

Report on an announced inspection of

HMYOI Reading

1–5 June 2009

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	19
First days in custody	19
2 Environment and relationships	
<hr/>	
Residential units	23
Staff-prisoner relationships	25
Personal officers	26
3 Duty of care	
<hr/>	
Bullying and violence reduction	27
Self-harm and suicide	28
Diversity	30
Race equality	31
Foreign national prisoners	33
Applications and complaints	34
Legal rights	35
Substance use	36
Vulnerable prisoners	38
4 Health services	
<hr/>	
	41
5 Activities	
<hr/>	
Learning and skills and work activities	51
Physical education and health promotion	54
Faith and religious activity	55
Time out of cell	56
6 Good order	
<hr/>	
Security and rules	59
Discipline	60
Incentives and earned privileges	63

7 Services

Catering	67
Prison shop	68

8 Resettlement

Strategic management of resettlement	71
Offender management and planning	73
Resettlement pathways	77

9 Recommendations, housekeeping points and good practice

85

Appendices

I Inspection team	97
II Prison population profile	98
III Summary of prisoner questionnaires and interviews	100

Introduction

Reading jail has had a long and interesting history. Built in 1844, it has had a number of roles, but since 1992 it has been a young offender institution and remand centre for convicted, sentenced and remanded young adult male prisoners. Our last inspection recorded some pockets of excellence, but also areas of deterioration. Commendably, this full announced inspection found that Reading was now performing reasonably well across all the principal areas that we inspect.

Much had been done to allay our previous concerns over safety. Early days were well managed, although the lack of 24-hour health services prevented some late arrivals from receiving timely screening. Suicide and self-harm prevention and violence reduction arrangements had received considerable attention. Prisoners now felt safer and levels of assaults among this volatile age group had reduced. Vulnerable prisoners were kept safe, although their accommodation remained subterranean. There was little drug use and treatment had improved. However, there were still some areas of concern. In particular, there had been over-use of both strip conditions for the suicidal and special accommodation for the refractory. These are extreme measures and should only ever be used exceptionally.

Environmental standards were reasonable, considering the archaic nature of the prison. Staff-prisoner relationships were generally satisfactory, although the personal officer scheme remained weak. Race was well managed but the diversity agenda was underdeveloped. The chaplaincy continued to offer a good service and health services, despite the lack of 24-hour cover, were much improved.

Efforts had been made to mitigate the limited facilities and resources available for purposeful activity in a small Victorian city-centre site. However, not all prisoners received evening association. Learning and skills had improved and there were sufficient activity places for the population, although only four out of five were occupied. Work remained limited but opportunities for vocational training had begun to increase.

There was a need for better coordination and strategic management of resettlement and offender management. There were also weaknesses in sentence and custody planning. Nevertheless, prisoners had access to an appropriate and reasonable range of services along all the resettlement pathways. Kennet unit remained an exceptional facility offering a small number of prisoners high quality resettlement opportunities, but it remained under-used and, once again, we call on regional and national authorities to maximise use of this resource.

Reading has made considerable improvements over recent years. This is all the more commendable because the prison has had to contend with the limitations of outdated buildings and the challenge of a volatile population of young adult offenders. The establishment was now a much safer place and staff-prisoner relationships were reasonable. Efforts had also been made to improve the range and quality of purposeful activity and to develop resettlement services. There is still more to do but the governor and her staff deserve credit for what has been achieved.

Anne Owers
HM Chief Inspector of Prisons

July 2009

Fact page

Task of establishment

Closed young offender institution and remand centre, holding convicted, sentenced and remanded young adult male prisoners aged between 18 and 21. Prisoners can be held until the age of 24 in the Kennet unit.

Area organisation

South Central

Number held

1 June 2009: 234

Certified normal accommodation

190

Operational capacity

297

Last inspection

21-25 May 2007 – full unannounced follow-up

Brief history

Reading was built in 1844 on the site of a former small jail. In 1973 Reading was designated as a local prison and in 1992 re-roled as a remand centre and young offender institution.

Description of residential units

A mixture of single and double accommodation cells contained on three Victorian wings -

A wing	Standard and basic prisoners
B wing	Workers
C wing	Induction/enhanced prisoners
E wing	Vulnerable prisoners – located beneath B wing
Kennet unit	20-bed resettlement unit

Healthy prison summary

Introduction

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

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

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

... 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 The management of reception, first days and induction was generally satisfactory, although late arrivals did not have access to all first night services, particularly health screening. Safer custody arrangements had improved, the level of violence was reducing and prisoners felt safer. However, prisoners at risk of self-harm were

sometimes inappropriately placed in strip conditions. The segregation regime was limited but use of the unit was generally low, although use of the special cell was excessive. Recorded drug use was low and integrated drug treatment system (IDTS) procedures were developing. The vulnerable prisoner unit was a poor environment, mitigated by a safe and reasonable regime. Reading was performing reasonably well against this healthy prison test.

- HP4 Most new arrivals were received at a reasonable time, but a few arrived late, which affected their access to essential first night safety procedures. We were not assured that those who arrived past 9pm received the required health screening. It was not uncommon for prisoners who had finished court in the morning to wait for long periods in court cells before transfer to the prison.
- HP5 Reception was poorly designed and unwelcoming, and holding rooms were poorly equipped, grubby and needed repair. Access to televisions, reading materials and appropriate information notices was limited. Prisoners were processed quickly and usually located on to wings within 90 minutes. Relationships between staff and prisoners were generally good.
- HP6 Standards on the dedicated first night centre were good. Cells were comfortable and well prepared for new arrivals, with written information about what they could expect from their induction programme and how to get help. All new arrivals had a detailed first night interview with induction officers in private, which dealt with their needs and immediate anxieties. Handover procedures for night staff were effective, and included information on the needs and cell location of new arrivals. Listeners were available, but peer support was underdeveloped.
- HP7 An intense one-day induction programme covered a range of useful information. Resettlement needs were assessed and there were referrals to relevant agencies. There were good relationships between the staff and prisoners.
- HP8 Violence reduction arrangements had improved, and there was a sound strategy based on an analysis of patterns of violence and prisoner surveys. A violence reduction coordinator worked within a full-time safer custody team. Governance through the safer custody committee was effective, and information was properly analysed and had been used to inform some recent interventions to reduce violence and deal with bullying behaviour. There had been a reduction in the number of assaults and other violent incidents since the last inspection, and the quality of investigation into allegations of bullying had improved. However, residential staff entries in anti-bullying monitoring forms were often poor, and there was an over-reliance on the violence reduction coordinator to implement protocols properly. In our survey, prisoners clearly indicated that they felt safe.
- HP9 There was a comprehensive suicide and self-harm strategy. The policy document, which was specific to the needs of young adult prisoners, was understood by staff and prisoners. Protocols were managed by a full-time suicide prevention coordinator, supported by the safer custody team and safer custody committee. Case management through the safer custody team and the mental health team was effective, and the quality of individual care plans was above average. However, some officer entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents did not always give assurance that they were fully aware of prisoners' circumstances. There was a strong reliance on a small group of people to ensure that self-harm prevention and the care of prisoners in crisis were carried out

properly, and only 72% of frontline staff had been trained in ACCT procedures. Prisoners did not have access to Listeners at night. Strip clothing had been used inappropriately to prevent self-harm.

- HP10 There was a small but effective security department divided into operations and intelligence functions, with effective collaboration between the two. Governance through the security committee was appropriate, and included a separate pre-meeting that focused on intelligence issues and identified key priorities. Security information reports were received from across the prison and handled efficiently. There were appropriate and timely links with race equality and violence reduction staff. Searching targets were met. Security and the application of rules were generally proportionate.
- HP11 There had been 286 adjudications in the previous six months, which was low. Published tariffs were available in the library and there were basic standardisation discussions, although quality assurance was limited. There was no minor report procedure.
- HP12 Governance of the use of force was good and key data was analysed appropriately. Use of force paperwork was generally well completed and correctly authorised. Use of force had been deployed 63 times since January 2009, which was not excessive, and de-escalation was used appropriately. We were assured that full control and restraint (C&R) was used as a last resort. The special cell had been used 11 times in 2009 so far. The frequency of use and typical length of stay in special accommodation were high, and out of keeping with other indicators of the use of force or levels of violence.
- HP13 The segregation unit remained a depressing environment, but cells were clean and largely free from graffiti. Use of segregation was reasonably low, with only 109 prisoners segregated in the previous six months, and very few prisoners required segregation for their own protection. A two-tier regime operated, but this was limited and meant that most segregated prisoners could access showers and telephones only three times each week. Access to regime beyond the segregation unit was also limited.
- HP14 Demand for clinical drug support was low with, on average, two new cases a month. Approximately five prisoners at a time received support. Integrated drug treatment system (IDTS) policies and procedures were developing and covered both maintenance and detoxification. There were good links between health services and the counselling, assessment, referral, advice and throughcare service (CARATs), but better joint care planning was needed. Alcohol detoxification was also properly managed. The positive random mandatory drug testing (MDT) rate for the six months November 2008 to April 2009 was just over 4.4%. Mandatory testing arrangements were satisfactory, but suspicion testing was very limited.
- HP15 The separated (vulnerable) prisoner unit was cramped and dingy, with a lack of association and activity space. Prisoners spent most of their time unlocked on the narrow landing. The regime offered daily education. The day-to-day care of prisoners was well managed and links with the mental health team were strong, but there was no planning to reintegrate prisoners to the mainstream. Relationships between staff and prisoners were particularly good. Entries in wing files gave assurance that staff cared about the personal circumstances of their prisoners. Vulnerable prisoners reported that they felt safe.

Respect

- HP16 Environmental standards were reasonable for the age of the building, and prisoners had good access to basic amenities, such as showers and their own clothes. Staff-prisoner relationships were satisfactory, although the personal officer scheme was limited. The management of race was very good, but the approach to other aspects of diversity required further development. Applications and complaints were dealt with very well, and there was an active chaplaincy. Health services had made significant progress. Reading was performing reasonably well against this healthy prison test.
- HP17 Standards of cleanliness in communal areas were generally good for the age of the building. Cells were similarly good, although some on E wing required attention. There was little graffiti in cells, and the offensive displays policy was enforced. Cells designed for one prisoner were still used for double occupancy, and toilets were not adequately screened. Prisoners had good access to cleaning materials, and most could shower every day. All prisoners could wear their own clothes and have clothes and other items of property sent in, although laundry arrangements required improvement. Cell bells were not always responded to within five minutes.
- HP18 There was a location-based incentives and earned privileges (IEP) policy, with enhanced prisoners mainly held on B wing, C2, C3 and Kennet. There were only three prisoners on basic regime, and wing history files suggested these were for valid reasons. However, staff monitoring entries for basic prisoners were generally poor, and wing history files showed little evidence that staff actively engaged with these prisoners. Prisoners on basic were allowed only one association period. IEP arrangements were administered fairly, and prisoners said that they felt motivated by the extra privileges. However, differential pay between the regime levels was not appropriate.
- HP19 Staff-prisoner relationships were reasonable. There was no evidence that prisoners felt victimised or intimidated by staff, and prisoners were generally positive about them, although there was some evidence that prisoners felt ignored. We noted that staff engagement during exercise or association was limited, and in our survey only 15% of respondents said that staff normally spoke to them during association, which was worse than the young adult prisoner comparator¹ of 22%.
- HP20 Despite promotion of the personal officer scheme, few prisoners, particularly on A wing, could name their personal officer, although other prisoners, such as those on the enhanced C wing, reported a much better experience. Personal officers made weekly entries in wing history files, and, although the standard was above average, they were generally observational and offered little evidence of staff engagement. Management checks of wing history files were inconsistent.
- HP21 Prisoners were offered a good menu over a 28-day cycle. They were, however, negative about the quality of food and the size of portions. Muslim prisoners were particularly critical. Our own observations did not support the view of prisoners, and we found that portions and overall quality were reasonable. Conditions in the kitchen and on the servery were reasonable, and up to 10 prisoners were employed in

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

catering and had the opportunity to gain national vocational qualifications. The prison ran its own shop, which was responsive to prisoner needs, but lacked the range of goods. New arrivals could have access to the shop within 24 hours. A limited range of goods could be ordered through a catalogue.

- HP22 A full-time senior officer had responsibility for both diversity and race equality. A comprehensive diversity policy encompassed a broad range of issues. The policy applied to both staff and prisoners and was potentially confusing about which elements applied to each group. The race and equality action team (REAT) was meant to address broader diversity issues, but did not pay sufficient strategic attention to matters other than race. Trained prisoner representatives completed diversity needs assessments of new arrivals and made referrals, but there were gaps in provision with regard to sexuality. A disability liaison officer provided a more detailed assessment of prisoners with disabilities. The prison was not easily accessible for prisoners with mobility problems.
- HP23 The REAT met monthly, but attendance had dropped in the previous three months. The four prisoner representatives attended and were actively involved. Our survey of black and minority ethnic prisoners indicated lower satisfaction levels than white prisoners across a range of areas, including being treated with respect by staff. The race and equality officer (REO) undertook some excellent work to counteract this, including the distribution of REAT minutes to every prisoner. The REO provided additional reports into the findings of ethnic monitoring data, and conducted investigations where required. Management of racist incident reports was good, with thorough investigations and meaningful external quality assurance. There was an annual survey of black and minority ethnic prisoners and a diversity exit survey.
- HP24 There was a foreign national prisoner policy and a liaison officer had been identified, but lacked facility time. Since the start of 2009, there had been four meetings for the approximately 29 foreign national prisoners, with invitations extended to all prisoners. Relationships with the UK Border Agency were underdeveloped and this caused concern, particularly for the few prisoners held past their sentence tariff date. The prison used telephone interpretation services, but was still over-reliant on one Vietnamese prisoner to translate for fellow nationals. Foreign national prisoners were concerned about access to regular telephone calls, and for those unable to speak or write English, being able to navigate their way around written applications. In our survey, most foreign national prisoners said staff treated them with respect, and fewer respondents than British nationals said they felt unsafe.
- HP25 A triplicate application form was used to ensure effective monitoring and delivery of applications. This worked well, and we were assured that applications were dealt with promptly. Complaint forms were freely available on all wings, and about nine complaints a week were submitted. Procedures to manage complaints were thorough, replies were courteous and helpful, and quality assurance arrangements were good.
- HP26 A legal services officer and bail information officer saw all new arrivals. About 25 prisoners had been bailed in 2009, three with a bail information report. Some prisoners were transferred before a bail information report could be completed. Although our survey findings were more negative than in comparator prisons, the bail service was advertised in leaflets distributed in the induction pack and on notice boards, and prisoners regularly made applications to see the bail officer and legal services officer. Provision for legal visits appeared to be adequate with five booths available on four weekdays.

- HP27 There was a small but active chaplaincy led by a full-time coordinating chaplain, supported by a team of part-time and sessional chaplains. Attendance at services was good, and there was a developed programme of community engagement. Faith-based groups included an Islamic study group, and there was clear evidence of chaplaincy involvement in the wider work of the establishment. Facilities were reasonable, although the multi-faith room needed to be improved.
- HP28 There had been significant improvements to health services, and the prison benefited from good clinical leadership. However, there was no 24-hour cover, which was unusual for a local prison. Access to primary care services was very good with a short wait for appointments. GP clinics were held daily, and there was a range of specialist clinics appropriate to young adults. Dental services were good, as were pharmacy services, but nurses undertook secondary dispensing, which should stop. NHS appointments were well managed and only three appointments had been rescheduled in the year to date. Mental health services had improved significantly and were well integrated, and mental health staff assessed all new arrivals.

Purposeful activity

- HP29 Education and training were well managed with good levels of achievement and at least satisfactory standards of learning. There was some limited vocational training, although this was developing. Work opportunities were of limited quality. There were sufficient activity places to meet the needs of the population, but there continued to be vacancies in some areas. The provision of PE was good. Time out of cell varied greatly, but was managed to mitigate the worst impact of limited facilities and resources. For most prisoners, time out of cell and access to association were reasonable. Reading was performing reasonably well against this healthy prison test.
- HP30 There had been effectively managed improvements to education and training in the last 12 months. Achievement of qualifications by those who completed courses was good, and standards of work were at least satisfactory. Education and vocational training provided about 90 places at each session. All education places were part-time, but around 50% of prisoners attended four or more sessions a week, particularly in literacy, numeracy and English for speakers of other languages.
- HP31 A good range of accredited courses included basic skills, information technology, music technology, cookery, art, self-employment/business and short education taster courses. Teaching was satisfactory, with good use of auditory and visual aids. Vocational training was limited to construction skills training for a small number, some catering NVQs to level three and PE accredited training. Three new skills areas – bricklaying, painting and decorating, and motorbike maintenance – were due to be introduced.
- HP32 There were sufficient activity places, about 200, to meet the needs of the population, but attendance was just 80% and prison data recorded 50 prisoners as unemployed. In addition to education, training and PE, there were about 78 work places but, with the exception of the kitchen, most were for cleaners or orderlies, and skills acquired were not sufficiently recognised and recorded.
- HP33 The library had satisfactory weekday opening hours and access was reasonable. Stock levels had increased and included a variety of material of special interest to

young adults, as well as easy readers graded according to levels of difficulty. Borrowing had increased, although so had book loss.

- HP34 PE provision was well managed and offered a good range of accredited courses to develop prisoners' vocational PE and/or personal and social skills. There were about four PE sessions a week for each landing, and approximately 80% of the population took part. The PE staff had good links with external organisations that enhanced activities.
- HP35 The prison reported a time out of cell figure of between seven and nine hours against a target of 8.5 hours, although the experience of individual prisoners varied greatly. A prisoner on normal location who was fully engaged with the regime could expect to be unlocked for up to eight hours, but an unemployed prisoner could be limited to just three to four hours out of cell. A small but significant number of prisoners on the blue band unit and Kennet benefited from extended unlock. The core day was complex but had been designed to maximise time unlock in the context of a limited regime and limited resources. On a random roll check, we found just 46 prisoners, 22% of the population, locked in cell during the working part of the day, and some of these had been offered the opportunity to leave their cells. Prisoners on A wing had no evening association.

Resettlement

HP36 Resettlement and offender management lacked effective coordination and sufficient strategic focus. Many prisoners were transferred before they had a completed sentence plan, and a significant number of prisoners did not have an up-to-date offender assessment system (OASys) assessment. The prisoner passport, used to assess new arrivals' basic needs, required further development to be used effectively for custody planning. The Kennet unit provided good resettlement opportunities, but remained underused. Prisoners had access to an appropriate and reasonable range of resettlement pathway services. The prison was performing reasonably well against this healthy prison test.

- HP37 The resettlement policy lacked detail about how identified objectives were to be achieved, and did not include reference to a regional strategy. The separate action plan had some links to resettlement pathway development, but was not clear how progress against identified targets would be monitored. Data collated from the prisoner passport document completed on induction provided ongoing monitoring of assessed need, but this information was not yet used by the reducing reoffending committee to develop policy strategically.
- HP38 The Kennet unit continued to provide good resettlement opportunities, but it was consistently underused and too few prisoners benefited from the wide variety of community work placements and paid work on offer. The local resettlement policy did not refer to the role of the unit.
- HP39 Just under 40 prisoners were in scope for formal offender management. Relationships with external offender managers appeared reasonable, and the video-link facility was used well to support contact. Recorded contact between offender supervisors and prisoners varied in frequency and did not always demonstrate engagement and interaction. Quality assurance was not sufficiently robust to improve

practice. There was currently only one offender assessment system (OASys) assessor, but a significant number of outstanding assessments. The majority of eligible prisoners were transferred from Reading before their OASys completion date, and therefore with no sentence plan. The sentence plans completed had relevant targets linked to identified risks, although most only referred to what could be achieved at Reading. Sentence planning for prisoners not in scope was not multi-disciplinary and required development. The comprehensive prisoner passport drawn up for all new arrivals, including those on remand, identified and prioritised resettlement needs and led to onward referrals, but progress against referrals was not reviewed before or at discharge. A significant number of prisoners, including some not yet convicted, were transferred from the prison, but allocations were determined by population management unit requirements rather than prisoner needs.

- HP40 Nine prisoners were serving indeterminate sentences, of whom eight were on indeterminate sentences for public protection (IPPs). There was no specific support for indeterminate-sentenced prisoners, and not all had a current OASys. However, all were seen by the offender supervisor after sentence to identify and signpost them to suitable interventions. The prisoners we spoke to understood their sentence and targets, and felt supported.
- HP41 A housing officer worked with trained prisoner peer housing advisers to see all new arrivals and hold follow-up interviews. The prison had contact with a range of community accommodation providers and support agencies, and 95% of prisoners discharged in 2008 were released into settled accommodation.
- HP42 There was insufficient information, advice and guidance to support new arrivals make decisions about participation in learning or training, or to assist planning for resettlement. There was good use of release on temporary licence for nine prisoners who worked out in the community, including two in paid employment. A few prisoners attended the local college and others had driving lessons. Kennet unit staff had good links with employers and community projects. Vocational training was limited but improving. The education department provided no pre-release course.
- HP43 Prisoners had access to an accredited money management course, sponsored by a high street bank, and the Unlock course, which addressed finance issues. However, specialist assistance with debt management was not available, and few prisoners said they knew who to contact to get help with finances on release.
- HP44 Health services staff saw all prisoners in a discharge clinic before their release, and gave them a summary of their medical history in the prison and any medication needed. Prisoners under the care of the mental health team were followed up in the community, and community mental health teams were encouraged to attend pre-release meetings with the mental health team to ensure continuity of care.
- HP45 A comprehensive drug strategy covered all key issues of demand and supply. The monthly drug strategy group reviewed the up-to-date action plan and key annual objectives. Despite the low MDT rate, the CARATs caseload equated to about half the population. CARATs provision was good and included one-to-one work, short groupwork courses, in-cell work and links to the short duration drug programme (SDP). There were good links with community drug intervention programme teams. The dedicated alcohol worker was a positive initiative and the work was good, although demand for services from this one worker was similar to the caseload for the whole CARAT team.

- HP46 A family liaison worker had been appointed and this had led to some good community links, the development of family visits, and the introduction of Storybook Dads, but more frequent family visits were needed. There was currently no parenting course for prisoners. There had been no child protection training for staff in the last two years. The visits area was bright and well maintained. Special 'jubilee' visits were available only for prisoners in the Kennet unit and blue band prisoners who had a child visiting. There had been a recent visitor survey, but this had not included the views of prisoners. The number of telephones was adequate, but prisoners had poor access to them in the evenings.
- HP47 There was a range of offending behaviour courses, including enhanced thinking skills, SDP and the offender substance abuse programme, as well as a non-accredited alcohol intervention. Individual diversity care plans were drawn up for each course participant, which ensured that course facilitators could monitor and respond to identified issues.

Main recommendations

- HP48 All new arrivals should receive full reception and first night services, whatever time they arrive.
- HP49 Prisoners at risk of suicide and self-harm should not wear strip clothing except in exceptional circumstances, and then for the minimum time. Governance and authorisation requirements should be made explicit, and all cases should be logged in a separate register.
- HP50 The use of special accommodation should be reduced, and paperwork fully completed and appropriately authorised.
- HP51 All prisoners should have access to evening association during the week.
- HP52 The allocation procedures should ensure that all education, training and work places are filled to capacity.
- HP53 The National Offender Management Service at a regional and national level should take steps to maximise the use of the Kennet unit. Progression to the unit should be based on identified resettlement need and risk reduction through the completion of sentence plan objectives.

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 Relationships between escort and reception staff were good, and prisoner escort records focused appropriately on prisoner safety. Prisoners often had to wait in court cells for long periods before they transferred to the prison, and prisoners regularly arrived late.
- 1.2 Relationships between escort and reception staff were good. Information about prisoners was shared systematically, and reception staff used this to inform initial risk assessments. Prisoner escort records were properly completed and legible, and focused on prisoner safety. The cellular vehicles we inspected were clean and had space for prisoners' property.
- 1.3 Prisoners were transferred in from prisons and courts in the South East, so journeys over two hours were rare, and they reported a reasonable experience. However, as at the last inspection, it was common for prisoners who had finished their court business early in the day to wait for hours in court cells before they were collected for their journey to the prison. We also found consistent examples where prisoners, usually from South Hampshire, had arrived later than the published closing time for reception. This meant that they were unable to receive all the first night services (see paragraph 1.10).

Recommendation

- 1.4 Following their appearance in court, prisoners should be held in court cells for the minimum possible period.

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.

- 1.5 The reception area was unwelcoming, and holding rooms were grubby. However, arrivals were usually processed within 90 minutes and relationships between staff and prisoners were good. Prisoners who arrived after 8.30pm did not have access to full first night services, and those who arrived after 9pm did not always have an initial health screening before they were locked up for the night. The dedicated first night centre focused on prisoner safety and, although there were no dedicated first night cells, handover procedures for night staff were effective. There was no prisoner peer support in the centre. All new arrivals had a one-day induction with a

range of useful information, and their resettlement needs were assessed and referrals made to relevant agencies. There were positive relationships between induction staff and new arrivals.

