaufort unit, which usually held about two-thirds of prisoners on open ACCTs. There were 20 ACCT assessors, with a rota to ensure that at least two were on duty. Assessors also met quarterly to discuss practice and development of the service.
- 3.21 In the previous six months, 85 staff had attended ACCT training. Night staff were appropriately trained, carried ligature knives and knew how to use them, and were clear about procedures to enter cells in an emergency. There was no mechanism to evaluate near-deaths or disseminate any learning from such an event.
- 3.22 Although the general quality of ACCT documentation was reasonable, there were considerable variations across the prison. We saw some examples of assessments reflected in care maps, which were updated following review meetings. However, in other cases assessments were perfunctory and care maps were too general. Where appropriate, mental health in-reach staff often attended reviews, as did other specialists, but this was not consistent. Although safer custody staff checked all open ACCT documents each week, as did duty governors over weekends, there was no indication that concerns were necessarily acted upon.
- 3.23 Staff on Beaufort unit had been prioritised for ACCT and mental health awareness training (see paragraph 4.43). However, there was no ongoing practice-based training for staff on the management of prisoners subject to ACCTs. Although systems were followed appropriately, interventions remained limited and too many prisoners – often those difficult to manage and motivate – were locked in their cells for long periods. There were no safer cells on Beaufort unit.
- 3.24 A gated cell on Collingwood unit was available for prisoners who required a constant watch, as were two camera cells in the care and control unit. We were concerned about the frequent use of the latter. In the first six months of 2009, 16 prisoners had been held in these cells on 24 occasions. It was not possible to check all past files, but on at least two occasions prisoners on an ACCT were moved to the camera cell specifically because of their risk of self-harming. We were not assured that this facility was used only as a last resort as, on both occasions, the gated cell in Collingwood had been available. The regime in the care and control unit offered no flexibility for such prisoners, who were among the most vulnerable in the prison.
- 3.25 Sixteen prisoners had been trained as Listeners. Access to them was relatively easy, although in our survey only 45% of respondents said they could see a Listener at any time, which was worse than the 59% response in 2007. Although prisoners could see a Listener in their cell at night, there was currently no Listener suite. The previous suite, which had not been available for two years, was being refurbished to be used again. Listeners attended the quarterly safer custody meetings.

Recommendations

- 3.26 Recommendations from the self-harm monitoring report should be taken forward consistently.
- 3.27 There should be an effective assessment, care in custody and teamwork (ACCT) quality assurance scheme, and areas of concern should be taken forward with clearly identified objectives.
- 3.28 Staff who work with prisoners subject to ACCT, especially those on Beaufort unit, should be offered ongoing training and personal development in skills to manage these prisoners.
- 3.29 There should be safer cells on Beaufort unit.
- 3.30 Prisoners should not be located in the care and control unit solely because of a risk of self-harm.
- 3.31 A Listener suite should be available.

Diversity

Expected outcomes:

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

- 3.32 The diversity and equal opportunities policy and committee were, except for race equality, oriented to staff rather than prisoners. There were no lead officers for some diversity strands. There had been some work on disability, but the number of prisoners identified as having disabilities was low, and there were no links with the healthcare and education departments. However, there had been some attempts to recognise minority groups and raise their profile.
- 3.33 There was a diversity and equal opportunities policy, updated in September 2008, that covered key aspects of diversity, including age, religion and sexual orientation. Although designed to cover both staff and prisoners, in practice there was relatively little that related to prisoners. Race and disability were covered in the generic policy but also had specific documents.
- 3.34 With the exception of race equality and disability, no lead officers or champions had been identified for key aspects of diversity. It was not known how many prisoners were in minority groups or how they were affected. Quarterly meetings of the diversity and equal opportunities committee focused primarily on staff rather than prisoner issues. Issues that covered prisoners were usually also covered in the race equality team monthly meetings or the foreign nationals committee. The prison had introduced a diversity incident reporting form for prisoners experiencing discrimination, which was based on the same model as the racist incident form, but no forms had been submitted to date.
- 3.35 The disability policy had been written in October 2008 and covered both staff and prisoners. There were two identified part-time disability liaison officers, and some work had begun in this

area. Because of the physical layout of Portland, reception criteria excluded severely physically disabled prisoners, although other aspects of disability were accommodated. New arrivals were asked to self-disclose any disability. The criteria used were broad and included learning disabilities and learning difficulties, as well as physical disabilities. At the time of the inspection, only 12 prisoners (approximately 2%) had been identified through this process, although in two recent wider surveys by the psychology department, 11% and 15% of respondents had indicated some form of disability. In our own survey, 9% of respondents said they had a disability, equating to approximately 50 prisoners, and the response from foreign national respondents was 20%. There was no mechanism for the healthcare or education departments to share relevant information with disability liaison staff.

- 3.36 A disability liaison officer saw all prisoners identified as having a disability and drew up a basic care plan/action plan. Where necessary, evacuation plans were also completed, although at the time of the inspection there were no prisoners with a physical disability requiring such a plan. There was little or no information across the establishment regarding disability, how it was managed or what was included
- 3.37 The prison had attempted to increase awareness of aspects of diversity. All staff were given a diversity, equal opportunities and race equality induction pack when they joined. There had been a lesbian, gay, bisexual and transsexual history month in March 2008, and a similar event for Gypsy, Roma and Travellers the following June. However, the distribution of documents produced for both occasions was limited and primarily to staff. In May 2009, the prison had set up a support group for Gypsy, Roma and Traveller prisoners, but the inaugural meeting had not been repeated and there were no plans for it to continue.
- 3.38 For the previous two years, the prison had produced a quarterly *Mosaic* newsletter, which contained information on aspects of diversity. The document was widely distributed. It was a positive means of raising the profile of diversity, although primarily oriented to race equality.
- 3.39 The 'challenge it, change it' staff diversity training had been introduced in January 2009. The programme was delivered monthly and 60 staff (15%) had completed it to date. Approximately three-quarters of staff had completed the previous national diversity training.

Recommendations

- 3.40 Each diversity strand should have an identified lead.
- 3.41 There should be a prisoner diversity group with an appropriately constituted membership to take forward the various aspects of diversity.
- 3.42 There should be a questionnaire or survey to establish the diversity needs of the prisoner population.
- 3.43 The mechanism for assessing disability on arrival should be improved, and initial assessments regularly reviewed.

Race equality

Expected outcomes:

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

3.44 There had been positive initiatives to address race equality, and the race equality action team was well supported, but the recommendations and findings from some initiatives needed to be taken forward. The quality of racist incident report investigations had improved and these were generally well managed. The perceptions of black and minority ethnic and Muslim prisoners nevertheless remained negative.

Race equality

- 3.45 The black and minority ethnic population was approximately 40%. There was a full-time race equality and foreign nationals coordinator who was part of the wider diversity group. The diversity manager, who had come into post shortly after our last inspection, was a governor grade and had overall responsibility for race issues. There was a comprehensive race equality policy, which was updated annually and most recently in April 2009. The race equality action plan set out key issues and how these were being addressed, but was very detailed and over 50 pages long, which meant that some issues were lost.
- 3.46 A wide range of information on race equality was displayed across the establishment, and all units had a dedicated notice board. There was an identified race equality prisoner representative on every unit, and prisoners were aware of who they were. The representatives met monthly with the race equality officer and other staff as necessary. Race was also a standing agenda item at the unit consultative meetings.
- 3.47 The bi-monthly race equality action team (REAT) was chaired by the deputy governor and well attended, often with over 20 participants, including prisoner representatives. Meetings covered an extensive range of issues, including monitoring information, updates on progress against previous concerns, and information on racist complaints.
- 3.48 The meeting examined an analysis of ethnic monitoring, by the diversity manager. This level of analysis was an encouraging improvement on that at the last inspection in 2007, including 76 different data sets. In key areas such as adjudications, use of force and basic regime, figures indicated that BME prisoners were consistently within, or slightly below range. Where there was disproportionate representation for two consecutive months or a pattern over time was identified this was highlighted and specific actions or further analysis undertaken via the REAT. As an example, BME prisoners had been identified as over-represented in the number of complaints which had resulted in more specific monitoring being undertaken (see section on applications and complaints).
- 3.49 In our survey, black and minority ethnic prisoners reported more negatively than white prisoners on 22 key indicators, and more positively on eight. Responses were negative in relation to applications and complaints, relationships with staff, and healthcare. Responses on safety, and access to education, library and the gym were more positive.
- 3.50 Although there was some monitoring with regard to religion, this was not included in the ethnic monitoring reported to the REAT. At the end of 2008, the psychology department had undertaken a comprehensive Muslim needs surveys that had been reported to the REAT. Recommendations included the need to ensure Muslim prisoners were aware of what facilities were specifically available to them with regard to practising their religion and the creation of a forum to raise awareness of Muslim issues across the establishment. These recommendations had yet to be taken forward by the REAT.

- 3.51 In our survey Muslim prisoners continued to have significantly more negative views than non-Muslims across a range of issues, responding more negatively in answers to 18 key questions, and more positively only in relation to six. As with black and minority ethnic prisoners, there were negative responses about relationships with staff: 31% said they had been victimised by a member of staff compared with only 4% of non-Muslims, only 54% compared with 81% said that most staff treated them with respect and only 69% compared with 83% said there was a member of staff they could turn to for help. However, responses on access to a religious leader, perceptions of safety and of victimisation by other prisoners were more positive than those of non-Muslims.

Managing racist incidents

- 3.52 In the first six months of 2009, 31 racist incident report forms had been submitted, which averaged around five a month and was consistent with the previous two years. The number appeared low for the size of the population. We reviewed a wide range of racist incident report forms submitted in the previous 12 months and found that the quality of investigations had improved during this time. The race equality officer investigated all reports. Responses were typewritten and respectful, and complainants were kept informed of progress throughout investigations. There was external scrutiny of investigations, initially by Nacro and, more recently, by the Dorset Race Equality Council. Learning points and recommendations from these evaluations had yet to be actioned and included in the race equality action plan.

Race equality duty

- 3.53 The prison had undertaken a range of initiatives to support race equality. Every month, 30% of unit files were evaluated and cross-referenced against race. The analysis of this information included the number of positive, neutral and negative comments, and indicated a broadly similar pattern across ethnic groups with Asian prisoners slightly more likely to receive positive and less likely to receive negative comments than white prisoners. In the previous 12 months, there had been a wide range of impact assessments, with six prisoner focus groups to support these through providing a wide range of views and perceptions. Information from these initiatives had been fed back through the REAT. Exit interviews with all prisoners leaving Portland included questions oriented to race, although these had yet to be fully evaluated.
- 3.54 In March 2009, a representative of the Dorset Race Equality Council led a training session for 12 prisoners identified as having committed offences motivated by race or having racist views to challenge their attitudes. The prison hoped to repeat this programme.
- 3.55 In spite of the positive work on race equality, in our survey the perceptions of black and minority ethnic prisoners continued to be more negative than those of white prisoners, although better than at our last inspection. Significantly fewer black and minority ethnic respondents felt that they were treated with respect by most staff (63% against 89%), said that staff were likely to speak to them during association (16% against 33%) or believed there was a member of staff they could turn to for help (67% against 91%).

Recommendations

- 3.56 The race equality action plan should set out specific short-term objectives identified through various initiatives, and the chair of the race equality action team (REAT) should ensure such objectives are monitored.

- 3.57 There should be monitoring by religion.
- 3.58 The REAT should incorporate recommendations from external scrutiny of racist incident report forms.
- 3.59 The establishment should investigate the reasons for the negative perceptions of staff held by black and minority ethnic and Muslim prisoners, and take any appropriate action.
- 3.60 Exit interviews on race should be analysed and actions incorporated into the race equality action plan.

Foreign national prisoners

Expected outcomes:

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

- 3.61 Information about foreign national new arrivals was not shared across the establishment or collated to establish patterns of concerns. Only limited information was translated into other languages, although the use of professional interpretation services had very recently increased. The foreign nationals committee met quarterly and there were monthly groups for prisoner representatives, but issues identified at meetings were not consistently taken forward and addressed. Not all foreign national prisoners received free five-minute telephone calls or airmail letters. There were links with the UK Border Agency.
- 3.62 There were 69 foreign national prisoners, which was slightly lower than the average of 80 in 2008. The foreign national policy had been updated in March 2009 and, although reasonably comprehensive, had little that was specific to Portland. For example, it did not refer to the foreign nationals support group, and the process for making international telephone calls was inaccurate.
- 3.63 All foreign national new arrivals were identified at reception and during induction were interviewed by one of the two foreign national prisoner orderlies and the foreign nationals coordinator. During these interviews, a range of information was collected and specific needs identified. However, this information was not shared with unit staff or collated to produce an overall needs analysis. There had been no separate survey or needs analysis. In our survey, foreign national prisoners had significantly more negative views than British nationals, especially in key areas of safety and victimisation – 33% of foreign national respondents, against only 12% of British nationals, said they felt unsafe currently, 31% against 18% said they had been victimised by another prisoner, and 31% against 17% that they had been victimised by a member of staff at Portland.
- 3.64 A foreign nationals committee met quarterly. Meetings were reasonably well attended and included the two foreign nationals prisoner orderlies. The meetings reviewed a continuous improvement plan, but issues raised were not consistently included in the plan. The prison had also set up a foreign nationals support group, which met monthly to address issues of concern. Although most meetings included a representative from each unit, the meeting was not open to all foreign national prisoners, who had no other specific forum.

- 3.65 Only limited information had been translated into other languages. Although there had been a recent analysis that identified the most widely spoken languages, this information was not reflected in the material that was translated. The prison had a list of staff and prisoners who could interpret. A professional translation service had been used 26 times since the beginning of 2009, although 19 of these occasions had been in the previous three months following an attempt by the foreign nationals coordinator to encourage its use.
- 3.66 At the time of the inspection, three prisoners were held solely under immigration powers. There were links with the UK Border Agency (UKBA), which held monthly surgeries open to all newly arrived foreign national prisoners as well as any other prisoner at his own or UKBA's request. In the previous three months, there had been 93 interviews in these surgeries – on one occasion, 64 prisoners were seen in one day. The prison also had some links with solicitors specialising in immigration work, including two firms based in London.
- 3.67 Although foreign national prisoners could have up to two airmail letters a month and a free five-minute telephone call in lieu of visits, this was not managed consistently. Only 22 airmail letters had been given out in the previous 18 months, and not all foreign national prisoners were aware of their entitlement. In our survey, 53% of foreign national respondents, compared with 37% of British nationals, said they had problems sending or receiving letters. Foreign national prisoners were also given two telephone cards a month to cover the cost of calls, but the time they got depended on the country where their families lived, which was a disadvantage for some foreign nationals.
- 3.68 The library had a good range of foreign language books as well as information such as prison rules translated into some other languages. However, prisoners unable to read or understand English were unlikely to know that these were available. The library also had some foreign language newspapers.

Recommendations

- 3.69 The foreign nationals policy should reflect the range of work undertaken at Portland and how it is to be implemented.
- 3.70 The role of the foreign nationals support group should be clarified, and there should be a forum for all foreign national prisoners to raise concerns and discuss their needs.
- 3.71 Information collected from foreign national prisoner questionnaires completed during induction should be shared with unit staff and/or personal officers, and should be collated to establish specific themes or concerns.
- 3.72 The continuous improvement plan should include issues raised in the foreign nationals support group or foreign nationals committee that require action.
- 3.73 All foreign national prisoners should be given free airmail letters each month.
- 3.74 All foreign national prisoners who meet the criteria for free telephone calls in lieu of visits should be able to make a call of at least five minutes duration.
- 3.75 Information about how Portland operates and the specific facilities for foreign national prisoners should be published in a range of appropriate languages.

- 3.76 The establishment should investigate why proportionately more foreign national prisoners reported feeling unsafe at the time of the inspection and take any appropriate action.

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.

- 3.77 Access to applications and complaint forms was reasonable, but there were no quality assurance schemes. Complaints statistics were compiled monthly and included ethnic monitoring, but were not analysed over time. Complaints indicating bullying were not consistently passed to the safer custody team.
- 3.78 Access to complaints and application forms was relatively easy. In our survey, 87% of respondents, against a comparator of 79%, said it was easy to get complaint forms and 90%, against 83%, said it was easy to obtain application forms. Both forms were available on the units with appropriate boxes to post complaints. Prisoners handed applications to unit staff.
- 3.79 There was a three-copy application form; one copy was kept by the prisoner, one by the unit, and one was forwarded to the appropriate department or individual. In our survey, 74% of respondents, against a comparator of 62%, said that applications were dealt with fairly. However, there was no quality assurance system and no timescale within which responses were to be completed. Some prisoners said that it could take a while for responses to be returned.
- 3.80 The complaints system was managed independently of the unit. The complaints clerk logged each complaint and forwarded it to the appropriate department for a response within an agreed timescale, depending on the type of complaint. Complaint returns and their timescale were monitored, but if the reply was an interim response there was no mechanism to ensure a full response was made. In the first six months of 2009, 637 complaints had been received, which was slightly higher, proportionately, than the totals for 2008 (1,011) and 2007 (1,087).
- 3.81 Complaints statistics were compiled each month to identify any key concerns and monitor the timeliness of responses. Ethnic monitoring was also included, identifying not only the number (and proportion) submitted from black and minority ethnic and white prisoners, but also the proportion that were upheld or rejected. This information was presented to REAT meetings. There was no analysis over time to establish specific patterns, although in the previous six months property, cash and regime activity had received the most complaints.
- 3.82 There was no quality assurance system for complaints. Although most of the complaints we looked at had been responded to appropriately, and within the agreed timescale, we found some where the complaint was not fully addressed or where the response had been inappropriate.
- 3.83 Complaint forms marked by complainants as having a racial aspect were passed to the race equality officer, but those marked as bullying were not passed to the violence reduction coordinator.

Recommendations

- 3.84 The application system should incorporate target timescales for responses.
- 3.85 There should be a quality assurance scheme for applications to ensure the consistency and quality of responses.
- 3.86 Where interim responses are given to complaints, further responses should also be monitored.
- 3.87 Monthly analysis of complaints data should be evaluated over time to establish any patterns and identify action to address these.
- 3.88 Management checks of complaint responses should be undertaken at the rate of at least 10% a month, and this analysis should be included in reports to the senior management team.
- 3.89 Any complaint concerning bullying should be passed to the safer custody team.

Legal rights

Expected outcomes:

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

- 3.90 There were no trained legal services staff. Information provided on induction was poor, and residential staff were unsure about where they should refer related queries. Arrangements for booking official visits were limited.
- 3.91 There were no legal services trained staff or facility time for this work, and very little information was given to prisoners during the induction programme. A notice published on the residential units asked prisoners with legal queries to contact their personal officer in the first instance. Some residential officers were confused about where such matters should be referred.
- 3.92 Legal visits took place on Wednesday-Friday mornings between 9am and 11am, and on Thursday and Friday afternoons between 2pm and 4pm. Bookings were taken by staff supervising these visits, which meant that they could not be booked at other times. All official visits took place in the main visits hall when domestic visits were not operating. As the number of official visits was low, they were spread out to provide privacy.
- 3.93 In our survey, only 37% of respondents, against a comparator of 58%, said that it was easy to communicate with their solicitors, and only 38%, against 66%, said that it was easy to attend legal visits. Both these findings had worsened significantly since our inspection in 2007 when there had been a trained legal services member of staff.
- 3.94 There was a comprehensive range of legal reference material and all relevant Prison Service Orders and Instructions in the prison library, which prisoners could access weekly.

Recommendations

- 3.95 There should be sufficient staff trained in legal services to meet the needs of prisoners.
- 3.96 Information about legal services should be fully explained on induction and publicised around the residential units.
- 3.97 Legal visitors should have more options to book their visits.

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.

- 3.98 Clinical staff did not have the necessary training, experience and leadership to manage safely prisoners transferred in under the integrated drug treatment system (IDTS). There were unsafe practices for treatment and monitoring. These concerns began to be addressed during the inspection. An annual mandatory drug testing rate of less than 1% indicated low availability of illegal drugs in the establishment.