Reception

- 1.6 The reception processed about 25 new arrivals a week. It was open from 6am until 12.30pm and 1.45pm until 9pm on weekdays, and until 12.30pm on Saturdays.
- 1.7 The main reception area was clean but unwelcoming. The single interview desk in the middle of the open corridor did not allow new arrivals to be seen privately, the searching area was poorly screened, there were no displays or information notices on walls, and little natural light.
- 1.8 The main holding room was opposite the main desk, and there were two further smaller holding rooms and two secure single cells usually used to hold vulnerable prisoners. Conditions in all these areas were poor. They were grubby, cramped, some floors needed repair and they had no reading material or information notices. The television in the corridor outside the largest room was seldom switched on, and prisoners had to peer between the room's bars to view it.
- 1.9 Despite the environment, reception officers were respectful and ensured that individual safety needs were addressed, and prisoners were processed quickly, usually within 90 minutes. New arrivals were offered a free telephone call, shower, a shop pack, a meal and saw a member of health services staff. Reception staff drew together information and documentation of assessments into a single prisoner passport, which was passed to staff on the first night and induction centre. Prisoner peer support housing workers (see paragraph 8.55) and a prisoner Listener saw all new arrivals to inform them about what they could expect from the reception process and how to get help.
- 1.10 There had been several occasions when prisoners who had arrived after 8.30pm had not been able to access the full range of first night provision, such as a telephone call or a shower. We were also not assured that all those who arrived after 9pm (when health services staff finished work) had an initial health screening before they were locked up for the night. We examined transfer records for April and May 2009 and found eight occasions where prisoners had arrived late and been unable to receive a full reception service. We were told that in these cases, new arrivals received an initial safety screening and a meal, and their property was recorded by reception staff before they were located in a cell on the first night and induction centre on C wing. However, most of these prisoners did not have an initial health screening or in-depth needs assessment on arrival in the induction unit.

First night

- 1.11 All new arrivals were admitted to the first night and induction centre on C wing. The centre had an overall focus on prisoner safety, and there was a clear vulnerable prisoner strategy. Staff were aware of the circumstances of prisoners, and staff entries in personal files gave assurance that they supported them. In our survey, 85% of respondents said that they felt safe on their first night.
- 1.12 The centre was welcoming, with clean communal areas decorated with posters. It could accommodate up to 24 prisoners in a mix of double and single cells. Cells were clean, well furnished and properly equipped. Although there were no dedicated first night cells, staff handover procedures ensured that staff were aware of the location of new arrivals and any

special needs. During our night visit, officers who worked on the residential wings were aware of the location of all recent arrivals.

- 1.13 Trained first night officers interviewed all new arrivals in private for a comprehensive assessment of their immediate needs. A record of this assessment was kept in the prisoner's assessment file (prisoner passport). Identified needs were dealt with and initial progress was tracked. Entries in passports showed that staff were aware of the importance of dealing with immediate risks and the anxieties associated with the first night in prison. They took time to ensure that prisoners understood how to access prison services if they needed help during their first night. All new arrivals were given written information about what they could expect from the induction process.
- 1.14 Although a Listener was based on the centre, there were no trained peer support prisoners (Insiders) to support new arrivals and explain how they could use prison systems to meet their initial needs and get help.

Induction

- 1.15 Induction officers based on C wing saw new arrivals individually at a formal interview on the day after their arrival to explain the induction pack. Interviews were informative, and prisoners were encouraged to ask questions and raise matters. Individual needs were assessed again, and recorded on the prisoner passport (see paragraphs 8.6 and 8.19).
- 1.16 Relationships between induction staff and prisoners were good. The quality of staff entries in prisoner passports and wing history files were above the average, and showed that staff were focused on important issues.
- 1.17 New arrivals' short-term needs were identified and referrals were made to appropriate service providers, such as counselling, assessment, referral, advice and throughcare service (CARATs), housing, employment and benefits advisers. New arrivals were also seen by staff from departments such as the chaplaincy, health services, education, offender management and the race and equality officer. Following their induction, most new arrivals were moved quickly to their residential wing, usually within two days.

Recommendations

- 1.18 Reception should be refurbished to provide better facilities, such as holding rooms and private interview rooms.
- 1.19 Information notices should be displayed in reception holding rooms and communal areas.
- 1.20 Televisions and reading material should be provided in holding rooms.
- 1.21 Prisoner peer support should be used on the first night and induction centre.

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 Despite the age of the residential wings, they were generally clean and well presented, and the cells were free of graffiti, although toilets needed attention. Many cells designed for single use were used for double occupancy. Emergency cell bells were not always answered within five minutes, and wings were noisy at night. Consultative meetings were not regular. A range of possessions was allowed to be posted or handed in, and prisoners could wear their own clothes, but there were few laundry facilities. Prisoners had good access to showers and cleaning materials.

Accommodation and facilities

- 2.2 There were five main residential wings, A-C, E wing and the Kennet unit (see fact page).
- 2.3 A, B and C wings were traditional units with three landings radiating from the centre. The second and third landing of each wing was galleried, which ensured good lines of sight. E wing was a small self-contained unit. Kennet unit was separate from the other wings and had CCTV coverage. Cells were designed for single occupancy, but some accommodated two prisoners. In-cell sanitation units were adequately screened from the observation ports, but not from other cell occupants. Without a separate toilet, these cells were unfit for shared use. Most cells, including those for double occupancy, had ample furniture. The cells in Kennet had wooden furniture. Kennet residents had their own keys to their rooms and could let themselves out to use communal facilities. All cells had small kettles.
- 2.4 A to C wings had large association rooms and equipment including pool tables, bar football and table tennis, which were in good condition. Blue band prisoners were held in a segregated area on C3 landing where they also had access to a limited range of association equipment, including a pool table.
- 2.5 Standards of cleanliness were generally good. Cell standards varied from acceptable to good, although toilets were dirty and needed descaling. We also found a couple of cells on E wing that needed cleaning. There was no graffiti in cells. Posters were generally restricted to notice boards and the policy on the display of offensive material was enforced by staff, as were the rules preventing the covering of observation ports. Wing notice boards were also relevant and up to date.
- 2.6 In our survey, 40% of respondents said that their emergency cell bells were normally answered within five minutes, which was slightly worse than the comparator of 43%. Responses to cell bells were computerised, and the establishment had started to monitor all cell bells that were not answered within the first five minutes. This monitoring, which had started in April 2009, had found that on average four cell bells a day were responded to outside this timescale.

- 2.7 There was a prisoner consultative committee. Published minutes indicated that these meetings were a good forum for resolving matters informally. These meetings were well attended by key staff, but had not taken place regularly, with only three meetings in 2008 and one since the start of 2009.
- 2.8 In our survey, only 44% of respondents, significantly lower than the comparator of 59% said that it was normally quiet enough for them to relax or sleep in the cell at night. During our night visit, we observed that staff appeared to tolerate music played loudly in cells.

Clothing and possessions

- 2.9 All prisoners, including those on the basic regime, could wear their own clothes and have them handed in on visits. Prisoners had to have a designated number of each item of clothing to ensure that they had sufficient for their use. Although prisoners could have their shorts and socks washed in the clothing exchange stores, all other dirty clothing had to be sent out on a visit and exchanged on a one-for-one basis. However, prisoners on Kennet had laundry facilities. A minority of prisoners wore prison-issue clothes, which were in good condition, correctly sized and could be exchanged weekly.
- 2.10 A recently revised facility list set out items that could be held in possession and the permitted route for them to enter the establishment. Prisoners could have a range of items posted in or handed in on visits. Prisoners had lockers in their cells and their own keys to secure their personal possessions. Applications for stored property were dealt with promptly, and there were none outstanding at the time of inspection. Despite this, in our survey, only 26% of respondents, worse than the comparator of 35%, said that they could normally get access to their stored property.

Hygiene

- 2.11 New arrivals were given basic toiletries on reception. Replacement items were available on the wings and issued as necessary.
- 2.12 All showers were clean and in a good state of repair. They were in cubicles and adequately screened by curtains. Prisoners had access to showers during scheduled domestic periods, association and gym sessions. Those who had planned activities, such as education, which clashed with these sessions, were unlocked early to use the showers before they left the landing. In our survey, 62% of respondents, higher than the comparator of 55%, said that they were normally able to shower every day.
- 2.13 Cleaning materials could be requested from landing cleaners. In our survey, 86% of respondents, against the comparator of 55%, said that they could normally get cell cleaning materials every week. Prisoners could clean their cells during domestic periods.
- 2.14 Mattresses and pillows were in a good condition and were replaced as necessary. Prison-issue sheets were exchanged weekly. Although in our survey, only 72% of respondents against the comparator of 82% said that they normally received clean sheets each week, prisoners we spoke to during the inspection were more positive. Prisoners on enhanced level could also buy their own duvet covers, but not their own curtains.

Recommendations

- 2.15 Cells designed for single use should not be used for shared occupancy.
- 2.16 Toilets should be de-scaled.
- 2.17 Cell bells should be answered without undue delay and always within five minutes.
- 2.18 Prisoner consultative meetings should be held monthly.
- 2.19 Prisoners should not be allowed to play music loudly at night.
- 2.20 Prisoners should have access to laundries on each wing.
- 2.21 Enhanced-level prisoners should be allowed to have curtains.

Housekeeping point

- 2.22 Cells on E wing should be kept clean consistently.

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.

- 2.23 Staff-prisoner relationships were satisfactory. Prisoners spoke reasonably well of staff and interaction was respectful, if sometimes distant.
- 2.24 Staff-prisoner relationships were generally reasonable. In our survey, 68% of respondents said that staff treated them with respect and 67% said there was a member of staff they could turn to if they needed help, which were similar to the comparators. There was no evidence that prisoners felt victimised or intimidated by staff. Prisoners were generally positive about the approach by staff, although more objective measures, such as our survey and the prison's own measuring the quality of prison life (MQPL) survey, suggested that relationships were average.
- 2.25 There was evidence from the MQPL that some prisoners felt ignored by staff or that they could be impatient. However, staff were rarely confined to offices and were normally out and about on the landings. Our observations raised no worrying concerns, and the engagement we saw was respectful and civil, although interaction during exercise or association was limited. In our survey, only 15% of respondents said that staff normally spoke to them during association, which was worse than the 22% comparator. Similarly, staff entries in prisoner wing files were generally observational, rather than evidencing a developed knowledge of the individual (see recommendation 2.32). Staff use of prisoners' preferred names or titles to address them was applied inconsistently.

Personal officers

Expected outcomes:

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

- 2.26 The effectiveness of the personal officer scheme varied. Arrangements for prisoners on A wing were poor, but enhanced prisoners on C wing were more favourable about the scheme. There were regular entries in wing history files, but they were mostly observational and lacked evidence of engagement by staff. There was no effective personal officer scheme for kitchen workers, and links between personal officers and offender supervisors were underdeveloped.
- 2.27 A policy document provided guidance to staff on the personal officer scheme. Personal officers were responsible for prisoners in designated cells, and their names were clearly displayed on cell doors. Despite this, many prisoners – particularly on A wing – said that they had never met their personal officer. While the situation was better elsewhere in the establishment, particularly for the enhanced prisoners on C wing, in our survey, only 53% of respondents, worse than the comparator of 67%, said that they had a personal officer. However, some prisoners spoke highly of their personal officers.
- 2.28 Personal officer entries in wing history files were made weekly and the standard was better than we sometimes find. However, they were mainly observational, with little evidence of meaningful or positive engagement with the prisoner. Most entries were also not easily identifiable as from personal officers. Management checks of wing history files were inconsistent. Some were little more than a token rubber stamp, which provided little assurance that the entries were scrutinised appropriately.
- 2.29 Wing history files for the kitchen workers on B1 landing were held in the kitchen and the staff there were personal officers for their charges. These arrangements were poor. The only entries in most of these wing history files were comments on the individual's work effort. They provided no understanding of the prisoner's wider needs, and little evidence of engagement by staff.
- 2.30 We found no evidence of effective formal links between personal officers and offender supervisors.

Recommendations

- 2.31 Personal officers should introduce themselves to their charges at the earliest opportunity, and this should be clearly noted in wing history files.
- 2.32 Entries in wing history files should provide evidence of meaningful and positive engagement by staff, and personal officer entries should be easily identifiable.
- 2.33 Management checks of wing history files should be improved.
- 2.34 Kitchen workers should have personal officers from their residential wing.
- 2.35 There should be effective links between personal officers and offender supervisors.

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 There was a coherent violence reduction strategy, based on an analysis of patterns of violence and prisoner surveys. It was managed by a violence reduction coordinator, who was part of a full-time safer custody team. Survey responses on prisoner safety were significantly better than at the last inspection, and there had been a large reduction in the number of assaults. The quality of residential staff entries in bullying monitoring documentation was often poor, and there was an over-reliance on the violence reduction coordinator to carry out protocols.
- 3.2 The arrangements to deal with bullying and violence had improved considerably since the last inspection. This was reflected in our survey, in which only 12% of respondents said that they felt unsafe at Reading, which was significantly better than the 41% response in our survey in 2007.
- 3.3 There was an overarching violence reduction strategy based on analysis of the pattern of violence in the prison. Its day-to-day operation was managed by a violence reduction coordinator who worked in a full-time, dedicated safer custody team. The team also included a safer custody manager and a nominated suicide prevention coordinator. The violence reduction coordinator monitored, reviewed and supervised the implementation of the violence reduction strategy document on a day-to-day basis. The team met monthly as part of an overarching safer custody committee that also included oversight of the suicide prevention policy.
- 3.4 The safer custody team had created a database of violent incidents that included their nature, location and the names of perpetrators based on information from wing observation books, prisoner complaints and security information reports. The information was analysed and presented to the safer custody committee to inform changes to the violence reduction strategy. Meetings were usually chaired by the head of residence and were well attended, with consistent representation from senior managers. Minutes showed that meetings focused on prisoner self-harm and suicide prevention, and emphasised other forms of violence.
- 3.5 There were regular checks of accident report forms to identify any unexplained injuries, and security information reports were scrutinised for information about alleged or suspected bullying.
- 3.6 Allegations of bullying were investigated promptly, and the quality of investigations was good. Outcomes were recorded and acted upon, usually by the violence reduction coordinator or safer custody manager.
- 3.7 Prisoners were consulted through an annual survey about how they thought the prison could be made safer, how conflict could be resolved and what support they required from staff.

Results were used to inform changes in strategy. There were plans to introduce prisoner anti-bullying peer supporters to offer support, guidance and information to prisoners.

- 3.8 The number of assaults was low for the population, at 16 from January to the end of May 2009. This was a big reduction of about 49 compared with the same period in 2008.
- 3.9 There was a three-stage system to tackle bullying. Prisoners suspected of violent or bullying behaviour were put on stage one, which was usually sanctioned by the violence reduction coordinator. Residential officers monitored their behaviour for a minimum of seven days, which was formally reviewed following an investigation by the coordinator and the safer custody manager. If the behaviour was proven or continued, the prisoner was given a further 14 days observation on stage two and could face sanctions under the incentives and earned privileges (IEP) scheme. If there were no changes after 14 days, he was placed on stage three and could face further sanctions, such as limiting work opportunities, reduction to the basic regime and removal to the segregation unit.
- 3.10 The safer custody team held short daily meetings with residential managers to discuss all prisoners on anti-bullying measures, and residential managers used this information in their daily briefing to residential officers. Despite this, there was an over-reliance by residential officers on the violence reduction coordinator to ensure that all elements of protocols were carried out properly. The quality of officer entries in anti-bullying documentation was poor and there was little evidence that they actively engaged in the day-to-day management of alleged bullies. The coordinator regularly interviewed all alleged bullies, checked for relevant comments in wing occurrence books, and usually determined the levels of required observation. Bullying monitoring records we examined showed that residential officers who knew the prisoner rarely attended the regular reviews that were held.
- 3.11 There were formal interventions for bullies and victims, but their delivery also relied on the violence reduction coordinator. Short courses on the consequences of bullying and its impact on victims had been introduced, and prisoners said these had helped them.

Recommendations

- 3.12 **Managers should ensure improvement in the engagement of officers in managing bullies on residential units, and this should be reflected in wing files and monitoring forms.**
- 3.13 **Plans to employ peer supporters as anti-bullying representatives should be implemented.**

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.

- 3.14 Protocols to prevent self-harm and to support prisoners in crisis were managed by the safer custody team, with support from the mental health team, and there was effective case management. However, many staff entries in self-harm monitoring documents were focused on single events and did not always give assurance that they were fully aware of the personal circumstances of prisoners. There was reliance on a small group of staff to ensure that self-harm prevention and the care of prisoners in crisis were carried out properly. Prisoners did not have access to Listeners at night and, as at the last inspection, strip clothing had been used inappropriately to prevent self-harm. These occasions were not recorded properly.
- 3.15 There was a comprehensive suicide prevention strategy that set out procedures to minimise the risk of self-harm to prisoners. The policy document, which was specific to the needs of young adult prisoners, was understood by staff and prisoners, and there were copies on all residential wings, in reception and in the education department.
- 3.16 The safer custody committee monitored the implementation of the strategy at monthly meetings. The minutes showed that individual cases were discussed and that the specific needs of prisoners were met consistently. The committee also used historical information, provided by the safer custody manager, to identify trends and patterns of behaviour, and to develop the strategy.
- 3.17 Protocols were managed by a full-time suicide prevention coordinator with support from the full-time safer custody manager, mental health workers and the safer custody committee. The coordinator was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, and was also a central point for advice and guidance for staff and prisoners. The role was given a high profile and was understood throughout the prison.
- 3.18 There were 11 Listeners who provided cover on a rota basis. The Listener scheme was explained on induction and publicised around the prison. One of the Listeners saw new arrivals in reception and another was based on the first night and induction unit on C wing. The four Listeners we interviewed said that they felt supported by staff, particularly by the safer custody team, and felt their work was valued. However, prisoners could still not see Listeners during the night, and there was no care suite to support their work.
- 3.19 There had been 110 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened between January and the end of May 2009. Although high, this was a reduction of 36 compared with the same period in 2009. There were 11 open documents at the time of inspection.
- 3.20 Case management arrangements through the safer custody team and the mental health team were effective, and the quality of individual care plans was above average. Detailed support plans, prepared in consultation with the prisoner, identified specific needs and gave responsibilities to a nominated member of the safer custody team (usually the safer custody manager or coordinator) and mental health worker. The progress of plans was reviewed at arranged times in agreement with the prisoner.
- 3.21 As we found with the management of violence reduction, there was a strong reliance on a small group of staff to ensure that procedures relating to self-harm prevention and the care of prisoners in crisis were carried out properly. The safer custody team directly managed all cases, organised all reviews and maintained daily contact with prisoners at risk. With some notable exceptions, particularly on E wing, residential officer entries in ACCT documentation were generally poor and gave little indication that they were fully engaged in support

processes. Only 72% of staff in contact roles with prisoners had been trained in ACCT procedures.

- 3.22 Prisoners considered to present a serious risk of suicide or self-harm could be placed in one of two reduced risk cells. They contained moulded furniture and fewer ligature points than ordinary cells. Before location, prisoners were risk assessed to determine whether they should be deprived of their normal clothes and what, if any, possessions they could retain. Although not used automatically, we were told that strip clothing had sometimes been used. We were not convinced by the justification that this prevented self-harm. We could not find out the number of times that strip clothing had been used for prisoners in crisis because there was no separate log to record incidents. There had been no operational instruction setting out the protocols and authorisation procedures for the use of strip clothing, and we were not assured that there were proper governance arrangements (see main recommendation HP49).

Recommendations

- 3.23 Managers should ensure improvement in the engagement of residential staff in the management and support of prisoners at risk of self-harm, and this should be reflected in wing files and monitoring forms.
- 3.24 Prisoners should have 24-hour access to Listeners.
- 3.25 There should be a properly equipped Listener suite.
- 3.26 All staff in contact roles should be trained in assessment, care in custody and teamwork (ACCT) procedures.

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.

3.27 There was a wide-ranging diversity policy, but it applied equally to staff and prisoners and did not separate out the elements that applied to each group. Diversity issues were meant to be managed through the race and equality action team, but were not. Prisoner race and diversity representatives were well trained and met all new arrivals. There were processes to manage prisoners with disabilities, but other elements of diversity, such as sexuality, were underdeveloped.

- 3.28 There was a comprehensive diversity policy that included race equality, disability and sexuality. However, the policy referred to both staff and prisoners and was potentially confusing. Diversity issues were meant to be discussed in the race and equality action team (REAT) meeting, but notes of meetings indicated that this did not happen regularly.
- 3.29 The race and equality officer (REO) was full-time and also responsible for diversity. She provided comprehensive training for the four prisoner race and diversity representatives, who felt they were well supported. A further two prisoners were due to commence training. Prisoner representatives met all new arrivals during induction and carried out a diversity screening,

which was forwarded to departments such as education. They also provided key information on diversity, including how to complete a racist incident report form, the diversity policies in place and the support available in the prison. Prisoners were asked if they would like a letter sent to their families that advised of their reception at Reading and also the role of the race equality and diversity officer. All new arrivals received a celebrating diversity booklet. There was a diversity complaint process, but no such complaints had been received since 2007.

- 3.30 A disability support policy had been drawn up in 2007. A disability liaison officer had been identified to undertake more detailed assessments of prisoners who required assistance. In our survey, 9% of respondents said they had a disability. There were no adapted cells and the overall environment was not suitable for prisoners with mobility problems. Staff diversity training was offered regularly.
- 3.31 Some elements of diversity, such as sexuality, were underdeveloped. In our survey, 3% of respondents said they were gay or bisexual.

Recommendations

- 3.32 The prison should develop work on all aspects of diversity, including sexuality.
- 3.33 The diversity policy should clarify those elements that apply to staff and/or prisoners.
- 3.34 Diversity issues should be a standing agenda item for race and equality action team (REAT) meetings.
- 3.35 Some cells should be adapted for prisoners with disabilities.

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.

- 3.36 Race equality was well managed. The race and equality action team met monthly, received helpful performance information reports, and was attended by prisoner representatives, who were well supported by the race and equality officer. Racist incident reports were processed efficiently and investigated thoroughly, but the number was inflated. There was a meaningful external quality assurance process. There were annual surveys of black and minority ethnic prisoners, as well as exit surveys. The prison had links with a range of black and minority ethnic community groups.

Race equality

- 3.37 The race and equality action team (REAT) met monthly and was chaired by the deputy governor. Attendance had declined in the previous three months, but notes of meetings showed an active engagement with race equality issues. Prisoner representatives attended the REAT and met the race and equality officer (REO) beforehand to discuss pertinent issues. Ethnic monitoring data was presented to the REAT, and the REO also provided supplementary reports and investigations where the data indicated notices to take action. These additional

reports were helpful and made the data more accessible, as well as recommending necessary action. The race and equality action plan was also updated at the REAT, and each department was expected to contribute to this process. The REO had led work on employment accessibility for black and minority ethnic prisoners to ensure equity of access to the blue band unit and its enhanced work opportunities. She circulated a one-page bullet point summary of all issues discussed at the REAT to all prisoners.

- 3.38 The black and minority ethnic population was 21%. Our survey of black and minority ethnic prisoners found that, despite the efforts to engage prisoners, their perceptions were considerably more negative than white prisoners across a range of areas. In our survey, only 55% of black and minority ethnic respondents, compared with 73% of white respondents, said that staff treated them with respect; 25%, compared with 1% of white respondents, believed they had been victimised by staff because of their race or ethnic origin; and only 23%, compared with 40% of white respondents, said they had a job.

Managing racist incidents

- 3.39 Racist incident report forms (RIRFs) were available on all wings. The REO emptied all RIRF boxes several times a week. There had been 117 RIRFs in 2008 and 57 in the previous six months. However, the number of RIRFs was inflated by the inclusion of notifications of prisoners convicted of racially aggravated or motivated offences.
- 3.40 The REO carried out thorough investigations of RIRFs and gave personal responses to complainants. They were also subsequently given a letter asking them to rate their satisfaction with the way the RIRF had been dealt with. Prisoner representatives helped prisoners to complete RIRFs, and received a summary of concluded RIRFs through the REAT meeting. Mediation had also been used to resolve issues raised through RIRFs.
- 3.41 RIRFs were subject to external quality assurance from area office and a community member provided independent quality assurance. This process was well managed and meaningful. There was no backlog of investigations and processes were timely.