Clinical management

- 3.99 Prisoners had completed detoxification before their arrival, but under the integrated drug treatment system (IDTS) the prison accepted those maintained on methadone or buprenorphine (subutex). Demand was low, with only five prisoners on maintenance regimes received in the past 12 months. At the time of the inspection, two prisoners were prescribed Subutex and one methadone.
- 3.100 We were concerned about a lack of treatment continuity and monitoring. Two prisoners maintained on Subutex were switched to methadone without consultation on arrival and one young man was administered his usual dosage of methadone after not taking his medication for six days. These were unsafe practices.
- 3.101 A GP and a band 5 IDTS nurse (who was on sick leave) had completed part one of the Royal College of General Practitioners training in the management of substance misuse, but generic nurses lacked training. Staff had little experience of treating drug dependency, and they did not receive the necessary level of management and clinical leadership. Local clinical management protocols were incomplete and had not been ratified.
- 3.102 A band 4 IDTS support worker and counselling, assessment, referral, advice and throughcare (CARAT) staff provided support to prisoners, but this was not formally coordinated with health services staff, integrated care plans and reviews had not been introduced, and there were no multidisciplinary team meetings.
- 3.103 The primary care trust's IDTS lead started addressing our concerns during the week of the inspection. An experienced IDTS nurse was made available, training for generic nurses

arranged, and appropriate IDTS procedures introduced. The management structure was also clarified.

Drug testing

- 3.104 The random mandatory drug testing (MDT) rate was 0.5% in 2008/9 and there had been no positive results since April 2009. In the previous six months there had been 17 suspicion tests, resulting in a 41% positive rate. Finds and MDT figures confirmed cannabis as the main drug.
- 3.105 MDT was well managed and monitored by two dedicated officers. Suspicion tests were conducted within the required timeframe and random testing spread throughout the month. There was risk testing for prisoners in outside work or training or on release on temporary licence, with 59 tests completed during the past six months. MDT facilities were satisfactory.
- 3.106 Supply reduction measures were proactive and discussed at drug strategy meetings, which included representation from the security department. In our survey, only 11% of respondents said it was easy to get illegal drugs in the establishment, against a comparator of 21% and the finding of 18% in 2007.

Recommendations

- 3.107 There should be a robust substance use management and clinical leadership structure.
- 3.108 The counselling, assessment, referral, advice and throughcare (CARAT), clinical substance misuse and health services should work in an integrated way to provide joined-up care. Individual care plans and reviews should demonstrate patient involvement.

Vulnerable prisoners

- 3.109 The Beaufort unit provided vulnerable prisoners with a reasonable regime and additional support. Prisoners were selected and necessary safeguards were in place. The mentoring scheme was valued and had significant potential. Reintegration from Beaufort was difficult, but there had been some successes. There were arrangements for vulnerable prisoners considered unsuitable for Beaufort.
- 3.110 There was a published vulnerability protocol, last updated in April 2009. Prisoners struggling to cope on normal location could be referred to Beaufort unit. At the time of inspection, five prisoners were awaiting interview. Following an initial interview, a board consisting of the unit manager, psychology staff and the member of staff who had completed the interview met to consider the prisoner's suitability.
- 3.111 All five prisoners awaiting referral were held on the induction unit (Grenville). Although the closure of Hardy unit had delayed the vetting of these prisoners, none had been waiting for more than two weeks. We checked on three of these prisoners and were assured that staff were aware of their needs and that they still participated actively in the regime.

- 3.112 Staff on Beaufort estimated that approximately 30% of prisoners on the unit would struggle on normal location. Only three of the 10 sex offenders in the establishment were held on Beaufort, although most prisoners on open ACCT documents were held there.
- 3.113 Prisoners on Beaufort had access to a reasonable range of activities, which included ASDAN (qualifications awarding body) accredited qualifications in working with others, improving learning and problem solving. The sessions available aimed at building self-esteem. Beaufort provided all workers for the clothing exchange stores. Subject to risk assessment, prisoners could also attend activities with prisoners from the mainstream units. However, a few prisoners were not actively participating in the regime and spent long periods locked up.
- 3.114 Some prisoners on the unit had been selected to train as mentors. There were four at the time of inspection; two were on the rail track course and not active as mentors, and the other two had the maximum of two prisoners each. The mentors provided another level of support for prisoners and all those involved were supported by staff. We spoke to a mentor and a prisoner supported through the scheme and both were very positive about their experiences.
- 3.115 Staff-prisoner relationships and staff entries in unit files were very good, and we were satisfied with the safeguards in place. Reintegration to normal location was limited, but it did happen wherever possible.
- 3.116 If a vulnerable prisoner was considered unsuitable for Beaufort, he was protected on his parent unit. There were five such prisoners at the time of inspection. We spoke to staff on the units and to some of these prisoners. We were impressed by the staff's knowledge of these prisoners and their personal circumstances. Staff had done what they could to provide them with a reasonable regime.

Section 4: Health services

Expected outcomes:

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

4.1 Prisoners had satisfactory access to healthcare services. Though the quality of care was good, staffing levels were inadequate and unable to provide a sufficient range of services. There had been improvement to the physical environment. The small team of staff was managed by a lead nurse manager who was acting up in the post temporarily. Pharmacy services were adequate but would benefit from the clear procedures and written policies. There was a waiting list for dental appointments and some equipment was unreliable. There was a good range of nurse-led clinics. Mental health services were satisfactory but were under-resourced in the provision of primary care and counselling services.

General

- 4.2 Health services were commissioned by Dorset Primary Care Trust (PCT) and provided by Dorset County Hospital NHS Foundation Trust. The prison was included in the Dorset and Somerset prison health development plan for 2009/10, which had been informed by a healthcare needs assessment from September 2008. The healthcare centre used the quality outcome framework (QOF) performance indicators to monitor the quality of its services. The prison had good relationships with the PCT with governor membership of the partnership board and lead nurse manager membership of the clinical governance forum, prison health action team and health promotion action group. However, the lead nurse manager was not a member of the prison senior management team, which inhibited effective management.
- 4.3 The primary care service endeavoured to provide a level of care equivalent to that in the wider community. The healthcare centre was supported by a full-time general practitioner and the services were led by a lead nurse manager.
- 4.4 The healthcare centre was in a recently refurbished dedicated building and all rooms appeared clean and well decorated. The refurbishment had included additional space for clinical staff, including consultation rooms and offices. The centre included a large treatment room, pharmacy, dental suite and range of offices for consultations and administration. There were healthcare information notice boards and displays in the main corridors, including some information in foreign languages. The centre used the telephone interpretation service if required.
- 4.5 There were two secure holding cells for prisoners awaiting appointments. The cells had seating but did not display information. Discipline staff escorted prisoners to attend appointments in the centre, but continued supervision in the holding cells was intermittent. On some occasions, we observed up to three discipline staff from different units, and yet on other occasions there were no discipline staff while up to 20 prisoners could be in the holding cells.
- 4.6 The treatment room was clean and well equipped, with adequate space to ensure patient privacy and dignity. Two units also had treatment rooms that were clean and well resourced.

However, medicine administration in the units and the healthcare centre needed greater privacy.

- 4.7 Prisoners were involved in the planning of their care, especially those receiving treatment and care for mental health problems. Computerised records were accessible throughout the healthcare centre, the unit treatment rooms and in reception.

Clinical governance

- 4.8 Clinical governance arrangements were in place and the lead nurse manager was represented on the Dorset community health services prison health clinical governance forum. All staff had job descriptions and annual appraisal. There were currently three vacancies, two of which were in primary mental health services.
- 4.9 The lead nurse manager was a mental health nurse who had previously led the primary care mental health team and was now acting up into the lead manager role. She was supported by three full-time band 5 level general nurses, one full-time band 5 dual-qualified nurse and one band 5 nurse who delivered the integrated drug treatment system (IDTS). The small team had been affected by the vacancies, which had reduced the capacity of the lead nurse manager to attend appropriate senior level meetings, resulting in an insufficient senior lead for primary mental health. There were five healthcare assistants and one full-time and one part-time administrator. There were no permanent discipline staff for the department, and prisoners often required management and supervision by healthcare staff, which took them away from their primary duties. There were insufficient staff to provide the range of services for prisoners, and any future absence would result in a serious deterioration of the service.
- 4.10 The staff skill mix enabled a range of nurse-led clinics to be offered. Staff training was well attended and supported, but training records needed to be kept updated and become a responsibility of one of the nursing staff. The lead nurse manager provided clinical supervision for all nursing staff. All professional registrations were appropriate and in date, and monitored by the PCT.
- 4.11 General practitioner services were provided by a full-time GP commissioned from a local practice by the PCT, who ran a clinic each weekday. Out of hours cover was provided by the same service as the local community. The dental service was commissioned by Dorset PCT and provided by a non-NHS corporate contractor for two half-day sessions a week. The contract had been extended while the service was out to tender. The current dentist had been in post for the previous six months and was assisted by a qualified dental nurse. Pharmacy services were provided by a local pharmacy supplier.
- 4.12 Prisoners had access to a chiropodist and optician who visited the prison regularly. There were arrangements for the loan of occupational therapy equipment through local NHS services when required.
- 4.13 Emergency equipment was held in the healthcare centre and on Raleigh and Beaufort units. All healthcare staff had completed mandatory life support training, including the use of defibrillators. Training records could be improved, and equipment required more frequent checking and recording.
- 4.14 SystmOne computerised records were available in all the healthcare facilities in the prison. Paper records were held in a separate room in the healthcare centre and securely maintained in accordance with the Data Protection Act and Caldicott principles for the confidentiality of

personal health information. Information-sharing protocols ensured efficient sharing of relevant health and social care information.

- 4.15 Clinical policies complied with National Institute for Health and Clinical Excellence (NICE) guidelines, but would be enhanced by application of the National Service Frameworks where appropriate. There were systems for the prevention of communicable diseases.
- 4.16 Healthcare staff attended the prisoner representative forum regularly, but there was no dedicated patients forum for prisoners. Prisoners were given information about making a complaint through either the prison or the Patient Advice and Liaison Services. There had been only seven complaints in 2008/9 and only one in the first quarter of 2009. All had been dealt with appropriately.

Primary care

- 4.17 There was a separate interview room in reception for the sole use of healthcare staff. The room was sufficiently equipped with clinical equipment and had access to SystmOne clinical records. Reception screening was well organised and assessed the immediate health and social care needs of prisoners in an environment that was private and maintained their dignity. All new arrivals received secondary screening the following day and could see the GP if required.
- 4.18 Health services were provided from 7.45am to 8pm on weekdays and from 8am to 5.30pm at weekends. Prisoners who required primary care services completed a healthcare application that was passed to unit staff and forwarded to healthcare staff. The applications were not confidential, and we saw some on the desk in the wing office. The appointment system worked adequately, but there had been increasing delay to see the GP and some prisoners had waited over a week for a routine appointment. An extra clinical session had been included in the weekly programme to address the demand for consultations. There was no trained triage nurse to improve the flow of patients requiring assessment and treatment. The number of prisoners who failed to attend appointments was at an acceptable level, and individuals were pursued rigorously by healthcare staff.
- 4.19 Healthcare staff visited the units regularly, including a daily visit to the care and control unit. Unit-based care was provided mainly for prisoners with mental health problems. Prisoners with stable long-term conditions were not prevented from being transferred.
- 4.20 Despite the small number of nursing staff, there was a good range of nurse-led clinics. These included asthma, diabetes, smoking cessation and sexual health, as well as a range of visiting specialists. Clinics were provided mainly by specialist trained staff, and in one instance by a nurse attending a specialist training course.
- 4.21 There was health promotion information, including the control of communicable diseases, in the healthcare centre and, to a limited degree, on the units, but little in the waiting areas in the centre or near the unit treatment rooms. Disease prevention programmes were available, with a good uptake of hepatitis B clinics, smoking cessation and the influenza programme. Barrier protection was available in the healthcare centre through appointment with healthcare staff, with notices indicating the procedure. Prisoners were also informed of the health risks and availability of protection, but rarely used the opportunity to see a health professional.

Pharmacy

- 4.22 The pharmacy and treatment rooms were in good order and generally tidy. Prescriptions faxed to the pharmacy for supply were not filed in the clinical record, but kept in a box file in the pharmacy room. Clinical records were filed in lockable filing cabinets, which were unlocked and had the key in the lock.
- 4.23 A pharmacist visited the prison once a month, and a technician also visited regularly. Prescriptions were supplied in a timely manner. However, patients could not consult a pharmacist as there were no pharmacist-led clinics.
- 4.24 There was a lack of clear procedures and written policies. Old policies were being reviewed, but the lead nurse manager said that staff compliance was sometimes a problem. The reference books in the pharmacy room and unit treatment rooms were out of date. Reports on pharmacy-related incidents were available for review, but the pharmacist was not always made aware of incidents. There was a joint medicines and therapeutics committee for the prison cluster, which met regularly.
- 4.25 Heat-sensitive products were stored appropriately, but staff were unaware that they should reset the maximum and minimum refrigerator temperatures after making the daily recording. We found no evidence of regular date checks of all medicines and testing strips.
- 4.26 Nursing staff administered medication twice a day, between 8am and 8.30am and 4pm and 4.30pm, through a screened hatch from the pharmacy room or hatches on Beaufort and Raleigh units. Staff were aware of the lack of patient confidentiality.
- 4.27 Medication was supplied as daily or weekly in possession. Some patients required supervised administration, but the latest that night time medication could be administered was 5pm on weekdays and 4.30pm at weekends, and so this was given in possession. There were no functioning lockable cupboards for patients to store their medication (see paragraph 2.5). Pre-packed medications were not dual-labelled, and there needed to be more use of patient-named medication.
- 4.28 Prescribing was appropriate to the population. In-possession risk assessments were made by the prescriber but not reviewed by nursing staff. There was no prescribing formulary. Medication for patients being discharged or transferred was supplied appropriately.
- 4.29 Prescriptions were computer generated on SystemOne. The doctor indicated whether the medicine should be supplied daily or weekly in possession. We were told that patients could be given opiates such as codeine three times a day not in possession and at night in possession. There were patient group directions for nursing staff to supply more potent medication than would otherwise be available without a prescriber.
- 4.30 Records of patients who did not collect medication were not always completed, although an automated reminder system was possible through SystemOne. There was no audit of the computerised records of medication given in possession, unlike paper records, which required a signature of the staff issuing the medication and a signature from the patient.
- 4.31 Controlled drugs were obtained through a signed order using a duplicate book. At the time of inspection, two nurses had checked the quantity of one of the controlled drugs, yet we

discovered that one tablet appeared to be missing. This discrepancy was reported through the standard operating procedure, but not within the required timeframe.

- 4.32 Pharmacy data and prescribing were difficult to collate as records were paper-based. However, the medicines and therapeutics committee had recently reviewed prescribing of opiate-based painkillers, but had not yet reviewed the use of general stock.

Dentistry

- 4.33 The dental surgery was in a room in the healthcare centre that was hot and airless. It had a small fan but no fresh air ventilation. The dental unit was unreliable, resulting in gaps in the clinical service. At the time of our inspection, the high-speed drill coolant system had failed and no fillings could be carried out.
- 4.34 The autoclave was fully functional and appropriately maintained, but was due for recertification, as was the X-ray machine. The amalgam/mercury separator unit and the compressor apparently worked inefficiently. Although the materials and equipment necessary for satisfactory cross-infection controls were available, recent changes to the decontamination regulations would require improvements in layout and equipment. Dental matrix bands should have been for single use only. Waste disposal appeared satisfactory.
- 4.35 Prisoners could apply for dental care through the unit healthcare applications, and were allocated an appointment. There was currently a four-month wait for non-urgent appointments. It was not possible to find out how many patients were under active treatment or were awaiting first appointment or how long their wait had been. The system needed to be reviewed and reorganised. Throughput of patients was generally satisfactory, and the problem of failure to attend was being addressed.
- 4.36 There were three designated appointment slots a week for emergency care. In the interim, patients in pain were seen by the GP and prescribed appropriate medication. There appeared to be no facility for referral to the PCT dental access service. In cases of trauma, there was referral to secondary care accident and emergency services.
- 4.37 Dental records were held both on paper and electronically on the patient clinical record. The paper records, generally appropriately annotated, were in open files that had not been appropriately segregated into active and closed cases for some time. The electronic records were well documented, but could not provide necessary management information on quantities and types of treatment.
- 4.38 It was not possible to confirm that the full range of NHS treatments was routinely offered. We noted an example of private care provided at the patient's request. There was no oral hygiene promotion, except to individual patients in surgery.
- 4.39 The dental surgery had an automatic defibrillator but no emergency oxygen. Emergency oxygen and drugs were available elsewhere in the healthcare centre.

Secondary care

- 4.40 Prisoners with outside appointments for specialist services were well managed. Administrative staff ensured that appointment waiting targets were adhered to. In the previous year, all outside appointments were inside the target time of 18 weeks, even when a cancellation had to

be made. The data was collated well and easy to analyse. Prisoners with an appointment were not moved until continuity of their care had been established.

Mental health

- 4.41 Mental healthcare had suffered from the staff shortages at the time of our inspection. Primary mental healthcare was provided by one dual-qualified nurse who had a caseload of approximately 30 patients, with one or two fresh referrals a week. A secondary care mental health in-reach team visited the prison from the provider arm of the PCT based at the local mental health unit. Prisoners with mental health problems were involved in the planning of their care and seen by two band 6 mental health nurses, who attended the prison up to three days a week each, and a clinical psychiatrist who attended once a week. There was an open referral system and patients were seen individually. There were good links with offender management, resettlement and IDTS staff to ensure that prisoners with severe mental health problems received multidisciplinary case management.
- 4.42 Prisoners did not have access to any counselling services, and although a psychologist was available they provided only two sessions a week for the whole prison cluster. There were no daycare services to help prisoners who were struggling to cope on the units. Approximately 12 prisoners a year were transferred to secure mental health units, with an average waiting time of 10 weeks. In the last 12 months, the longest waiting time for transfer had been five months.
- 4.43 Mental health awareness training for staff had commenced three months previously and had been targeted initially at staff from Beaufort unit and the care and control unit. The programme had been arranged into three modules to assist access by all prison staff.

Recommendations

- 4.44 The lead nurse manager should be a member of the prison senior management team.
- 4.45 Prisoners should have access to a GP within 48 hours, in line with the prison healthcare development plan.
- 4.46 Healthcare information should be available in the holding cells in the healthcare centre.
- 4.47 All treatment areas should be structured and managed to ensure patient confidentiality.
- 4.48 There should be sufficient discipline staff to supervise all prisoners waiting for appointments in the healthcare centre.
- 4.49 There should be sufficient primary mental health nursing services to meet the needs of prisoners.
- 4.50 National Service Frameworks should be used to influence policies and guide clinical practice.
- 4.51 There should be a prisoners health forum.
- 4.52 Health promotion literature should be widely available throughout the prison.
- 4.53 There should be a locked box on all units for prisoners to post health services applications.

- 4.54 Nurses should be trained in the management of triage, and triage algorithms should be developed to ensure consistency of treatment for patients.
- 4.55 Completed prescriptions should be promptly filed in the clinical records.
- 4.56 A pharmacist or technician should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review.
- 4.57 The medicines and therapeutics committee should formally review and adopt all procedures and policies, and all staff should read and sign the agreed adopted procedures.
- 4.58 Patients with in-possession medications should be provided with lockable cupboards in cells.
- 4.59 The in-possession risk assessments of each drug and patient should be documented, and reasons for the determination recorded by the most appropriate staff.
- 4.60 There should be full and complete records of administration of medicines, including all occasions where the patient refused medication or failed to attend, and problems with drug compliance should be followed up where appropriate.
- 4.61 Patients should sign for medicines supplied on a weekly basis.
- 4.62 Controlled drugs should be stored in cupboards that meet the requirements of the controlled drugs (safe custody) regulations.
- 4.63 The medicines and therapeutics committee should review the use of general stock.
- 4.64 The new dental contract should be in accordance with the requirements of the current provisions of the NHS General Dental Services contract for the availability of dental care, appropriate management systems and procedures.
- 4.65 There should be sufficient resources to increase dental clinical time and reduce the backlog of patients.
- 4.66 The dental suite should comply with current decontamination regulations.
- 4.67 The dental X-ray, autoclave and compressor equipment should be repaired and recertified following an engineers report.
- 4.68 The dental suite should have consistent fresh air ventilation.
- 4.69 Prisoners should have access to general counselling services.
- 4.70 There should be daycare services for prisoners who have difficulty coping on the units.

Housekeeping points

- 4.71 Healthcare staff training records should be maintained and regularly updated.
- 4.72 Defibrillator checks should be recorded daily.

- 4.73 Pharmacy reference books should be in date and old copies discarded.
- 4.74 The maximum and minimum temperatures of the drug refrigerators in treatment rooms and the pharmacy should be recorded daily and then reset to ensure that heat-sensitive items are stored within the 2–8°C range.
- 4.75 All pre-packed medications should be dual labelled.
- 4.76 There should be regular date checks of all medicines and testing strips.
- 4.77 The use of patient-named medication should be encouraged.
- 4.78 Prisoners should be offered oral health promotion.
- 4.79 Dental matrix bands should be for single use only.

Section 5: 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.

5.1 The learning and skills and work provision met the needs of the population. There were sufficient activity spaces and prisoners were offered a wide range of activities. Most employment areas offered opportunities to gain vocational qualifications, although there was little above level two. The learning and skills provision was well managed with a strong focus on resettlement and employability. Achievement rates for learners were high and the quality of work was good. Punctuality needed improvement. The library facilities were good and well used.

5.2 The learning and skills provision was delivered by three external providers in conjunction with instructors from the prison. Strode College and A4E provided some of the vocational training, literacy, numeracy and English for speakers of other languages (ESOL), and classes in personal development and social integration. Tribal provided the initial assessments and advice and guidance. Vocational training was taught by prison instructors and external providers. The head of reducing reoffending was responsible for this area of work.

5.3 The provision of learning and skills had greatly improved since the last inspection. There had been a comprehensive needs analysis of prisoners to ensure the provision for learning and skills matched need. There was a strong focus on education and training and an emphasis on resettlement. Learning and skills were well managed. There were 611 activity places, which catered for the current population. Most prisoners were in full-time education or vocational training and only a small proportion, around 7%, were in work activities that did not lead to qualifications (such as the laundry, recycling and clothing exchange). Only around 16% of prisoners were engaged in work on the units. Unemployment was very low at around 1%.

5.4 The range of work and vocational training activities was good and included motorbike repair and maintenance, motor vehicle engineering, construction skills, catering, horticulture and hard landscaping. New vocational areas had recently started in rail track laying and repair, barbering and radio presenting. All vocational areas were well equipped and the standards of work were good. Achievement rates on vocational courses were high at over 90%.

5.5 Allocation to activities was informed by induction. Waiting lists for courses were well managed and priority was given to individual needs. Induction and initial advice and guidance were thorough, and all new arrivals were given a robust initial assessment to establish any support needs for literacy, numeracy, language and dyslexia. Support for those who required it was given on the units as well as in the workshops and vocational areas, where it was well integrated. Prisoners were informed about learning and skills opportunities through induction, posters and a regular bi-monthly newsletter produced by prisoners.

- 5.6 All prisoners could take part in a range of education courses. Around 36% of prisoners were taking educational qualifications, although many were on short courses. Eleven prisoners were taking distance learning and Open University courses, appropriately supported by staff from the education department. However, there was inadequate provision for qualifications beyond level two in many areas. Much teaching went beyond this level, particularly in vocational areas, but was not accredited. There was a well-run ESOL programme for the large proportion of foreign national prisoners who needed language support.
- 5.7 Waiting lists for most courses were well managed. Learning plans had clear long-term targets, although many had inadequate short-term targets to aid progression. Prisoners often arrived late for classes and vocational training sessions and were sometimes escorted back early due to regime requirements. Attendance was good at over 80% in most areas.
- 5.8 Teaching and learning were good, and education staff and vocational training instructors were knowledgeable and well qualified. Prisoners and tutors demonstrated a high level of respect for each other. Quality improvement arrangements, including self-assessment, were good, as was action planning, and the prison had taken effective steps to improve provision. There were links with a variety of well-known personalities, who helped to inspire and encourage learning.
- 5.9 Data on equality and diversity for participants in education and work was routinely analysed and used to inform management decisions, although not to analyse achievements. Pay rates were equitable between different activities and did not deter prisoners from accessing education.

Library

- 5.10 Library services, provided under contract with Dorset County Council library services, were good. All new arrivals were given an induction to the library, and visiting times were well managed and promoted. The library was well organised and managed by a qualified librarian supported by an assistant and a reading development worker. A prison officer trained in library services was employed full time, together with a relief library officer, to provide the required level of security cover during opening hours.
- 5.11 Use of the library was good and averaged 276 visits a week. Around three-quarters of prisoners visited the library regularly, and monthly book issues had doubled in the past 18 months to over 1,200. Timetabled sessions were dedicated to specific residential units, training workshops and work groups. This provided good opportunities to visit the library, although opening hours did not extend to the weekends or, for most prisoners, to the evenings.
- 5.12 The library was a pleasant environment for prisoners' recreational reading and research, including the use of computers. It had an adequate stock of books and dictionaries in foreign languages to meet the need of foreign language speakers. The library was well resourced for easy-reader and talking books to support prisoners with low literacy skills. It held an adequate selection of newspapers and magazines, including those in foreign languages. There was a range of subjects for recreational reading and a variety of materials to support academic and vocational training programmes. Library staff responded promptly to prisoners' requests for specific books and orders came through quickly. Annual book loss was high at 8%.
- 5.13 The library offered Storybook Dads and family reading days. There were good links with the prison's Toe-by-Toe scheme, and there was also a Read Assist scheme for prisoners with low reading skills. The library held a full range of legal textbooks and copies of mandatory Prison

Service Orders, which were accessible to prisoners. There was computer access to the Citizens Advice Bureau self-help website.

Recommendations

- 5.14 Prisoners should arrive and leave education and vocational training classes on time.
- 5.15 Prisoners' learning plans should have clearer short-term targets.
- 5.16 The prison should introduce level three progression courses across the learning and skills provision.
- 5.17 Library opening times should be extended to include weekends.
- 5.18 The library book loss should be reduced.

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.

- 5.19 PE resources were generally satisfactory, and the new gym was particularly good, but there was insufficient use of outdoor PE, apart from football. Prisoners had adequate access to the gym, and recreational PE was satisfactory. The range of vocational training programmes offered in PE was narrow, although achievement rates were high. The football academy was well run and helped to inspire and motivate prisoners and staff.
- 5.20 Physical education facilities were satisfactory, and the new gym and classroom were particularly good and well equipped. Provision included two fitness centres and a sports hall, a grass sports pitch and a swimming pool. A newly-laid outside sports area had just been finished but was not yet in use. There was a reasonable range of cardiovascular and resistance machines, and weight-lifting equipment. The equipment was well maintained and adequately staffed.
- 5.21 Access to the gym and recreational PE was satisfactory, although there was insufficient use of outdoor PE, apart from football. Specific sessions were allocated to prisoners requiring remedial work, and there were good links with health services. Gym inductions for new arrivals included appropriate evaluation of their fitness and health.
- 5.22 The range of PE courses offered was narrow, although retention and achievement were high. Accredited courses included level one and two gymnasium instructor, level one diet and nutrition, level one football coaching certificate, and sport coaching skills in weight lifting and volleyball. Education staff provided literacy and numeracy support where required.
- 5.23 There was a strong emphasis on football and 23 prisoners were currently on the football academy programme. This programme was well organised and had gained a high profile in the prison with a well-known ex-footballer currently filming a programme for television. Prisoners

on this programme were well motivated and inspired, although they had limited access to drinking water.

- 5.24 Clean sports kit and towels was issued on the wings if required. There were sufficient showers for the number of prisoners using the facilities. Records of accidents, injuries and assaults were thoroughly recorded, and any follow-up was appropriately addressed.

Recommendations

- 5.25 There should be a wider variety of outdoor PE provision.
- 5.26 The prison should introduce a wider range of PE courses at all levels.

Housekeeping point

- 5.27 Prisoners should have access to drinking water during physical exercise.

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.

5.28 The chaplaincy was visible around the prison and had a positive team approach. Attendance at the main services and Friday prayers was good, and the team offered a range of faith-based groups as well as one-to-one work. Most prisoners believed their religious views were respected, although community links were underdeveloped and some facilities required refurbishment.

5.29 There was a good-sized chaplaincy led by a full-time coordinating chaplain and two other full-time chaplains, one of whom was the imam. Other Christian denominations and faiths were well represented by part-time and sessional chaplains, and there was evidence that the chaplaincy took a positive team approach. The chaplaincy shared statutory duties, and the team was represented at significant policy meetings in the establishment. Sessional chaplains felt included and part of the team, although some lived some distance from the prison or were required to cover a number of establishments in the south west. We observed that the chaplaincy had a high profile around the establishment, and chaplains were generally well known to prisoners. In our survey, 74% of Muslim respondents said that they were able to speak to a religious leader if they wanted to, compared with 53% of non-Muslims, although only 43% of foreign national respondents said they could do so.

5.30 About 80 to 90 prisoners attended the Christian ecumenical service held on a Sunday and the Catholic mass, and about 90 Muslim prisoners attended Friday prayers. The chaplaincy also provided faith-based groups through the week that included periodic services for minority faiths, two Qur'anic study groups, discussion and meditation groups, and Christian faith and Bible study groups, as well as one-to-one counselling and bereavement support. In our survey, 59% of respondents said that their religious beliefs were respected, which was better than the comparator of 49% and the finding of 42% in 2007. These positive findings were consistent across ethnic and religious minorities.

- 5.31 The chaplaincy team saw all new arrivals individually on induction and provided written information, including a useful and well-produced document that introduced prisoners to concepts such as cultural understanding, ethnicity, nationality and religion. In our survey, however, only 32% of respondents said that they saw a religious leader within 24 hours of arrival, which was worse than the 47% comparator and the 53% finding in 2007.
- 5.32 There were reasonable resources, including meeting and multi-faith facilities, but the main chapel, a traditional 19th century structure, was in a poor state of repair and required significant refurbishment and modernisation. The Muslim prayer room, on the ground floor of Drake unit, was a reasonable facility of sufficient size, with carpets and ablutions.
- 5.33 The chaplaincy had some links with the community, and some volunteers and community groups or churches attended services. There were links with the Feltham Community Chaplaincy that could assist a few prisoners returning to London on release. There had also been efforts to encourage pastoral visits from the community for prisoners planning their resettlement. Beyond this, resettlement work was limited, and community links on behalf of Muslim prisoners, in particular, were underdeveloped.

Recommendations

- 5.34 The prison chapel should be refurbished.
- 5.35 The chaplaincy should further develop and coordinate community links.
- 5.36 The chaplaincy should develop, clarify and better coordinate its contribution to the prison's resettlement work.

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.

- 5.37 Prisoners had less time out of cell than was published, although few were locked up during the core day and association was rarely cancelled. Almost all prisoners could access activity, but arrangements for exercise were poor.
- 5.38 The prison reported a time out of cell figure of just less than 8.5 hours a day for the year to date, with a similar figure for 2008/9. However, the core day routine suggested that, in practice, it was difficult for a prisoner to be out of cell for much more than 7.5 hours, and this was probably the experience of most prisoners. There was evidence of over-reporting of time out of cell on some units, although this appeared to be due to ignorance of systems and definitions in recording arrangements rather than a deliberate attempt to inflate figures or outcomes. In our survey, 6% of respondent said they had access to 10 or more hours out of cell, below the comparator of 9%.
- 5.39 A random roll check undertaken during the working part of the day revealed just 44 prisoners locked in cell. In the great majority of cases, their absence from activity could be explained individually, and this confirmed that the prison was able to provide near full employment and activity.

- 5.40 There was a two-hour period of evening association on each unit, Monday to Thursday. Most units were split to give each half up to one hour's association. Although this arrangement was hardly ever cancelled, there was evidence of regular slippage in the regime, notably in the evening, which curtailed access to 50 minutes or less. There was additional association on Friday afternoons and at weekends during the day. In our survey, 63% of respondents confirmed that they went on association five or more times a week, compared with the 40% comparator and the 30% finding in 2007. There was little additional domestic time in the core day for prisoners to access amenities such as telephones and showers.
- 5.41 Only a few prisoners, mainly unit cleaners and those not attending activity, could have 30 minutes exercise daily. Most people in the prison believed that the walk to and from work constituted daily exercise in the open air. In our survey, only 19% of respondents said they could exercise three or more times a week, which was significantly worse than the comparator of 41%. The exercise yard was small, featureless and a poor facility.

Recommendations

- 5.42 Time out of cell should be recorded accurately.
- 5.43 The prison should conform to the unlock and lock up timings and the other requirements listed in its published core day.

Section 6: 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. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 The security department dealt effectively with a large number of security information reports. The establishment was alert to gang issues, although this was not considered a significant problem. Search targets were routinely achieved. Rules of the establishment were fully explained on induction. Security procedures were proportionate.

Security

- 6.2 The security committee, chaired by the head of security and operations, met monthly and was well attended. There had been no serious incidents since a roof climb approximately 18 months earlier.
- 6.3 The department was busy and had dealt with approximately 52 security information reports (SIRs) a week in the first six months of 2009 – 107 had been mobile telephone related and 88 drugs related. We reviewed a random selection of SIRs and found that they had been submitted by staff from a wide range of departments and that the information was not purely observational. All the SIRs we looked at had been processed effectively and without undue delay.
- 6.4 Three gang-related SIRs had been received in June 2009. The establishment was alert to this issue and had developed links with the police through Operation Trident and the security department at Feltham. There was a database of gang members and those with allegiances, although gangs were not thought to be a significant problem at the time of inspection. Three SIRs since the start of 2009 had been referred to the radicalisation department in Prison Service HQ, but there had been no SIR since April 2008 on prisoners being bullied to convert to Islam.
- 6.5 Residential staff completed routine searches, and the establishment had consistently met its quarterly target for completion of these. Managers monitored 10% of all searches to ensure that they were completed correctly. Target searches and reasonable suspicion mandatory drug tests were routinely completed.
- 6.6 There were no banned visitors at the time of inspection, but 17 prisoners were on closed visit restrictions. Security committee meetings reviewed prisoners subject to closed visits, and residential staff regularly attended and contributed to these reviews.
- 6.7 Security procedures were proportionate and did not adversely affect the regime for prisoners.

Rules

- 6.8 Rules of the establishment were fully explained on induction and included in the compacts that new arrivals were expected to sign.

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.

- 6.9 The number of adjudications was not excessive, and hearings were well conducted, although some punishments were inappropriate. Minor reports were not used excessively and punishments were proportionate. The use of force and special accommodation were high. Monitoring of use of force incidents was not robust, and not all planned incidents were videoed. We were not assured that staff took opportunities to encourage prisoners in special accommodation to return to normal location. Not all care and control unit staff had received mental health awareness training. The unit was clean, but the regime was very poor and reintegration plans were limited. Prisoners were routinely strip searched on entry to the unit, and were not always issued with normal furniture. There were some informed entries by visitors in unit history files, but unit staff entries lacked evidence of engagement.

Disciplinary procedures

- 6.10 There had been 719 adjudications in the first six months of 2009, an average of 27.5 a week, which was not excessive for the size and nature of the population. Adjudication standardisation meetings took place bi-monthly and were minuted. Punishment tariffs had been reviewed in October 2008. There were copies of the tariffs in the unit offices and the library, although prisoners were generally not aware of this.
- 6.11 The adjudication room was in the care and control unit (CCU). It had ample natural light, a fixed alarm point, and writing paper and a pen for the prisoner. The senior officer from the CCU coordinated hearings, and the reporting officer was also usually present.
- 6.12 We observed two adjudications. The prisoner was addressed respectfully and the hearing was conducted fairly. The prisoner was given every opportunity to challenge the evidence and put across his version of events. If a charge was found proved, the prisoner was given details of his punishment and the appeal process. There were no attempts at intimidatory tactics.
- 6.13 Our review of documentation from completed adjudications confirmed that charges had been fully investigated, although the adjudicator's handwriting was often difficult to read. Requests for witnesses or legal advice were considered and dealt with appropriately.
- 6.14 Published punishment tariffs included forfeiture of tobacco, and we saw examples where this had been imposed. Although we were told that this was normally only used when a prisoner served cellular confinement, it was unfairly harsh for prisoners who smoked.
- 6.15 For relatively minor misdemeanours in the gymnasium, PE staff had been removing prisoners' health and safety admission cards. This effectively banned them from the gym without the

safeguards of a formal system, although we were satisfied that this practice had stopped just before the inspection.

- 6.16 There was a minor report system on each unit. An analysis of minor reports for the three months to June 2009 showed there had been 267 reports in that period. We checked minor reports on each unit and found that they were not used excessively and punishments appeared proportionate.

The use of force

- 6.17 At the end of May 2009, 89% of staff had been trained in basic control and restraint (C&R) refresher against a target of 80%. There had been 112 use of force incidents in the first six months of 2009, of which 89 involved C&R. The number of use of force incidents in 2008 was 250. Overall, the use of force at Portland was high.
- 6.18 Following a use of force incident, a member of staff in the CCU carried out an initial check of the documentation before the orderly officer completed a final check. The use of force committee, which met monthly and was chaired by the deputy governor, also sampled use of force documentation to quality assure it. However, published minutes from the use of force committee meetings did not assure us that the high level of force had been recognised. There was some monitoring, although this was not as robust as we have seen at other establishments with similarly high levels – for example, there was no monitoring of the names of individual staff involved in use of force incidents to identify any patterns.
- 6.19 The standard of use of force documentation was good, and staff statements gave an account of the events leading up to incidents and their involvement. Though the number of incidents was high, we saw nothing to indicate that force had been used inappropriately and there were several documented examples where de-escalation techniques had been used. An injury to inmate form (F213) was correctly filed with all use of force documentation. However, a number of planned incidents had not been videoed.
- 6.20 There was one special cell in the CCU, which was clean and had sufficient natural light. The cell had been used 36 times in 2008 and 10 times since the start of 2009, which was high, although the reasons for the use of special accommodation appeared to be justified, and the standard of documentation was in order. Of the 10 uses in 2009, three exceeded four hours and the average was 4.2 hours. The longest recorded occasion involved a prisoner on a dirty protest who remained in the cell for 16 hours and 55 minutes.
- 6.21 Prisoners were routinely strip searched on location into the special cell, but loss of normal clothing was subject to risk assessment. Monitoring entries generally supported the length of time prisoners were held in these conditions, but they did not provide assurance that staff always engaged positively with the prisoner to encourage his return to a normal cell.

Segregation unit

- 6.22 The stand-alone care and control unit (CCU) was a relatively recent addition, and was in a secure area away from the residential units. Accommodation was on two levels. The top landing was galleried, which ensured good sightlines, and supervision was further assisted through CCTV, which could be monitored from the unit office. Accommodation included 10 normal cells, two of which were fitted with reduced risk fixtures and fittings and were monitored by CCTV. There was also a special cell, holding room, servery, shower, two small exercise yards, and an adjudication room, staff offices and facilities.

- 6.23 There was a staff selection policy for the unit. Although mental health awareness training had been prioritised for staff, not all had completed it.
- 6.24 Normal cells, except for the two reduced risk cells, were fitted with in-cell electricity, a fixed metal bed and an in-cell sanitation unit, which had been carefully positioned to ensure privacy. Two cells had wooden furniture and the rest had cardboard furniture. We were told that prisoners were initially placed into a cell with cardboard furniture overnight and then moved to a cell with normal furniture if deemed suitable, but we were not assured that this always happened.
- 6.25 In the three months April to June 2009, the unit's average unlock roll each morning was just over three. Since the start of 2009, there had been 62 prisoners segregated under good order or discipline (GOOD) and just two prisoners held for their own protection. Two prisoners segregated under GOOD had remained in the CCU for considerable periods, 114 and 83 days respectively. There were no prisoners in the unit at the time of inspection.
- 6.26 All areas in the unit were clean and well presented. Cells were freshly painted with no graffiti, and had a copy of the CCU routine, toiletries, bedding and sterile clothing ready for the next occupant.
- 6.27 The CCU regime was extremely limited, and we saw no evidence that it operated other than as a typical segregation unit. All prisoners located to the unit were subject to a routine strip search without a risk assessment. Access to showers and telephone calls was limited to just three days a week, and occupants were not allowed to attend offending behaviour or other courses. Despite the in-cell electricity, no prisoners, even long stayers, could have a television or their own radio, although wind-up radios were provided. Education staff attended each weekday afternoon and encouraged occupants to participate in in-cell education, and exercise was offered every day. Overall, the regime was very poor.
- 6.28 Reviews were completed on segregated prisoners as required and were well attended. We saw no evidence of plans to aid reintegration to normal location.
- 6.29 Entries in unit history files were better than average, mainly due to some good comments by visitors, such as health services staff and the Independent Monitoring Board (IMB). Entries by regular CCU staff were frequent but routinely lacked evidence of engagement with the prisoner.
- 6.30 Statutory visitors, including a governor, chaplain and medical professional, visited every day and signed the unit's register. A member of the IMB also attended regularly.

Recommendations

- 6.31 Loss of tobacco should not be given as an adjudication punishment.
- 6.32 The use of force committee should routinely monitor the names of staff involved in use of force incidents and investigate where the same member of staff is involved in a significant number.
- 6.33 Planned control and restraint (C&R) interventions should be routinely video-recorded.
- 6.34 Prisoners should not be routinely strip-searched on location into special accommodation.