Race equality duty

- 3.42 There had been annual surveys of black and minority ethnic prisoners in the past two years, and aggregated results and responses to prisoner comments were published. There was also an exit survey of black and minority ethnic and white prisoners, and the results were published periodically.
- 3.43 A list of known racist prisoners was maintained on the prison intranet, and onward prisons were notified of prisoners with such convictions or who were believed to be involved in racist bullying. There were no specific interventions for racist bullies. We were told that such prisoners would be managed through the anti-bullying scheme.
- 3.44 Black history month in October had been well managed and all departments had made a contribution to the events. The REO represented the prison on a range of external black and minority ethnic community groups, including the Reading Council for Race Equality.

Recommendations

- 3.45 Attendance at race and equality action team meetings should be improved.

- 3.46 The prison should consult black and minority ethnic prisoners regularly to understand the different perceptions of black and white prisoners on key issues.
- 3.47 Racist incident report form data should exclude notifications of prisoners convicted of race-related offending.

Good practice

- 3.48 *The race and equality officer circulated a bullet point report from the race and equality action team to all prisoners.*

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.

- 3.49 Foreign national prisoners made up 12.4% of the population. A foreign national liaison officer had been identified, but had no designated facility time for the role. There had been recent meetings with foreign national prisoners. Three foreign nationals were held past their earliest date of release. Relationships with the UK Border Agency were underdeveloped, but the prison offered independent immigration advice.
- 3.50 A foreign national prisoner policy had been produced in 2008. This covered access to immigration advice, repatriation and deportation and other critical information. A foreign national liaison officer had been identified, but he did not receive any facility time to undertake the role. Another member of staff with experience of working with foreign national prisoners had also been identified to assist with this work.
- 3.51 Foreign national prisoner meetings had taken place in recent months with an open invitation to foreign national prisoners. UK Border Agency (UKBA) representatives had attended the most recent meeting, but relationships were described as underdeveloped. UKBA did not attend the prison regularly for surgeries and casework. The prison had recently signed a contract with the Detention Advice Service to provide independent immigration advice to prisoners.
- 3.52 There were 29 foreign national prisoners, 12.4% of the population. Three of these prisoners were detained past their earliest date of release, one for eight months past his release date. We spoke with over half the foreign national population during our inspection. They expressed concern on a range of issues, including receiving telephone calls abroad for those prisoners who did not receive domestic visits. They were also frustrated with the lack of contact with UKBA and were anxious about possible deportation. Most felt that staff treated them with respect. In our survey, only 17% of foreign national respondents, compared with 38% of British respondents, said they felt unsafe.
- 3.53 Foreign national prisoners complained that their free monthly telephone call seldom lasted for the permitted five minutes, and were also critical of the high cost of telephoning abroad using approved telephone cards.

- 3.54 Eight prisoners were Vietnamese and we met seven of them in a group using an interpreting service. They were frustrated by their lack of English and found it difficult to navigate their way around a system that relied on written applications. One Vietnamese prisoner with reasonable English had been used to provide interpreting in reception. This was not a sustainable position as he could be moved at short notice.
- 3.55 There was evidence that the prison used telephone interpreting regularly, and prisoners confirmed that this service had been used during induction to explain prison rules. The prison had recently bought some handset extensions to improve use of this telephone service.
- 3.56 The library had a range of books, newspapers and magazines in foreign languages. There was also access to a broader range of resources through the Reading City Library and other YOIs and prisons in the area. There were classes in English for speakers of other languages (ESOL) for prisoners wishing to learn English.

Recommendations

- 3.57 There should be staff facility time for work on foreign national issues.
- 3.58 The prison should liaise with the UK Border Agency to ensure that it visits the prison regularly and provides a surgery to foreign national prisoners.
- 3.59 The prison should ensure that the free five-minute call for foreign national prisoners who do not receive domestic visits is provided in full each month.
- 3.60 The prison should not rely on prisoners to interpret for other prisoners.

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.

- 3.61 Arrangements for applications and complaints worked well. Prisoners had good access to forms and received prompt responses. Relevant procedures were explained on induction and publicised across the establishment, but had not been translated into foreign languages. The timeliness of responses to complaints was monitored closely and those at risk of falling out of time were chased up. Replies were courteous and helpful, and quality assurance arrangements were sound.
- 3.62 Information on applications and complaints was explained in the guide to Reading given to new arrivals and as part of the induction programme. This information was reinforced through notices widely publicised across the wings. However, none of this information had been translated into foreign languages.
- 3.63 A triplicate application form had been introduced at the end of 2008. Prisoners could request a form from their landing officer, and when they submitted this they received a copy with initial comments from staff. The date of the application was recorded in the application book, and the application was sent to the relevant department. The prisoner was given a written response,

with a copy filed for staff use, and the application book was updated. The records showed that applications were responded to very promptly, often by the next day. The exception was A1 landing, where staff often failed to record the date that the response was received. The promptness of reply was confirmed in our survey, in which 62% of respondents, better than the comparator of 51%, said that applications were normally answered within seven days.

- 3.64 Every wing had a lockable box for prisoners to post their complaint forms, and there was an ample supply of complaint forms and confidential envelopes in designated areas. The night orderly officer emptied the boxes and completed an audit check every night to confirm the number of complaints from each wing.
- 3.65 There had been 202 complaint forms submitted since the start of 2009, an average of approximately nine a week, which was a slight reduction on the previous year. A full-time complaints clerk was covered by an executive officer in the same office. Complaints that were due to fall out of time were highlighted on the electronic log and chased up by email, telephone or through line management. These arrangements were effective. Only one complaint had fallen out of time in 2009, and that needed a response from another establishment.
- 3.66 In our survey, 52% of respondents, better than the 39% comparator, said that complaints were dealt with promptly, but 35% compared with 38% said they were dealt with fairly.
- 3.67 The complaints we reviewed had generally courteous and helpful responses. There was a monthly quality assurance check of all complaints, which was reported to senior managers along with suggestions for improvement. These arrangements worked well.

Recommendation

- 3.68 Information on applications and complaints should be publicised in a range of languages.

Housekeeping point

- 3.69 Staff should routinely record the date that a reply to an application form is received in the landing application book.

Legal rights

Expected outcomes:

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

- 3.70 Despite our poor survey findings, prisoners had ready access to the legal services officer and bail information officer. All new arrivals were seen during induction. Bail services were advertised on notice boards and during induction. Some prisoners were transferred before a bail information report was completed. Provision for legal visits appeared adequate.

- 3.71 The trained legal services officer and the bail information officer were based in the offender management unit. They worked closely together and covered each other's absences.

- 3.72 All prisoners were seen the day after their arrival, usually by the bail information officer, The officer completed an offender management unit section of the prisoner passport, which collated information such as the prisoner's status, offence details, his solicitor and whether he was applying for bail.
- 3.73 Prisoners had poor perceptions of access to both services. In our survey, only 38% of respondents, against a comparator of 58%, said it was easy to communicate with their solicitor, and only 30%, against a comparator of 42%, said it was easy to obtain bail information. However, the bail information service was actively promoted on notice boards and during induction, and information leaflets were distributed in the induction welcome pack. The legal services officer kept a comprehensive record of all new arrivals seen during induction, including whether they wished to appeal, and provided additional writing material and letters on request. Records showed that prisoners made general applications to both services. For example, the bail information officer had dealt with 48 applications in 2009. The majority of applications to the legal services officer were related to lodging fines.
- 3.74 Provision for legal visits appeared to meet demand, and we were told that it was rare for the prison not to be able to accommodate a visit on the day requested. Five legal visits booths were available from Tuesday to Friday, except for the first Tuesday of the month. Sessions ran from 8.30 to 11.30am and from 2.15 to 4.30pm. Bookings could be made by telephone or fax.
- 3.75 In 2009 to date, 25 prisoners had been bailed, of whom only three had a bail information report. The bail information officer was frustrated that some prisoners were transferred on overcrowding drafts while a bail information report was still being completed. The officer also made referrals to Clearsprings for prisoners with no suitable bail address.
- 3.76 At the time of the inspection, nine prisoners were subject to licence recalls, one of whom was a fixed term recall. The custody office received recall packs within a reasonable time.

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.

- 3.77 Although demand for clinical services was low, the mechanism, systems and procedures were appropriate. New arrivals could receive first night symptomatic relief if required and had access to clinical provision within 24 hours. There were appropriate links between health services and the counselling, assessment, referral, advice and throughcare service, although joint care planning was underdeveloped. Plans for the introduction of the integrated drug treatment system were appropriate and well advanced. Mandatory drug testing rates were low, but suspicion testing needed better management.

Clinical management

- 3.78 Demand for clinical drug services was relatively low. In the previous six months, an average of only two new programmes a month were started, with about five prisoners at a time subject to support, through detoxification or maintenance. This level of demand had been consistent over the previous two years. There was a detailed clinical policy and series of procedures to

underpin the range of programmes offered, and both methadone and buprenorphine were available.

- 3.79 Of the five prisoners currently subject to a clinical programme, three were on methadone and two on buprenorphine. Access to a methadone programme was usually determined if new arrivals had been subject to a maintenance programme in the community. Where this was not the case, or could not be confirmed, the prison offered buprenorphine. Prisoners on remand, or sentenced up to four months, had the option of a maintenance programme. There was some flexibility to this and, given the relatively low numbers, each case was dealt with on its merits with advertised periods regarded as guidance.
- 3.80 There were no specialist detoxification nurses in post at the time of the inspection. There was funding for one such post, which was vacant. With the planned introduction of the integrated drug treatment system (IDTS), it was anticipated that two specialist nurses would be employed and one had already been recruited. In the interim, the daily detoxification clinic was run by several staff who had received the appropriate Royal College of GPs (RCGP) training.
- 3.81 New arrivals were screened on reception, and a clinical screening and urine test were undertaken if drug and/or alcohol misuse were disclosed. Appropriate first night symptomatic relief was available, and prisoners confirmed that they had been offered this, although not all had accepted.
- 3.82 Prisoners were usually seen the day following reception for a comprehensive assessment, access to the GP and commencement of clinical support. There were appropriate links between health services and the counselling, assessment, referral, advice and throughcare service (CARATs). Prisoners identified as needing clinical interventions were given referrals and prioritised by the team. All five prisoners currently subject to clinical support were also seen by CARATs. Although these links were appropriate, and staff in both departments discussed cases together, there was no formal mechanism for this and no joint care planning. CARAT care plans were copied to health services, with the prisoner's consent, but this was not reciprocated. CARAT provision included one-to-one work, in-cell work packs and a range of short groupwork programmes (see paragraph 8.71)
- 3.83 As well as clinical support for drug misuse and dependence, alcohol detoxification was also available and approximately the same number of prisoners were subject to such programmes as for drug misuse each month. Psychosocial support during detoxification came primarily from the dedicated alcohol worker (see paragraph 8.77) and, because of demand, was inevitably limited.
- 3.84 There were no dedicated stabilisation cells in the prison and prisoners were scattered across the establishment. Four cells had been identified in anticipation of IDTS, when there would be 24-hour health provision. Plans for the introduction of IDTS were reasonably well advanced, with monthly meetings of the implementation group and most aspects in place. These included a dispensing room in the main centre where prisoners could get their daily medication without having to go to the healthcare centre.

Drug testing

- 3.85 The positive random mandatory drug testing (MDT) for the six months November 2008 to April 2009 was just over 4.4%. The monthly target of 10% testing was usually achieved, although was sometimes missed because of low staffing levels. This had last happened in February 2009. Testing took place in a dedicated Portakabin, and procedures and facilities for testing

were generally appropriate. Weekend testing targets were regularly met. There were, however, often gaps of up to a week when there was no testing.

- 3.86 Prisoners who tested positive for a class A drug could have frequent testing, although this was rarely used as most positive tests were for cannabis. At the time of the inspection, no prisoner was subject to frequent testing, and the last such programme had been more than 12 months previously.
- 3.87 Other testing, other than random, was rare. Reception and risk testing were only usually pursued under arrangements for voluntary/compliance testing (see paragraph 8.75). Suspicion testing was also low. In the six months November 2008 to April 2009, only five out of 93 security information reports received had resulted in tests, and only one had been positive. An analysis of testing patterns showed that there were regular, and predictable, gaps in testing. There had been six occasions in the previous three months when there had been no testing for at least a week. Requests for a suspicion test during these times were likely to be undertaken when an accurate result could not be achieved.

Recommendations

- 3.88 The clinical support team and counselling, assessment, referral, advice and throughcare service should develop joint care planning to facilitate effective integrated service provision.
- 3.89 Mandatory drug testing should be provided regularly, without long periods of non-testing.
- 3.90 There should be sufficient staffing to undertake suspicion testing.

Vulnerable prisoners

- 3.91 Although the environment on the separated prisoner unit was poor, relationships between staff and prisoners were good and prisoners said that they felt safe. The day-to-day care of prisoners was well managed, but the unit lacked managerial direction, and plans to reintegrate prisoners to the mainstream were underdeveloped.
- 3.92 There was a small dedicated unit for vulnerable prisoners, the separated prisoner unit, on E wing. The unit accommodated up to 11 prisoners in a mix of single and double cells. Living conditions were generally poor. The communal corridor was cramped and dingy, with a lack of association and activity space. There were no interview or group rooms, and prisoners spent most of their time unlocked on the narrow landing. Some cells had ingrained dirt on walls and ceilings. However, the shower room had been refurbished and was clean and well maintained.
- 3.93 Residents had a full regime, which included access to education classes, exercise and daily association on the unit. Most prisoners spent most of their day out of cell in purposeful activity.
- 3.94 Relationships between staff and prisoners were good. Staff entries in wing files were detailed and gave assurance that staff knew and cared about the personal circumstances of their prisoners. There were informal links with the mental health team who regularly saw all prisoners. We saw positive engagement that was friendly in an atmosphere that was relaxed but appropriately controlled. Prisoners said that staff were kind and they felt safe on the unit.

- 3.95 Although the day-to-day care of prisoners was well managed, formal plans to reintegrate prisoners back to the mainstream had not been sufficiently developed. The management of the unit was left to prison officers without much guidance from residential managers. There were no formal care plans for individual prisoners, and the purpose of the unit (apart from keeping prisoners safe) had not been fully defined.

Recommendations

- 3.96 Conditions in the separated prisoner unit should be improved to match the needs of prisoners.
- 3.97 All prisoners located in the separated prisoner unit should have regular review with a clear focus on their reintegration.
- 3.98 The management, purpose and direction of the separated prisoner unit should be defined.

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 Health services had improved significantly since the last inspection, but there was no 24-hour cover. There had been a recent health needs analysis, although this made limited reference to the specific needs of prisoners. Despite relatively poor survey results, primary care services were good and prisoners had access to a variety of in-house clinics, as well as external NHS facilities. There had been a significant changeover of staff, and the current skill mix was good. Dental services were generally satisfactory with minimal delays in accessing treatment. Mental health services were very good, and every new arrival was seen by a member of the mental health team.

General

- 4.2 The NHS Berkshire West Primary Care Trust (PCT) commissions NHS Berkshire West Community Health to provide health services at Reading. The PCT had commissioned a recent health needs analysis, although this made limited reference to the needs of prisoners and the PCT had not been able to formulate a structured action plan. The prison had strong support from the PCT, which met the governor and the head of healthcare regularly, and had good relationships with local external health providers. For the majority of prisoners, health services were equal to those in the community.
- 4.3 The healthcare centre had been converted from residential accommodation and was on the ground floor. It was reasonably clean and tidy except for the dental surgery, which needed more thorough cleaning. The primary care lead made a weekly check of infection control and cleanliness standards.
- 4.4 The patient waiting area was comfortable. The main treatment room and GPs surgery had been refurbished, and accommodation in the offices and interview rooms was generally good, although the bathroom needed refurbishment. There was ample health promotion material throughout the department.
- 4.5 The voluntary drug testing (VDT) area was in the middle of the healthcare centre. This was inappropriate for both disciplines, and the presence of the VDT restricted health activity at times. At one point, the GP could not see patients from the E wing as other prisoners were undergoing VDT.
- 4.6 A new dispensary and treatment area had recently been opened in the centre and was secured by a gated door, with a further door to the dispensary separated from the treatment area by a reinforced glass screened hatch. This was a considerable improvement on the old room and provided a safe and secure environment for the administration of medicines. The room was fit for purpose, except for poor ventilation, which could affect pharmaceutical products.

- 4.7 The dental surgery and had been converted from cells and was of a reasonable size. Infection control measures appeared satisfactory, but the layout of the surgery and the position of equipment could be improved. The PCT had not inspected the surgery for at least five years.
- 4.8 The reception healthcare room was clean and tidy, but had peeling paint on the walls and ceilings. The emergency bell needed to be re-sited for easier access in an emergency.

Clinical governance

- 4.9 There were procedures for the accountability and management of staff. All health services staff were employed by the PCT and, except for the head of healthcare and the public health lead, all nursing and administrative staff had been recruited in the last two years. The staffing structure was appropriate and the skill mix good. The head of healthcare was a registered general nurse (RGN), a member of the prison partnership board and senior management team, and had good relationships with the rest of the prison. The head was also a trained supervisor.
- 4.10 There were three band 7 lead posts for primary care, public health and mental health. The remaining nursing staff included a mix of band 6 and band 5 registered nurses. The skill mix of RGNs and registered mental health nurses (RMNs) was good, and some nurses had completed additional professional training, including suturing and asthma. Access to professional training was good and clinical supervision was supported. Long-term agency nurses had been employed for some time and supported permanent staff. Two permanent staff were on maternity leave. There was a full-time administrator and a part-time agency administrator, and one discipline officer was allocated every day to support health services. However, there was no 24-hour health cover.
- 4.11 GPs were provided through the PCT out of hours service, and there was a GP in the prison for two hours every day, except Sunday. Two regular GPs provided the service and both had worked at the prison for some time, providing continuity of care. Pharmacy staff comprised of one part-time pharmacy technician.
- 4.12 There was emergency equipment in the primary care area and the dispensary. The equipment was checked weekly and documented. However, the equipment was very heavy and could present a health and safety risk for some staff. There was also a significant amount of equipment, which could have hindered its rapid transportation to a medical emergency. Specialist medical equipment was procured through PCT channels.
- 4.13 Clinical records were currently paper based, but the SystemOne IT system was due to be introduced. Records were held securely in the administrative office and could only be accessed by health services staff. The records we reviewed showed that entries were appropriate, but some did not conform to Nursing and Midwifery Council regulations and had indecipherable names and signatures. Old clinical records were held in the healthcare centre and could only be accessed by health services staff.
- 4.14 Injury forms (F213) were held in the healthcare centre but were not analysed to detect bullying trends. The primary care lead attended all planned removals to the segregation unit.
- 4.15 The healthcare centre held a quantity of NHS guidelines and publications, which were accessible to all nursing staff.

- 4.16 A member of the health team attended the general prisoner consultative group, but there was no dedicated health forum. This could have been useful considering the poor survey responses on health services (see paragraph 4.20).
- 4.17 Complaints were investigated by the head of healthcare and discussed at the regular team meetings. Prisoners who were unhappy with initial responses were advised how to complain directly to the PCT.
- 4.18 The management of communicable diseases was very good and the health promotion lead had good relationships with the local Health Protection Agency. Nurses offered new arrivals appropriate vaccinations during the reception screening, and those who declined were followed up and asked again. The accelerated hepatitis B vaccination course was in place and there were plans to introduce chlamydia screening during the reception screening.
- 4.19 Prisoners were asked to consent to the sharing of appropriate health information with relevant agencies.

Primary care

- 4.20 Primary care services were generally very good, but prisoners' perceptions were poor. In our survey, only 44% of respondents said that the overall quality of health services was good, against the comparator of 54%.
- 4.21 Health services staff saw new arrivals in reception for an initial screening, and they were given an information leaflet outlining all health services. However, prisoners who arrived after 9pm, when the healthcare centre closed, did not see a health professional before spending their first night in the prison. There was a secondary in-depth screening within 24 hours. Prisoners were given onward referral where appropriate, and those with lifelong conditions, such as diabetes, were placed on the chronic disease register and referred for initial assessment to the relevant specialist nurse. If necessary, new arrivals were referred immediately to the GPs, whose clinics ran at the same time as the secondary screening. This prevented an unnecessary wait for prisoners to see the GP. Every new arrival was also seen by a member of the mental health team within 24 hours of arrival, except for Sundays.
- 4.22 The medical records of prisoners admitted directly from court were only requested from their GP, if they had one, if they declared a medical condition. We were told that most GP practices charged the prison for copies of clinical records. Given that all prisoners were NHS patients, this charge for copies of their medical notes was unacceptable.
- 4.23 Primary care services were available from 6.30am until 9pm. Prisoners who wished to access clinical services completed an application form and posted this in a locked box in the healthcare centre, which was emptied every morning by health services staff. Nurses arranged the GP appointments and the administrator arranged all other appointments. This was a waste of clinical time and all appointments should have been handled by administrative staff. Most clinics were held in the morning to allow prisoners to attend education or work.
- 4.24 All prisoners who requested to see the GP were first triaged by nurses using triage algorithms. If referral to the GP was indicated, the prisoner saw the GP the same or next day. Prisoners who failed to attend appointments received a letter from the primary care lead asking why they failed to attend. Responses were generally good and the 'did not attend' rates were gradually decreasing.

- 4.25 Primary care provided a good range of clinical services. Those that were unavailable on site could be accessed through local NHS facilities. PCT out of hours services provided medical cover.
- 4.26 Prisoners with lifelong illnesses were managed by the primary care lead with GP support, and followed up regularly. Specialist community nurses also provided advice and support to prisoners and staff wherever necessary. Where appropriate, wing staff were advised of prisoners with conditions such as diabetes and epilepsy, and the signs and symptoms to look for if their condition began to deteriorate.
- 4.27 Prisoners held in the segregation unit were visited at least once a day by health services staff, including mental health staff.
- 4.28 Visiting health professionals included an optician who held a monthly clinic, which had an acceptable waiting list. There was no in-house chiropody as there was little evidence of clinical need in this age range; however, there was access to local chiropody services if needed. Physiotherapy was due to be provided in house.
- 4.29 Health promotion had a high profile at the prison, and included dental, physical and general health. The lead nurse was active in health promotion throughout the prison and regularly provided disease prevention and screening programmes in line with current national programmes. Smoking cessation was supported with one-to-one and group work, and nicotine replacement therapy was also available.
- 4.30 A sexual health doctor and nurse specialist held clinics on alternate weeks to provide treatment and support. Two nurses were due to be trained in the management of prisoners with sexual health conditions. There was no barrier protection policy, although it was available to prisoners on release.

Pharmacy

- 4.31 A local pharmacy provided supply-only pharmaceutical services. The pharmacist did not attend the prison or the medicines and therapeutics committee meetings, but was available for telephone support. The part-time pharmacy technician was employed by the PCT.
- 4.32 Controlled drugs were kept in a secure cupboard in the dental surgery, and some were administered from here. Other controlled drugs were dispensed into small pots by nursing staff and taken to the dispensary for administration. This was unsafe and should cease. Some of the controlled drug prescriptions written on standard prescription forms did not have the quantities entered correctly.
- 4.33 Medicines were held in secure cupboards in the dispensary. Most items were clearly labelled, although some stock did not have a batch number or expiry date. Heat-sensitive items were stored in appropriate conditions in fridges in the dispensary and main treatment room, and staff recorded the maximum and minimum temperatures appropriately.
- 4.34 Pharmacy records were kept on the patient medication computer programme of the pharmacy supplier. Paper records were kept at the prison. Items supplied from stock were recorded on the prescription charts but were not audited by the pharmacist. Orders faxed to the pharmacy were not checked against the actual prescriptions by a pharmacist or technician

- 4.35 Administration of medication by nurses was not always recorded accurately on the prescription and administration charts held in the dispensary. New prescriptions were transcribed on to order sheets by nursing staff and signed by the prescribing doctor. Those received by the pharmacy before 11am were generally returned by 4pm that day.
- 4.36 Prisoners rarely needed to have medication out of hours, although this was possible on the authority of the out of hours' service. Prescriptions could be dispensed from stock or taken to a nearby pharmacy. Stock was not dual labelled, although there was provision to add the patient's name.
- 4.37 Most medications were named patient and items such as antibiotics, external preparations and inhalers were allowed in possession, subject to the prisoner signing a compact. The doctor completed in-possession risk assessments during consultations, and these were held in the clinical records.
- 4.38 Medicines were administered four times a day, at 7.30am, 12.30pm, 4.30pm and 8pm, although the last time was rarely used. Although discipline staff were present throughout medicine administration, there were occasions when more than one prisoner was in the dispensary, which allowed waiting prisoners to see what the prisoner at the hatch was receiving. This was unacceptable. Prisoners who required medication at 12.30pm and 8pm had this administered in their cells. Medicines were removed from their original containers and placed in small medicine pots, which nurses transported in unlocked containers to cells for administration. Although discipline staff were present, this secondary dispensing was unacceptable.
- 4.39 Special sick medicines were supplied under patient group directions and included basic pain relief and treatments for minor ailments; all administered medicines were recorded. A limited range of simple remedies, including throat sweets and cold remedies, were available from the prison shop.
- 4.40 Patient information leaflets were supplied with in-possession medication and leaflets could be requested from nurses during administration times. Requests for repeat prescriptions were currently managed by nursing staff.
- 4.41 Prescribing levels were generally low, but appropriate for the age of the population. Pharmacy and prescribing data were difficult to collate as all prison records were paper based.
- 4.42 There were some completed pharmacy procedures and policies, but other pharmacy documents were only available in draft form. There was an agreed stock list with appropriate stock levels, and a formulary was under development. We found out-of-date pharmacy reference books in the dispensary and the doctor's room.
- 4.43 The medicines and therapeutics committee met approximately every six weeks, but there was no representation from the PCT or the pharmacy provider.