- 6.35 Staff should engage positively with prisoners in special accommodation to encourage a return to normal location.
- 6.36 Staff in the care and control unit (CCU) should complete mental health awareness training.
- 6.37 Prisoners in the CCU should have access to normal cell furniture, subject to risk assessment.
- 6.38 Prisoners should be transferred out of the CCU at the earliest opportunity.
- 6.39 The level of search for prisoners located on to the CCU should be determined by risk assessment.
- 6.40 Prisoners in the CCU should be allowed daily access to showers and telephones.
- 6.41 Prisoners segregated under rule 49 should be able to use the in-cell power for their own radios and CD players, subject to compliance and good behaviour.
- 6.42 Subject to risk assessment, segregated prisoners should be encouraged to attend off-unit activities as part of an active reintegration plan.
- 6.43 Care and control unit staff entries in unit history files should provide evidence of engagement with prisoners.

Housekeeping points

- 6.44 Punishment tariffs should be publicised to prisoners.
- 6.45 The handwriting in records of adjudication hearings should be clear and legible.

Incentives and earned privileges

Expected outcomes:

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

6.46 The incentives and earned privileges (IEP) scheme was well understood and seen as a motivational tool to improve behaviour. Many prisoners had attained enhanced or super enhanced status, which had a range of benefits, including pay bonuses. Few prisoners were on the basic regime, under which in-cell power was withdrawn after 8pm. Unit staff written comments praised positive behaviour, and written behaviour warnings were issued to prisoners who failed to engage with the regime. There were solid monitoring arrangements.

6.47 The incentives and earned privileges policy (IEP) had been revised and published in January 2009. The scheme was well deployed and understood by staff and prisoners. New arrivals signed a compact that if they failed to engage with sentence planning arrangements they could not be considered for the enhanced level. Prisoners transferring in on the enhanced level from

other prisons could retain their privileges when confirmation was received from the transferring prison, although this could take several days.

- 6.48 There was a four-tier incentivised system, which included a super enhanced category. Collingwood unit was reserved for super enhanced prisoners, who had access to a music and TV room and a communal laptop computer. Benbow unit had two landings reserved for enhanced prisoners, some of whom were hoping to be considered for Collingwood.
- 6.49 Bonuses were paid to prisoners on super enhanced, enhanced and standard levels, which prisoners thought was motivational. Super enhanced and enhanced prisoners also had the facility, on application, to transfer private cash, over the mandatory limit, into their spending account. Standard and basic prisoners could only transfer their basic pay plus the IEP bonus for standard prisoners. Enhanced prisoners received two privilege visiting orders and standard prisoners received one. Other enhanced prisoner privileges included 24-hour access to in-cell TV. Super enhanced prisoners could wear their own clothes, and enhanced prisoners on Collingwood unit could wear their own clothes while on association only (see recommendation 2.40). Super enhanced and enhanced prisoners were also considered for community visits once their eligibility date had been passed. We were concerned to note that prisoners on basic had their in-cell power turned off at 8pm each evening.
- 6.50 We sampled a large number of unit history files that indicated that the IEP scheme was managed appropriately. Staff were encouraged to make positive comments about prisoners' behaviour, and this approach was embedded. Red entries indicated poor behaviour, and three entries led to an IEP review. Specific incidents of violence resulted in an extraordinary IEP review. Written behaviour warnings were given to prisoners. We noted many cases where disengaged prisoners had developed a more positive attitude after staff encouraged them to meet IEP targets. We also noted instances where staff had been flexible in giving prisoners final opportunities to improve their behaviour, as well as many cases where staff encouraged prisoners to apply for enhanced status. There was an appeal system, and appeals were considered by residential governors. Approximately 15 written appeals had been received in the previous six months.
- 6.51 While 47% of the population were classified as enhanced level, only 1.5% (eight prisoners) were on the basic regime. Staff completed a basic monitoring booklet each day for prisoners on the basic regime. Individual targets were set with them and their compliance with the targets was recorded. We saw cases where prisoners were restored to the standard IEP level when their behaviour had improved, and targets were completed ahead of the formal review period.
- 6.52 IEP levels were subject to robust diversity monitoring, which was reported to the race equality action team. Prisoners' files recorded regular checks by senior officers, although these did not always take place monthly.

Recommendations

- 6.53 Prisoners on the basic regime should not have their in-cell electricity turned off.
- 6.54 Monthly incentives and earned privileges (IEP) checks should be recorded in all unit history files.

Good practice

- 6.55 *The IEP scheme was well integrated and well understood by prisoners and staff. It operated as an effective mechanism for improving behaviour.*

Section 7: 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.

- 7.1 The catering manager had worked hard to improve prisoner perception of the catering, and initiatives included a cultural awareness meeting. The quality of food was good, and survey findings had improved since 2007. However, the cold evening meal was very unpopular, breakfast packs were not issued on the day they were to be eaten, and the lunch and evening meals were served too early. The kitchen and serveries were very clean.
- 7.2 The catering manager had been in post for 12 months but had worked as a caterer at Portland for the previous five years. Six other caterers included two deputies and two part-time staff who worked in the officers' mess. The kitchen also employed up to 24 prisoners and needed a minimum of 15 per shift. Prisoners could attain a national vocational qualification level one, and there was a full-time assessor from Strode College. There was a classroom in the main kitchen. Seven prisoners were working towards this qualification at the time of inspection and five had been submitted for certificates.
- 7.3 The kitchen was very clean and well equipped. There had been recent investment in new equipment, and everything was in working order. Unit serveries were also clean and several had been replaced in the previous year. Prisoners received food handling training during induction. Servers were appropriately dressed in protective clothing at all times. Temperatures of food were recorded as required immediately before service.
- 7.4 Arrangements for the storage, preparation and serving of halal food were sound. Freezers and refrigerators in the kitchen had clearly marked shelves for its storage, and utensils were clearly marked and kept in separate lockable cabinets.
- 7.5 There had been a catering survey at the start of 2009 and the findings had been analysed by the psychology department. One of the issues identified was that prisoners did not like the cold choice only for the evening meal. We received similar complaints in our groups. In our survey, 36% of respondents, against the comparator of 26%, said the food was good, and there were no significant differences between ethnic groups. All related responses had improved significantly since our survey in 2007. We sampled the food and found the quality was good.
- 7.6 Prisoners were given breakfast packs each evening, including UHT milk, which many ate that night. The only hot meal was provided at lunchtime when there were five choices available. There were four cold choices for the evening meal. Both the lunch and the evening meal were scheduled to be served too early, at 11.30am and 4.30pm. We saw the lunch meal served at 11.25am on Grenville unit. Only a few prisoners could dine in association, the rest had to eat in their cell.
- 7.7 The catering manager had worked hard to improve prisoner perception of the food. While there were some unanswered complaints in food comment books, the catering manager regularly attended the serveries to speak to prisoners during the food service. He also visited the units

during association and had run some consultative groups to get prisoners' opinions on food. He also routinely contributed to the induction programme and encouraged prisoners to report directly to the kitchen if they wanted to raise concerns.

- 7.8 The catering manager had also introduced monthly cultural food meetings, in which he provided three sample dishes for prisoner representatives. He had also encouraged prisoners to provide recipes for him to try – at least one had proved so popular that it had been included on the menu. There was a good choice of cultural dishes on the menu.

Recommendations

- 7.9 The establishment should provide hot choices for the evening meal.
- 7.10 Breakfast packs should be issued on the morning they are to be eaten.
- 7.11 The lunch meal should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm.

Housekeeping point

- 7.12 Food comments books should be checked weekly, and complaints investigated and responded to.

Good practice

- 7.13 *The monthly cultural food meetings offered effective consultation with prisoners and had led to changes in the menu.*

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.

- 7.14 Prisoners were dissatisfied with many aspects of the prison shop service. Although there was a good range of items on the shop list, new arrivals could wait nearly two weeks before they could use the shop. Missing items were not always replaced within an acceptable timescale, and alternatives were not routinely offered for out of stock items. Prisoners had not been able to make catalogue orders for nearly four months, and the range of catalogues was limited.

- 7.15 The supplier for the prison shop had recently changed from Aramark to DHL. Prisoners were unhappy with the new service, which was confirmed in our groups and the published minutes from prisoner consultative meetings.

- 7.16 Before the change in supplier, the establishment had consulted with prisoner representatives from the REAT and the consultative committees, and a shop list with 375 items had been agreed. The list gave prisoners with a good selection of goods, including fresh fruit and tinned items. In our survey, only 25% of black and minority ethnic respondents, against 56% of white

respondents, said that the shop sold a wide enough range of goods to meet their needs. However, the shop list included a good range of black and minority ethnic specific hair and skin products, as well as religious items and airmail stamps.

- 7.17 Order forms were issued on Friday and collated on Monday morning. Orders were placed in sealed bags and given to prisoners on the following Friday. They had to check the items before breaking the seal. New arrivals who arrived at the beginning of the week had to wait nearly two weeks before they could spend money at the shop. There was no arrangement for late orders to be faxed through.
- 7.18 DHL staff carried a small selection of key items to rectify errors, but this was limited. Any missing items that could not be replaced immediately were not replaced until the following week, although orders were bagged up at The Verne, which was just a couple of miles away. Neither did DHL routinely provide alternatives to out of stock items. Instead, prisoners had to go without and were not able to spend the remaining money until the following week.
- 7.19 Following the change of provider, all catalogue orders had been suspended. During the week of inspection, DHL was reintroducing one catalogue, which was the first opportunity that prisoners had had to place catalogue orders since the second week in February, almost four months earlier. DHL was only planning to introduce the one catalogue in the short term, which significantly limited choice for prisoners.
- 7.20 Hobby materials were available on the shop list, and prisoners could buy newspapers and approved magazines.

Recommendations

- 7.21 **New arrivals should be able to receive shop orders in their first week.**
- 7.22 **Items missing from shop orders should be replaced by the end of the next full working day.**
- 7.23 **DHL should routinely offer alternatives for out of stock items.**
- 7.24 **Prisoners should be consulted about the range of catalogues, which should be increased to meet their needs.**

Section 8: 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.

- 8.1 The resettlement strategy was limited but prisoners had access to good resettlement resources, and there had been a resettlement needs analysis in 2008. The resettlement, offender management unit, and learning and skills departments worked together and operated in an integrated way. The prison had effective links with a broad range of voluntary and community agencies, including in London, and with several high profile individuals.
- 8.2 The resettlement strategy was limited, but there was a reducing reoffending strategy and action plans for each of the seven reoffending pathways. Some action plans contained SMART (specific, measurable, achievable, realistic and time bound) objectives and were developing practice, while others reported action as ongoing.
- 8.3 There were considerable resources for resettlement, including a resettlement manager and a resettlement team with 13 full- and part-time staff. The prison had links with a broad range of external agencies, and a partnership directory was published on the prison's intranet. The resettlement team met weekly for an operational/business meeting, there were monthly multidisciplinary meetings with partner agencies, and reducing reoffending pathway lead staff met quarterly. All meetings were minuted.
- 8.4 The whole-prison approach to resettlement started as soon as prisoners arrived. Their needs were assessed through a universal assessment tool, and were considered when their sentence plans were developed. Within their first month at Portland, all prisoners could complete certificates in several areas to enhance their employability, including health and safety, food hygiene and manual handling. The work allocation board included representatives from learning and skills, the offender management unit (OMU) and the resettlement department, and this integrated approach ensured a coherent approach to sentence planning. Prisoners were encouraged to use their time at Portland purposefully and to participate fully in the regime.
- 8.5 Eleven peer advisers had been recruited through the St Giles Trust and were undertaking NVQs.
- 8.6 The prison had attracted a range of high profile individuals, including a musician, a chef and a former premiership footballer, to participate directly in projects with prisoners. There were plans to secure future investment to maximise prisoner engagement in the arts and music, catering and hospitality, and sport and leisure. The prison had developed links with London-based voluntary and statutory agencies to ensure that the majority of the population, who originated from that area, could receive appropriate resettlement services. All formal partnerships had current service level agreements.
- 8.7 The prison had organised two resettlement road shows in the past year, which had attracted a wide range of partners, including accommodation providers, employers and vocational training

opportunities. Over 35 providers had attended each event, with up to half the prisoner population visiting the stalls and obtaining information.

Recommendation

- 8.8 The reducing reoffending action plans should contain SMART (specific, measurable, achievable, realistic and time bound) objectives.

Good practice

- 8.9 *The prison had developed links with London-based voluntary and statutory agencies to ensure that the majority of the population, who originated from that area, could receive appropriate resettlement services.*

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.

- 8.10 The offender management unit was well integrated with other key departments. All prisoners were allocated to an offender supervisor, even if they were not in scope for offender management. There was a backlog of offender assessment system (OASys) assessments. There were regular risk management meetings, and strong public protection arrangements. Prisoners on indeterminate sentences for public protection had been consulted on a range of issues and were managed effectively.

Sentence planning and offender management

- 8.11 The offender management unit (OMU) was co-located with discipline staff, including observation, classification and allocation (OCA) and the public protection department. There was a mixed team of offender supervisors, including probation officers and uniformed staff, and cases were allocated according to levels of risk of harm. All prisoners were allocated an offender supervisor regardless of whether they were in scope for offender management. There were 171 prisoners in scope for offender management and 19 prisoners serving indeterminate sentences for public protection (IPP). Caseloads for offender supervisors averaged about 60 each, but prisoners not in scope received less individual contact.
- 8.12 Cases were allocated within 48 hours of arrival, although not all the required information was usually available, including offender assessment system (OASys) assessments. There was a backlog of 124 OASys assessments. Some prisoners had ASSET (Youth Justice Board) assessments, and in some cases OASys assessments had not been completed. Additional prison staff had recently been trained in OASys and there were efforts to reduce the backlog.
- 8.13 Sentence plan priorities were agreed between OMU staff, education and the resettlement team at the allocation board. For prisoners serving short sentences, priorities identified through the universal assessment tool formed the basis of their custody plan. In our survey, 67% of

respondents said they had a sentence plan, against the comparator of 55%, and 83%, against 78%, believed they could achieve some or all of their sentence plan targets. An electronic contact log was accessible on the intranet. This initiative promoted effective communication and information sharing.

- 8.14 Sentence planning meetings took place regularly, but most external offender managers participated through telephone conferencing due to Portland's geographical location. There were no video conferencing facilities.
- 8.15 All prisoners attended a discharge clinic six weeks before release, which covered key issues, including accommodation, finance, and employment. This was followed up by an interview the week before discharge, which focused on explanation of licence conditions and issues linked to living in supported accommodation. In our survey, 28% of respondents said that a member of staff had helped them to prepare for release, against a comparator of 15%.
- 8.16 In the previous six months, 42 out of 51 applications for release on temporary licence (ROTL) had been successful, and enabled prisoners to attend conferences, work outside the prison, participate in town visits and represent the prison at strategic events. At the time of our inspection, one prisoner was working outside.
- 8.17 In the previous six months, 24% of 259 applications for release on home detention curfew (HDC) had been granted. There was diversity monitoring of HDC applications.

Categorisation

- 8.18 There were no annual review processes for recategorisation. Prisoners had to make an application to be considered for category D establishments, and there were approximately four a month. The OCA department sought information from community-based probation staff, as well as reports from the OMIU and unit staff, to consider applications. Prisoners could make written representations to support their application, which was considered by a senior governor. There were delays in this process, as community probation staff did not always respond to requests for information on time. Nine cases were currently outstanding because of this, and waits of eight to 12 weeks were not uncommon.
- 8.19 Thirty-seven prisoners had reached the age of 21 and were expecting to move to adult establishments. Prisoners were held if they were completing an accredited programme or education course, if parole processes were under way or if they were on a course of medical treatment. OCA staff had a good relationship with OMU staff and cited several cases where a prisoner had been transferred to achieve sentence planning targets.

Public protection

- 8.20 There were monthly interdepartmental risk management meetings, but representatives from the security department and the police liaison officer seldom attended. High risk prisoners started to be reviewed six months before their release, and information on them was updated regularly. Offender supervisors produced comprehensive written reports, which were forwarded to offender managers in the community, and provided reports for multi-agency public protection arrangements (MAPPA) meetings in the community, although rarely attended because of distance. The reports we saw were comprehensive.
- 8.21 Public protection staff identified all new arrivals subject to restrictions on communications (child protection or harassment cases), and interviewed them to ensure they understood the extent

of the restrictions imposed. Arrangements for telephone and mail monitoring were robust. Cases were regularly reviewed at the risk management meeting, and were removed from monitoring on the basis of appropriate evidence. Six violent and sexual offenders register (VISOR) terminals had recently been set up in the security department and the OMU. Safeguarding children training had taken place in 2007 and needed to be repeated periodically.

Indeterminate-sentenced prisoners

- 8.22 Portland held no mandatory or discretionary life-sentenced prisoners. There were 19 prisoners on indeterminate sentences for public protection (IPP), four of whom were beyond their tariff date. All IPP prisoners had provisionally been allocated to one probation officer. An IPP induction booklet had been produced, which outlined the key areas for sentence progression that Portland could offer as well as the key tenets of the IPP sentence. The staff member held a personal interview with all IPP prisoners within a few days of arrival and explained her role. A note was sent to unit staff and personal officers of IPP prisoners to outline what was required of them in contributing to parole reports.
- 8.23 IPP prisoners were dispersed through the residential units. Groups of IPP prisoners had been consulted on issues such as location in the prison, sentence planning and visits. The prison had run a course for IPP prisoners, led by external consultants, to encourage them to engage with their sentence and deal with the emotional implications of serving a potentially long period in prison.
- 8.24 All required reports had been prepared and there were no reported backlogs

Recommendations

- 8.25 The backlog of offender assessment system (OASys) assessments should be cleared.
- 8.26 Video-conferencing facilities should be installed at the earliest opportunity.
- 8.27 There should be efforts to improve the timely receipt of reports from offender managers when prisoners apply for recategorisation.
- 8.28 Security staff and the police liaison officer should prioritise attendance at the interdepartmental risk management meetings.
- 8.29 There should be regular safeguarding children training, prioritised for staff covering visits and family days.

Good practice

- 8.30 *An electronic sentence planning contact log, accessible on the intranet, promoted effective communication and information sharing.*
- 8.31 *Unit staff and personal officers of prisoners on indeterminate sentences for public protection (IPP) were advised of their contribution to parole reports.*

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

8.32 Most prisoners were released to supported accommodation, and the number leaving without fixed accommodation was low given that many were resettling in the London area. Prisoners with no fixed accommodation were targeted for support six weeks before release. There was a range of training and education courses focused on resettlement and a high proportion of prisoners went into jobs or education. Although work on finance, benefit and debt was underdeveloped, additional resources had been secured. Healthcare discharge planning was good.

Accommodation

8.33 In the previous six months, the rate of prisoners released with no fixed accommodation was 6.5%. This was impressive given that many prisoners were returning to the London area to live in supported housing and the high demand for such accommodation. There was one full-time Nacro worker funded through the Milestones project, and one probation service officer who addressed accommodation issues individually and in groups. A part-time Connexions worker also offered support in finding accommodation for prisoners up to 20.

8.34 There were approximately 65 discharges a month and prisoners were targeted for accommodation services six weeks before release if they had no confirmed address. Demand for supported accommodation was high, and accommodation staff had links with a broad range of providers. Accommodation providers had taken part in the resettlement road shows in the prison (see paragraph 8.7). In our survey, only 25% of respondents, against a comparator of 38%, thought they would have a problem finding accommodation on release.

Education, training and employment

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

8.35 A variety of education and training programmes focused on resettlement and employment. These included construction courses, rail track repair, barbering, radio presentation, catering, horticulture and motorbike and car repair and maintenance. Information, advice and guidance (IAG) were strong throughout the prisoner's sentence, and the IAG provider, Tribal, worked closely with Strode College, A4E and resettlement staff to provide a good service for prisoners. All prisoners coming towards the end of their sentence had access to preparation for work courses.

8.36 Prisoners were helped with letter and CV writing and interview techniques, and there were strong links with employers and a range of external agencies and training providers. Employers sometimes came into the prison to give talks about aspects of employment.

- 8.37 A high proportion of prisoners who were released, around 75% in the previous three months, went into a job or on to a full-time college course.

Finance, benefit and debt

- 8.38 Jobcentre Plus and Connexions staff were based at the prison part time, and assisted in closing down benefit claims and setting up new appointments for prisoners being released. The education department offered a money management and budgeting module as part of the social and life skills programme. Prisoners could also apply before discharge for a citizenship card as proof of identity.
- 8.39 In our survey, only 29% of respondents said that they knew who to contact in the prison to get help with claiming benefits on release, against a comparator of 41%, and only 25%, against a comparator of 32%, knew where to get help with money and finances on release.
- 8.40 Prisoners had the opportunity to open a bank account before release, and approximately 60 prisoners had applied for this facility in the previous six months. In our survey, only 9% of respondents thought they would have a problem opening a bank account on release, against the comparator of 26%.
- 8.41 Additional one-to-one support for prisoners with complex debt and credit issues was due to commence in August 2009.