Dentistry

- 4.44 Dental services were generally good and included two oral health educators. Berkshire East Community Health services provided two sessions a week with two different dentists, who were assisted by a dental nurse. A third dental session was delivered by two oral educators. A full range of NHS treatments was provided. However, due to limited clinical time, few patients received a full course of treatment.

- 4.45 Access to the service was through application. The oral educators undertook triage to determine the level of need. The triage waiting list had 33 prisoners, with the longest wait at 4.5 weeks. Following triage, the applications were prioritised red, amber or green according to need. Red and amber applications were put on the dentist's waiting list, which was currently one week. Another waiting list for routine treatment had 22 names, with the longest wait of eight weeks. Because of limited clinical time, not all patients were offered routine examinations. Sessions usually lasted a maximum of two hours, but clinical time was often lost because prisoners did not always arrive on time. Prisoners were only notified of their appointment on the day before it.
- 4.46 The dental contract had been registered on the NHS Dental Services systems, but no data had been submitted to the PCT, which had no means of monitoring the contract.
- 4.47 There was no protocol for providing out of hours dental cover.
- 4.48 Dental records were appropriately annotated, but there were no entries in the main clinical record.

Secondary care

- 4.49 The management of external NHS appointments was good. All referrals were faxed to the relevant department, which the administrator followed up with a telephone call to ensure receipt. Two prisoners a day were allowed out to attend appointments, but times were restricted. The administrator had a system to rearrange appointments, sometimes within 24 hours, which ensured that few appointments were missed.
- 4.50 Between January and May 2009, only three appointments had been rearranged due to lack of escort staff, and most of them were rearranged within the same week. Following discussion between the prisoner and the head of healthcare, the administrator placed prisoners on a medical hold if they received an appointment for specialist consultation.

Mental health

- 4.51 Mental health services were provided by the Berkshire Healthcare NHS Foundation Trust. The range and quality of services had improved significantly since our last report. There was good clinical leadership and the service was active and responsive to the needs of young people. This was confirmed in our survey, in which 47% of respondents with emotional wellbeing or mental health needs said they received support by the mental health team, against the comparator of 29%.
- 4.52 The team consisted of a band 7 RMN team leader, band 6 RMN, band 5 RMN and a band 3 support, time and recovery (STAR) worker. A locum psychiatrist provided by the Trust visited twice a week. At the time of the inspection, the team managed 73 (34%) prisoners with mental health needs.
- 4.53 There was no formal daycare in the prison, but the team provided one-to-one support for prisoners. The team had excellent links with education, safer custody, resettlement, counselling, assessment, referral, advice and throughcare service (CARATs) and other departments, which enabled prisoners to be monitored closely throughout their stay.
- 4.54 All new arrivals had an initial mental health screening by a member of the team within 24 hours, except for those who arrived on Saturday, who were seen the following Monday.

Prisoners with mental health needs underwent a more in-depth assessment within five days, and were offered appropriate interventions. There was access to other mental health professionals, such as clinical psychologists, through the Trust. Referrals were also accepted from all prison staff using forms designed by the team. The team routinely requested their patients' clinical records from their GPs and/or community mental health teams.

- 4.55 The team liaised with the alcohol worker and CARAT staff to pass on any relevant substance use concerns. Where appropriate, the team managed prisoners with advice and support from the psychiatrist. Prisoners were involved in the management of their care plans, and the care programme approach was in place.
- 4.56 Prisoners who needed more support were offered relocation to the induction wing or the separated prisoner unit/vulnerable prisoner unit for a short period. This was to facilitate increased support from discipline staff.
- 4.57 The STAR support worker was able to screen prisoners, which allowed RMNs to assess prisoners about whom they had concerns. The role was much appreciated by prisoners. Other interventions included a counselling service, and group work on anger management had just started. Life skills, communication and anxiety management groups were due to start.
- 4.58 When prisoners required transfer to secure units, arrangements were made as quickly as possible to locate a bed. This depended on the prisoner's home area, and some health authorities reacted more quickly than others. However, the team did its best to manage the process as speedily as possible. Three prisoners had been transferred in 2009 to date.
- 4.59 Despite our previous recommendation, there was still no mental health training for staff. The mental health team was now working towards the implementation of mental health awareness training for all prison staff.

Recommendations

- 4.60 There should be 24-hour health cover to ensure that a health professional assesses all new arrivals before their location to the wings.
- 4.61 The Partnership Board should ensure that the primary care trust facilitates the retrieval of prisoners' clinical records from the relevant GP.
- 4.62 The health needs assessment should be revised to focus on the health needs of prisoners at Reading, and an appropriate action plan should be developed and reviewed regularly.
- 4.63 The bathroom in the healthcare centre should be refurbished to allow its use as a clinical facility.
- 4.64 The voluntary drug testing area should be relocated so that its use does not interfere with clinical activity.
- 4.65 The new dispensary should have proper ventilation to ensure the safe storage of pharmaceutical items.
- 4.66 The level of emergency equipment should be appropriate and readily transportable at all times throughout the prison.

- 4.67 Health professionals should enter data into health records in line with Nursing and Midwifery Council, General Medical Council and other professional guidelines.
- 4.68 The primary care lead should monitor injury forms to detect any trends of bullying of unexplained injuries.
- 4.69 There should be a dedicated prisoner healthcare focus group, led by a senior nurse, where prisoners can discuss general health matters regularly.
- 4.70 Barrier protection and associated health advice should be available to all prisoners.
- 4.71 Mental health awareness training for all prison staff should be implemented and repeated on a regular basis.
- 4.72 Copies of the community medical records of prisoners should be sought from GPs where appropriate.
- 4.73 A pharmacist should visit the prison at least once a month to audit systems, for clinical activity and to provide pharmacy-led clinics and medication reviews.
- 4.74 The pharmacist should audit the use of stock supplied by nursing staff, and regularly monitor the faxed orders against the actual prescriptions.
- 4.75 Medications should always be moved around the prison in secure containers.
- 4.76 The controlled drugs cupboard should be relocated to the dispensary.
- 4.77 Prisoners should attend the dispensary to receive their medication, and only in exceptional circumstances should medicines be given to prisoners in their cells.
- 4.78 Discipline staff should be present during medicine administration times to supervise waiting prisoners, and only one prisoner at a time should be in the dispensary area.
- 4.79 The medicines and therapeutics committee should ensure that pharmacy procedures and policies cover all aspects of the pharmacy service provision, and all staff should read and sign the agreed adopted procedures.
- 4.80 The dental surgery should be reorganised to improve cross-infection control.
- 4.81 The number of dental clinical sessions should be increased.
- 4.82 The Partnership Board should ensure that the PCT monitors the dental contract.
- 4.83 The Partnership Board should ensure that the PCT carries out a full dental surgery inspection.
- 4.84 Dental failure to attend rates should be investigated, and appropriate action taken to reduce the number of prisoners who fail to attend.
- 4.85 There should be a protocol for the provision of dental out of hours cover.
- 4.86 The reception healthcare room should be refurbished to bring it up to acceptable standards.

Housekeeping points

- 4.87 The emergency bell in the reception area should be moved to improve access for staff in an emergency.
- 4.88 The cleaning of the dental surgery by the contract cleaners should be improved.
- 4.89 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 4.90 Old pharmacy reference books should be discarded, and only the most recent copy should be kept.
- 4.91 All pharmacy stock should be supplied with a batch number and expiry date.
- 4.92 Discipline staff should ensure that prisoners attend healthcare appointments on time.
- 4.93 Patient-named medication should not be visible to waiting prisoners, and no more than one prisoner at a time should attend the treatment hatch.
- 4.94 The administration of medicines should be recorded accurately, and prisoners who refuse medication or fail to attend medicine times should be followed up.

Good practice

- 4.95 *The health promotion lead post provided on-site support and education in all matters relating to health, and was pivotal to the long-term health of prisoners.*
- 4.96 *Secondary screening of new arrivals ran simultaneously with GP clinics, which ensured that patients needing to see the GP could do so as quickly as possible.*
- 4.97 *All new arrivals were screened by the mental health team within 24 hours, which allowed early identification and management of prisoners with mental health needs.*

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 There had been recent improvements in learning and skills. Prison and education staff worked well together to identify prisoners' education and training needs and improve the courses offered. There was a good range of education, but too few practical vocational subjects. Implementation of plans to offer three new vocational training courses was imminent. There were sufficient learning and skills places for the population, but these were not regularly filled and those not participating included convicted prisoners.
- 5.2 There were around 200 learning and skills places, which were sufficient for the population. However, about 50 to 60 prisoners a week did not attend education or any purposeful activity, of whom approximately 60% were convicted prisoners. More effective analysis of data now better informed managers and helped decisions about improvements. There were links with HMYOIs Onley and Portland to plan subjects leading to courses offered there.
- 5.3 The education contractor was Milton Keynes College. Learndirect had also recently started computerised literacy and numeracy classes. All education places were part-time, although around 50% of prisoners who took part did so for four or more sessions a week.
- 5.4 The number of prisoners participating in education was a significant improvement on the 2007 inspection. Prison data analysis showed that around 40% of those attending education classes were remand prisoners, for whom participation in activities was optional. Figures produced for the inspection indicated 80% occupancy of the 90 places. However, during inspection attendance at some classes, such as literacy, IT and art, was below 50% of their capacity.
- 5.5 Assessment of new arrivals' literacy and numeracy abilities had identified that these were low, with 24% at entry level two or below in the previous six months. Little guidance focused on individual prisoners' needs and resettlement goals to help them prepare for release or progression to other prisons. Education guidance staff did not make enough use of the information in prisoners' passports (see paragraph 1.13).
- 5.6 There was ineffective promotion of subjects outside the education department. For example, the relevant posters and information leaflets were only accessible inside the department, otherwise new arrivals were given poorly photocopied lists of subjects, and induction did not include a presentation on the range of subjects on offer. Taster sessions were not used to promote progression to other subjects or to provide information relevant to resettlement. Some prisoners attended these individual sessions for many weeks.
- 5.7 Education subjects offered included literacy, numeracy, English for speakers of other languages (ESOL), creative writing, customer care, business studies/self-employment,

budgeting and money management, information technology (IT), music technology, art, cookery, food hygiene, healthy and safety, and manual handling courses.

- 5.8 Achievement of qualifications for prisoners who completed courses in the previous 12 months was generally good, and was outstanding at 100% on cookery, music technology and most IT courses. The achievement rate for prisoners completing literacy and numeracy courses was 91% for college courses and 72% for Learndirect provision.
- 5.9 Some prisoners' artwork was of outstanding quality, although only 40% had achieved qualifications in the last 12 months. The small art room we found at the 2007 inspection was still used, and was barely large enough even for the 50% who attended. Ventilation was poor, windows would not open, and the extractor fan was ineffective. Excellent wall displays showed prisoners' work and stimulated interest about artists, although there was no access to ICT for research and there were too few pencils for drawing.
- 5.10 Music technology, introduced since the last inspection, was popular and successful. Prisoners used new computers and keyboards, and wore headphones to work on their own compositions to meet award body criteria. The more able prisoners assisted others well, and the teacher offered good individual support. There was progression from entry to level one, and further progression accreditation for level two was being sought.
- 5.11 Teaching was satisfactory. There was good use of information learning technologies, such as interactive whiteboards in literacy and numeracy classes, music keyboards and composition software by college staff, and independent learning computer software in Learndirect sessions. For example, prisoners in a numeracy class were given a short DVD presentation on decimals by a television celebrity to introduce the new topic. However, art and cookery classes did not have such resources to support their practical subjects. In some classes, learning activities relied too much on task-based worksheets or textbooks, with little use of everyday topics and material that prisoners could relate to.
- 5.12 Subjects were offered for nine sessions on weekdays. Literacy was offered from pre-entry through to level two, which gave opportunities for multiple abilities as well as progression. Some prisoners in cookery classes were keen to progress to work in the kitchen and take national vocational qualifications (NVQs) in catering, although opportunities were limited by the allocations system.
- 5.13 Prisoners in cookery classes were well motivated and participated well in theory and practical classes, and the chef-teacher reinforced key cooking points well. Classes used fresh ingredients and stressed healthy eating. However, unlike their chef-teacher, prisoners wore badly stained chef jackets and food cloths. The air-cooling fans were full of dust, and there was a lack of attention to cleaning floors under ovens and around waste bins.
- 5.14 There were 78 jobs, of which 28 were for cleaners. There had recently been 26 vacancies, including jobs in the kitchens and as orderlies. Five prisoners had also been allowed out of work to attend the one-week construction skills certificate scheme (CSCS) course and their places were not filled temporarily.
- 5.15 The multi-skills construction vocational training provided by the Prison Service was well established, popular and successful. Its participants learned a range of plumbing, carpentry and decorating skills and improved their communication skills, and many who completed the three-week course achieved awards. Thirty-six of the 41 who started in the last 12 months achieved the ASDAN award. In the same period, the CSCS award was gained by 65 of the 104 prisoners who took the course.

- 5.16 The only other accredited vocational training was for NVQs at levels one and two in the prison catering areas and the newly introduced NVQ level three information, advice and guidance award offered by St Giles Trust. Thirteen prisoners had gained level one catering NVQs in the previous 12 months.
- 5.17 Prison work in the laundry, clothing exchange stores, estate work cleaning and as orderlies did not have accredited training or even sufficient recognition and recording of learning and or behavioural change gained in work.
- 5.18 Three new workshops were due to start training in bricklaying, painting and decorating, and motorbike maintenance, offering around 30 additional places. These already had interest from prisoners and had waiting lists.
- 5.19 The prison pay policy was reviewed annually. Although pay rates were equitable across activities, prisoners were paid a different rate according to their IEP level (see paragraph 6.50). Prisoners who attended accredited courses received bonuses for achieving awards as well as an extra pound each session above their usual pay, whether that was a job or unemployment pay.

Library

- 5.20 The library was managed by two staff employed by the Reading Library Service. One librarian worked at the prison for eight hours a week, and the library coordinator worked full-time. An orderly worked in the library every morning, and his jobs included taking books to the wings and sending out overdue letters.
- 5.21 The library was open for up to 19 hours a week, including every morning, two afternoons and one evening. Many prisoners who attended classes in the education department or engaged in other activities were unable to go to the library. Library staff took book boxes to the wings and to the education department every week.
- 5.22 The stock of over 3,000 books included a variety of material of special interest to young adults, such as cartoons. There was a wide selection of easy readers, which had been graded according to levels of difficulty. The number of books issued had risen from 6,370 in 2007/8 to 7,008 in 2008/9. However, book loss had increased from 164 in 2007/8 to 227 in 2008/9.
- 5.23 There was a range of newspapers, legal documents and guidance materials, as well as books, dictionaries and newspapers for foreign nationals. Books were also borrowed from the Reading Library and other prisons on request.
- 5.24 Staff provided activity packs for prisoners when they were locked in for longer periods than usual, such as Christmas. The library took part in the national literacy scheme six book challenge.

Recommendations

- 5.25 There should be better promotion of education classes.
- 5.26 The art room should be larger and well ventilated, and art classes should have access to IT facilities for research.

- 5.27 Prisoners in cookery classes should be given sufficient clean suitable clothing, and new ventilation fans should be installed.
- 5.28 The quality of teaching should be improved in all subjects.
- 5.29 The allocations systems should allow prisoners to attend classes without missing other activities.
- 5.30 The taster sessions should promote progression into learning.
- 5.31 The three new vocational training workshops should offer accredited qualifications.
- 5.32 There should be an investigation to identify the reasons for the low pass rates on the construction skills certificate scheme.
- 5.33 The employability and personal skills that prisoners learn through prison work should be recognised and recorded.
- 5.34 The library opening hours should be increased and include evenings and weekends.
- 5.35 Steps should be taken to increase the number of visits to the library by learners from the education department.

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.

5.36 The PE department was well managed and the staff were well qualified and experienced. There was a range of short accredited courses, including a gym instructor's course and personal development programmes in partnership with Prince's Trust and Reading Football Club. There was a balance of competitive and social sports and leisure activities. Courses and activities were well publicised, and facilities were good.

- 5.37 There were sufficient staff to manage the PE department, although two of the four instructors were due to be transferred to other prisons and no replacements had yet been recruited. Staff were well qualified and experienced and were supported by three part-time gym orderlies.
- 5.38 The prison said that approximately 82% of the population participated in PE activities. Recreational PE was offered during the day, evenings and weekends, although evening access was limited to enhanced-status prisoners. Each wing had at least four sessions a week, including one double session. There were suitable arrangements to offer PE to those who worked out during the day
- 5.39 Prisoners received a good PE induction and the range of courses and activities was well publicised on the wings. PE staff were trained in treatment of injuries, and also contributed to healthy living and 'tackling drugs through PE' programmes.

- 5.40 The daily timetable offered specialist sessions, such as remedial gym for health reasons. Prisoners in the segregation and vulnerable prisoner units had one-hour sessions for two and three mornings a week respectively, but were unable to use the facilities in the evenings and at weekends.
- 5.41 A range of short accredited courses included a gym instructor's award and personal development programmes in partnership with the Prince's Trust and Reading Football Club, for example, the Duke of Edinburgh bronze awards.
- 5.42 Camping courses were offered in the prison grounds and on Dartmoor for prisoners on release on temporary licence. Other programmes included 'get started with football', active and healthy living, British Amateur Weight Lifting Association awards, sports and fitness, first aid at work and Heartstart. Pass rates were excellent on most programmes. Some learners benefited from additional key skill qualifications in 'improving own learning'.
- 5.43 Facilities comprised a well laid out fitness suite with free weights, cardiovascular equipment, and other high standard fitness equipment. There was also an indoor sports hall and outside five-a-side all-weather pitch.
- 5.44 Generic PE kit was available for prisoners at each visit, and towels were issued and supplied through the clothing exchange store. Trainers were offered if required. The refurbished showers were clean and had privacy screens. Prisoners were encouraged to shower after every session. Toilet facilities were limited. There had been no serious accidents and/or complaints, and there were effective accident procedures.

Recommendations

- 5.45 Prisoners on basic and standard, as well as enhanced, level should have access to evening PE sessions.
- 5.46 There should be weekend PE sessions for prisoners in the vulnerable prisoner and segregation units.

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.

5.47 The prison had a small but active chaplaincy. Attendance at services was good and facilities were reasonable, although the multi-faith room needed improvement. The chaplaincy was involved in the wider work of the establishment, and had a developed programme of community engagement.

5.48 There was a small chaplaincy led by a full-time coordinating chaplain and supported by a team of part-time or sessional chaplains. Chaplains from the major faiths were available as required, and included 14 hours a week from a Muslim chaplain. The main services included an ecumenical Sunday Christian service, a Catholic Mass on Saturday and Muslim prayers on Friday. Attendance at services was good, with between 30 and 40 at the Christian services

and between 10 and 20 at Friday prayers. At the time of the inspection, there were 12 Muslim prisoners.

- 5.49 The chaplaincy saw all new arrivals individually during induction and gave them a leaflet with basic chaplaincy information. However, in our survey only 54% of respondents said that they had received information about chaplaincy on their day of arrival, and only 49% said they had seen a religious leader within their first 24 hours, although these responses were close to the comparators.
- 5.50 There were several programmed faith-based groups. These included a weekly Islamic study group and the Befrienders group, which addressed faith and social awareness and was attended regularly by about 12 prisoners. A Christianity explored course was run several times a year and there were other ad hoc faith-based events, sometimes supported by groups from the community. There was a breadth of community links, which included community faith groups led services, support for the weekly Befrienders group, and a group that helped with the resettlement of a few prisoners to the south coast.
- 5.51 The coordinating chaplain was highly visible in the prison and was also a member of the senior management team. The chaplaincy was represented on all the principal management meetings, and appeared well integrated and respected.
- 5.52 The main chapel was welcoming, used flexibly and was well equipped. However, the multi-faith room used for Friday prayers was scruffy and unwelcoming.
- 5.53 In our survey, 53% of respondents overall believed their religious beliefs were respected, which was close to the comparator. However, only 24% of Muslim respondents, compared with 56% of non-Muslims, thought their beliefs were respected.

Recommendation

- 5.54 The multi-faith room should be improved and should be a more respectful space.

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.

- 5.55 The prison reported a time out of cell figure of between seven and nine hours a day, although the experience of individual prisoners varied greatly. Some had much less time unlocked, although a small but significant number of trusted prisoners had extended unlock arrangements. The core day was complex, but aimed to maximise time unlocked. Access to exercise and association was reasonable, but no prisoners on A or E wings had evening association.
- 5.56 The prison had reported a time out of cell figure for the previous year that had ranged between seven and nine hours a day, against a target of 8.5 hours. However, the experience of individuals varied greatly, especially between the generally enhanced and employed prisoners on B and C wings and the rest on A wing, many of whom had more limited access to activity. A prisoner on normal location who was fully engaged with the regime could expect to be

unlocked for up to eight hours. In contrast, an unemployed prisoner could be limited to just three to four hours out of cell, although this was more for those in part-time education.

- 5.57 A small but significant number of prisoners on the blue band unit on C3 landing and Kennet benefited from extended unlock arrangements. For example, blue band prisoners were not locked up over meal times, and the Kennet unit was effectively a trusted semi-open facility that was unlocked all the time. Arrangements on the separated prisoner unit (E wing) were similarly reasonable, with vulnerable prisoners unlocked for much of the working day and able to dine out at lunchtime.
- 5.58 The core day was complex and, although outcomes fell short of our expectation of 10 hours a day out of cell, it was designed to maximise time unlocked in the context of a limited regime and limited resources. Association on the landing and in the association room, domestic time, exercise and gym access were coordinated to limit lock up. On a random roll check, we found just 46 prisoners, 22% of the population, locked in cell during the working part of the day. Nearly all the prisoners who were locked up were on A wing, and nearly all had been offered the opportunity to come out but had chosen to remain in cell.
- 5.59 Exercise was offered to every landing every day, but if programmed for the morning normally lasted for just over half an hour. Each landing was normally programmed a one-hour afternoon exercise period a week. There was only one exercise yard, which contained a few facilities, such as a bench, and, unusually, three telephone booths. In our survey, 69% of respondents said that they exercised three or more times a week, which was better than the comparator of 38%.
- 5.60 Although prisoners on A and E wings had association during the day, only prisoners on B and C wings received evening association as well (see main recommendation HP51). This might partly explain why only 5% of prisoners surveyed said they had association five or more times a week, which was significantly worse than the comparator of 40%. Evening association generally took place on the landing or in cells, and there was little evidence of many cancellations. Daytime association also took place on the landing, but was also provided in a well-equipped association room that also housed the library.

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 was small but operated well. The function had been divided into operations and intelligence, and staff were aware of their key responsibilities. The security committee met monthly and received intelligence reports on activity and forthcoming security priorities. Security information reports came from a range of departments and were processed efficiently. Security processes were proportionate, and there were no banned visitors or prisoners on closed visits during our inspection.

Security

- 6.2 The security department was relatively small. It included a senior officer, collator, operational support grade staff and dog handler. A police intelligence officer was also based at the prison part-time. There was a division of responsibility between operations and intelligence, which appeared to work well, with close collaboration.
- 6.3 The security committee met monthly, chaired by the relevant governor. An intelligence assessment meeting held beforehand reported on key issues, including security information reports (SIRs) and significant finds, identified the security priorities for the coming month, and produced an information report for the security committee.
- 6.4 In the previous six months, 675 SIRs had been received. They were submitted from a range of departments and were analysed by issue and location. SIRs were processed promptly and action taken appropriately. The race and equality officer and violence reduction staff reported timely receipt of relevant SIRs from the security department.
- 6.5 There were no banned visitors or prisoners subject to closed visits at the time of the inspection. Banned visitors and those on closed visits were discussed regularly at security committee meetings.
- 6.6 During the inspection, we became aware that all prisoners in the grounds party were subject to a full search when returning from work. This appeared disproportionate given the recent low number of significant finds in the grounds, and this practice was halted when we drew it to the attention of the security governor.
- 6.7 A dog handler managed a passive and an active dog. They were used on visits and in searches through the establishment. In the previous year, the dogs had indicated on 32 occasions. Visitors were usually offered a closed visit following a positive indication. Searching targets were met, and there were monthly target searches.