Mental and physical health

- 8.42 Discharge planning was good, with health services involvement in the resettlement meeting where prisoners were identified for release. Preparations were made up to two weeks before release, and prisoners attended discharge clinics the day before their release. They were supplied with current medications for up to seven days, except if they were on controlled drugs, when they had a risk assessment and there were negotiations with their future prescriber. Prisoners were given assistance to access health and social care services on their release, and future GPs were identified. Letters were provided outlining the care and treatment given by the healthcare centre. Although the letterhead included the PCT logo, it also referred to the prison, which compromised the prisoner's confidentiality. The care programme approach was used for patients with enduring mental health problems. Palliative care, although rarely required, was supported with the cooperation of local community services.

Recommendation

- 8.43 Prisoners should be made aware of the interventions available to address problems with debt, budgeting and money management.

Housekeeping point

- 8.44 The prison title should be removed from the letterhead of medical discharge letters.

Drugs and alcohol

- 8.45 There was a comprehensive drug strategy, with provision for both drug and alcohol problems, but the counselling, assessment, referral, advice and throughcare (CARAT) team was under-resourced. The P-ASRO (prison addressing substance related offending) course was well managed and attended.
- 8.46 The deputy governor chaired bi-monthly drug and alcohol strategy meetings at which appropriate departments and service providers were represented. The drug strategy principal officer had been absent for the last five months. Her role was shared between the head of diversity and the head of interventions who managed and coordinated the different strands of the strategy well, but the focus had been on service delivery rather than development.
- 8.47 The substance misuse policy included alcohol services and was informed by a needs analysis. The document contained targets and a counselling, assessment, referral, advice and throughcare (CARAT) service action plan that resulted from a recent audit. Action plans had not been developed for other strands of the strategy. Supply and demand reduction initiatives were closely monitored, and there was a detailed annual report. The head of interventions had also recently conducted a review of black and minority ethnic prisoners' engagement with drug and alcohol services.
- 8.48 There was a wide range of services for drug and for alcohol users, and our survey results were positive: 96% of respondents knew who to contact for help, against a comparator of 77%, and 86%, against 66%, said they had received help with their drug/alcohol problems.
- 8.49 The CARAT service, provided by Avon and Wiltshire Partnership trust, had been understaffed for some time, with the manager and two workers on long-term sick leave. This left an acting manager, a bank worker and an integrated drug treatment system (IDTS) support worker to manage an active caseload of 120 clients.
- 8.50 New arrivals received harm reduction advice and service information from CARAT workers during their induction. The annual target of 170 triage assessments had been exceeded, but most were not conducted within the required timeframe and, at the time of the inspection, 29 prisoners were also waiting for a comprehensive substance misuse assessment (CSMA). Problems with accessing prisoners added to the backlog.
- 8.51 Workers had very limited resources but had prioritised casework appropriately. There were 38 clients engaged in one-to-one work and, until July 2009, there had been three IDTS groupwork sessions a month, co-facilitated by the IDTS nurse and the support worker. Modules had been suspended temporarily to allow workers to catch up on CSMA's. The service contributed to sentence planning, forwarding care plans and updates. There were appropriate joint working protocols, but joint care planning with health services had not been formalised, although the teams were co-located (see paragraph 3.102 and recommendation 3.108).
- 8.52 Prisoners who required structured intervention could go on the prison addressing substance related offending (P-ASRO) programme, but national eligibility criteria still excluded those maintained on methadone or Subutex. The course was well established and managed and had achieved a recent audit score of 95%. In 2008/9, 80 prisoners had started and 57 completed P-ASRO against a target of 80 starts and 52 completions. Past participants spoke highly of the support they had received. The team was fully staffed, consisting of a treatment manager and

four facilitators (two civilians and two officers), and well integrated into the prison. Close links had been developed with the OMU and CARATs, but while CARAT workers met referral targets and prioritised attending post-course reviews, follow-up work was patchy.

- 8.53 Under the 'team P-ASRO' initiative, 16 prisoners who had completed the programme had been selected to become peer supporters. A dedicated P-ASRO gym session was also due to start.
- 8.54 Prisoners with complex problems were referred to the mental health team or to the chaplaincy for counselling. Other services for those with drug/alcohol problems included 'tackling drugs through PE', and Alcoholics Anonymous and Narcotics Anonymous meetings.
- 8.55 There was a dedicated alcohol service, which consisted of two part-time workers from Exeter Drugs Project based in the CARAT office. Prisoners with alcohol problems were given assessments, care plans, structured one-to-one work, an in-cell work pack and a validated three-session alcohol awareness programme, which ran twice a month. In July 2009, 115 prisoners had been assessed and 40% identified as primary alcohol users. Twelve prisoners were engaged in one-to-one work, and 73 were on the waiting list for the next group. There were plans to develop and resource this service.
- 8.56 CARAT and alcohol workers contributed to the resettlement programme, and CARAT workers arranged post-release support for drug and alcohol clients. Links with drug intervention programmes (DIPs) varied; while DIP workers from the south west visited prisoners, this was rarely the case for London teams. Most only offered a signposting service, as class A drug users received priority. This excluded most prisoners, whose problem mostly involved cannabis, amphetamine and alcohol use.
- 8.57 Prisoners could have compact-based drug testing independent of location, with 201 compacts in operation against a target of 200. Testing frequency had reduced to once a month, and there were plans for the two testing officers to undertake CARAT training. Approximately 50% of compacts involved the compliance testing of super enhanced prisoners and those attending the football academy, but they had no separate compacts.
- 8.58 Nelson House was the voluntary drug testing unit in name only, and a recent review had questioned the need for such a unit in light of low drug use (there had been only one positive test result in the past six months), population pressures and other support structures for prisoners.

Recommendations

- 8.59 The substance misuse policy document should contain detailed action plans for all strands of the strategy.
- 8.60 The counselling, assessment, referral, advice and throughcare (CARAT) service should be sufficiently resourced to provide timely assessments, integrated drug treatment system (IDTS) groupwork modules and post-programme support for participants in P-ASRO (prison addressing substance related offending).
- 8.61 CARAT workers should have better access to prisoners.
- 8.62 The P-ASRO programme should be open to prisoners maintained on opiate substitutes.
- 8.63 Compliance and voluntary drug testing compacts should be clearly differentiated.

Good practice

- 8.64 *The establishment provided a dedicated service for prisoners with alcohol problems, with plans to develop this further.*
- 8.65 *The P-ASRO programme team was actively developing a peer support scheme.*

Children and families of offenders

8.66 The prison recognised that many prisoners did not receive visits because of the distance from their homes and had made efforts to minimise the impact of this. The new family and friends centre and the introduction of a full-time family links worker were positive initiatives, as was the coach from London.

- 8.67 The prison recognised that many prisoners were a significant distance from their home and that many did not receive visits. In the 2008 resettlement needs analysis, 43% of respondents said they received no visits, and in our survey, only 12% of respondents said they had a visit in their first week, against the comparator of 39%. Many prisoners told us that distance and cost made visits difficult or impossible.
- 8.68 A coach service from London was widely advertised and promoted, and the children and families steering group monitored its use. There were five pick up points across London and the cost was reasonable. The prison was exploring sharing the service with The Verne to increase its availability and uptake. In March 2009, the prison had introduced a new system to allow prisoners whose families lived more than 50 miles away to obtain additional telephone credit if they received no visits for two successive months. Approximately 20 prisoners had applied for additional credit since the scheme's introduction. The governor's notice outlining the scheme was entitled international telephone credit, which was misleading. The assisted prison visits scheme was widely promoted in the family and friends centre and application forms were available.
- 8.69 The family and friends centre was a welcoming environment for visitors. It was staffed by a uniformed member of staff and by a Barnardo's project worker. It opened one hour before visits began and remained open until the last visitor had left. A chalet was being constructed in the garden to provide shelter for those who arrived before the centre opened. Free hot and cold drinks were available, as well as a selection of toys. There were plans to use the building's extensive catering equipment and, following consultation with visitors, a menu had been developed to provide a selection of snacks.
- 8.70 Additional volunteers had been recruited to work in the centre and in the visits hall and were undergoing security clearance at the time of the inspection. New visitors were identified and were supported and familiarised with the procedures. The centre was cleaned daily and the toilets had baby changing facilities. There were also plans for prison departments, such as CARATs and the OMU, to deliver awareness sessions for families in some of the additional space in the building.
- 8.71 The prison had produced a family information booklet, which was issued to prisoners on their first night along with their reception visiting order. Induction staff actively encouraged prisoners to send this booklet to their families. Concerns forms were available in the centre and, although most issues were dealt with during the visit, outstanding concerns were forwarded to the family links worker.

- 8.72 Visits could only be booked by telephone and the line was only open on weekday mornings. We were able to reach the booking clerk on our first attempt, and an answerphone message provided details of the opening hours.
- 8.73 There was an annual visitors' survey, although the results of the 2009 survey, which had a low response rate, had yet to be analysed. Although the session we observed started on time, the majority of respondents in the 2008 survey, 60%, said that they were frequently kept waiting a considerable time.
- 8.74 There were two-hour visits sessions on two weekday afternoons, and a further two sessions of two and three quarter hours on weekend afternoons. Although we were told that staff used their discretion, the published visits time for prisoners on closed visits was only 30 minutes. As there was no disabled access to the visits hall, visits involving visitors with disabilities took place in the closed visits area, which felt punitive. Staff in visits were polite and treated visitors with respect. A positive drug dog indication resulted in the offer of a closed visit or the visit did not go ahead.
- 8.75 There was no separate waiting area for prisoners, who waited at their allocated table in the visits hall. However, if there were delays in visitors arriving, staff took prisoners back to the unit. All prisoners were required to wear bibs, which was unnecessary given the other security measures.
- 8.76 The visits environment was reasonably bright and clean with space for 34 visits a session. Staffing levels were appropriate, but tables had little privacy. Visitors had access to toilets in the searching area, but there were no toilets for prisoners in the visits area. Prisoners who wanted to use the toilet had to be taken to one elsewhere and had to have a strip-search when they came back, which affected the length of time they could spend with their visitors.
- 8.77 The small children's play area was well equipped and inviting. It was open for each visit session but not always staffed, although it would be once the volunteers commenced work. Visitors also had access to a range of snacks and hot and cold drinks from the refreshment area.
- 8.78 Staff were aware of the identity of any prisoners subject to public protection measures, but staff we spoke to had not attended any child protection training (see recommendation 8.29).
- 8.79 There was a comprehensive children and families action plan, which was led by a well-attended bi-monthly children and families steering group, chaired by the deputy governor. There was a full-time family link worker who was well integrated into the resettlement group. Prisoners had access to Storybook Dads, and the prison was delivering its second Fathers Inside course during the week of the inspection, with seven participants.
- 8.80 There had been three full day family visits with a fourth planned. To date, they had only been open to enhanced prisoners, but were to be broadened. Feedback was sought from carers and children to inform the development of these events.

Recommendations

- 8.81 Visitors should be able to book their next visit while they are at the establishment.
- 8.82 Visitors should have a shorter waiting time before being admitted to the visits room.

- 8.83 Closed visits should be authorised only when there is significant risk justified by security intelligence.
- 8.84 Prisoners attending visits should not have to wear bibs.
- 8.85 Visits involving visitors with disabilities should not take place under closed conditions.
- 8.86 Closed visits should not be restricted to 30 minutes.
- 8.87 Family visits should be available to all prisoners.

Housekeeping points

- 8.88 The governor's information notice on exchanging unused visiting orders for additional telephone credit should be correctly titled and re-issued.
- 8.89 The furniture in the visits room should be arranged to ensure sufficient privacy.

Good practice

- 8.90 *There were innovative ways of seeking to maintain family links, in spite of the distance: including a family links worker, a coach service, and the availability to exchange visiting orders for additional telephone credit.*

Attitudes, thinking and behaviour

- 8.91 Demand for accredited interventions was high, and the prison had also introduced shorter non-accredited programmes alongside the accredited programmes, which included enhanced thinking skills (ETS) and controlling anger and learning to manage it (CALM). Partnerships with the voluntary sector had led to some innovative projects, including mentoring and alternative lifestyles.
- 8.92 There had been a comprehensive needs analysis in 2008, in which 297 prisoners had taken part. The survey's remit had been wide ranging and it had produced recommendations, although it was not clear how the findings were being taken forward.
- 8.93 The prison ran three accredited programmes – enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM) and P-ASRO (see paragraph 8.52). There was considerable demand for the ETS programme and 143 prisoners were on the waiting list. ETS courses were run relatively frequently and prisoners needed to have at least eight months left to serve to be considered. Forty prisoners were on the waiting list for the CALM programme. This had been available only once a year, but Portland and The Verne had recently consolidated their programme delivery resources and there were plans to deliver additional CALM courses. Prisoners on indeterminate sentences for public protection and prolific or priority offenders were prioritised for assessment for accredited programmes. The needs analysis had identified gaps in programme provision, most notably in instrumental violence and emotional management.
- 8.94 Nacro had sourced additional funding to launch the Milestones mentoring project, which assisted prisoners returning to Dorset, Hampshire and London. A trained mentor was paired

with a prisoner before his release and offered practical and emotional support on release. Eighteen mentors had recently been recruited in the London area, and four prisoners from London had been released and were benefiting from the scheme. In Dorset and Hampshire, nine prisoners were being supported through this project. Prisoners could self-refer or could be referred via the chaplaincy, OMU or resettlement team. Further funding to continue this initiative was being sought.

- 8.95 The prison had developed a short programme, 'back on track', aimed at prisoners on the basic level, bullies and the long-term unemployed, to encourage them to re-engage with the prison regime. This innovative programme was practical in its approach, and involved peer mentors to provide a positive role model.
- 8.96 Prisoners on the Beaufort unit had also been offered locally accredited courses in stress management and assertiveness. There had been two courses in 2009, which 12 prisoners had successfully completed. A psychology assistant assigned to Beaufort unit assisted in the selection and assessment of prisoners for the courses and delivered it.
- 8.97 St Giles Trust had recently commenced an SOS programme aimed at encouraging gang members to change their lifestyle. Prisoners from specific London boroughs had been individually targeted and invited to participate in the programme. The project was led by a member of St Giles Trust staff who was an ex-offender. Fifteen prisoners were currently on the programme, which included liaison with families and addressing issues linked to securing more positive lifestyles.
- 8.98 The prison was establishing a prison Dialogue group, although this was not embedded into the prison regime. There was also a Prince's Trust 12-week taster programme, which had enabled prisoners to work outside on local community-based projects.
- 8.99 The prison had recognised that it had few black staff and had invited positive black role models into the prison to lead projects and initiatives to reduce reoffending. In our survey, 43% of respondents, against a comparator of 32%, said that a member of staff had helped them to address their offending behaviour while at Portland, and 28%, against 15%, said that a member of staff had helped them to prepare for release. This included a programme to engage IPP prisoners with their sentences.

Recommendation

- 8.100 There should be action on the findings from the needs analysis.

Good practice

- 8.101 *There was a mentoring programme for prisoners resettling into specific areas. This offered prisoners the opportunity to build up a relationship with a mentor before release, and tailored support to assist them on release.*
- 8.102 *The prison had developed a short programme to encourage prisoners on the basic level, bullies and the long-term unemployed to re-engage with the prison regime. This innovative programme was practical, and involved peer mentors to provide a positive role model.*
- 8.103 *The prison had introduced positive role models from the black community to support prisoners. This helped to compensate for the low numbers of black staff in the prison, and provided positive points of reference for young prisoners.*

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendation

To NOMS

- 9.1 Rodney unit should be closed down immediately. (HP48)

Main recommendations

To the governor

- 9.2 Monthly information and data on violence reduction and anti-bullying should be analysed over time to identify patterns and trends. (HP49)
- 9.3 The use of force committee should investigate and monitor the high level of force at Portland and develop strategies to reduce it. (HP50)
- 9.4 There should be appropriate protocols, systems and staff expertise for the safe management of drug-dependent prisoners under the integrated drug treatment system. (HP51)
- 9.5 The prison should develop a diversity policy and action plan oriented to the full range of diversity issues, and each strand should have an identified lead. (HP52)
- 9.6 The establishment should investigate the reasons for the negative perceptions held by black and minority ethnic and Muslim prisoners, and establish a means to improve them. (HP53)
- 9.7 Prisoners should be able to have an hour's exercise in the open air daily. (HP54)

Recommendations

To the governor

Courts, escorts and transfers

- 9.8 Prisoners transferring to Portland should be given toilet breaks at least every two and a half hours. (1.6)

First days in custody

- 9.9 The reception area should be clean and toilets should be descaled. (1.27)
- 9.10 The reception search should take place in an area with privacy, and should not be conducted by just one member of staff. (1.28)
- 9.11 Reception interviews should be conducted in a private interview room. (1.29)
- 9.12 The meeter and greeter should remain in reception over the lunch period. (1.30)

- 9.13 Cells on Grenville unit should be adequately cleaned for each new occupant. (1.31)
- 9.14 Published material in reception and induction, including the *Welcome to Portland* booklet, should be available in an appropriate range of languages. (1.32)
- 9.15 Individual first night interviews should always take place before new arrivals are locked in cells on their first night. (1.33)
- 9.16 The first week of the induction programme should be delivered as a rolling programme, making use of a full range of multi-media. (1.34)
- 9.17 Prisoners should be unlocked when they are not actively participating in induction sessions. (1.35)
- 9.18 Responses to induction feedback questionnaires should be collated to inform future reviews and development of the programme. (1.36)

Residential units

- 9.19 Adequate hygiene standards should be maintained on all units, and all prisoners should have 24-hour access to toilet and washing facilities. (2.28)
- 9.20 All broken or damaged windows should be repaired immediately or these cells taken out of commission. (2.29)
- 9.21 Cells designed for single use should not be used for shared occupancy. (2.30)
- 9.22 All double cells should have adequately screened toilets. (2.31)
- 9.23 Double cells should have sufficient furniture for both occupants, including lockable cabinets. (2.32)
- 9.24 There should be a painting programme to ensure all cells are clean and free from graffiti. (2.33)
- 9.25 All association rooms and furniture should be well maintained. (2.34)
- 9.26 All toilets should be de-scaled. (2.35)
- 9.27 The published offensive displays policy should be consistently enforced. (2.36)
- 9.28 All telephones should be fitted with privacy hoods. (2.37)
- 9.29 An additional telephone should be installed on Rodney unit. (2.38)
- 9.30 The telephones on Beaufort unit should be moved to ensure calls can be made in private. (2.39)
- 9.31 All prisoners should have the opportunity to wear their own clothes. (2.40)
- 9.32 Prisoners' valuable property should be security marked. (2.41)

- 9.33 Communal showers should be fitted with privacy screens, maintained in good condition and be well ventilated. (2.42)
- 9.34 Staff should encourage all prisoners to keep their cells clean and provide them with sufficient cleaning materials. (2.43)
- 9.35 A mattress exchange programme should be introduced. (2.44)
- 9.36 Prisoners should be able to buy curtains as an earned privilege. (2.45)

Bullying and violence reduction

- 9.37 There should be consistent attendance at the violence reduction meetings from all key departments and units. (3.11)
- 9.38 There should be a quality assurance scheme to ensure the consistency of bullying investigations. (3.12)
- 9.39 The sanctions given to prisoners subject to bullying assessment team (BAT) monitoring should be monitored to ensure consistency. (3.13)
- 9.40 The anti-bullying model and strategy should be reviewed at least annually and recommendations should be incorporated into the continuous improvement plan. (3.14)
- 9.41 There should be a programme to support victims of bullying. (3.15)

Self-harm and suicide

- 9.42 Recommendations from the self-harm monitoring report should be taken forward consistently. (3.26)
- 9.43 There should be an effective assessment, care in custody and teamwork (ACCT) quality assurance scheme, and areas of concern should be taken forward with clearly identified objectives. (3.27)
- 9.44 Staff who work with prisoners subject to ACCT, especially those on Beaufort unit, should be offered ongoing training and personal development in skills to manage these prisoners. (3.28)
- 9.45 There should be safer cells on Beaufort unit. (3.29)
- 9.46 Prisoners should not be located in the care and control unit solely because of a risk of self-harm. (3.30)
- 9.47 A Listener suite should be available. (3.31)

Diversity

- 9.48 Each diversity strand should have an identified lead. (3.40)
- 9.49 There should be a prisoner diversity group with an appropriately constituted membership to take forward the various aspects of diversity. (3.41)

- 9.50 There should be a questionnaire or survey to establish the diversity needs of the prisoner population. (3.42)
- 9.51 The mechanism for assessing disability on arrival should be improved, and initial assessments regularly reviewed. (3.43)

Race equality

- 9.52 The race equality action plan should differentiate specific short-term objectives identified through various initiatives, and the chair of the race equality action team (REAT) should ensure such objectives are monitored. (3.56)
- 9.53 There should be monitoring by religion. (3.57)
- 9.54 The REAT should incorporate recommendations from external scrutiny of racist incident report forms. (3.58)
- 9.55 The establishment should investigate the reasons for the negative perceptions of staff held by black and minority ethnic and Muslim prisoners, and take any appropriate action. (3.59)
- 9.56 Exit interviews on race should be analysed and actions incorporated into the race equality action plan.

Foreign national prisoners

- 9.57 The foreign nationals policy should reflect the range of work undertaken at Portland and how it is to be implemented. (3.69)
- 9.58 The role of the foreign nationals support group should be clarified, and there should be a forum for all foreign national prisoners to raise concerns and discuss their needs. (3.70)
- 9.59 Information collected from foreign national prisoner questionnaires completed during induction should be shared with unit staff and/or personal officers, and should be collated to establish specific themes or concerns. (3.71)
- 9.60 The continuous improvement plan should include issues raised in the foreign nationals support group or foreign nationals committee that require action. (3.72)
- 9.61 All foreign national prisoners should be given free airmail letters each month. (3.73)
- 9.62 All foreign national prisoners who meet the criteria for free telephone calls in lieu of visits should be able to make a call of at least five minutes duration. (3.74)
- 9.63 Information about how Portland operates and the specific facilities for foreign national prisoners should be published in a range of appropriate languages. (3.75)
- 9.64 The establishment should investigate why proportionately more foreign national prisoners reported feeling unsafe at the time of the inspection and take any appropriate action. (3.76)

Applications and complaints

- 9.65 The application system should incorporate target timescales for responses. (3.84)

- 9.66 There should be a quality assurance scheme for applications to ensure the consistency and quality of responses. (3.85)
- 9.67 Where interim responses are given to complaints, further responses should also be monitored. (3.86)
- 9.68 Monthly analysis of complaints data should be evaluated over time to establish any patterns and identify action to address these. (3.87)
- 9.69 Management checks of complaint responses should be undertaken at the rate of at least 10% a month, and this analysis should be included in reports to the senior management team. (3.88)
- 9.70 Any complaint marked as concerning bullying should be passed to the safer custody team. (3.89)

Legal rights

- 9.71 There should be sufficient staff trained in legal services to meet the needs of prisoners. (3.95)
- 9.72 Information about legal services should be fully explained on induction and publicised around the residential units. (3.96)
- 9.73 Legal visitors should have more options to book their visits. (3.97)

Substance use

- 9.74 There should be a robust substance use management and clinical leadership structure. (3.107)
- 9.75 The counselling, assessment, referral, advice and throughcare (CARAT), clinical substance misuse and health services should work in an integrated way to provide joined-up care. Individual care plans and reviews should demonstrate patient involvement. (3.108)

Health services

- 9.76 The lead nurse manager should be a member of the prison senior management team. (4.44)
- 9.77 Prisoners should have access to a GP within 48 hours, in line with the prison healthcare development plan. (4.45)
- 9.78 Healthcare information should be available in the holding cells in the healthcare centre. (4.46)
- 9.79 All treatment areas should be structured and managed to ensure patient confidentiality. (4.47)
- 9.80 There should be sufficient discipline staff to supervise all prisoners waiting for appointments in the healthcare centre. (4.48)
- 9.81 There should be sufficient primary mental health nursing services to meet the needs of prisoners. (4.49)
- 9.82 National Service Frameworks should be used to influence policies and guide clinical practice. (4.50)

- 9.83 There should be a prisoners health forum. (4.51)
- 9.84 Health promotion literature should be widely available throughout the prison. (4.52)
- 9.85 There should be a locked box on all units for prisoners to post health services applications. (4.53)
- 9.86 Nurses should be trained in the management of triage, and triage algorithms should be developed to ensure consistency of treatment for patients. (4.54)
- 9.87 Completed prescriptions should be promptly filed in the clinical records. (4.55)
- 9.88 A pharmacist or technician should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (4.56)
- 9.89 The medicines and therapeutics committee should formally review and adopt all procedures and policies, and all staff should read and sign the agreed adopted procedures. (4.57)
- 9.90 Patients with in-possession medications should be provided with lockable cupboards in cells. (4.58)
- 9.91 The in-possession risk assessments of each drug and patient should be documented, and reasons for the determination recorded by the most appropriate staff. (4.59)
- 9.92 There should be full and complete records of administration of medicines, including all occasions where the patient refused medication or failed to attend, and problems with drug compliance should be followed up where appropriate. (4.60)
- 9.93 Patients should sign for medicines supplied on a weekly basis. (4.61)
- 9.94 Controlled drugs should be stored in cupboards that meet the requirements of the controlled drugs (safe custody) regulations. (4.62)
- 9.95 The medicines and therapeutics committee should review the use of general stock. (4.63)
- 9.96 The new dental contract should be in accordance with the requirements of the current provisions of the NHS General Dental Services contract for the availability of dental care, appropriate management systems and procedures. (4.64)
- 9.97 There should be sufficient resources to increase dental clinical time and reduce the backlog of patients. (4.65)
- 9.98 The dental suite should comply with current decontamination regulations. (4.66)
- 9.99 The dental X-ray, autoclave and compressor equipment should be repaired and recertified following an engineers report. (4.67)
- 9.100 The dental suite should have consistent fresh air ventilation. (4.68)
- 9.101 Prisoners should have access to general counselling services. (4.69)
- 9.102 There should be daycare services for prisoners who have difficulty coping on the units. (4.70)

Learning and skills and work activities

- 9.103 Prisoners should arrive and leave education and vocational training classes on time. (5.14)
- 9.104 Prisoners' learning plans should have clearer short-term targets. (5.15)
- 9.105 The prison should introduce level three progression courses across the learning and skills provision. (5.16)
- 9.106 Library opening times should be extended to include weekends. (5.17)
- 9.107 The library book loss should be reduced. (5.18)

Physical education and health promotion

- 9.108 There should be a wider variety of outdoor PE provision. (5.25)
- 9.109 The prison should introduce a wider range of PE courses at all levels. (5.26)

Faith and religious activity

- 9.110 The prison chapel should be refurbished. (5.34)
- 9.111 The chaplaincy should further develop and coordinate community links (5.35)
- 9.112 The chaplaincy should develop, clarify and better coordinate its contribution to the prison's resettlement work. (5.36)

Time out of cell

- 9.113 Time out of cell should be recorded accurately. (5.42)
- 9.114 The prison should conform to the unlock and lock up timings and the other requirements listed in its published core day. (5.43)

Discipline

- 9.115 Loss of tobacco should not be given as an adjudication punishment. (6.31)
- 9.116 The use of force committee should routinely monitor the names of staff involved in use of force incidents and investigate where the same member of staff is involved in a significant number. (6.32)
- 9.117 Planned control and restraint (C&R) interventions should be routinely video-recorded. (6.33)
- 9.118 Prisoners should not be routinely strip-searched on location into special accommodation. (6.34)

- 9.119 Staff should engage positively with prisoners in special accommodation to encourage a return to normal location. (6.35)
- 9.120 Staff in the care and control unit (CCU) should complete mental health awareness training. (6.36)
- 9.121 Prisoners in the CCU should have access to normal cell furniture, subject to clear risk assessment. (6.37)
- 9.122 Prisoners should be transferred out of the CCU at the earliest opportunity. (6.38)
- 9.123 The level of search for prisoners located on to the CCU should be determined by risk assessment. (6.39)
- 9.124 Prisoners in the CCU should be allowed daily access to showers and telephones. (6.40)
- 9.125 Prisoners segregated under rule 49 should be able to use the in-cell power for their own radios and CD players, subject to compliance and good behaviour. (6.41)
- 9.126 Subject to risk assessment, segregated prisoners should be encouraged to attend off-unit activities as part of an active reintegration plan. (6.42)
- 9.127 Care and control unit staff entries in unit history files should provide evidence of engagement with prisoners. (6.43)

Incentives and earned privileges

- 9.128 Prisoners on the basic regime should not have their in-cell electricity turned off. (6.53)
- 9.129 Monthly incentives and earned privileges (IEP) checks should be recorded in all unit history files. (6.54)

Catering

- 9.130 The establishment should provide hot choices for the evening meal. (7.9)
- 9.131 Breakfast packs should be issued on the morning they are to be eaten. (7.10)
- 9.132 The lunch meal should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (7.11)

Prison shop

- 9.133 New arrivals should be able to receive shop orders in their first week. (7.21)
- 9.134 Items missing from shop orders should be replaced by the end of the next full working day. (7.22)
- 9.135 DHL should routinely offer alternatives for out of stock items. (7.23)
- 9.136 Prisoners should be consulted about the range of catalogues, which should be increased to meet their needs. (7.24)

Strategic management of resettlement

- 9.137 The reducing reoffending action plans should contain SMART (specific, measurable, achievable, realistic and time bound) objectives. (8.8)

Offender management and planning

- 9.138 The backlog of offender assessment system (OASys) assessments should be cleared. (8.25)
- 9.139 Video-conferencing facilities should be installed at the earliest opportunity. (8.26)
- 9.140 There should be efforts to improve the timely receipt of reports from offender managers when prisoners apply for recategorisation. (8.27)
- 9.141 Security staff and the police liaison officer should prioritise attendance at the interdepartmental risk management meetings. (8.28)
- 9.142 There should be regular safeguarding children training, prioritised for staff covering visits and family days. (8.29)

Resettlement pathways

- 9.143 Prisoners should be made aware of the interventions available to address problems with debt, budgeting and money management. (8.43)
- 9.144 The substance misuse policy document should contain detailed action plans for all strands of the strategy. (8.59)
- 9.145 The counselling, assessment, referral, advice and throughcare (CARAT) service should be sufficiently resourced to provide timely assessments, integrated drug treatment system (IDTS) groupwork modules and post-programme support for participants in P-ASRO (prison addressing substance related offending). (8.60)
- 9.146 CARAT workers should have better access to prisoners. (8.61)
- 9.147 The P-ASRO programme should be open to prisoners maintained on opiate substitutes. (8.62)
- 9.148 Compliance and voluntary drug testing compacts should be clearly differentiated. (8.63)
- 9.149 Visitors should be able to book their next visit while they are at the establishment. (8.81)
- 9.150 Visitors should have a shorter waiting time before being admitted to the visits room. (8.82)
- 9.151 Closed visits should be authorised only when there is significant risk justified by security intelligence. (8.83)
- 9.152 Prisoners attending visits should not have to wear bibs. (8.84)
- 9.153 Visits involving visitors with disabilities should not take place under closed conditions. (8.85)
- 9.154 Closed visits should not be restricted to 30 minutes. (8.86)

- 9.155 Family visits should be available to all prisoners. (8.87)
- 9.156 There should be action on the findings from the needs analysis. (8.100)

Housekeeping points

Residential units

- 9.157 All units should have irons and ironing boards. (2.46)

Health services

- 9.158 Healthcare staff training records should be maintained and regularly updated. (4.71)
- 9.159 Defibrillator checks should be recorded daily. (4.72)
- 9.160 Pharmacy reference books should be in date and old copies discarded. (4.73)
- 9.161 The maximum and minimum temperatures of the drug refrigerators in treatment rooms and the pharmacy should be recorded daily and then reset to ensure that heat-sensitive items are stored within the 2–8°C range. (4.74)
- 9.162 All pre-packed medications should be dual labelled. (4.75)
- 9.163 There should be regular date checks of all medicines and testing strips. (4.76)
- 9.164 The use of patient-named medication should be encouraged. (4.77)
- 9.165 Prisoners should be offered oral health promotion. (4.78)
- 9.166 Dental matrix bands should be for single use only. (4.79)

Physical education and health promotion

- 9.167 Prisoners should have access to drinking water during physical exercise. (5.27)

Discipline

- 9.168 Punishment tariffs should be publicised to prisoners. (6.44)
- 9.169 The handwriting in records of adjudication hearings should be clear and legible. (6.45)

Catering

- 9.170 Food comments books should be checked weekly, and complaints investigated and responded to. (7.12)

Resettlement pathways

- 9.171 The prison title should be removed from the letterhead of medical discharge letters. (8.44)
- 9.172 The governor's information notice on exchanging unused visiting orders for additional telephone credit should be correctly titled and re-issued. (8.88)
- 9.173 The furniture in the visits room should be arranged to ensure sufficient privacy. (8.89)

Examples of good practice

- 9.174 Personal officers had good links to offender management and motivated prisoners to achieve targets. (2.56)
- 9.175 The violence reduction interventions coordinator offered a range of provision to support prisoners, unit violence reduction officers and prisoner representatives. (3.16)
- 9.176 The IEP scheme was well integrated and well understood by prisoners and staff. It operated as an effective mechanism for improving behaviour. (6.55)
- 9.177 The monthly cultural food meetings offered effective consultation with prisoners and had led to changes in the menu. (7.13)
- 9.178 The prison had developed links with London-based voluntary and statutory agencies to ensure that the majority of the population, who originated from that area, could receive appropriate resettlement services. (8.9)
- 9.179 An electronic sentence planning contact log, accessible on the intranet, promoted effective communication and information sharing. (8.30)
- 9.180 Unit staff and personal officers of prisoners on indeterminate sentences for public protection (IPP) were advised of their contribution to parole reports. (8.31)
- 9.181 The establishment provided a dedicated service for prisoners with alcohol problems, with plans to develop this further. (8.64)
- 9.182 The P-ASRO programme team was actively developing a peer support scheme. (8.65)
- 9.183 There were innovative ways of seeking to maintain family links, in spite of the distance: including a family links worker, a coach service, and the availability to exchange visiting orders for additional telephone credit. (8.90)
- 9.184 There was a mentoring programme for prisoners resettling into specific areas. This offered prisoners the opportunity to build up a relationship with a mentor before release, and tailored support to assist them on release. (8.101)
- 9.185 The prison had developed a short programme to encourage prisoners on the basic level, bullies and the long-term unemployed to re-engage with the prison regime. This innovative programme was practical, and involved peer mentors to provide a positive role model. (8.102)

9.186 The prison had introduced positive role models from the black community to support prisoners. This helped to compensate for the low numbers of black staff in the prison, and provided positive points of reference for young prisoners. (8.103)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Steve Moffatt	Inspector
Marie Orrell	Inspector
Andrea Walker	Inspector
Laura Nettleingham	Senior research officer
Deborah Tye	Researcher

Specialist inspectors

Mick Bowen	Health services inspector
Sigrid Engelen	Substance use inspector
Susan Melvin	Pharmacy inspector
John Reynolds	Dental inspector
Neil Edwards	Ofsted 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	475	35	99.62
Recall	25	2	5.01
Detainees	2	0	0.37
Total	502	37	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	2	0	0.37
Less than 6 months	12	0	2.23
6 months to less than 12 months	22	1	5.17
12 months to less than 2 years	84	6	16.69
2 years to less than 4 years	195	11	38.22
4 years to less than 10 years	171	17	34.88
ISPP	16	2	3.34
Total	502	37	100

Age	Number of prisoners	%
Under 21 years: minimum=18	502	93.14
21 years to 29 years	37	6.86
Total	539	100

Nationality	18–20 yr olds	21 and over	%
British	436	34	87.2
Foreign nationals	66	3	12.8
Total	502	37	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	1	0	0.19
Uncategorised sentenced	501	37	99.81
Total	502	37	100

Ethnicity	18–20 yr olds	21 and over	%
White:			
British	279	21	55.66
Irish	1	0	0.19
Other White	12	2	2.6
Mixed:			
White and Black Caribbean	22	1	4.27
White and Black African	2	0	0.37
White and Asian	2	0	0.37
Other Mixed	4	0	0.78
Asian or Asian British:			
Indian	5	0	0.93
Pakistani	8	0	1.48
Bangladeshi	4	0	0.74
Other Asian	12	0	2.23
Black or Black British:			

Caribbean	70	7	14.29
African	53	3	10.39
Other Black	19	3	4.09
Chinese or other ethnic group:			
Chinese	1	0	0.19
Other ethnic group	7	0	1.3
Not stated:	1	0	0.19
Total	502	37	100

Religion	18-20 yr olds	21 and over	%
Church of England	133	12	26.19
Roman Catholic	70	4	13.73
Other Christian denominations	15	4	3.52
Muslim	110	4	21.15
Sikh	2	0	0.37
Hindu	2	0	0.37
Buddhist	3	1	0.75
Other	1	0	0.19
No religion	166	12	33.03
Total	502	37	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	60	11.19	1	0.19
1 month to 3 months	132	24.63	2	0.32
3 months to 6 months	135	25.19	7	1.31
6 months to 1 year	99	18.47	12	2.24
1 year to 2 years	70	13.06	12	2.20
2 years to 4 years	4	0.75	2	0.37
Total	502	100	36	100

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
3 months to 6 months	1	50	0	0
6 months to 1 year	1	50	0	0
Total	2	100	0	0

Main offence	18-20 yr olds	21 and over	%
Violence against the person	162	11	32.15
Sexual offences	10	0	1.86
Burglary	52	4	10.41
Robbery	144	9	28.44
Theft and handling	9	1	1.86
Fraud and forgery	1	0	0.19
Drugs offences	70	8	14.5
Other offences	52	3	10.23
Offence not recorded / holding warrant	2	0	0.37
Total	502	36	100

Appendix III: Summary of prisoner questionnaires and interviews

Young adult survey methodology

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

Choosing the sample size

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 15 June 2009, the young adult population at HMYOI Portland was 573. The sample size was 143. Overall, this represented 25% of the young adult population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In this case, no respondents required an interview.

Methodology

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

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

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

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

Response rates

In total, 134 respondents completed and returned their questionnaires. This represented 23% of the young adult population. The response rate was 94%. Six questionnaires were not returned and three were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 23 young offender institutions since April 2003.
- The current survey responses in 2009 against the responses of young adults surveyed at HMYOI Portland in 2007.
- A comparison within the 2009 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between Muslim and non-Muslim young adults.