Rules

- 6.8 Rules were issued to prisoners on arrival and were published throughout the establishment.

Categorisation

- 6.9 The observation, categorisation and allocations (OCA) officer was also the legal services officer. He saw all new arrivals during induction and began to complete the initial categorisation and allocation documentation required for the sentence management dossier. However, some prisoners were transferred before this was completed.
- 6.10 A significant number of sentenced prisoners were transferred from the prison each month, with most going to Onley or Portland, but most onward allocations were determined by the need to fulfil population management requirements rather than to meet individual needs. The OCA officer took account of the prisoner's home address when he interviewed him.
- 6.11 Since February 2009, the prison had also been required to send unconvicted and or very short-sentenced prisoners on overcrowding drafts to either Glen Parva or High Down. Although the OCA officer endeavoured to ensure that these prisoners were sent to the prison closest to their home address, some unsentenced prisoners were transferred to a prison where domestic and legal visits were difficult for them.
- 6.12 A large number of allocated prisoners were on hold at Reading for a variety of reasons. Of the 34 prisoners currently allocated to Onley, approximately 70% were on hold, and approximately 60% of those allocated to Portland were on hold. There appeared to be little management oversight of the system to place a prisoner on hold, and requests could be made direct from individual departments. This did not provide assurance that holds were applied legitimately and to meet the identified needs of individual prisoners.
- 6.13 A new database was being developed to track the timeliness of annual recategorisation reviews.

Recommendations

- 6.14 Prisoners should only be subject to a full search when a risk assessment indicates this is necessary and appropriate.
- 6.15 Sentenced prisoners should be allocated to prisons according to their individual needs determined through the completion of sentence planning documentation.
- 6.16 Unsented prisoners should be held in the most convenient local prison for their domestic and legal visits.

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.

6.17 The adjudication room required refurbishment, and prisoners had to wait in segregation cells. Disciplinary processes appeared to be managed fairly, there was a published tariff, and some attention to standardisation processes. Cases referred to the police took a long time to investigate. Serious breaches of prison rules were referred to the independent adjudicator. Use of force was applied appropriately and was well managed, and de-escalation techniques were used. Use of special accommodation appeared high, and the frequency of use and length of time in the accommodation were a concern. The segregation unit offered a two-tier regime, and prisoners on the basic regime had less access to telephones and showers. Segregation records were basic.

Disciplinary procedures

- 6.18 There had been 286 adjudications in the previous six months. The room for adjudications was bleak and some seating was in a poor state of repair. Prisoners were put in empty segregation cells while they waited for their case to be heard, as there was no formal holding room. There were few adjudications during the inspection, but those we observed were well managed and engaged the prisoner effectively. Pleas of mitigation were taken into account and governors also dealt with equivocal pleas satisfactorily. Prisoners did not have access to a pen and paper or a copy of the adjudication process. There was no minor reports system, which would have been useful to deal with minor infractions of prison rules. We reviewed a sample of completed adjudication records and the quality of investigations was generally satisfactory.
- 6.19 External police investigations took a long time. Two police investigations had been outstanding since December 2008, with no witnesses or perpetrators yet interviewed, and one was outstanding from March 2009. These delays were unacceptable. Outstanding adjudications were recorded on a board in the adjudications room, which lacked confidentiality.
- 6.20 There was a published tariff and some limited attention to adjudication standardisation through a segregation meeting, but the main focus was whether punishments were within the designated tariff. The prison made no quality review of adjudication outcomes by adjudicating governors. Paperwork was reasonably well completed. A number of cases were dismissed or not proceeded with each month.
- 6.21 The independent adjudicator attended throughout the year and more serious breaches of prison rules, such as possession of mobile telephones and serious assaults, were referred to him. Added days were usually awarded as a punishment.

The use of force

- 6.22 Force had been used against prisoners 172 times in 2008 and on 63 occasions in 2009 to date. This did not appear excessive. In 2008, fights were the most common reason for use of force, followed by non-compliance and assaults or attempted assaults.
- 6.23 Use of force paperwork was generally well completed in the sample of cases we inspected. However, we noted that the security committee had raised the issue of poor completion on several occasions. Injury to inmate forms (F213s) were attached to most use of force forms, but not always. The photocopying quality of the F213s that were attached was usually too poor to make them meaningful.

- 6.24 Statements from staff were full and descriptive and provided a picture of what had happened. Orderly officers and duty governors completed a paperwork summary that provided a snapshot of whether all key information had been completed. Use of force information was well analysed by location, reason and staff involved, but we noted one case that should have resulted in an investigation. Planned removals were usually video-recorded and the camera was kept on permanent charge to ensure it functioned.
- 6.25 De-escalation techniques were deployed appropriately. In the previous six months, control and restraint (C&R) was used on 48 occasions but not used in 25 cases. Eighty-six per cent of staff had received C&R training or refresher training, and 21 staff were trained in advanced C&R techniques.
- 6.26 There were three special accommodation cells in the segregation unit, which had been used on 28 occasions in 2008, sometimes overnight, and on 11 occasions in the previous six months. The average time that prisoners spent in the special cell in 2009 was 12 hours and 40 minutes, which was exceptionally long. We noted that two prisoners had presented specific difficulties that inflated the use of special accommodation. When their data was removed from the statistics, average detention was still long, at 4.5 hours.
- 6.27 We were concerned at the frequency of use and length of time that prisoners spent in these austere conditions. We noted that some prisoners located in special accommodation had complex mental health needs. Special accommodation paperwork varied in quality and not all uses were appropriately authorised. Several cases had not been referred to the Independent Monitoring Board or health services staff. The quality of monitoring entries was generally poor.

Segregation unit

- 6.28 The segregation unit had six cells on the upper level and four on the ground floor with three special cells. The segregation unit was empty during much of our inspection, which appeared unusual. When the segregation unit was full, there was an overspill arrangement on C1, but there were efforts to avoid this and prioritise use of cells in the segregation unit.
- 6.29 The segregation unit was generally clean, individual cells were largely free from graffiti and had in-cell electricity, but it remained a depressing environment. Toilets needed deep clean. The one shower had recently been refurbished. There was a small exercise yard with seating, and a small library on the top floor.
- 6.30 The segregation unit register indicated that 109 prisoners had been segregated during the previous six months. The number of prisoners seeking own protection in the segregation unit were low, at only six in this period.
- 6.31 The unit had an incentive-based two-tier regime, with more access to showers and telephones for prisoners on level two. Level one prisoners could only shower and telephone three times a week, even when there were few prisoners in the unit. This was unacceptable. One prisoner complained that he had been unable to attend a church service, but staff said attendance was subject to risk assessment. A facility policy also highlighted the differences between the regime levels. Prisoners on level two could have a television in possession, but those on level one could only have a radio. Prisoners on level two and subject to good order or discipline could use the gym. The overall regime was basic.
- 6.32 Staff made single daily entries about prisoners in the segregation unit records. These did not indicate meaningful engagement with prisoners, and some days had no entries. Comments

such as 'was demanding to staff' appeared frequently and indicated a lack of an understanding of the physical, emotional and mental wellbeing of prisoners. Chaplaincy staff visited the unit daily.

- 6.33 Segregation staff went through a selection process and had to be approved by the governor before they worked in the unit. Most had completed the adjudication liaison officer programme, but none had received mental health awareness training. Given the high number of prisoners with mental health issues who had been accommodated in the segregation unit, this needed to be addressed urgently.

Recommendations

- 6.34 The adjudications room should be refurbished.
- 6.35 Prisoners in adjudications should be given a pen and paper and a copy of the adjudication process to ensure they can contribute to proceedings.
- 6.36 The prison should introduce a minor reports system.
- 6.37 The prison's police liaison officer should ensure that police investigations take place in a timely manner.
- 6.38 Prisoners' details should not be displayed in the adjudications room.
- 6.39 There should be investigations of use of force in all appropriate cases.
- 6.40 Independent Monitoring Board representatives and health services staff should always be contacted when special accommodation is authorised.
- 6.41 Segregation staff should complete unit record entries more frequently, and these should be sufficiently detailed to demonstrate qualitative engagement with prisoners.
- 6.42 Segregated prisoners should have daily access to showers and telephones.
- 6.43 Segregation unit staff should receive mental health awareness training.

Housekeeping points

- 6.44 Photocopies of F213 forms should be legible and should be attached to all use of force documentation.
- 6.45 Toilets in the segregation unit should be deep cleaned.

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 scheme served as a motivational tool for prisoners and was administered fairly. However, the variable pay rates were inappropriate, as was the failure to deliver entitlements to all enhanced-level prisoners. Monitoring entries on basic-level prisoners were poor, and there was little evidence that staff supported them to achieve their targets. There was insufficient association for basic prisoners.
- 6.47 The incentives and earned privileges (IEP) scheme was explained in policy document last updated in February 2009. The three usual IEP levels operated – basic, standard and enhanced. At the time of inspection, 1.5% of the population were on basic, 45% standard and 53.5% enhanced. The policy document clearly set out the standard of behaviour for each level. Rules for the scheme were fully explained on induction and were well publicised across the wings. The IEP scheme was applied consistently across all wings.
- 6.48 Most new arrivals joined the scheme on the standard level, but prisoners transferring in on enhanced status could stay on that level. Prisoners placed initially on to standard had to wait 28 days before they could apply for enhanced status. Their application had to be supported by good entries in their wing history file, with no written warnings or proven adjudications. Enhanced prisoners also had to sign up to voluntary drug testing, which was inappropriate.
- 6.49 The scheme was location based. Enhanced prisoners were usually held on B wing, which held workers, and on C2 and C3 landings. All prisoners on Kennet were on the enhanced level. Enhanced prisoners on B wing and C2 and C3 landings had landing association and PE on Monday to Thursday evenings. This was not available to enhanced prisoners on A wing, which included most landing cleaners and a few others who were waiting for spaces elsewhere in the prison.
- 6.50 Most prisoners who we spoke to were clearly motivated by the IEP scheme because of the additional association and access to PE. They could also get extra private cash and visits, and buy their own play stations, duvets and other items. Variable pay rates also applied, and enhanced prisoners were paid more than those on standard and basic for doing the same job, which was inappropriate. Prisoners on Kennet and blue bands on C3 landing could also, subject to risk assessment, attend jubilee visits (see paragraph 8.93).
- 6.51 Progress within the scheme was normally based on a pattern of behaviour. Three written warnings within a 28-day period resulted in a referral to an IEP review board. Any serious breach of discipline could also result in an urgent referral. All moves within the scheme were considered by the wing IEP review boards, which were chaired by the wing senior officer and included at least one other member of staff. Prisoners could attend the board or submit written representations. Appeals were considered by a higher grade officer.
- 6.52 The regime for basic prisoners was very limited. They could get exercise and a shower, but had only one period of association a week. Basic status was reviewed after seven days. There were three basic-level prisoners at the time of inspection. We reviewed their wing history files, which fully supported their status. All three had been given appropriate improvement targets. Staff made daily monitoring entries on all basic prisoners, but these were almost entirely observational. They provided no assurance that staff supported these prisoners to modify their behaviour and achieve their targets.

Recommendations

- 6.53 All enhanced prisoners should be able to benefit from the full range of privileges for that incentive level.
- 6.54 Prisoners should not be paid variable rates for doing the same job.
- 6.55 Basic-level prisoners should be offered more association.
- 6.56 Staff should work with basic-level prisoners to help them modify their behaviour, and this should be evidenced in wing history files and monitoring records.

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 Although many prisoners complained about reduced portions, meals were appropriate and the quality of food was good. The kitchen was well maintained, with appropriate training for prisoners. Meals were served too early and breakfast packs were not sufficient. Prisoners were unable to eat out of cell, except on Kennet unit.
- 7.2 The kitchen was not large, but adequate to meet the needs of the population, and was maintained to a reasonable standard. The kitchen incorporated the servery, and the serving of meals was generally good. Halal food was stored and prepared in identified areas, with dedicated pans, and there were clearly marked utensils to serve it.
- 7.3 The kitchen employed a catering manager and four civilian staff along with 10 prisoners, of whom five at a time were on duty. Two further staff were employed in the prison mess along with two other prisoners. All prisoners were appropriately trained and instructed in their work and were able to obtain NVQ certificates up to level two.
- 7.4 The prison had introduced a 28-day menu cycle, with a choice of four options at each main meal, including halal and vegetarian. The money available for catering had reduced by 28p a person a day about two months previously. This had had considerable impact initially, and there had been many complaints about the quality and quantity of food. Such concerns appeared to have reduced more recently. Nonetheless, in our survey only 19% of respondents, against a comparator of 26%, said the food was good. The response from Muslim prisoners was even worse, at zero. The reduction in resources had resulted in more food cooked in-house with less reliance on prepared meals. Although some prisoners still complained about portion sizes, we saw adequate quantities, and the food we tasted was good.
- 7.5 Breakfast packs were issued every morning with fresh milk, but the meals were insubstantial, especially given the age of the population. The midday and evening meals were both hot, although there was also a cold meal option. The meals were served from 11.45am and 4.45pm, which were too early. There was no communal dining in the main wings, but there was on Kennet unit.
- 7.6 Although the last food survey had been in January 2009, with a 60% return rate, a further one was planned for the end of June to gather views on the current arrangements. Kitchen staff also attended the prisoner consultation group, although there was no specific attendance at or link with the race and equality action team or Muslim representatives.

Recommendations

- 7.7 Muslim prisoners' negative perceptions of the catering should be explored further, and the catering department should have closer links with Muslim representatives.

- 7.8 The breakfast pack should be more substantial.
- 7.9 The midday meal should not be served before noon and the evening meal not before 5pm.
- 7.10 Prisoners on the main wings should have the opportunity to eat communally.

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.

- 7.11 The prison operated its own shop, but items were purchased as part of the national tender. This arrangement allowed the shop to respond quickly and efficiently to the needs of prisoners. Although the range of goods had increased it was still too low. Consultation with prisoners was limited, and they had insufficient access to catalogue orders.
- 7.12 The contractor for the prison shop had recently changed to Booker DHL, but while the prison offered items from the national list, the day-to-day management and delivery of the system was in-house. This arrangement offered a wider range of goods, and allowed the prison to respond quickly to individual needs.
- 7.13 New arrivals were offered a smoker's or non-smoker's reception pack, repayable at 50p a week. In our survey, 94% of respondents, higher than the 83% comparator, said they had received a pack.
- 7.14 The shop was managed by two staff and one prisoner who worked each morning. Landings had an identified day in the week for orders to be taken and delivered. Orders were delivered the day after they were received. The induction landing was covered every day to ensure that new arrivals could buy goods at the earliest opportunity. In our survey, 28% of respondents, against the comparator of 19%, said they had been able to use the shop within 24 hours of arrival. The system for delivery was reasonable and mistakes could be rectified quickly.
- 7.15 Although the range of goods had increased slightly, from 136 to 186, under the new arrangements, this was still low. In our survey, only 20% of respondents said the shop sold a wide enough range of goods to meet their needs, against the comparator of 47%. This response was also worse than the 46% finding at the last inspection.
- 7.16 The only prisoner consultation arrangements were through the monthly prisoner consultation meetings, where the shop was a regular item. Although complaints were responded to in the consultation meetings or informally when shop staff were on the wings, there were no regular questionnaires or ongoing evaluation of prisoner views.
- 7.17 Catalogue order facilities were also limited. Only six products could be purchased from one catalogue. Although there were arrangements for prisoners to have property brought in for them through visits, prisoners without regular visitors, such as foreign nationals, did not have this opportunity. We were told that the prison would buy articles through the catalogue for prisoners, but this provision was not advertised or known about by prisoners we spoke to.

Recommendations

- 7.18 The range of goods available in the prison shop should be expanded.
- 7.19 There should be regular prisoner surveys about the shop and its range of goods, and the results should be used to develop the service.
- 7.20 There should be a more extensive catalogue order system.

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 policy was not linked to a regional strategy and was not sufficiently detailed as to how objectives would be delivered. All new arrivals were interviewed to identify and prioritise their initial resettlement needs. Data from the prisoner passport was collated but not used strategically to develop the policy. The Kennet unit provided excellent resettlement opportunities but was underused.
- 8.2 The published resettlement policy was due to be reviewed in January 2010. It contained an overview of aims, principles and objectives of resettlement provision in the prison, as well as a brief description of current provision under the seven resettlement pathways, but did not identify the designated pathway leads. The policy was not linked to a regional resettlement policy document and lacked detailed information about how key objectives would be delivered. For example, although the policy recognised that many prisoners in Reading were unconvicted or serving short sentences, it did not describe the work taking place to identify and meet their needs, such as the prisoner passport.
- 8.3 There was a separate resettlement action plan which had some links to pathway development. It was not clear how action points had been identified or how progress was monitored. Many action points were described as ongoing.
- 8.4 The governance of resettlement was in transition. The head of resettlement was responsible for the resettlement policy, the Kennet unit and induction. The head of learning and skills had taken on responsibility for the offender management unit (OMU) in 2009 and was also now responsible for chairing the reducing reoffending meeting. The committee had previously met quarterly, but had begun to convene monthly since March 2009. Membership included representatives from key departments and pathway leads, although attendance fluctuated. There was currently no voluntary sector representation, and the chair was endeavouring to address this.
- 8.5 Data from prisoner passports was collated monthly and presented to the reducing reoffending committee meeting. This provided an overview of prisoners' self-reported level of need across each of the resettlement pathways. Annual data had also been collated from the induction needs assessment and was referred to in the resettlement policy, but this information did not appear to be used to develop the strategy. Milton Keynes College had also carried out a needs analysis focused on learning and skills, and education, training and employment.
- 8.6 Approximately 26% of the population were serving sentences of less than two years, and an average of 24 prisoners a month were released from the prison. A prisoner passport was completed for all new arrivals during their induction. This included a comprehensive initial assessment of resettlement needs, and culminated with an interview with a resettlement senior officer who prioritised need across the resettlement pathways. We observed two of these interviews. The senior officer took time to identify key issues and made sensible decisions

about what could effectively be prioritised and achieved during custody. Induction staff completed a summary of each prisoner's identified needs, and referrals were forwarded to relevant departments, including the OMU. The principal officer responsible for induction carried out comprehensive quality assurance of all completed passports, and gave written feedback to ensure good quality of completed assessments.

- 8.7 Despite these arrangements, in our survey significantly fewer respondents than the comparators knew who to contact in the prison for help on release about nearly all resettlement areas. However, significantly fewer than the comparators said they would have problems on release, and 22% of respondents, better than the comparator of 14%, said a member of staff had helped them prepare for release.
- 8.8 A weekly discharge board was held for those prisoners scheduled to be released the following week. These boards were chaired by the resettlement senior officer. Key departments were informed of who was scheduled to be released and attended if required. Boards were attended by representatives from a range of departments, including health services and the housing officer. Prisoners were given a discharge questionnaire, which included questions about resettlement services. Responses were collated by an administrator in the OMU. Although monthly data was circulated to key managers, this information was not used to inform the resettlement strategy or identify areas for improvement.
- 8.9 The Kennet unit provided accommodation for up to 20 prisoners who could engage in a wide variety of unpaid community and voluntary service placements under release on temporary licence (ROTL). The prison had identified 27 active projects that had been used in the last 12 months, and nine prisoners were currently in unpaid community work. Prisoners were also encouraged and supported to obtain paid full-time employment. One prisoner was in full-time work at the time of the inspection, and two others in the unit had taken up paid employment in 2009. Three prisoners were in education and training with external organisations, and three were taking driving lessons funded by themselves.
- 8.10 Of the 15 prisoners resident in the Kennet unit at the start of the inspection week, 13 were from Reading and only two had transferred into the unit from other prisons. The unit was underused and frequently not full. Prisoners had to meet specific risk criteria and have a current or pending resettlement day release eligibility date to be eligible for the unit. The prison had increased the age range of the unit to 24 years and six months to increase the numbers applying, and had drawn up a protocol with referring establishments. Internal referrals to the unit came from a variety of departments, including self referrals. We were told it was rare for progression to the unit to be identified as a sentence planning target for prisoners, although we found an example of this in a current resident's sentence plan. There was no reference to the role of the unit in the resettlement policy. Prisoners on the unit were positive about its excellent opportunities.

Recommendations

- 8.11 The prison should have a detailed resettlement policy linked to the regional strategy, which makes provision for meeting the identified needs of all prisoners, including those in the Kennet unit.
- 8.12 The resettlement policy should be underpinned by a clear action plan with specific objectives, development milestones and accountability.

- 8.13 The resettlement committee should identify and follow up actions and the analysis of prisoner passport data to ensure a more strategic focus.
- 8.14 All services that support reintegration planning should be widely promoted to prisoners, and should seek feedback from prisoners to target information effectively.
- 8.15 Information from discharge questionnaires should be analysed and the results used to inform the resettlement policy and action plan.

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.

- 8.16 Some prisoners did not have a current offender assessment system (OASys) assessment and many prisoners were transferred before one was completed. Relationships with external offender managers appeared reasonable, but the frequency of contact between prisoners and internal offender supervisors varied. The prisoner passport required development to become an effective custody planning tool. Indeterminate-sentenced prisoners felt supported, but there were some delays with parole processes.

Sentence planning and offender management

- 8.17 The offender management unit (OMU) included offender management, observation, classification and allocation (OCA), bail information, legal services, home detention curfew (HDC), public protection, life- and indeterminate-sentenced prisoners, and some parole and release on temporary licence (ROTL) work. The staffing levels in the unit had been reduced by three in April 2009.
- 8.18 There were 122 sentenced prisoners, 88 of whom were serving sentences of 12 months or more. There were 51 remanded and 50 convicted but unsentenced prisoners.
- 8.19 The prisoner passport (see paragraph 8.6) was a custody planning tool, particularly for remanded prisoners, those who were unsentenced, and those who were sentenced to less than four weeks and not eligible for an offender assessment system (OASys) assessment. Although a sound assessment tool, the passport required further development to be used as an effective custody planning document. Prisoners were not set targets and there was no coordinated assessment of progress against identified needs. The passport was not reviewed at the weekly discharge board, although it was incorporated into the discharge process during the inspection. The OASys assessor and offender supervisors did not use the information obtained during completion of the passport to inform their own interviews and assessments.
- 8.20 The OASys administrator had been in post for two months and had inherited databases from which it was difficult to extract management information easily. This had been recognised and a new system was being developed. There were two databases, one for prisoners serving over six months and one for those serving under six months. Data on those in scope for offender management was incorporated into this information.

- 8.21 In our survey, 55% of sentenced respondents, broadly the same as the comparator, said they had a sentence plan. OMU data showed that in May 2009, 118 prisoners were eligible for a sentence plan, of whom 34 were in scope for offender management. Of these, 51% had an up-to-date assessment and 58 assessments were outstanding. Priority for the completion of assessments was given to prisoners serving over six months.
- 8.22 There was only one active OASys assessor, although a further member of the OMU team had recently been trained. Many prisoners were transferred from Reading before their OASys completion date and, therefore, without an up-to-date sentence plan. Of the 69 assessments due to be completed in April and May 2009, 69% (48) prisoners were transferred and two prisoners were released before the assessment had been completed.
- 8.23 OASys assessments were supervised by the OMU principal officer and the prison's performance manager checked a 10% sample. The OASys assessments we sampled had targets linked to identified offending behaviour needs, but most only related to what could be achieved at Reading and not beyond. In our survey, only 30% of respondents, worse than the comparator of 52%, said they had plans to achieve some targets in another prison. Sentence planning boards for those prisoners not in scope were not multi-disciplinary and involved only the assessor and the prisoner who signed to say they agreed with the set objectives.
- 8.24 The number of offender supervisors had been reduced from two to one. The role was filled by a prison officer who supervised eight prisoners serving indeterminate sentences for public protection (IPPs), one prisoner serving a discretionary life sentence, the nine prolific or priority offenders (PPOs) and 17 prisoners identified as high risk. Administrative support was available for the PPO work. Prisoners in scope had both an offender management file and a separate sentence plan file, which was an unnecessary duplication.
- 8.25 Relationships with external offender managers appeared reasonable, with contact recorded in a log kept in the prisoner's offender management file. The OMU had a video-link facility, which was well used. Although not all in-scope prisoners had an up-to-date assessment, each prisoner was interviewed by the offender supervisor following sentencing and, using the pre-sentence report, OASys-appropriate offending behaviour interventions were identified and referrals made. The offender supervisor contacted the offender manager to give them an overview of the interview. In some files, there was a good level of detail for the offender manager, including a comprehensive account of the assessed motivation and engagement of the prisoner, but this was not consistent. Some prisoners were given a copy of a useful description of the role of the offender supervisor, but again this was not consistent.
- 8.26 The OMU had developed feedback sheets for prisoners and key workers to provide information about completed courses or any changes in behaviour, but these did not appear to be widely used. The frequency of recorded contact between the offender supervisor and prisoners varied. Casework notes did not always demonstrate positive engagement and interaction or a discussion of risk factors. Much contact appeared to focus on practical issues, such as attendance at an offending behaviour course. There was very little in files to indicate that personal officers were formally involved in offender management processes, including attending sentence planning boards.
- 8.27 The OMU principal officer carried out quality checks of case files. Although all the files we looked at were signed, it was not clear what the checks encompassed and there was no record of the findings to inform and develop practice.
- 8.28 Twelve prisoners had been released on home detention curfew (HDC) since January 2009, with a further eight denied release by the HDC board. Although arrangements were

appropriate, records showed that most prisoners were transferred while their HDC assessment was under way and before a board could be convened. The majority of releases on temporary licence (ROTL) granted were for prisoners in the Kennet unit, although two prisoners had been released on an accompanied ROTL to attend housing interviews and two had attended employment interviews since January 2009.