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

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 to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates

across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

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

Section 1: About You

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

Q1.2	How old are you?	
	<i>Under 21</i>	89%
	<i>21 - 29</i>	11%
	<i>30 - 39</i>	0%
	<i>40 - 49</i>	0%
	<i>50 - 59</i>	0%
	<i>60 - 69</i>	0%
	<i>70 and over</i>	0%
Q1.3	Are you sentenced?	
	<i>Yes</i>	96%
	<i>Yes - on recall</i>	4%
	<i>No - awaiting trial</i>	0%
	<i>No - awaiting sentence</i>	0%
	<i>No - awaiting deportation</i>	0%
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	0%
	<i>Less than 6 months</i>	5%
	<i>6 months to less than 1 year</i>	13%
	<i>1 year to less than 2 years</i>	13%
	<i>2 years to less than 4 years</i>	38%
	<i>4 years to less than 10 years</i>	28%
	<i>10 years or more</i>	1%
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	3%
	<i>Life</i>	0%
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%
	<i>6 months or less</i>	42%
	<i>More than 6 months</i>	58%
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	8%
	<i>1 to less than 3 months</i>	19%
	<i>3 to less than 6 months</i>	18%
	<i>6 to less than 12 months</i>	21%
	<i>12 months to less than 2 years</i>	27%
	<i>2 to less than 4 years</i>	6%
	<i>4 years or more</i>	0%

Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	Yes		13%	
	No		87%	
Q1.8	Is English your first language?			
	Yes		88%	
	No		12%	
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	52%	<i>Asian or Asian British - Bangladeshi</i> 1%	
	<i>White - Irish</i>	1%	<i>Asian or Asian British - Other</i> 1%	
	<i>White - Other</i>	2%	<i>Mixed Race - White and Black Caribbean</i> 10%	
	<i>Black or Black British - Caribbean</i>	10%	<i>Mixed Race - White and Black African</i> 1%	
	<i>Black or Black British - African</i>	14%	<i>Mixed Race - White and Asian</i> 1%	
	<i>Black or Black British - Other</i>	2%	<i>Mixed Race - Other</i> 4%	
	<i>Asian or Asian British - Indian</i>	1%	<i>Chinese</i> 0%	
	<i>Asian or Asian British - Pakistani</i> ..	1%	<i>Other ethnic group</i>	2%
Q1.10	What is your religion?			
	<i>None</i>	31%	<i>Hindu</i> 0%	
	<i>Church of England</i>	27%	<i>Jewish</i>	0%
	<i>Catholic</i>	20%	<i>Muslim</i>	18%
	<i>Protestant</i>	0%	<i>Sikh</i>	1%
	<i>Other Christian denomination</i>	2%	<i>Other</i>	1%
	<i>Buddhist</i>	0%		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>		98%	
	<i>Homosexual/Gay</i>		1%	
	<i>Bisexual</i>		1%	
	<i>Other</i>		0%	
Q1.12	Do you consider yourself to have a disability?			
	Yes		9%	
	No		91%	
Q1.13	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>
	53%	22%	16%	10%
Q1.14	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>	
	10%	87%	3%	

Q1.15	Do you have any children under the age of 18?	
	Yes	21%
	No	79%

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	9%	46%	14%	20%	8%	3%	0%
Your personal safety during the journey	12%	52%	18%	14%	2%	1%	1%
The comfort of the van	2%	13%	6%	27%	50%	2%	0%
The attention paid to your health needs	3%	37%	30%	16%	9%	2%	4%
The frequency of toilet breaks	2%	9%	12%	21%	43%	2%	12%

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>
2%	17%	63%	17%	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>
11%	59%	22%	6%	1%	2%

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?	84%	16%	0%
Before you arrived here did you receive any written information about what would happen to you?	38%	53%	8%
When you first arrived here did your property arrive at the same time as you?	88%	9%	3%

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	18%	<i>Money worries</i>	24%
<i>Loss of property</i>	20%	<i>Feeling depressed or suicidal</i>	41%
<i>Housing problems</i>	34%	<i>Health problems</i>	59%
<i>Contacting employers</i>	17%	<i>Needing protection from other prisoners</i>	20%

Contacting family	59%	Accessing phone numbers	53%
Ensuring dependants were being looked after	15%	Other.....	2%

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

Didn't have any problems	38%	Money worries.....	20%
Loss of property	21%	Feeling depressed or suicidal.....	14%
Housing problems.....	26%	Health problems	15%
Contacting employers	7%	Needing protection from other prisoners	9%
Contacting family	24%	Accessing phone numbers	10%
Ensuring dependants were looked after	2%	Other.....	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	96%	2%	2%
When you were searched, was this carried out in a respectful way?	79%	16%	5%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
10%	52%	23%	9%	5%	2%

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

Information about what was going to happen to you	54%
Information about what support was available for people feeling depressed or suicidal	59%
Information about how to make routine requests	54%
Information about your entitlement to visits.....	68%
Information about health services	70%
Information about the chaplaincy	65%
Not offered anything	13%

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

A smokers/non-smokers pack	96%
The opportunity to have a shower.....	58%
The opportunity to make a free telephone call.....	60%
Something to eat.....	89%
Did not receive anything	0%

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

Chaplain or religious leader	31%
Someone from health services	86%

	<i>A listener/Samaritans</i>	14%
	Did not meet any of these people	12%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	12%
	No	88%
Q3.9	Did you feel safe on your first night here?	
	Yes	79%
	No	12%
	<i>Don't remember</i>	9%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	11%
	<i>Within the first week</i>	47%
	<i>More than a week</i>	36%
	<i>Don't remember</i>	5%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	11%
	Yes	56%
	No	23%
	<i>Don't remember</i>	11%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	8%	28%	21%	17%	12%	13%
	Attend legal visits?	9%	29%	28%	8%	6%	20%
	Obtain bail information?	6%	14%	24%	8%	13%	36%
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						24%
	Yes						23%
	No						53%
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
				<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?			73%	26%	2%	0%
	Are you normally able to have a shower every day?			71%	27%	1%	1%

Do you normally receive clean sheets every week?	85%	14%	1%	0%
Do you normally get cell cleaning materials every week?	39%	56%	3%	2%
Is your cell call bell normally answered within five minutes?	51%	31%	15%	3%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	38%	2%	0%
Can you normally get your stored property, if you need to?	32%	43%	21%	5%

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
0%	36%	31%	19%	15%

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

<i>Have not bought anything yet</i>	2%
Yes	43%
No.....	55%

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	55%	32%	5%	2%	2%	3%
An application form	59%	31%	6%	2%	1%	2%

Q4.7 Have you made an application?

Yes	92%
No.....	8%

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?	8%	68%	24%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	8%	48%	44%

Q4.9 Have you made a complaint?

Yes	38%
No.....	62%

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?	61%	16%	22%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	61%	16%	23%
Were you given information about how to make an appeal?	37%	32%	31%

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..... 62%
 Yes 7%
 No 31%

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>
	35%	8%	23%	21%	6%	6%

Q4.13 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?	59%	16%	26%
Are you able to speak to a religious leader of your faith in private if you want to?	56%	5%	38%

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

Yes	No	<i>Don't know</i>
45%	7%	48%

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

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	81%	19%
Do most staff treat you with respect?	77%	23%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?
 Yes 39%
 No 61%

Q5.2 Do you feel unsafe in this prison at the moment?
 Yes 15%
 No 85%

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

<i>Never felt unsafe</i>	63%	<i>At meal times</i>	3%
<i>Everywhere</i>	6%	<i>At health services</i>	7%
<i>Segregation unit</i>	6%	<i>Visit's area</i>	3%
<i>Association areas</i>	17%	<i>In wing showers</i>	19%
<i>Reception area</i>	3%	<i>In gym showers</i>	7%
<i>At the gym</i>	10%	<i>In corridors/stairwells</i>	6%
<i>In an exercise yard</i>	5%	<i>On your landing/wing</i>	6%
<i>At work</i>	6%	<i>In your cell</i>	3%

During Movement..... 15% *At religious services*..... 2%
At education..... 10%

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

Yes 19%
 No 81%

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

<i>Insulting remarks (about you or your family or friends)</i>	8%	<i>Because you were new here</i>	7%
<i>Physical abuse (being hit, kicked or assaulted)</i>	3%	<i>Because of your sexuality</i>	2%
<i>Sexual abuse</i>	1%	<i>Because you have a disability</i>	0%
<i>Because of your race or ethnic origin</i>	3%	<i>Because of your religion/religious beliefs</i>	2%
<i>Because of drugs</i>	0%	<i>Being from a different part of the country than others</i>	2%
<i>Having your canteen/property taken</i>	4%	<i>Because of your offence/ crime</i>	3%

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

Yes 19%
 No 81%

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

<i>Insulting remarks (about you or your family or friends)</i>	8%	<i>Because of your sexuality</i>	0%
<i>Physical abuse (being hit, kicked or assaulted)</i>	5%	<i>Because you have a disability</i>	0%
<i>Sexual abuse</i>	0%	<i>Because of your religion/religious beliefs</i>	3%
<i>Because of your race or ethnic origin</i>	6%	<i>Being from a different part of the country than others</i>	4%
<i>Because of drugs</i>	0%	<i>Because of your offence/ crime</i>	2%
<i>Because you were new here</i>	6%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised 69%
 Yes 11%
 No 20%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes 27%
 No 73%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes 16%
 No 84%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

Very easy *Easy* *Neither* *Difficult* *Very difficult* *Don't know*
 5% 5% 7% 4% 8% 70%

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	13%	11%	42%	12%	16%	6%
The nurse	12%	16%	47%	11%	10%	4%
The dentist	19%	6%	21%	10%	24%	20%
The optician	38%	6%	17%	13%	15%	11%

Q6.2 Are you able to see a pharmacist?

Yes 58%
 No 42%

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	19%	19%	40%	10%	10%	2%
The nurse	15%	20%	40%	16%	7%	3%
The dentist	39%	10%	20%	13%	12%	7%
The optician	52%	9%	17%	13%	8%	2%

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

Not been *Very good* *Good* *Neither* *Bad* *Very bad*
 11% 13% 40% 21% 10% 5%

Q6.5 Are you currently taking medication?

Yes 24%
 No 76%

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

Not taking medication 76%
 Yes 18%
 No 5%

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

Yes 16%
 No 84%

- Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**
- | | |
|--|-----|
| <i>Do not have any issues / Not receiving any help</i> | 93% |
| <i>Doctor</i> | 5% |
| <i>Nurse</i> | 3% |
| <i>Psychiatrist</i> | 2% |
| <i>Mental Health In Reach team</i> | 6% |
| <i>Counsellor</i> | 2% |
| <i>Other</i> | 1% |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 28% | 72% |
| Alcohol | 25% | 75% |
- Q6.10 Have you developed a problem with either of the following since you have been in this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 5% | 95% |
| Alcohol | 2% | 98% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| Yes | 36% |
| No..... | 2% |
| <i>Did not / do not have a drug or alcohol problem</i> | 63% |
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**
- | | |
|--|-----|
| Yes | 33% |
| No..... | 5% |
| <i>Did not / do not have a drug or alcohol problem</i> | 62% |
- Q6.13 Was the intervention or help you received, whilst in this prison, helpful?**
- | | |
|--|-----|
| Yes | 27% |
| No..... | 5% |
| <i>Did not have a problem/Have not received help</i> | 68% |
- 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 | 6% | 81% | 13% |
| Alcohol | 3% | 79% | 17% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
- | | |
|-----------|-----|
| Yes | 13% |
|-----------|-----|

No..... 8%
 N/A..... 79%

Section 7: Purposeful Activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Prison job 37%
 Vocational or skills training 22%
 Education (including basic skills)..... 36%
 Offending behaviour programmes..... 7%
Not involved in any of these..... 27%

Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	33%	36%	23%	8%
Vocational or skills training	28%	53%	8%	10%
Education (including basic skills)	15%	63%	14%	9%
Offending behaviour programmes	41%	39%	11%	9%

Q7.3 How often do you go to the library?

Don't want to go..... 6%
 Never..... 13%
 Less than once a week 20%
 About once a week 53%
 More than once a week..... 3%
 Don't know..... 6%

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
9%	6%	23%	51%	5%	0%	5%

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
6%	49%	15%	10%	9%	10%

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)

Less than 2 hours 21%
 2 to less than 4 hours 16%
 4 to less than 6 hours 18%
 6 to less than 8 hours 20%
 8 to less than 10 hours 9%
 10 hours or more 5%
 Don't know 11%

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>
2%	3%	1%	27%	63%	5%

Q7.8 How often do staff normally speak to you during association time?

<i>Do not go on association</i>	6%
<i>Never</i>	11%
<i>Rarely</i>	20%
<i>Some of the time</i>	38%
<i>Most of the time</i>	13%
<i>All of the time</i>	13%

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

<i>Still have not met him/her</i>	12%
<i>In the first week</i>	46%
<i>More than a week</i>	29%
<i>Don't remember</i>	13%

Q8.2 How helpful do you think your personal officer is?

<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
12%	23%	36%	13%	12%	5%

Q8.3 Do you have a sentence plan/OASys?

<i>Not sentenced</i>	0%
<i>Yes</i>	67%
<i>No</i>	33%

Q8.4 How involved were you in the development of your sentence plan?

<i>Do not have a sentence plan/OASys</i>	34%
<i>Very involved</i>	19%
<i>Involved</i>	24%
<i>Neither</i>	6%
<i>Not very involved</i>	13%
<i>Not at all involved</i>	5%

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>	34%
<i>Yes</i>	55%
<i>No</i>	11%

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>				34%
	Yes				33%
	No.....				33%
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%
	Yes				43%
	No.....				57%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes				28%
	No.....				72%
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes				38%
	No.....				56%
	<i>Don't know</i>				6%
Q8.10	Have you had any problems getting access to the telephones?				
	Yes				51%
	No.....				48%
	<i>Don't know</i>				1%
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				2%
	Yes				12%
	No.....				81%
	<i>Don't remember</i>				6%
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)				
	<i>Don't know what my entitlement is</i>				23%
	Yes				65%
	No.....				12%
Q8.13	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
		2%	66%	31%	1%
					0%
Q8.14	Have you been helped to maintain contact with your family/friends whilst in this prison?				
	Yes				44%
	No.....				56%

**Q8.15 Do you know who to contact to get help with the following within this prison:
(please tick all that apply)**

<i>Don't know who to contact</i>	39%	<i>Help with your finances in preparation for release</i>	25%
<i>Maintaining good relationships</i>	25%	<i>Claiming benefits on release</i>	29%
<i>Avoiding bad relationships</i>	19%	<i>Arranging a place at college/continuing education on release</i>	37%
<i>Finding a job on release</i>	42%	<i>Continuity of health services on release</i>	18%
<i>Finding accommodation on release</i>	43%	<i>Opening a bank account</i>	28%

Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)

<i>No problems</i>	39%	<i>Help with your finances in preparation for release</i>	23%
<i>Maintaining good relationships</i>	12%	<i>Claiming benefits on release</i>	17%
<i>Avoiding bad relationships</i>	15%	<i>Arranging a place at college/continuing education on release</i>	18%
<i>Finding a job on release</i>	40%	<i>Continuity of health services on release</i>	10%
<i>Finding accommodation on release</i>	25%	<i>Opening a bank account</i>	9%

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%
<i>Yes</i>	60%
<i>No</i>	40%



Prisoner Survey Responses HMYOI Portland 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

		Hardy & Rodney wings	All other wings
	Any percent highlighted in green is significantly better		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		25	109
SECTION 1: General Information			
2	Are you under 21 years of age?	92%	89%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	4%	4%
4a	Is your sentence less than 12 months?	17%	17%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	4%
5	Do you have six months or less to serve?	40%	42%
6	Have you been in this prison less than a month?	0%	10%
7	Are you a foreign national?	14%	13%
8	Is English your first language?	91%	87%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	44%	46%
10	Are you Muslim?	21%	18%
11	Are you homosexual/gay or bisexual?	0%	2%
12	Do you consider yourself to have a disability?	4%	10%
13	Is this your first time in prison?	68%	49%
14	Have you been in more than 5 prisons this time?	0%	4%
15	Do you have any children under the age of 18?	20%	21%
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?	60%	54%
1b	Was your personal safety during the journey good/very good?	50%	67%
1c	Was the comfort of the van good/very good?	13%	16%
1d	Was the attention paid to your health needs good/very good?	31%	42%
1e	Was the frequency of toilet breaks good/very good?	8%	12%
2	Did you spend more than four hours in the van?	4%	20%
3	Were you treated well/very well by the escort staff?	67%	71%
4a	Did you know where you were going when you left court or when transferred from another prison?	96%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	40%	38%
4c	When you first arrived here did your property arrive at the same time as you?	80%	90%

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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?	10%	23%
1c	Housing problems?	36%	34%
1d	Problems contacting employers?	18%	17%
1e	Problems contacting family?	64%	58%
1f	Problems ensuring dependants were looked after?	14%	15%
1g	Money problems?	14%	27%
1h	Problems of feeling depressed/suicidal?	46%	41%
1i	Health problems?	50%	60%
1j	Problems in needing protection from other prisoners?	18%	20%
1k	Problems accessing phone numbers?	50%	54%
2	When you first arrived:		
2a	Did you have any problems?	67%	60%
2b	Did you have any problems with loss of property?	33%	17%
2c	Did you have any housing problems?	19%	28%
2d	Did you have any problems contacting employers?	0%	8%
2e	Did you have any problems contacting family?	29%	23%
2f	Did you have any problems ensuring dependants were being looked after?	4%	1%
2g	Did you have any money worries?	10%	22%
2h	Did you have any problems with feeling depressed or suicidal?	4%	16%
2i	Did you have any health problems?	10%	16%
2j	Did you have any problems with needing protection from other prisoners?	4%	11%
2k	Did you have problems accessing phone numbers?	10%	11%
3a	Were you seen by a member of health services in reception?	92%	97%
3b	When you were searched in reception, was this carried out in a respectful way?	80%	79%
4	Were you treated well/very well in reception?	60%	62%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	50%	54%
5b	Information about what support was available for people feeling depressed or suicidal?	62%	58%
5c	Information about how to make routine requests?	46%	57%
5d	Information about your entitlement to visits?	71%	67%
5e	Information about health services?	67%	71%
5f	Information about the chaplaincy?	54%	67%

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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?	91%	97%
6b	The opportunity to have a shower?	50%	60%
6c	The opportunity to make a free telephone call?	38%	66%
6d	Something to eat?	79%	91%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	17%	35%
7b	Someone from health services?	79%	87%
7c	A listener/Samaritans?	9%	16%
8	Did you have access to the prison shop/canteen within the first 24 hours?	16%	11%
9	Did you feel safe on your first night here?	84%	78%
10	Have you been on an induction course?	96%	87%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	58%	63%
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?	33%	38%
1b	Attend legal visits?	21%	42%
1c	Obtain bail information?	9%	23%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	16%	25%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	84%	70%
3b	Are you normally able to have a shower every day?	72%	71%
3c	Do you normally receive clean sheets every week?	87%	85%
3d	Do you normally get cell cleaning materials every week?	31%	41%
3e	Is your cell call bell normally answered within five minutes?	50%	51%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	59%
3g	Can you normally get your stored property, if you need to?	29%	33%
4	Is the food in this prison good/very good?	32%	37%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	42%
6a	Is it easy/very easy to get a complaints form?	80%	89%
6b	Is it easy/very easy to get an application form?	84%	91%
7	Have you made an application?	96%	91%

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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?	91%	69%
8b	Do you feel applications are dealt with promptly? (within 7 days)	57%	52%
9	Have you made a complaint?	28%	40%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	57%	40%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	65%	36%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	0%	21%
10c	Were you given information about how to make an appeal?	17%	35%
12	Is it easy/very easy to see the Independent Monitoring Board?	22%	33%
13a	Do you feel your religious beliefs are respected?	60%	58%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	40%	60%
14	Are you able to speak to a Listener at any time, if you want to?	36%	47%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	87%	79%
15b	Do most staff, in this prison, treat you with respect?	87%	75%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	28%	42%
2	Do you feel unsafe in this prison at the moment?	4%	17%
4	Have you been victimised by another prisoner?	16%	20%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	8%	9%
5b	Hit, kicked or assaulted you?	0%	4%
5c	Sexually abused you?	0%	1%
5d	Victimised you because of your race or ethnic origin?	4%	3%
5e	Victimised you because of drugs?	0%	0%
5f	Taken your canteen/property?	8%	3%
5g	Victimised you because you were new here?	8%	7%
5h	Victimised you because of your sexuality?	0%	2%
5i	Victimised you because you have a disability?	0%	0%
5j	Victimised you because of your religion/religious beliefs?	0%	2%
5k	Victimised you because you were from a different part of the country?	0%	3%
5l	Victimised you because of your offence/crime?	0%	4%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	8%	22%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	0%	10%
7b	Hit, kicked or assaulted you?	4%	6%
7c	Sexually abused you?	0%	0%
7d	Victimised you because of your race or ethnic origin?	0%	8%
7e	Victimised you because of drugs?	0%	0%
7f	Victimised you because you were new here?	4%	7%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	0%	0%
7i	Victimised you because of your religion/religious beliefs?	0%	4%
7j	Victimised you because you were from a different part of the country?	0%	5%
7k	Victimised you because of your offence/crime?	0%	2%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	35%	35%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	12%	30%
10	Have you ever felt threatened or intimidated by a member of staff in here?	12%	17%
11	Is it easy/very easy to get illegal drugs in this prison?	4%	12%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	42%	55%
1b	Is it easy/very easy to see the nurse?	52%	65%
1c	Is it easy/very easy to see the dentist?	25%	28%
1d	Is it easy/very easy to see the optician?	25%	23%
2	Are you able to see a pharmacist?	59%	58%
For those who have been to the following services, do you think the quality of the health service from following is good/very good:			
3a	The doctor?	53%	76%
3b	The nurse?	65%	71%
3c	The dentist?	40%	51%
3d	The optician?	50%	55%
4	The overall quality of health services?	48%	63%

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Healthcare continued			
5	Are you currently taking medication?	20%	25%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	100%	73%
7	Do you feel you have any emotional well being/mental health issues?	0%	20%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	\	44%
8b	A doctor?	\	38%
8c	A nurse?	\	25%
8d	A psychiatrist?	\	19%
8e	The Mental Health In-Reach Team?	\	44%
8f	A counsellor?	\	13%
9a	Did you have a drug problem when you came into this prison?	16%	31%
9b	Did you have an alcohol problem when you came into this prison?	13%	28%
10a	Have you developed a drug problem since you have been in this prison?	0%	6%
10b	Have you developed an alcohol problem since you have been in this prison?	0%	3%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	100%	95%
12	Have you received any help or intervention whilst in this prison?	100%	84%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	81%	86%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	16%	19%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	20%	21%
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?	77%	57%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	36%	38%
1b	Vocational or skills training?	16%	23%
1c	Education (including basic skills)?	52%	32%
1d	Offending Behaviour Programmes?	8%	7%