Public protection

- 8.29 Public protection arrangements were reasonable and were the responsibility of a senior officer who was public protection manager. An operational support grade worker carried out any required monitoring. The published public protection policy was currently under review to bring it in line with the new national public protection manual. The existing policy gave an overview of the legislation and the responsibilities of each department in the prison, but was not user-friendly.
- 8.30 The public protection manager carried out daily screening of all new arrivals, including requesting previous convictions. All identified prisoners – including those in scope for phase two of offender management, multi-agency public protection arrangements (MAPPA), PPOs and those subject to child protection and harassment orders – were considered at the fortnightly interdepartmental risk management team meeting. Notes of the meeting indicated that attendance was usually reasonable, and discussions of individual cases appeared to give appropriate consideration to current offences, previous offences and other risk factors. We found one case of a recalled prisoner where key information on the decision to recall appeared not to have been noted by the public protection manager or offender supervisor.
- 8.31 Separate public protection files were opened, which was unnecessary and could hinder effective information sharing and internal communication. The terms of reference of the risk management team meeting did not include the identification and monitoring of those charged with racially aggravated offences.
- 8.32 At the time of the inspection, 20 prisoners were subject to some active form of public protection monitoring. Monitoring records were maintained by the public protection officer and arrangements were reviewed at the interdepartmental risk meeting.
- 8.33 Public protection information was circulated to key departments, including visits, to inform them of prisoners who were monitored. There had been no child protection training for some time (see paragraph 8.96).

Indeterminate-sentenced prisoners

- 8.34 The eight IPP prisoners and one prisoner serving a discretionary life sentence were managed by the offender supervisor, who was appropriately trained. An additional member of residential staff had also been trained in lifer management.
- 8.35 Potential indeterminate sentence prisoners continued to be identified on remand. The offender supervisor gave IPP prisoners a booklet to explain the sentence when they were interviewed.
- 8.36 Not all IPP prisoners had an up-to-date OASys assessment, and we were told that it was rare for multi-agency risk assessment planning meetings to be convened before the initial sentence planning board. However, as with those in scope for phase two of offender management, prisoners were seen following sentence and signposted to offending behaviour programmes, based on the risk factors identified in the pre-sentence report OASys.

- 8.37 We were told it was now much easier to move IPP prisoners on progressive transfers. However, delays in parole processes were not uncommon. For example, a parole hearing that took place during the inspection should have taken place in December 2008.
- 8.38 There were no separate events for indeterminate-sentenced prisoners. Although the offender supervisor knew their individual circumstances, this was not consistently demonstrated in case file entries. Prisoners we spoke to understood their sentence and objectives. Most said they felt supported, but said contact with the offender supervisor was informal and unplanned.

Recommendations

- 8.39 All eligible prisoners should have a current offender assessment system (OASys) assessment, which includes sentence plan objectives beyond that which can be achieved at Reading.
- 8.40 The prisoner passport should be fully developed into a custody plan for short-term prisoners. This should include ongoing monitoring of progress against identified needs, and a review of the passport at discharge boards.
- 8.41 Sentence management data should be effectively collated and monitored to provide readily accessible performance information.
- 8.42 OASys reviews should be followed by multi-disciplinary sentence planning boards involving offender management unit staff, all relevant departments and the prisoner.
- 8.43 The offender supervisor should regularly engage with prisoners to implement sentence plans actively, monitor progress against targets, and assess and address identified risk factors. This work should be recorded in records of contact.
- 8.44 Managers should put in place effective quality assurance of offender management files.
- 8.45 The offender management unit should use one shared file for prisoners in scope, and public protection information should not be held separately.
- 8.46 The interdepartmental risk management meeting should identify and review all prisoners subject to recall and record the outcome of such reviews.
- 8.47 The public protection policy should cover all categories of prisoners who present a risk of harm to others, including those convicted of current or previous racially aggravated offences.
- 8.48 Parole reviews for indeterminate-sentenced prisoners should take place within the required timescales.
- 8.49 Multi-agency risk assessment meetings and initial sentence planning meetings should take place within the required timescales, and records of both meetings should be retained in offender management unit case files.
- 8.50 There should be an opportunity for indeterminate-sentenced prisoners to meet as a group to get support and meet their particular needs.

Housekeeping points

- 8.51 The OASys assessor and offender supervisor should use data in the prisoner passport in their own assessments.
- 8.52 All in-scope prisoners should be given the offender supervisors role brief.

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

- 8.53 The accommodation service was good with active use of peer housing advisers. The prison ran two courses to improve general money management skills, but help with specific debt problems was limited. Information, advice and guidance for new arrivals were not sufficient to inform decisions about activity allocation. All prisoners were seen by health services staff before release.

Accommodation

- 8.54 In our survey, 30% of respondents, significantly more than the 14% comparator, said they had housing problems when they first arrived at Reading.
- 8.55 The prison had a full-time trained housing officer, who was a visible presence around the prison. The officer worked actively and collaboratively with two peer housing advisers. Peer workers were training for a national vocational qualification (NVQ) level three in information, advice and guidance with St Giles Trust. They saw all new arrivals in reception to complete an initial housing needs assessment, and assisted the housing officer in providing an advocacy service. The peer workers often followed up enquiries by telephone under the supervision of the housing officer, although the officer pursued confidential issues and enquiries. A former peer housing adviser had progressed to the Kennet unit and was on a community work placement with the Reading Single Homeless Project.
- 8.56 A basic housing advice booklet was distributed in the induction welcome pack. The housing officer also saw prisoners the day after their arrival and received referrals from a wide variety of departments, as well as the prisoner passport. Prisoners also self-referred and made enquiries to the service through the general application system. The housing officer attended and contributed to the weekly discharge boards.
- 8.57 The prison had built up an extensive range of external accommodation providers and links with accommodation support agencies. Outcomes for prisoners were good. Between April 2008

and the end of March 2009, only two prisoners had been released with no fixed address, and 95% been released into settled accommodation.

Education, training and employment

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

- 8.58 There was insufficient information, advice and guidance (IAG) for new arrivals to make meaningful decisions about the activities to engage in to aid their resettlement. There was individual support for prisoners who asked for help with organising plans for release. However, in our survey, fewer prisoners than at the previous inspection said they knew where to go to for support in finding a job (22% against 34%) or arranging a college or training place (24% against 45%) on release.
- 8.59 There was good use of release on temporary licence (ROTL) for prisoners on the Kennet unit who worked in the community, including in paid work, attended the local college or had driving lessons. The unit had good links with employers and community projects, but continued to be underused (see paragraph 8.10). There was no pre-release course, and the education one-day taster courses were not in subjects that met resettlement needs, such as interview techniques or completing application forms.

Finance, benefit and debt

- 8.60 There was no specialist debt and advice service. The housing officer and bail information officer had attended a Nacro money management course and could provide a signposting service for prisoners, but this was not widely advertised or promoted. In our survey, only 16% of respondents, worse than the comparator of 33%, said they knew who to contact to get help with finances on release.
- 8.61 The Unlock money management course had been delivered on Tuesday evenings by the housing officer or the housing peer advisers, and 40 prisoners had attended between January and March 2009. A two-week money management course was also delivered in the education department, and was run in partnership with Barclays Bank. Participation was low for the number of prisoners who were discharged.
- 8.62 Prisoners in the Kennet unit were helped to open bank accounts, and seven prisoners had done so in 2009. The housing advice team assisted with accommodation-related benefits or debt, including helping prisoners to pay rent arrears. The bail information officer, who was also responsible for employment, training and education, worked with Jobcentre Plus and Connexions, who attended the prison weekly to offer careers, employment and benefit advice. Benefits were closed down on reception and appointments were made to set up benefits on release.

Mental and physical health

- 8.63 A member of the health services team saw all prisoners at a discharge clinic before their release. They were given a copy of their medical history in prison, and a supply of medicines, if needed. For prisoners with a history of mental ill health, the relevant community mental health team was contacted and invited to attend a pre-release meeting with the prison mental health team. However, this option was not always taken up. A nurse also saw all prisoners going to court or being transferred before their removal from the prison. Appropriate medication was given to those attending court.

Recommendations

- 8.64 The information, advice and guidance for prisoners on arrival should be improved to focus on meeting their identified resettlement needs.
- 8.65 There should be short courses or taster sessions in subjects that help prisoners prepare for resettlement.
- 8.66 The services available to support prisoners with financial needs should be advertised and promoted throughout the prison.
- 8.67 Prisoners should have regular access to a specialist debt and advice service.

Drugs and alcohol

- 8.68 Demand for drug and alcohol services was higher than at comparator establishments. Substances misused were primarily alcohol and cannabis. There were good treatment options, but community links were underdeveloped. Provision for alcohol misuse was good, but fell short of demand and needed to be expanded.
- 8.69 Although the use of drugs remained low (see paragraph 3.78), in our survey, 45% of respondents, against the comparator of 16%, said that they had a drug problem when they arrived at the prison, and 39%, against 13%, said they had an alcohol problem. However, 81% said they had received help with alcohol or drug misuse at Reading, against the 63% comparator. The overarching reducing reoffending policy included prisoner self reports that indicated that 35% of prisoners had drug-related problems and 32% had alcohol-related problems. The counselling, assessment, referral, advice and throughcare (CARAT) service's own analysis indicated that the substances of choice for 70% of prisoners whom it saw were cannabis or alcohol.
- 8.70 The drug strategy group met monthly and was generally well supported by representatives from key departments. A comprehensive substance misuse drug strategy document had recently been updated, and a series of key objectives had been identified and were reviewed regularly through the drug strategy group. There had also been two needs analyses, which were used to inform the drug strategy.
- 8.71 The CARAT service was multi-disciplinary and consisted of a team leader and three drug workers employed by Inclusion; two further prison officers also covered voluntary drug testing (VDT). At the time of the inspection, the CARAT team had a caseload of 110, approximately half the prison population. Of these, about 60% were on remand. CARATs saw all new arrivals during induction. Access to the CARAT service was effective, and the team offered a range of interventions. There was both one-to-one and group work, and the latter offered different short-term courses every Friday. Provision was planned in advance but depended on demand. Relapse prevention and cannabis groups were the most frequent, but there were also cocaine and heroin programmes.
- 8.72 In the sample of files we reviewed, the standard and frequency of contact was generally good, and CARAT workers understood the needs of their clients. Along with core work, a range of in-cell packs was widely used. Although appropriate, once completed by prisoners they were not always reviewed with workers or used as a template to plan further work, as they were designed for. The CARAT service occasionally worked with prisoners in the Kennet unit,

although this was rare. As most of these prisoners worked out during the day, the service could offer contact in the evening or at other times.

- 8.73** The CARAT team had good links with community-based drug intervention programmes (DIPs), especially in Southampton, Portsmouth and Hampshire. Most prisoners were linked appropriately to their local services, and there were examples of provisional appointments made before court appearances in case they were released from court. Although this system appeared to work well, there were no figures on how many appointments or further contacts were made. Given that most prisoners identified alcohol and/or cannabis as their drug of choice, it was unclear how useful the DIP service would be. In many cases, individuals were simply signposted to other services, as most DIPs prioritised class A drug users. The CARAT team had not yet made direct contact with more appropriate service providers.
- 8.74** The short duration drug programme (SDP) was delivered by a dedicated team of three facilitators and a treatment manager. With a target of 100 starts and 65 completions, the programme had a very tight schedule to run 10 courses a year. Although the programme had missed its target in the previous year due to staff shortages, it was already ahead for the current year and anticipated a full completion. There were dedicated facilities for the programme, and appropriate links with the CARAT team for pre- and post-programme support.
- 8.75** The prison had a monthly target of 110 voluntary/compliance drug testing compacts. This target was usually achieved, although testing frequency had been reduced to an average of only one test a month a prisoner. There remained some confusion about the difference between voluntary and compliance drug testing. One compact was used for both and, while drug strategy staff understood the difference between the two, this was not the case for some prisoners and residential staff.
- 8.76** The prison also had an alcohol strategy. This was separate from the substance misuse policy and focused almost exclusively on alcohol testing. In practice, alcohol testing was rare and confined almost exclusively to the Kennet unit for prisoners going out to work or town visits with their families. The strategy document needed to incorporate the alcohol treatment work with testing, and be more closely linked with the drug strategy policy.
- 8.77** Although the CARAT service was unable to offer services to alcohol-only clients, the prison had, employed a full-time dedicated alcohol worker through the primary care trust, who was an integral member of the substance misuse strategy group. Demand for this service was high. At the time of the inspection, 70 prisoners were on her active caseload and a further 50 were on a waiting list – a similar figure to the caseload of the whole CARATs team. Given the demand, referrals were sometimes missed and prisoners left before they could be seen, although this was rare. Because of the demand for the service, the level of contact with individual prisoners was low, although the files showed that the work undertaken was high standard. The alcohol worker had good links with CARATs. Where prisoners indicated poly-substance use – which meant that CARATs could work with them – the alcohol worker still picked up the alcohol aspect of their needs.
- 8.78** Alcohol misusers were offered core one-to-one provision, and the alcohol worker also delivered a fortnightly two-session alcohol programme. The prison had recently negotiated for Thames Valley probation service to deliver the offenders substance abuse programme (OSAP) for prisoners with a significant alcohol problem and enough time left to serve. This 28-session programme was delivered over 10 weeks. It had run only twice so far, but had been successful and further courses were planned. Alcoholics Anonymous also met weekly.

Recommendations

- 8.79 Counselling, assessment, referral, advice and throughcare (CARAT) in-cell packs should be used more effectively as part of care plan work.
- 8.80 The CARAT service should develop more direct links with relevant community treatment providers to meet resettlement needs.
- 8.81 There should be a clear distinction between voluntary and compliance drug testing in compacts.
- 8.82 The alcohol strategy should include alcohol treatment and be linked more closely with the drug strategy and objectives.
- 8.83 There should be sufficient treatment available to meet the demand for alcohol misuse services.

Children and families of offenders

- 8.84 The number of telephones was sufficient but there were problems with access, particularly in the evening. Prisoners had poor perceptions of their access to correspondence. The family liaison officer had good links with community organisations. Family visits were offered, although not frequently. There had been no child protection staff training for two years. Visits admissions procedures were efficient.
- 8.85 The number of telephones was generally sufficient. There were four on A wing, three on C wing, two in the association room and three in booths on the exercise yard. E wing and the segregation unit also had their own. This amounted to an average of one telephone to 15 prisoners. However, there were problems with access. Only blue band prisoners and those on enhanced status had association in the evenings, and all other prisoners had to make calls during the day, which were more expensive and less convenient for family and friends. In our survey, 45% of respondents said they had problems getting access to telephones, against the comparator of 30%. We were told that non-enhanced prisoners could apply to make a call in the evening, but this was not advertised or widely known.
- 8.86 Letters were collected daily, and incoming and outgoing post was usually sent and delivered the day it arrived. There had been considerable delays in recent months, because of staff shortages, and this problem had appeared to have been overcome. However, in our survey, 68% of respondents said they had difficulties in sending or receiving mail, compared with the 39% comparator and the 37% response at the last inspection.
- 8.87 The prison censored three incoming and outgoing letters a day. There was a regularly updated list of prisoners whose mail had to be read, and this was forwarded to the public protection manager. Prisoners were entitled to send two free letters a week, and had no restriction on sending more at their own cost. However, there were no additional free letters for fathers to send to their children.
- 8.88 Information about the national scheme for prisoners to receive printed emails from family and friends was advertised in the visitors' waiting area, but there was no further information, and prisoners we spoke to did not know about this scheme.

- 8.89 A family liaison officer had been in post since January 2008 and was supported by a senior officer. Both posts were managed by the head of reducing reoffending. Neither roles were profiled although facility time was generally available. The work was linked strategically to the resettlement pathway and managed through the reducing reoffending model, but there were few formal links with the visits function, even though the work of both was closely associated.
- 8.90 The prison did not have a visitors' centre, but there was a waiting area in the gate lodge. Although small, the area was well kept and had a range of information, including feedback forms and details of prison policies on complaints, race relations and drug strategy. Toilets included a baby changing area and drug amnesty bin.
- 8.91 Visits were available every day except Monday and the first Tuesday in the month, and could be booked up to two weeks in advance. There were two sessions a day, between 2pm and 3pm and 3.30pm and 4.30pm. Visitors who had travelled far could book a double visit, although this was rare. Visitors were treated respectfully and efficiently. During the inspection there were no significant delays in getting prisoners or visitors to visits.
- 8.92 The visits area was light and well laid out, and had a small snack bar, staffed by the WRVS. There was a children's play area, but this was only open when it was staffed by volunteers, and this was inconsistent. There was space for 14 visits in the main visits hall. Prisoners were expected to wear bibs in the visits area. There were three closed visits booths and five legal visits rooms available in the morning and afternoon.
- 8.93 Prisoners on the Kennet unit and blue bands could take advantage of enhanced or jubilee visits. Up to three a day could be accommodated, and took place in a small room off the main visits area. They had minimal supervision and lasted for the full 2.5 hours, although they counted as a double visit. Blue band prisoners could only have this privilege if they had children who were visiting. This was an unnecessary differential and diminished the benefit.
- 8.94 There had been a recent survey of domestic and legal visitors. The responses to questions had been well evaluated and published to prisoners, and there were copies in the library and the visits waiting area. Responses were consistently positive about visiting arrangements. The questionnaire had not been extended to prisoners.
- 8.95 The prison had good links with local and area family centres through Sure Start community provision, in particular the Thames Valley partnership. These links had led the prison to start family days. These were planned to be quarterly and open to any prisoner with children, regardless of their IEP status. While positive, more frequent days would maximise opportunities for the mostly short-stay prisoners to maintain links with their children.
- 8.96 Although staff involved in family visits had Criminal Records Bureau checks, there was no child protection training for any staff directly involved in work with children under 18. There had been no such training in the previous two years.
- 8.97 Storybook Dads was available to prisoners and was widely advertised. There was currently no course on parenting skills or family/relationship counselling.

Recommendations

- 8.98 Prisoners should be able to use telephones at time that are convenient to those they are contacting.

- 8.99 Prisoners who are parents should have a free letter a month to send to each child.
- 8.100 The prison should advertise the availability of email contact with prisoners more widely.
- 8.101 There should be closer strategic links between work on the children and families pathway and visits.
- 8.102 Blue band prisoners should be able to have jubilee visits on the same basis as prisoners in the Kennet unit.
- 8.103 Prisoners should not have to wear bibs during visits.
- 8.104 The children's play area should be staffed more frequently, and these times should be advertised.
- 8.105 Visits surveys should include responses from prisoners.
- 8.106 All staff involved in work with children under 18 should attend child protection training.
- 8.107 Family visits should be held more frequently.
- 8.108 There should be a parenting course available to all prisoners.

Attitudes, thinking and behaviour

- 8.109 There was good provision of offending behaviour courses, although no further aggression replacement training was due in the current year. Comprehensive diversity care plans were drawn up for enhanced thinking skills course participants.
- 8.110 There was a good range of accredited offending behaviour programmes. These included enhanced thinking skills (ETS), aggression replacement training (ART) and SDP and OSAP (see paragraphs 8.74 and 8.78). There was also a short non-accredited alcohol course (see paragraph 8.78).
- 8.111 The ART programme was delivered by Thames Valley probation at no cost to the prison. Four courses had been delivered in 2008 and one in 2009. Each course ran with an average of eight participants. Referrals to the course were initially made by the OASys assessor and offender supervisor, who also helped selected participants to complete the pre-course workbook. Although three prisoners were due to participate in the programme, the prison had just received notification that no further courses would be delivered in 2009 due to problems releasing tutors.
- 8.112 The ETS course was delivered by the psychology team. Forty-nine prisoners had completed ETS between April 2008 and March 2009, and six courses were planned to be delivered in 2009/10. The outcome of a recent audit was not known at the time of the inspection, but previous audits had shown that the programme was delivered to a high standard. Referrals for the course had to come from OMU staff and sentence plan targets, and waiting times were not lengthy. The OASys assessor was currently the only member of staff who completed initial ETS assessments. Five prisoners with completed assessments were waiting for a place on the next course. There had been an increased focus on ensuring personal officers attended post-course reviews. Wing staff had attended six of the last nine reviews.

- 8.113 The psychology team had introduced a comprehensive diversity care plan, which was drawn up for all ETS course participants during pre-course preparation. These care plans ensured facilitators were aware of any potential diversity issues and individual participant needs. Appropriate plans were put in place to manage and monitor identified issues.

Recommendations

- 8.114 There should be alternative arrangements for prisoners assessed as requiring the aggression replacement training course.
- 8.115 Additional offender management unit staff should be trained to conduct initial enhanced thinking skills assessments to improve the flow of referrals.