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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	54%	70%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	25%	59%
2bi	Have you been involved in vocational or skills training whilst in prison?	66%	73%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	75%	74%
2ci	Have you been involved in education whilst in prison?	87%	85%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	80%	72%
2di	Have you been involved in offending behaviour programmes whilst in prison?	37%	65%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	70%	65%
3	Do you go to the library at least once a week?	72%	52%
4	On average, do you go to the gym at least twice a week?	67%	54%
5	On average, do you go outside for exercise three or more times a week?	0%	23%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	5%
7	On average, do you go on association more than five times each week?	72%	61%
8	Do staff normally speak to you most of the time/all of the time during association?	16%	27%
SECTION 8: Resettlement			
1	Do you have a personal officer?	88%	89%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	71%	65%
For those who are sentenced:			
3	Do you have a sentence plan?	71%	66%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	59%	67%
5	Can you achieve some/all of your sentence plan targets in this prison?	64%	88%
6	Are there plans for you to achieve some/all your targets in another prison?	31%	55%
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?	31%	46%
8	Do you feel that any member of staff has helped you to prepare for release?	24%	29%
9	Have you had any problems with sending or receiving mail?	40%	38%
10	Have you had any problems getting access to the telephones?	44%	53%
11	Did you have a visit in the first week that you were here?	4%	14%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	76%	62%

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Resettlement continued			
13	Did you receive one or more visits in the last week?	20%	35%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	44%	44%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	17%	27%
15c	Avoiding bad relationships?	4%	23%
15d	Finding a job on release?	43%	42%
15e	Finding accommodation on release?	52%	41%
15f	With money/finances on release?	4%	31%
15g	Claiming benefits on release?	26%	30%
15h	Arranging a place at college/continuing education on release?	43%	35%
15i	Accessing health services on release?	9%	20%
15j	Opening a bank account on release?	17%	31%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	9%	13%
16c	Avoiding bad relationships?	13%	15%
16d	Finding a job?	52%	37%
16e	Finding accommodation?	31%	24%
16f	Money/finances?	31%	22%
16g	Claiming benefits?	13%	17%
16h	Arranging a place at college/continuing education?	13%	20%
16i	Accessing health services?	9%	10%
16j	Opening a bank account?	13%	8%
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?	58%	61%



Prisoner Survey Responses HMYOI Portland 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

		HMYOI Portland	YOI comparator	HMYOI Portland 2009	HMYOI Portland 2007
	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		134	1956	134	110
SECTION 1: General Information					
2	Are you under 21 years of age?	90%	87%	90%	83%
3a	Are you sentenced?	100%	82%	100%	99%
3b	Are you on recall?	4%	5%	4%	11%
4a	Is your sentence less than 12 months?	17%	17%	17%	17%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	0%
5	Do you have six months or less to serve?	42%	38%	42%	47%
6	Have you been in this prison less than a month?	9%	16%	9%	
7	Are you a foreign national?	13%	10%	13%	10%
8	Is English your first language?	88%	93%	88%	89%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	46%	29%	46%	42%
10	Are you Muslim?	19%	16%	19%	25%
11	Are you homosexual/gay or bisexual?	2%	2%	2%	1%
12	Do you consider yourself to have a disability?	9%	11%	9%	6%
13	Is this your first time in prison?	53%	43%	53%	46%
14	Have you been in more than 5 prisons this time?	3%	3%	3%	
15	Do you have any children under the age of 18?	21%	24%	21%	21%
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?	55%	35%	55%	44%
1b	Was your personal safety during the journey good/very good?	64%	58%	64%	58%
1c	Was the comfort of the van good/very good?	15%	11%	15%	15%
1d	Was the attention paid to your health needs good/very good?	40%	31%	40%	38%
1e	Was the frequency of toilet breaks good/very good?	11%	12%	11%	14%
2	Did you spend more than four hours in the van?	17%	6%	17%	16%
3	Were you treated well/very well by the escort staff?	70%	65%	70%	68%
4a	Did you know where you were going when you left court or when transferred from another prison?	84%	79%	84%	86%
4b	Before you arrived here did you receive any written information about what would happen to you?	38%	21%	38%	42%
4c	When you first arrived here did your property arrive at the same time as you?	88%	85%	88%	87%

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		HMYOI Portland	YOI comparator	HMYOI Portland 2009	HMYOI Portland 2007
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?	20%	12%	20%	
1c	Housing problems?	34%	29%	34%	
1d	Problems contacting employers?	17%	11%	17%	
1e	Problems contacting family?	59%	65%	59%	
1f	Problems ensuring dependants were looked after?	15%	12%	15%	
1g	Money problems?	24%	16%	24%	
1h	Problems of feeling depressed/suicidal?	41%	51%	41%	
1i	Health problems?	59%	62%	59%	
1j	Problems in needing protection from other prisoners?	20%	15%	20%	
1k	Problems accessing phone numbers?	53%	43%	53%	
2	When you first arrived:				
2a	Did you have any problems?	62%	56%	62%	62%
2b	Did you have any problems with loss of property?	21%	10%	21%	8%
2c	Did you have any housing problems?	26%	15%	26%	18%
2d	Did you have any problems contacting employers?	7%	4%	7%	3%
2e	Did you have any problems contacting family?	24%	21%	24%	18%
2f	Did you have any problems ensuring dependants were being looked after?	2%	3%	2%	1%
2g	Did you have any money worries?	20%	20%	20%	15%
2h	Did you have any problems with feeling depressed or suicidal?	14%	14%	14%	14%
2i	Did you have any health problems?	15%	9%	15%	13%
2j	Did you have any problems with needing protection from other prisoners?	9%	5%	9%	8%
2k	Did you have problems accessing phone numbers?	10%	16%	10%	
3a	Were you seen by a member of health services in reception?	96%	89%	96%	98%
3b	When you were searched in reception, was this carried out in a respectful way?	79%	72%	79%	60%
4	Were you treated well/very well in reception?	62%	62%	62%	56%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	54%	55%	54%	64%
5b	Information about what support was available for people feeling depressed or suicidal?	59%	52%	59%	60%
5c	Information about how to make routine requests?	54%	44%	54%	46%
5d	Information about your entitlement to visits?	68%	55%	68%	65%
5e	Information about health services?	71%	64%	71%	
5f	Information about the chaplaincy?	65%	56%	65%	

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		HMYOI Portland	YOI comparator	HMYOI Portland 2009	HMYOI Portland 2007
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?	96%	84%	96%	75%
6b	The opportunity to have a shower?	58%	39%	58%	54%
6c	The opportunity to make a free telephone call?	60%	73%	60%	60%
6d	Something to eat?	89%	82%	89%	78%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	32%	47%	32%	53%
7b	Someone from health services?	86%	69%	86%	72%
7c	A listener/Samaritans?	14%	22%	14%	34%
8	Did you have access to the prison shop/canteen within the first 24 hours?	12%	18%	12%	29%
9	Did you feel safe on your first night here?	79%	79%	79%	83%
10	Have you been on an induction course?	89%	90%	89%	92%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	62%	65%	62%	57%
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?	37%	58%	37%	50%
1b	Attend legal visits?	38%	66%	38%	59%
1c	Obtain bail information?	20%	42%	20%	34%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	23%	39%	23%	28%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	73%	51%	73%	82%
3b	Are you normally able to have a shower every day?	71%	56%	71%	36%
3c	Do you normally receive clean sheets every week?	85%	82%	85%	77%
3d	Do you normally get cell cleaning materials every week?	39%	58%	39%	29%
3e	Is your cell call bell normally answered within five minutes?	51%	43%	51%	42%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	58%	60%	68%
3g	Can you normally get your stored property, if you need to?	32%	34%	32%	36%
4	Is the food in this prison good/very good?	36%	26%	36%	21%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	44%	43%	65%
6a	Is it easy/very easy to get a complaints form?	87%	79%	87%	89%
6b	Is it easy/very easy to get an application form?	90%	83%	90%	93%
7	Have you made an application?	92%	78%	92%	77%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		HMYOI Portland	YOI comparator	HMYOI Portland 2009	HMYOI Portland 2007
SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	74%	62%	74%	67%
8b	Do you feel applications are dealt with promptly? (within 7 days)	53%	51%	53%	60%
9	Have you made a complaint?	38%	46%	38%	50%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	42%	38%	42%	35%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	40%	40%	40%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	25%	19%	32%
10c	Were you given information about how to make an appeal?	32%	30%	32%	31%
12	Is it easy/very easy to see the Independent Monitoring Board?	32%	24%	32%	28%
13a	Do you feel your religious beliefs are respected?	59%	49%	59%	42%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	54%	56%	60%
14	Are you able to speak to a Listener at any time, if you want to?	45%	47%	45%	59%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	69%	81%	62%
15b	Do most staff, in this prison, treat you with respect?	77%	66%	77%	59%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	39%	32%	39%	36%
2	Do you feel unsafe in this prison at the moment?	15%	15%	15%	19%
4	Have you been victimised by another prisoner?	19%	21%	19%	24%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	9%	13%	9%	11%
5b	Hit, kicked or assaulted you?	3%	10%	3%	10%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	3%	3%	3%	4%
5e	Victimised you because of drugs?	0%	2%	0%	1%
5f	Taken your canteen/property?	4%	5%	4%	5%
5g	Victimised you because you were new here?	7%	6%	7%	3%
5h	Victimised you because of your sexuality?	2%	2%	2%	0%
5i	Victimised you because you have a disability?	0%	1%	0%	0%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	3%
5k	Victimised you because you were from a different part of the country?	2%	6%	2%	5%
5l	Victimised you because of your offence/crime?	3%	6%	3%	

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		HMYOI Portland	YOI comparator	HMYOI Portland 2009	HMYOI Portland 2007
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	19%	22%	19%	30%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	8%	12%	8%	17%
7b	Hit, kicked or assaulted you?	5%	4%	5%	5%
7c	Sexually abused you?	0%	1%	0%	1%
7d	Victimised you because of your race or ethnic origin?	6%	4%	6%	6%
7e	Victimised you because of drugs?	0%	1%	0%	1%
7f	Victimised you because you were new here?	6%	6%	6%	4%
7g	Victimised you because of your sexuality?	0%	1%	0%	0%
7h	Victimised you because you have a disability?	0%	2%	0%	1%
7i	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
7j	Victimised you because you were from a different part of the country?	4%	5%	4%	5%
7k	Victimised you because of your offence/crime?	2%	5%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	35%	31%	35%	41%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	27%	25%	27%	27%
10	Have you ever felt threatened or intimidated by a member of staff in here?	16%	19%	16%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	11%	21%	11%	18%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	53%	45%	53%	
1b	Is it easy/very easy to see the nurse?	63%	66%	63%	
1c	Is it easy/very easy to see the dentist?	27%	16%	27%	
1d	Is it easy/very easy to see the optician?	23%	15%	23%	
2	Are you able to see a pharmacist?	58%	52%	58%	
For those who have been to the following services, do you think the quality of the health service from following is good/very good:					
3a	The doctor?	72%	57%	72%	69%
3b	The nurse?	70%	66%	70%	73%
3c	The dentist?	49%	43%	49%	67%
3d	The optician?	54%	43%	54%	59%
4	The overall quality of health services?	60%	53%	60%	57%

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		HMYOI Portland	YOI comparator	HMYOI Portland 2009	HMYOI Portland 2007
Healthcare continued					
5	Are you currently taking medication?	24%	23%	24%	21%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	77%	57%	77%	75%
7	Do you feel you have any emotional well being/mental health issues?	16%	26%	16%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	44%	44%	44%	
8b	A doctor?	38%	23%	38%	
8c	A nurse?	25%	18%	25%	
8d	A psychiatrist?	19%	30%	16%	
8e	The Mental Health In-Reach Team?	44%	33%	44%	
8f	A counsellor?	13%	19%	13%	
9a	Did you have a drug problem when you came into this prison?	28%	18%	28%	8%
9b	Did you have an alcohol problem when you came into this prison?	25%	15%	25%	8%
10a	Have you developed a drug problem since you have been in this prison?	5%	6%	5%	
10b	Have you developed an alcohol problem since you have been in this prison?	3%	3%	3%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	96%	77%	96%	
12	Have you received any help or intervention whilst in this prison?	86%	66%	86%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	85%	80%	85%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	19%	26%	19%	21%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	21%	25%	21%	20%
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?	60%	46%	60%	70%
SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	37%	39%	37%	
1b	Vocational or skills training?	22%	23%	22%	
1c	Education (including basic skills)?	36%	39%	36%	
1d	Offending Behaviour Programmes?	7%	15%	7%	

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		HMYOI Portland	YOI comparator	HMYOI Portland 2009	HMYOI Portland 2007
Purposeful Activity continued					
2ai	Have you had a job whilst in prison?	67%	71%	67%	73%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	54%	53%	54%	57%
2bi	Have you been involved in vocational or skills training whilst in prison?	72%	64%	72%	74%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	75%	57%	75%	70%
2ci	Have you been involved in education whilst in prison?	86%	76%	86%	83%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	74%	64%	74%	71%
2di	Have you been involved in offending behaviour programmes whilst in prison?	59%	60%	59%	66%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	66%	60%	66%	65%
3	Do you go to the library at least once a week?	56%	28%	56%	56%
4	On average, do you go to the gym at least twice a week?	57%	51%	57%	19%
5	On average, do you go outside for exercise three or more times a week?	19%	41%	19%	8%
6	On average, do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	7%
7	On average, do you go on association more than five times each week?	63%	40%	63%	30%
8	Do staff normally speak to you most of the time/all of the time during association?	25%	22%	25%	25%
SECTION 8: Resettlement					
1	Do you have a personal officer?	88%	66%	88%	71%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	66%	61%	66%	62%
For those who are sentenced:					
3	Do you have a sentence plan?	67%	55%	67%	53%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	65%	68%	65%	76%
5	Can you achieve some/all of your sentence plan targets in this prison?	83%	78%	83%	84%
6	Are there plans for you to achieve some/all your targets in another prison?	51%	52%	51%	45%
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?	43%	32%	43%	
8	Do you feel that any member of staff has helped you to prepare for release?	28%	15%	28%	
9	Have you had any problems with sending or receiving mail?	38%	40%	38%	33%
10	Have you had any problems getting access to the telephones?	51%	31%	51%	30%
11	Did you have a visit in the first week that you were here?	12%	39%	12%	17%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	65%	66%	65%	62%

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Resettlement continued					
13	Did you receive one or more visits in the last week?	32%	46%	32%	20%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	44%	46%	44%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	25%	17%	25%	
15c	Avoiding bad relationships?	19%	13%	19%	
15d	Finding a job on release?	42%	44%	42%	48%
15e	Finding accommodation on release?	43%	47%	43%	43%
15f	With money/finances on release?	25%	32%	25%	35%
15g	Claiming benefits on release?	29%	41%	29%	43%
15h	Arranging a place at college/continuing education on release?	37%	38%	37%	44%
15i	Accessing health services on release?	18%	37%	18%	48%
15j	Opening a bank account on release?	28%	29%	28%	45%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	12%	14%	12%	
16c	Avoiding bad relationships?	15%	18%	15%	
16d	Finding a job?	40%	57%	40%	46%
16e	Finding accommodation?	25%	38%	25%	33%
16f	Money/finances?	24%	45%	24%	44%
16g	Claiming benefits?	17%	32%	17%	26%
16h	Arranging a place at college/continuing education?	18%	40%	18%	39%
16i	Accessing health services?	10%	17%	10%	13%
16j	Opening a bank account?	9%	26%	9%	25%
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?	60%	62%	60%	54%


Key Question Responses (Ethnicity, Nationality and Religion) HMYOI Portland 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

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
Any percent highlighted in green is significantly better							
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							
Number of completed questionnaires returned		60	72	16	108	24	106
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.7	Are you a foreign national?	19%	6%			26%	9%
1.8	Is English your first language?	79%	96%	50%	92%	58%	95%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			73%	43%	87%	36%
1.10	Are you Muslim?	35%	4%	40%	16%		
1.12	Do you consider yourself to have a disability?	5%	11%	20%	7%	4%	10%
1.13	Is this your first time in prison?	44%	60%	53%	55%	50%	54%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	30%	46%	28%	40%	41%	40%
2.3	Were you treated well/very well by the escort staff?	66%	74%	75%	69%	75%	70%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	87%	83%	81%	85%	87%	84%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	59%	60%	50%	63%	50%	63%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	36%	45%	35%	45%	36%	42%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	57%	50%	62%	64%	60%
3.2a	Did you have any problems when you first arrived?	69%	57%	100%	57%	75%	58%
3.3a	Were you seen by a member of healthcare staff in reception?	95%	97%	94%	96%	87%	98%
3.3b	When you were searched in reception, was this carried out in a respectful way?	73%	86%	43%	83%	69%	83%
3.4	Were you treated well/very well in reception?	54%	67%	69%	60%	54%	63%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	89%	84%	70%	87%	79%	88%
3.9	Did you feel safe on your first night here?	77%	81%	75%	79%	84%	79%
3.10	Have you been on an induction course?	89%	89%	87%	89%	91%	88%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	43%	31%	36%	29%	38%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	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						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	67%	76%	53%	76%	71%	73%
4.3b	Are you normally able to have a shower every day?	63%	78%	62%	71%	62%	73%
4.3e	Is your cell call bell normally answered within five minutes?	48%	54%	25%	59%	52%	52%
4.4	Is the food in this prison good/very good?	32%	38%	19%	37%	21%	38%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	25%	56%	31%	44%	21%	48%
4.6a	Is it easy/very easy to get a complaints form?	79%	95%	75%	88%	83%	90%
4.6b	Is it easy/very easy to get an application form?	88%	93%	75%	91%	86%	92%
4.9	Have you made a complaint?	30%	43%	22%	41%	33%	39%
4.13a	Do you feel your religious beliefs are respected?	62%	57%	50%	61%	61%	57%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	55%	43%	58%	74%	53%
4.14	Are you able to speak to a Listener at any time, if you want to?	34%	55%	22%	47%	28%	49%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	91%	67%	84%	69%	83%
4.15b	Do most staff, in this prison, treat you with respect?	63%	89%	62%	81%	54%	81%
5.1	Have you ever felt unsafe in this prison?	33%	44%	47%	39%	26%	41%
5.2	Do you feel unsafe in this prison at the moment?	12%	16%	33%	12%	10%	15%
5.4	Have you been victimised by another prisoner?	19%	18%	31%	18%	13%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	1%	0%	4%	4%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	0%	0%	0%	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	0%	13%	0%	0%	1%
5.6	Have you been victimised by a member of staff?	21%	17%	31%	17%	31%	16%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	1%	25%	3%	13%	4%
5.7h	Have you been victimised because you have a disability? (By staff)	0%	0%	0%	0%	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	0%	13%	2%	13%	0%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
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5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	32%	27%	26%	18%	29%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	14%	30%	12%	29%	14%
5.11	Is it easy/very easy to get illegal drugs in this prison?	9%	13%	6%	13%	10%	12%
6.1a	Is it easy/very easy to see the doctor?	45%	61%	33%	56%	52%	53%
6.1b	Is it easy/ very easy to see the nurse?	54%	70%	53%	66%	61%	64%
6.2	Are you able to see a pharmacist?	51%	66%	40%	58%	58%	59%
6.5	Are you currently taking medication?	24%	23%	27%	26%	13%	26%
6.7	Do you feel you have any emotional well being/mental health issues?	7%	23%	6%	18%	0%	20%
7.1a	Are you currently working in the prison?	35%	39%	33%	39%	35%	38%
7.1b	Are you currently undertaking vocational or skills training?	21%	23%	0%	25%	13%	24%
7.1c	Are you currently in education (including basic skills)?	42%	31%	20%	37%	31%	36%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	7%	7%	0%	9%	0%	8%
7.3	Do you go to the library at least once a week?	62%	51%	57%	56%	50%	58%
7.4	On average, do you go to the gym at least twice a week?	67%	48%	60%	56%	69%	54%
7.5	On average, do you go outside for exercise three or more times a week?	18%	21%	14%	20%	18%	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)	5%	6%	15%	3%	4%	6%
7.7	On average, do you go on association more than five times each week?	67%	61%	47%	68%	65%	63%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	33%	14%	25%	18%	27%
8.1	Do you have a personal officer?	84%	91%	93%	88%	91%	87%
8.9	Have you had any problems sending or receiving mail?	36%	41%	53%	37%	39%	38%
8.10	Have you had any problems getting access to the telephones?	43%	58%	60%	51%	43%	54%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	64%	67%	54%	67%	72%	64%