Good practice

- 8.116 *The completion of diversity care plans ensured course facilitators were alert and responsive to the needs of individual participants.*

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 The National Offender Management Service at a regional and national level should take steps to maximise the use of the Kennet unit. Progression to the unit should be based on identified resettlement need and risk reduction through the completion of sentence plan objectives. (HP53)

Main recommendations

To the governor

-
- 9.2 All new arrivals should receive full reception and first night services, whatever time they arrive. (HP48)
- 9.3 Prisoners at risk of suicide and self-harm should not wear strip clothing except in exceptional circumstances, and then for the minimum time. Governance and authorisation requirements should be made explicit, and all cases should be logged in a separate register. (HP49)
- 9.4 The use of special accommodation should be reduced, and paperwork fully completed and appropriately authorised. (HP50)
- 9.5 All prisoners should have access to evening association during the week. (HP51)
- 9.6 The allocation procedures should ensure that all education, training and work places are filled to capacity. (HP52)

Recommendations

To NOMS

-
- 9.7 Following their appearance in court, prisoners should be held in court cells for the minimum possible period. (1.4)
- 9.8 Unsentenced prisoners should be held in the most convenient local prison for their domestic and legal visits. (6.16)
- 9.9 Parole reviews for indeterminate-sentenced prisoners should take place within the required timescales. (8.48)

Recommendation

To NOMS and the governor

-
- 9.10 Multi-agency risk assessment meetings and initial sentence planning meetings should take place within the required timescales, and records of both meetings should be retained in offender management unit case files. (8.49)

First days in custody

- 9.11 Reception should be refurbished to provide better facilities, such as holding rooms and private interview rooms. (1.18)
- 9.12 Information notices should be displayed in reception holding rooms and communal areas. (1.19)
- 9.13 Televisions and reading material should be provided in holding rooms. (1.20)
- 9.14 Prisoner peer support should be used on the first night and induction centre. (1.21)

Residential units

- 9.15 Cells designed for single use should not be used for shared occupancy. (2.15)
- 9.16 Toilets should be de-scaled. (2.16)
- 9.17 Cell bells should be answered without undue delay and always within five minutes. (2.17)
- 9.18 Prisoner consultative meetings should be held monthly. (2.18)
- 9.19 Prisoners should not be allowed to play music loudly at night. (2.19)
- 9.20 Prisoners should have access to laundries on each wing. (2.20)
- 9.21 Enhanced-level prisoners should be allowed to have curtains. (2.21)

Personal officers

- 9.22 Personal officers should introduce themselves to their charges at the earliest opportunity, and this should be clearly noted in wing history files. (2.31)
- 9.23 Entries in wing history files should provide evidence of meaningful and positive engagement by staff, and personal officer entries should be easily identifiable. (2.32)
- 9.24 Management checks of wing history files should be improved. (2.33)
- 9.25 Kitchen workers should have personal officers from their residential wing. (2.34)
- 9.26 There should be effective links between personal officers and offender supervisors. (2.35)

Bullying and violence reduction

- 9.27 Managers should ensure improvement in the engagement of officers in managing bullies on residential units, and this should be reflected in wing files and monitoring forms. (3.12)
- 9.28 Plans to employ peer supporters as anti-bullying representatives should be implemented. (3.13)

Self-harm and suicide

- 9.29 Managers should ensure improvement in the engagement of residential staff in the management and support of prisoners at risk of self-harm, and this should be reflected in wing files and monitoring forms. (3.23)
- 9.30 Prisoners should have 24-hour access to Listeners. (3.24)
- 9.31 There should be a properly equipped Listener suite. (3.25)
- 9.32 All staff in contact roles should be trained in assessment, care in custody and teamwork (ACCT) procedures. (3.26)

Diversity

- 9.33 The prison should develop work on all aspects of diversity, including sexuality. (3.32)
- 9.34 The diversity policy should clarify those elements that apply to staff and/or prisoners. (3.33)
- 9.35 Diversity issues should be a standing agenda item for race and equality action team (REAT) meetings. (3.34)
- 9.36 Some cells should be adapted for prisoners with disabilities. (3.35)

Race equality

- 9.37 Attendance at race and equality action team meetings should be improved. (3.45)
- 9.38 The prison should consult black and minority ethnic prisoners regularly to understand the different perceptions of black and white prisoners on key issues. (3.46)
- 9.39 Racist incident report form data should exclude notifications of prisoners convicted of race-related offending. (3.47)

Foreign national prisoners

- 9.40 There should be staff facility time for work on foreign national issues. (3.57)
- 9.41 The prison should liaise with the UK Border Agency to ensure that it visits the prison regularly and provides a surgery for foreign national prisoners. (3.58)
- 9.42 The prison should ensure that the free five-minute call for foreign national prisoners who do not receive domestic visits is provided in full each month. (3.59)
- 9.43 The prison should not rely on prisoners to interpret for other prisoners. (3.60)

Applications and complaints

- 9.44 Information on applications and complaints should be publicised in a range of languages. (3.68)

Substance use

- 9.45 The clinical support team and counselling, assessment, referral, advice and throughcare service should develop joint care planning to facilitate effective integrated service provision. (3.88)
- 9.46 Mandatory drug testing should be provided regularly, without long periods of non-testing. (3.89)
- 9.47 There should be sufficient staffing to undertake suspicion testing. (3.90)

Vulnerable prisoners

- 9.48 Conditions in the separated prisoner unit should be improved to match the needs of prisoners. (3.96)
- 9.49 All prisoners located in the separated prisoner unit should have regular review with a clear focus on their reintegration. (3.97)
- 9.50 The management, purpose and direction of the separated prisoner unit should be defined. (3.98)

Health services

- 9.51 There should be 24-hour health cover to ensure that a health professional assesses all new arrivals before their location to the wings. (4.60)
- 9.52 The Partnership Board should ensure that the primary care trust facilitates the retrieval of prisoners' clinical records from the relevant GP. (4.61)
- 9.53 The health needs assessment should be revised to focus on the health needs of prisoners at Reading, and an appropriate action plan should be developed and reviewed regularly. (4.62)
- 9.54 The bathroom in the healthcare centre should be refurbished to allow its use as a clinical facility. (4.63)
- 9.55 The voluntary drug testing area should be relocated so that its use does not interfere with clinical activity. (4.64)
- 9.56 The new dispensary should have proper ventilation to ensure the safe storage of pharmaceutical items. (4.65)
- 9.57 The level of emergency equipment should be appropriate and readily transportable at all times throughout the prison. (4.66)
- 9.58 Health professionals should enter data into health records in line with Nursing and Midwifery Council, General Medical Council and other professional guidelines. (4.67)
- 9.59 The primary care lead should monitor injury forms to detect any trends of bullying of unexplained injuries. (4.68)

- 9.60 There should be a dedicated prisoner healthcare focus group, led by a senior nurse, where prisoners can discuss general health matters regularly. (4.69)
- 9.61 Barrier protection and associated health advice should be available to all prisoners. (4.70)
- 9.62 Mental health awareness training for all prison staff should be implemented and repeated on a regular basis. (4.71)
- 9.63 Copies of the community medical records of prisoners should be sought from GPs where appropriate. (4.72)
- 9.64 A pharmacist should visit the prison at least once a month to audit systems, for clinical activity and to provide pharmacy-led clinics and medication reviews. (4.73)
- 9.65 The pharmacist should audit the use of stock supplied by nursing staff, and regularly monitor the faxed orders against the actual prescriptions. (4.74)
- 9.66 Medications should always be moved around the prison in secure containers. (4.75)
- 9.67 The controlled drugs cupboard should be relocated to the dispensary. (4.76)
- 9.68 Prisoners should attend the dispensary to receive their medication, and only in exceptional circumstances should medicines be given to prisoners in their cells. (4.77)
- 9.69 Discipline staff should be present during medicine administration times to supervise waiting prisoners, and only one prisoner at a time should be in the dispensary area. (4.78)
- 9.70 The medicines and therapeutics committee should ensure that pharmacy procedures and policies cover all aspects of the pharmacy service provision, and all staff should read and sign the agreed adopted procedures. (4.79)
- 9.71 The dental surgery should be reorganised to improve cross-infection control. (4.80)
- 9.72 The number of dental clinical sessions should be increased. (4.81)
- 9.73 The partnership board should ensure that the PCT monitors the dental contract. (4.82)
- 9.74 The partnership board should ensure that the PCT carries out a full dental surgery inspection. (4.83)
- 9.75 Dental failure to attend rates should be investigated and appropriate action taken to reduce the number of prisoners who fail to attend. (4.84)
- 9.76 There should be a protocol for the provision of dental out of hours cover. (4.85)
- 9.77 The reception healthcare room should be refurbished to bring it up to acceptable standards. (4.86)

Learning and skills and work activities

- 9.78 There should be better promotion of education classes. (5.25)

- 9.79 The art room should be larger and well ventilated, and art classes should have access to IT facilities for research. (5.26)
- 9.80 Prisoners in cookery classes should be given sufficient clean suitable clothing, and new ventilation fans should be installed. (5.27)
- 9.81 The quality of teaching should be improved in all subjects. (5.28)
- 9.82 The allocations systems should allow prisoners to attend classes without missing other activities. (5.29)
- 9.83 The taster sessions should promote progression into learning. (5.30)
- 9.84 The three new vocational training workshops should offer accredited qualifications. (5.31)
- 9.85 There should be an investigation to identify the reasons for the low pass rates on the construction skills certificate scheme. (5.32)
- 9.86 The employability and personal skills that prisoners learn through prison work should be recognised and recorded. (5.33)
- 9.87 The library opening hours should be increased and include evenings and weekends. (5.34)
- 9.88 Steps should be taken to increase the number of visits to the library by learners from the education department. (5.35)

Physical education and health promotion

- 9.89 Prisoners on basic and standard, as well as enhanced, level should have access to evening PE sessions. (5.45)
- 9.90 There should be weekend PE sessions for prisoners in the vulnerable prisoner and segregation units. (5.46)

Faith and religious activity

- 9.91 The multi-faith room should be improved and should be a more respectful space. (5.54)

Security and rules

- 9.92 Prisoners should only be subject to a full search when a risk assessment indicates this is necessary and appropriate. (6.14)
- 9.93 Sentenced prisoners should be allocated to prisons according to their individual needs determined through the completion of sentence planning documentation. (6.15)

Discipline

- 9.94 The adjudications room should be refurbished. (6.34)

- 9.95 Prisoners in adjudications should be given a pen and paper and a copy of the adjudication process to ensure they can contribute to proceedings. (6.35)
- 9.96 The prison should introduce a minor reports system. (6.36)
- 9.97 The prison's police liaison officer should ensure that police investigations take place in a timely manner. (6.37)
- 9.98 Prisoners' details should not be displayed in the adjudications room. (6.38)
- 9.99 There should be investigations of use of force in all appropriate cases. (6.39)
- 9.100 Independent Monitoring Board representatives and health services staff should always be contacted when special accommodation is authorised. (6.40)
- 9.101 Segregation staff should complete unit record entries more frequently, and these should be sufficiently detailed to demonstrate qualitative engagement with prisoners. (6.41)
- 9.102 Segregated prisoners should have daily access to showers and telephones. (6.42)
- 9.103 Segregation unit staff should receive mental health awareness training. (6.43)

Incentives and earned privileges

- 9.104 All enhanced prisoners should be able to benefit from the full range of privileges for that incentive level. (6.53)
- 9.105 Prisoners should not be paid variable rates for doing the same job. (6.54)
- 9.106 Basic-level prisoners should be offered more association. (6.55)
- 9.107 Staff should work with basic-level prisoners to help them modify their behaviour, and this should be evidenced in wing history files and monitoring records. (6.56)

Catering

- 9.108 Muslim prisoners' negative perceptions of the catering should be explored further, and the catering department should have closer links with Muslim representatives. (7.7)
- 9.109 The breakfast pack should be more substantial. (7.8)
- 9.110 The midday meal should not be served before noon and the evening meal not before 5pm. (7.9)
- 9.111 Prisoners on the main wings should have the opportunity to eat communally. (7.10)

Prison shop

- 9.112 The range of goods available in the prison shop should be expanded. (7.18)
- 9.113 There should be regular prisoner surveys about the shop and its range of goods, and the results should be used to develop the service. (7.19)

9.114 There should be a more extensive catalogue order system. (7.20)

Strategic management of resettlement

- 9.115 The prison should have a detailed resettlement policy linked to the regional strategy, which makes provision for meeting the identified needs of all prisoners, including those in the Kennet unit. (8.11)
- 9.116 The resettlement policy should be underpinned by a clear action plan with specific objectives, development milestones and accountability. (8.12)
- 9.117 The resettlement committee should identify and follow up actions and the analysis of prisoner passport data to ensure a strategic focus. (8.13)
- 9.118 All services that support reintegration planning should be widely promoted to prisoners, and should seek feedback from prisoners to target information effectively. (8.14)
- 9.119 Information from discharge questionnaires should be analysed and the results used to inform the resettlement policy and action plan. (8.15)

Offender management and planning

- 9.120 All eligible prisoners should have a current offender assessment system (OASys) assessment, which includes sentence plan objectives beyond that which can be achieved at Reading. (8.39)
- 9.121 The prisoner passport should be fully developed into a custody plan for short-term prisoners. This should include ongoing monitoring of progress against identified needs, and a review of the passport at discharge boards. (8.40)
- 9.122 Sentence management data should be effectively collated and monitored to provide readily accessible performance information. (8.41)
- 9.123 OASys reviews should be followed by multi-disciplinary sentence planning boards involving offender management unit staff, all relevant departments and the prisoner. (8.42)
- 9.124 The offender supervisor should regularly engage with prisoners to implement sentence plans actively, monitor progress against targets, and assess and address identified risk factors. This work should be recorded in records of contact. (8.43)
- 9.125 Managers should put in place effective quality assurance of offender management files. (8.44)
- 9.126 The offender management unit should use one shared file for prisoners in scope, and public protection information should not be held separately. (8.45)
- 9.127 The interdepartmental risk management meeting should identify and review all prisoners subject to recall and record the outcome of such reviews. (8.46)
- 9.128 The public protection policy should cover all categories of prisoners who present a risk of harm to others, including those convicted of current or previous racially aggravated offences. (8.47)
- 9.129 There should be an opportunity for indeterminate-sentenced prisoners to meet as a group to get support and meet their particular needs. (8.50)

Resettlement pathways

- 9.130 The information, advice and guidance for prisoners on arrival should be improved to focus on meeting their identified resettlement needs. (8.64)
- 9.131 There should be short courses or taster sessions in subjects that help prisoners prepare for resettlement. (8.65)
- 9.132 The services available to support prisoners with financial needs should be advertised and promoted throughout the prison. (8.66)
- 9.133 Prisoners should have regular access to a specialist debt and advice service. (8.67)
- 9.134 Counselling, assessment, referral, advice and throughcare (CARAT) in-cell packs should be used more effectively as part of care plan work. (8.79)
- 9.135 The CARAT service should develop more direct links with relevant community treatment providers to meet resettlement needs. (8.80)
- 9.136 There should be a clear distinction between voluntary and compliance drug testing in compacts. (8.81)
- 9.137 The alcohol strategy should include alcohol treatment and be linked more closely with the drug strategy and objectives. (8.82)
- 9.138 There should be sufficient treatment available to meet the demand for alcohol misuse services. (8.83)
- 9.139 Prisoners should be able to use telephones at time that are convenient to those they are contacting. (8.98)
- 9.140 Prisoners who are parents should have a free letter a month to send to each child. (8.99)
- 9.141 The prison should advertise the availability of email contact with prisoners more widely. (8.100)
- 9.142 There should be closer strategic links between work on the children and families pathway and visits. (8.101)
- 9.143 Blue band prisoners should be able to have jubilee visits on the same basis as prisoners in the Kennet unit. (8.102)
- 9.144 Prisoners should not have to wear bibs during visits. (8.103)
- 9.145 The children's play area should be staffed more frequently, and these times should be advertised. (8.104)
- 9.146 Visits surveys should include responses from prisoners. (8.105)
- 9.147 All staff involved in work with children under 18 should attend child protection training. (8.106)
- 9.148 Family visits should be held more frequently. (8.107)

- 9.149 There should be a parenting course available to all prisoners. (8.108)
- 9.150 There should be alternative arrangements for prisoners assessed as requiring the aggression replacement training course. (8.114)
- 9.151 Additional offender management unit staff should be trained to conduct initial enhanced thinking skills assessments to improve the flow of referrals. (8.115)

Housekeeping points

Residential units

- 9.152 Cells on E wing should be kept clean consistently. (2.22)

Applications and complaints

- 9.153 Staff should routinely record the date that a reply to an application form is received in the landing application book. (3.69)

Health services

- 9.154 The emergency bell in the reception area should be moved to improve access for staff in an emergency. (4.87)
- 9.155 The cleaning of the dental surgery by the contract cleaners should be improved. (4.88)
- 9.156 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.89)
- 9.157 Old pharmacy reference books should be discarded, and only the most recent copy should be kept. (4.90)
- 9.158 All pharmacy stock should be supplied with a batch number and expiry date. (4.91)
- 9.159 Discipline staff should ensure that prisoners attend healthcare appointments on time. (4.92)
- 9.160 Patient-named medication should not be visible to waiting prisoners, and no more than one prisoner at a time should attend the treatment hatch. (4.93)
- 9.161 The administration of medicines should be recorded accurately, and prisoners who refuse medication or fail to attend medicine times should be followed up. (4.94)

Discipline

- 9.162 Photocopies of F213 forms should be legible and should be attached to all use of force documentation. (6.44)
- 9.163 Toilets in the segregation unit should be deep cleaned. (6.45)

Offender management and planning

- 9.164 The OASys assessor and offender supervisor should use data in the prisoner passport in their own assessments. (8.51)
- 9.165 All in-scope prisoners should be given the offender supervisors role brief. (8.52)

Examples of good practice

- 9.166 The race and equality officer circulated a bullet point report from the race and equality action team to all prisoners.(3.48)
- 9.167 The health promotion lead post provided on-site support and education in all matters relating to health, and was pivotal to the long-term health of prisoners.(4.95)
- 9.168 Secondary screening of new arrivals ran simultaneously with GP clinics, which ensured that patients needing to see the GP could do so as quickly as possible. (4.96)
- 9.169 All new arrivals were screened by the mental health team within 24 hours, which allowed early identification and management of prisoners with mental health needs. (4.97)
- 9.170 The completion of diversity care plans ensured course facilitators were alert and responsive to the needs of individual participants. (8.116)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Steve Moffatt	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Marie Orrell	Inspector

Rachel Murray	Researcher
Deborah Tye	Researcher

Specialist inspectors

Bridget McEvilly	Healthcare inspector
Nicola Rabjohns	Healthcare inspector
Martin Wall	Dental inspector
Sharon Monks	Pharmacy inspector
Julia Horsman	Ofsted team leader
Bob Cowdrey	Ofsted inspector
Jenny Blackaby	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	109	13	52.14
Recall	8	0	3.42
Convicted unsentenced	49	1	21.37
Remand	48	3	21.79
Detainees	2	1	1.28
Total	216	18	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	99	5	44.27
Less than 6 months	22	2	10.25
6 months to less than 12 months	18	0	7.69
12 months to less than 2 years	19	0	8.12
2 years to less than 4 years	35	3	16.24
4 years to less than 10 years	17	5	9.4
ISPP	5	3	3.42
Life	1	0	0.43
Total	216	18	100

Age	Number of prisoners	%
Under 21 years: <i>minimum age=18</i>	216	92.31
21 years to 29 years: <i>maximum age=24</i>	18	7.69
Total	234	100

Nationality	18-20 yr olds	21 and over	%
British	188	17	87.6
Foreign nationals	28	1	12.4
Total	216	18	100

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	109	4	48.29
Uncategorised sentenced	107	14	51.71
Total	216	18	100

Ethnicity	18-20 yr olds	21 and over	%
<i>White:</i>			
British	169	16	79.6
Irish	1	0	0.43
Other White	6	0	2.56
<i>Mixed:</i>			
White and Black Caribbean	8	1	3.85
White and Black African	1	0	0.43
White and Asian	1	0	0.43
Other Mixed	4	0	1.71
<i>Asian or Asian British:</i>			
Indian	1	0	0.43
Pakistani	3	0	1.28

Bangladeshi	1	0	0.43
Other Asian	7	0	2.99
<i>Black or Black British:</i>			
Caribbean	5	0	2.14
African	4	1	2.14
Other Black	1	0	0.43
<i>Chinese or other ethnic group:</i>			
Other ethnic group	4	0	1.71
Total	216	18	100

Religion	18-20 yr olds	21 and over	%
Baptist	1	0	0.43
Church of England	28	4	13.68
Roman Catholic	25	1	11.11
Other Christian denominations	2	0	0.85
Muslim	12	2	5.98
Sikh	4	0	1.71
No religion	144	11	66.24
Total	216	18	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	35	26.92	2	1.54
1 month to 3 months	31	23.85	2	1.54
3 months to 6 months	24	18.46	1	0.77
6 months to 1 year	18	13.85	4	3.08
1 year to 2 years	8	6.15	2	1.54
2 years to 4 years	1	0.77	2	1.54
Total	117	90	13	10

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	26	25.00	1	0.96
1 month to 3 months	50	48.8	1	0.96
3 months to 6 months	17	16.35	2	1.92
6 months to 1 year	4	3.85	1	0.96
1 year to 2 years	2	1.92	0	0.00
Total	99	95.92	5	4.8

Main offence	18-20 yr olds	21 and over	%
Violence against the person	54	5	25.22
Sexual offences	8	0	3.42
Burglary	25	3	11.96
Robbery	47	3	21.37
Theft and handling	21	2	9.82
Fraud and forgery	3	0	1.28
Drugs offences	16	1	7.27
Other offences	35	4	16.67
Offence not recorded / holding warrant	7	0	2.99
Total	216	18	100

Appendix III: Summary of prisoner questionnaires and interviews

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 4 May 2009, the prisoner population at HMYOI Reading was 245. The sample size was 110. Overall, this represented 45% of the population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, three respondents were interviewed.

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- 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, 106 respondents completed and returned their questionnaires. This represented 43% of the population. The response rate was 96%. In addition to the two respondents who refused to complete a questionnaire, two 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 Reading 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>	94%
	<i>21 - 29</i>	6%
	<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>	55%
	<i>Yes - on recall</i>	6%
	<i>No - awaiting trial</i>	20%
	<i>No - awaiting sentence</i>	20%
	<i>No - awaiting deportation</i>	0%
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	40%
	<i>Less than 6 months</i>	6%
	<i>6 months to less than 1 year</i>	5%
	<i>1 year to less than 2 years</i>	13%
	<i>2 years to less than 4 years</i>	22%
	<i>4 years to less than 10 years</i>	9%
	<i>10 years or more</i>	0%
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	5%
	<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>	43%
	<i>6 months or less</i>	23%
	<i>More than 6 months</i>	34%
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	22%
	<i>1 to less than 3 months</i>	27%
	<i>3 to less than 6 months</i>	18%
	<i>6 to less than 12 months</i>	19%
	<i>12 months to less than 2 years</i>	12%
	<i>2 to less than 4 years</i>	2%
	<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			94%
	No			6%
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	73%	<i>Asian or Asian British - Bangladeshi</i>	1%
	<i>White - Irish</i>	2%	<i>Asian or Asian British - Other</i>	0%
	<i>White - Other</i>	2%	<i>Mixed Race - White and Black Caribbean</i>	5%
	<i>Black or Black British - Caribbean</i> ...	5%	<i>Mixed Race - White and Black African</i>	1%
	<i>Black or Black British - African</i>	4%	<i>Mixed Race - White and Asian</i>	1%
	<i>Black or Black British - Other</i>	0%	<i>Mixed Race - Other</i>	1%
	<i>Asian or Asian British - Indian</i>	2%	<i>Chinese</i>	0%
	<i>Asian or Asian British - Pakistani</i>	2%	<i>Other ethnic group</i>	2%
Q1.10	What is your religion?			
	<i>None</i>	47%	<i>Hindu</i>	0%
	<i>Church of England</i>	18%	<i>Jewish</i>	0%
	<i>Catholic</i>	20%	<i>Muslim</i>	10%
	<i>Protestant</i>	1%	<i>Sikh</i>	2%
	<i>Other Christian denomination</i>	3%	<i>Other</i>	0%
	<i>Buddhist</i>	0%		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>			97%
	<i>Homosexual/Gay</i>			1%
	<i>Bisexual</i>			2%
	<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>
	43%	18%	30%	9%
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>	
	59%	37%	4%	

Q1.15	Do you have any children under the age of 18?	
	Yes	28%
	No	72%

Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	3%	39%	19%	29%	6%	3%	2%
Your personal safety during the journey	6%	46%	22%	18%	5%	1%	3%
The comfort of the van	1%	8%	10%	25%	52%	1%	3%
The attention paid to your health needs	3%	23%	34%	14%	14%	2%	11%
The frequency of toilet breaks	2%	16%	15%	22%	33%	3%	10%

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>
25%	57%	13%	3%	3%

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>
13%	51%	24%	7%	3%	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?	79%	19%	2%
Before you arrived here did you receive any written information about what would happen to you?	22%	72%	6%
When you first arrived here did your property arrive at the same time as you?	78%	13%	9%

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>	11%	<i>Money worries</i>	21%
<i>Loss of property</i>	9%	<i>Feeling depressed or suicidal</i>	58%
<i>Housing problems</i>	49%	<i>Health problems</i>	68%
<i>Contacting employers</i>	12%	<i>Needing protection from other prisoners</i>	12%

<i>Contacting family</i>	69%	<i>Accessing phone numbers</i>	41%
<i>Ensuring dependants were being looked after</i>	23%	<i>Other</i>	2%

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

<i>Didn't have any problems</i>	33%	<i>Money worries</i>	23%
<i>Loss of property</i>	17%	<i>Feeling depressed or suicidal</i>	17%
<i>Housing problems</i>	30%	<i>Health problems</i>	18%
<i>Contacting employers</i>	8%	<i>Needing protection from other prisoners</i>	3%
<i>Contacting family</i>	29%	<i>Accessing phone numbers</i>	22%
<i>Ensuring dependants were looked after</i>	1%	<i>Other</i>	1%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	93%	4%	3%
When you were searched, was this carried out in a respectful way?	83%	14%	3%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
10%	47%	32%	7%	5%	0%

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

<i>Information about what was going to happen to you</i>	56%
<i>Information about what support was available for people feeling depressed or suicidal</i>	66%
<i>Information about how to make routine requests</i>	44%
<i>Information about your entitlement to visits</i>	66%
<i>Information about health services</i>	72%
<i>Information about the chaplaincy</i>	55%
<i>Not offered anything</i>	16%

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

<i>A smokers/non-smokers pack</i>	94%
<i>The opportunity to have a shower</i>	87%
<i>The opportunity to make a free telephone call</i>	82%
<i>Something to eat</i>	91%
<i>Did not receive anything</i>	1%

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)

<i>Chaplain or religious leader</i>	49%
<i>Someone from health services</i>	90%

	<i>A listener/Samaritans</i>	33%
	Did not meet any of these people	7%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	28%
	No	72%
Q3.9	Did you feel safe on your first night here?	
	Yes	85%
	No	12%
	<i>Don't remember</i>	4%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	19%
	<i>Within the first week</i>	67%
	<i>More than a week</i>	5%
	<i>Don't remember</i>	9%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	20%
	Yes	47%
	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?	13%	25%	25%	25%	12%	1%
	Attend legal visits?	17%	40%	20%	9%	3%	11%
	Obtain bail information?	8%	22%	28%	22%	5%	14%
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						11%
	Yes						36%
	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?	47%	41%	1%	12%		
	Are you normally able to have a shower every day?	62%	34%	3%	1%		

Do you normally receive clean sheets every week?	72%	22%	2%	4%
Do you normally get cell cleaning materials every week?	86%	13%	0%	1%
Is your cell call bell normally answered within five minutes?	39%	54%	5%	2%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	53%	1%	2%
Can you normally get your stored property, if you need to?	26%	42%	24%	7%

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>
3%	16%	20%	25%	36%

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

<i>Have not bought anything yet</i>	6%
Yes	20%
No	74%

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	38%	41%	11%	1%	2%	8%
An application form	44%	39%	8%	4%	2%	3%

Q4.7 Have you made an application?

Yes	83%
No	17%

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?	18%	52%	31%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	17%	51%	32%

Q4.9 Have you made a complaint?

Yes	50%
No	50%

Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	50%	18%	33%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	50%	26%	24%
Were you given information about how to make an appeal?	34%	27%	39%

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..... 50%
 Yes 10%
 No 41%

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>
39%	5%	17%	21%	14%	3%

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?	53%	13%	34%
Are you able to speak to a religious leader of your faith in private if you want to?	48%	9%	42%

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

Yes	No	<i>Don't know</i>
45%	16%	39%

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?	67%	33%
Do most staff treat you with respect?	68%	32%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?
 Yes 33%
 No 67%

Q5.2 Do you feel unsafe in this prison at the moment?
 Yes 12%
 No 88%

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>	68%	<i>At meal times</i>	8%
<i>Everywhere</i>	4%	<i>At health services</i>	4%
<i>Segregation unit</i>	0%	<i>Visit's area</i>	4%
<i>Association areas</i>	6%	<i>In wing showers</i>	15%
<i>Reception area</i>	4%	<i>In gym showers</i>	6%
<i>At the gym</i>	4%	<i>In corridors/stairwells</i>	4%
<i>In an exercise yard</i>	9%	<i>On your landing/wing</i>	6%
<i>At work</i>	0%	<i>In your cell</i>	8%

During Movement..... 8% *At religious services*..... 2%
At education..... 7%

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

Yes 14%
 No 86% **If No, go to question 5.6**

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>	11%	<i>Because you were new here</i>	6%
<i>Physical abuse (being hit, kicked or assaulted)</i>	5%	<i>Because of your sexuality</i>	0%
<i>Sexual abuse</i>	0%	<i>Because you have a disability</i>	0%
<i>Because of your race or ethnic origin</i>	2%	<i>Because of your religion/religious beliefs</i>	2%
<i>Because of drugs</i>	2%	<i>Being from a different part of the country than others</i>	7%
<i>Having your canteen/property taken</i>	8%	<i>Because of your offence/ crime</i>	4%

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

Yes 24%
 No 76% **If No, go to question 5.8**

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>	9%	<i>Because of your sexuality</i>	0%
<i>Physical abuse (being hit, kicked or assaulted)</i>	2%	<i>Because you have a disability</i>	0%
<i>Sexual abuse</i>	0%	<i>Because of your religion/religious beliefs</i>	2%
<i>Because of your race or ethnic origin</i>	6%	<i>Being from a different part of the country than others</i>	3%
<i>Because of drugs</i>	2%	<i>Because of your offence/ crime</i>	3%
<i>Because you were new here</i>	5%		

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

Not been victimised 68%
 Yes 10%
 No 22%

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

Yes 18%
 No 82%

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

Yes 19%
 No 81%

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

Very easy 9% *Easy* 9% *Neither* 17% *Difficult* 7% *Very difficult* 11% *Don't know* 47%

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	12%	15%	39%	13%	19%	3%
The nurse	11%	22%	44%	13%	7%	4%
The dentist	16%	8%	11%	21%	26%	19%
The optician	31%	8%	10%	17%	19%	16%

Q6.2 Are you able to see a pharmacist?

Yes 64%
 No 36%

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	11%	8%	33%	23%	16%	10%
The nurse	10%	10%	38%	22%	12%	9%
The dentist	35%	8%	20%	15%	15%	8%
The optician	51%	5%	14%	15%	5%	10%

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

Not been 5% *Very good* 8% *Good* 34% *Neither* 20% *Bad* 25% *Very bad* 9%

Q6.5 Are you currently taking medication?

Yes 28%
 No 72%

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

Not taking medication 72%
 Yes 15%
 No 14%

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

Yes 27%
 No 73%

- 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> | 84% |
| <i>Doctor</i> | 6% |
| <i>Nurse</i> | 4% |
| <i>Psychiatrist</i> | 5% |
| <i>Mental Health In Reach team</i> | 12% |
| <i>Counsellor</i> | 4% |
| <i>Other</i> | 2% |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 45% | 55% |
| Alcohol | 39% | 61% |
- Q6.10 Have you developed a problem with either of the following since you have been in this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 8% | 92% |
| Alcohol | 2% | 98% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| <i>Yes</i> | 45% |
| <i>No</i> | 9% |
| <i>Did not / do not have a drug or alcohol problem</i> | 45% |
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**
- | | |
|--|-----|
| <i>Yes</i> | 45% |
| <i>No</i> | 11% |
| <i>Did not / do not have a drug or alcohol problem</i> | 45% |
- Q6.13 Was the intervention or help you received, whilst in this prison, helpful?**
- | | |
|--|-----|
| <i>Yes</i> | 42% |
| <i>No</i> | 11% |
| <i>Did not have a problem/Have not received help</i> | 47% |
- 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 | 12% | 69% | 19% |
| Alcohol | 13% | 71% | 17% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
- | | |
|------------------|-----|
| <i>Yes</i> | 16% |
|------------------|-----|

No.....	16%
N/A.....	68%

Section 7: Purposeful Activity

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

Prison job	36%
Vocational or skills training.....	23%
Education (including basic skills).....	52%
Offending behaviour programmes.....	19%
Not involved in any of these	26%

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	30%	33%	24%	13%
Vocational or skills training	32%	47%	12%	8%
Education (including basic skills)	10%	63%	18%	9%
Offending behaviour programmes	32%	45%	9%	13%

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

Don't want to go	7%
<i>Never</i>	12%
<i>Less than once a week</i>	21%
<i>About once a week</i>	35%
<i>More than once a week</i>	17%
<i>Don't know</i>	7%

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
3%	6%	6%	13%	53%	13%	7%

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
3%	10%	14%	31%	37%	5%

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	12%
<i>2 to less than 4 hours</i>	20%
<i>4 to less than 6 hours</i>	16%
<i>6 to less than 8 hours</i>	21%
<i>8 to less than 10 hours</i>	8%

10 hours or more..... 12%
 Don't know..... 9%

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
2%	9%	31%	48%	5%	5%

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

Do not go on association	6%
Never	27%
Rarely	27%
Some of the time	24%
Most of the time	12%
All of the time	3%

Section 8: Resettlement

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

Still have not met him/her	47%
In the first week	22%
More than a week	8%
Don't remember	24%

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

<i>Do not have a personal officer</i>	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
48%	12%	18%	10%	7%	4%

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

Not sentenced	40%
Yes	33%
No	27%

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

Do not have a sentence plan/OASys	67%
Very involved	13%
Involved	12%
Neither	1%
Not very involved	4%
Not at all involved	4%

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?

Do not have a sentence plan/OASys	67%
Yes	30%
No	3%

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>				67%
	Yes				10%
	No				23%
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>				42%
	Yes				27%
	No				30%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes				23%
	No				77%
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes				68%
	No				26%
	<i>Don't know</i>				6%
Q8.10	Have you had any problems getting access to the telephones?				
	Yes				45%
	No				55%
	<i>Don't know</i>				0%
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				3%
	Yes				54%
	No				37%
	<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>				21%
	Yes				59%
	No				20%
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
	3%	39%	57%	1%	0%
Q8.14	Have you been helped to maintain contact with your family/friends whilst in this prison?				
	Yes				49%
	No				51%

- 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> | 49% | <i>Help with your finances in preparation for release</i> | 16% |
| <i>Maintaining good relationships</i> | 15% | <i>Claiming benefits on release</i> | 24% |
| <i>Avoiding bad relationships</i> | 11% | <i>Arranging a place at college/continuing education on release</i> | 20% |
| <i>Finding a job on release</i> | 21% | <i>Continuity of health services on release</i> | 18% |
| <i>Finding accommodation on release</i> | 39% | <i>Opening a bank account</i> | 16% |
- 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> | 30% | <i>Help with your finances in preparation for release</i> | 24% |
| <i>Maintaining good relationships</i> | 20% | <i>Claiming benefits on release</i> | 24% |
| <i>Avoiding bad relationships</i> | 26% | <i>Arranging a place at college/continuing education on release</i> | 30% |
| <i>Finding a job on release</i> | 61% | <i>Continuity of health services on release</i> | 15% |
| <i>Finding accommodation on release</i> | 30% | <i>Opening a bank account</i> | 20% |
- 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> | 42% |
| <i>Yes</i> | 37% |
| <i>No</i> | 20% |

Thank you for completing this survey



Prisoner Survey Responses HMP/YOI Reading 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

Any percent highlighted in green is significantly better		HMP/YOI Reading	Young Adult prisons comparator	HMP/YOI Reading 2009	HMP/YOI Reading 2007
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		106	1960	106	110
SECTION 1: General Information					
2	Are you under 21 years of age?	94%	87%	94%	92%
3a	Are you sentenced?	60%	84%	60%	51%
3b	Are you on recall?	6%	5%	6%	10%
4a	Is your sentence less than 12 months?	11%	17%	11%	17%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	2%	5%	0%
5	Do you have six months or less to serve?	24%	39%	24%	33%
6	Have you been in this prison less than a month?	22%	14%	22%	
7	Are you a foreign national?	13%	10%	13%	11%
8	Is English your first language?	94%	93%	94%	93%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	23%	30%	23%	21%
10	Are you Muslim?	10%	18%	10%	10%
11	Are you homosexual/gay or bisexual?	3%	2%	3%	2%
12	Do you consider yourself to have a disability?	9%	10%	9%	15%
13	Is this your first time in prison?	43%	43%	43%	35%
14	Have you been in more than 5 prisons this time?	4%	3%	4%	
15	Do you have any children under the age of 18?	28%	24%	28%	29%
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?	42%	35%	42%	41%
1b	Was your personal safety during the journey good/very good?	52%	58%	52%	59%
1c	Was the comfort of the van good/very good?	9%	12%	9%	9%
1d	Was the attention paid to your health needs good/very good?	26%	32%	26%	34%
1e	Was the frequency of toilet breaks good/very good?	17%	12%	17%	14%
2	Did you spend more than four hours in the van?	3%	7%	3%	3%
3	Were you treated well/very well by the escort staff?	65%	65%	65%	64%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	80%	79%	79%
4b	Before you arrived here did you receive any written information about what would happen to you?	22%	23%	22%	27%
4c	When you first arrived here did your property arrive at the same time as you?	78%	86%	78%	82%

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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?	9%	13%	9%	
1c	Housing problems?	50%	23%	50%	
1d	Problems contacting employers?	12%	11%	12%	
1e	Problems contacting family?	69%	64%	69%	
1f	Problems ensuring dependants were looked after?	23%	8%	23%	
1g	Money problems?	21%	14%	21%	
1h	Problems of feeling depressed/suicidal?	58%	50%	58%	
1i	Health problems?	68%	60%	68%	
1j	Problems in needing protection from other prisoners?	12%	15%	12%	
1k	Problems accessing phone numbers?	41%	43%	41%	
2	When you first arrived:				
2a	Did you have any problems?	67%	56%	67%	64%
2b	Did you have any problems with loss of property?	17%	9%	17%	7%
2c	Did you have any housing problems?	30%	14%	30%	23%
2d	Did you have any problems contacting employers?	8%	4%	8%	10%
2e	Did you have any problems contacting family?	29%	20%	29%	27%
2f	Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	5%
2g	Did you have any money worries?	23%	19%	23%	26%
2h	Did you have any problems with feeling depressed or suicidal?	17%	14%	17%	23%
2i	Did you have any health problems?	19%	9%	19%	13%
2j	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	8%
2k	Did you have problems accessing phone numbers?	22%	15%	22%	
3a	Were you seen by a member of health services in reception?	93%	89%	93%	98%
3b	When you were searched in reception, was this carried out in a respectful way?	83%	70%	83%	77%
4	Were you treated well/very well in reception?	57%	62%	57%	74%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	56%	56%	56%	56%
5b	Information about what support was available for people feeling depressed or suicidal?	66%	53%	66%	61%
5c	Information about how to make routine requests?	44%	44%	44%	55%
5d	Information about your entitlement to visits?	66%	55%	66%	58%
5e	Information about health services?	72%	63%	72%	
5f	Information about the chaplaincy?	54%	56%	54%	

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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?	94%	83%	94%	94%
6b	The opportunity to have a shower?	87%	39%	87%	76%
6c	The opportunity to make a free telephone call?	82%	72%	82%	82%
6d	Something to eat?	91%	81%	91%	86%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	49%	48%	49%	55%
7b	Someone from health services?	90%	68%	90%	82%
7c	A listener/Samaritans?	33%	23%	33%	43%
8	Did you have access to the prison shop/canteen within the first 24 hours?	28%	19%	28%	43%
9	Did you feel safe on your first night here?	85%	80%	85%	79%
10	Have you been on an induction course?	81%	91%	81%	89%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	58%	64%	58%	64%
SECTION 4: Legal Rights and Respectful Custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	38%	58%	38%	35%
1b	Attend legal visits?	57%	66%	57%	69%
1c	Obtain bail information?	30%	42%	30%	30%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	39%	36%	38%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	46%	53%	46%	45%
3b	Are you normally able to have a shower every day?	62%	55%	62%	49%
3c	Do you normally receive clean sheets every week?	72%	82%	72%	83%
3d	Do you normally get cell cleaning materials every week?	86%	55%	86%	90%
3e	Is your cell call bell normally answered within five minutes?	40%	43%	40%	23%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	59%	44%	33%
3g	Can you normally get your stored property, if you need to?	26%	35%	26%	30%
4	Is the food in this prison good/very good?	19%	26%	19%	29%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	20%	47%	20%	46%
6a	Is it easy/very easy to get a complaints form?	78%	79%	78%	88%
6b	Is it easy/very easy to get an application form?	83%	84%	83%	92%
7	Have you made an application?	84%	78%	84%	75%

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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?	63%	63%	63%	67%
8b	Do you feel applications are dealt with promptly? (within 7 days)	62%	51%	62%	74%
9	Have you made a complaint?	50%	46%	50%	55%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	35%	38%	35%	53%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	52%	39%	52%	64%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	20%	26%	20%	32%
10c	Were you given information about how to make an appeal?	27%	31%	27%	42%
12	Is it easy/very easy to see the Independent Monitoring Board?	22%	24%	22%	27%
13a	Do you feel your religious beliefs are respected?	53%	48%	53%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	55%	48%	69%
14	Are you able to speak to a Listener at any time, if you want to?	45%	48%	45%	55%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	68%	67%	76%
15b	Do most staff, in this prison, treat you with respect?	68%	65%	68%	66%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	33%	32%	33%	36%
2	Do you feel unsafe in this prison at the moment?	12%	16%	12%	41%
4	Have you been victimised by another prisoner?	14%	22%	14%	39%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	11%	13%	11%	22%
5b	Hit, kicked or assaulted you?	5%	10%	5%	13%
5c	Sexually abused you?	0%	1%	0%	2%
5d	Victimised you because of your race or ethnic origin?	2%	3%	2%	7%
5e	Victimised you because of drugs?	2%	2%	2%	2%
5f	Taken your canteen/property?	8%	5%	8%	11%
5g	Victimised you because you were new here?	6%	6%	6%	13%
5h	Victimised you because of your sexuality?	0%	2%	0%	3%
5i	Victimised you because you have a disability?	0%	1%	0%	3%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	5%
5k	Victimised you because you were from a different part of the country?	7%	6%	7%	9%
5l	Victimised you because of your offence/crime?	4%	6%	4%	

Key to tables

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	24%	23%	24%	30%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	9%	13%	9%	16%
7b	Hit, kicked or assaulted you?	2%	4%	2%	5%
7c	Sexually abused you?	0%	1%	0%	2%
7d	Victimised you because of your race or ethnic origin?	6%	4%	6%	6%
7e	Victimised you because of drugs?	2%	1%	2%	2%
7f	Victimised you because you were new here?	5%	5%	5%	6%
7g	Victimised you because of your sexuality?	0%	1%	0%	1%
7h	Victimised you because you have a disability?	0%	2%	0%	3%
7i	Victimised you because of your religion/religious beliefs?	2%	4%	2%	1%
7j	Victimised you because you were from a different part of the country?	3%	5%	3%	6%
7k	Victimised you because of your offence/crime?	3%	6%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	32%	32%	32%	32%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	18%	26%	18%	33%
10	Have you ever felt threatened or intimidated by a member of staff in here?	19%	19%	19%	17%
11	Is it easy/very easy to get illegal drugs in this prison?	18%	21%	18%	25%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	53%	43%	53%	
1b	Is it easy/very easy to see the nurse?	66%	66%	66%	
1c	Is it easy/very easy to see the dentist?	19%	16%	19%	
1d	Is it easy/very easy to see the optician?	18%	14%	18%	
2	Are you able to see a pharmacist?	64%	50%	64%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	45%	59%	45%	68%
3b	The nurse?	53%	67%	53%	71%
3c	The dentist?	42%	45%	42%	40%
3d	The optician?	39%	44%	39%	50%
4	The overall quality of health services?	44%	54%	44%	62%

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	Percentages which are not highlighted show there is no significant difference				
Healthcare continued					
5	Are you currently taking medication?	29%	22%	29%	25%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	52%	59%	52%	38%
7	Do you feel you have any emotional well being/mental health issues?	27%	26%	27%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	34%	46%	34%	
8b	A doctor?	26%	22%	26%	
8c	A nurse?	17%	18%	17%	
8d	A psychiatrist?	23%	32%	23%	
8e	The Mental Health In-Reach Team?	47%	29%	47%	
8f	A counsellor?	17%	19%	17%	
9a	Did you have a drug problem when you came into this prison?	45%	16%	45%	24%
9b	Did you have an alcohol problem when you came into this prison?	39%	13%	39%	21%
10a	Have you developed a drug problem since you have been in this prison?	8%	6%	8%	
10b	Have you developed an alcohol problem since you have been in this prison?	2%	3%	2%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	83%	76%	83%	
12	Have you received any help or intervention whilst in this prison?	81%	63%	81%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	80%	80%	80%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	31%	25%	31%	33%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	25%	29%	32%
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?	50%	47%	50%	44%
SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	36%	40%	36%	
1b	Vocational or skills training?	23%	23%	23%	
1c	Education (including basic skills)?	52%	35%	52%	
1d	Offending Behaviour Programmes?	19%	13%	19%	

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Purposeful Activity continued					
2ai	Have you had a job whilst in prison?	70%	71%	70%	56%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	47%	54%	47%	59%
2bi	Have you been involved in vocational or skills training whilst in prison?	68%	65%	68%	62%
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?	70%	58%	70%	60%
2ci	Have you been involved in education whilst in prison?	90%	76%	90%	79%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	70%	65%	70%	69%
2di	Have you been involved in offending behaviour programmes whilst in prison?	67%	60%	67%	56%
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?	68%	60%	68%	65%
3	Do you go to the library at least once a week?	52%	29%	52%	43%
4	On average, do you go to the gym at least twice a week?	78%	47%	78%	60%
5	On average, do you go outside for exercise three or more times a week?	69%	38%	69%	60%
6	On average, do you spend ten or more hours out of your cell on a weekday?	12%	9%	12%	22%
7	On average, do you go on association more than five times each week?	5%	40%	5%	17%
8	Do staff normally speak to you most of the time/all of the time during association?	15%	22%	15%	14%
SECTION 8: Resettlement					
1	Do you have a personal officer?	53%	67%	53%	52%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	59%	61%	59%	78%
For those who are sentenced:					
3	Do you have a sentence plan?	55%	54%	55%	60%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	73%	69%	73%	79%
5	Can you achieve some/all of your sentence plan targets in this prison?	91%	78%	91%	85%
6	Are there plans for you to achieve some/all your targets in another prison?	30%	52%	30%	38%
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?	47%	30%	47%	
8	Do you feel that any member of staff has helped you to prepare for release?	22%	14%	22%	
9	Have you had any problems with sending or receiving mail?	68%	39%	68%	37%
10	Have you had any problems getting access to the telephones?	45%	30%	45%	35%
11	Did you have a visit in the first week that you were here?	54%	37%	54%	56%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	59%	66%	59%	74%

Key to tables

		HMP/YOI Reading	Young Adult prisons comparator	HMP/YOI Reading 2009	HMP/YOI Reading 2007
	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				
Resettlement continued					
13	Did you receive one or more visits in the last week?	58%	42%	58%	50%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	49%	45%	49%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	15%	18%	15%	
15c	Avoiding bad relationships?	11%	14%	11%	
15d	Finding a job on release?	22%	45%	22%	34%
15e	Finding accommodation on release?	40%	47%	40%	50%
15f	With money/finances on release?	16%	33%	16%	31%
15g	Claiming benefits on release?	24%	42%	24%	45%
15h	Arranging a place at college/continuing education on release?	20%	39%	20%	29%
15i	Accessing health services on release?	18%	38%	18%	36%
15j	Opening a bank account on release?	16%	33%	16%	33%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	19%	12%	19%	
16c	Avoiding bad relationships?	26%	16%	26%	
16d	Finding a job?	61%	55%	61%	60%
16e	Finding accommodation?	30%	37%	30%	47%
16f	Money/finances?	24%	46%	24%	57%
16g	Claiming benefits?	24%	32%	24%	35%
16h	Arranging a place at college/continuing education?	30%	41%	30%	46%
16i	Accessing health services?	15%	17%	15%	19%
16j	Opening a bank account?	19%	26%	19%	35%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	65%	62%	65%	63%



Key Question Responses (Ethnicity, Nationality and Religion) HMYOI Reading 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		24	81	13	86	10	95
1.3	Are you sentenced?	42%	67%	47%	64%	61%	61%
1.7	Are you a foreign national?	31%	8%			30%	11%
1.8	Is English your first language?	87%	96%	61%	99%	90%	94%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			53%	1%	91%	16%
1.10	Are you Muslim?	38%	1%	23%	8%		
1.12	Do you consider yourself to have a disability?	4%	10%	7%	5%	0%	10%
1.13	Is this your first time in prison?	58%	39%	23%	44%	22%	46%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	9%	31%	23%	25%	9%	28%
2.3	Were you treated well/very well by the escort staff?	71%	63%	83%	61%	70%	64%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	71%	81%	83%	78%	70%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	69%	69%	54%	72%	50%	71%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	50%	60%	54%	59%	50%	59%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	59%	70%	64%	69%	61%	69%
3.2a	Did you have any problems when you first arrived?	67%	66%	78%	65%	76%	65%
3.3a	Were you seen by a member of healthcare staff in reception?	87%	95%	100%	93%	78%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	79%	84%	83%	84%	78%	83%
3.4	Were you treated well/very well in reception?	63%	55%	70%	54%	61%	57%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	75%	95%	93%	90%	61%	93%
3.9	Did you feel safe on your first night here?	79%	86%	83%	87%	78%	85%
3.10	Have you been on an induction course?	77%	81%	82%	80%	78%	81%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	41%	53%	36%	22%	40%

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?	58%	43%	60%	43%	39%	47%
4.3b	Are you normally able to have a shower every day?	55%	65%	60%	64%	70%	61%
4.3e	Is your cell call bell normally answered within five minutes?	43%	38%	33%	40%	30%	41%
4.4	Is the food in this prison good/very good?	9%	21%	30%	16%	0%	21%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	21%	20%	17%	21%	9%	21%
4.6a	Is it easy/very easy to get a complaints form?	64%	82%	46%	86%	67%	79%
4.6b	Is it easy/very easy to get an application form?	77%	84%	70%	58%	76%	83%
4.9	Have you made a complaint?	45%	52%	33%	54%	57%	50%
4.13a	Do you feel your religious beliefs are respected?	53%	53%	50%	53%	24%	56%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	45%	49%	54%	48%	43%	49%
4.14	Are you able to speak to a Listener at any time, if you want to?	38%	47%	54%	42%	24%	47%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	68%	50%	70%	57%	68%
4.15b	Do most staff, in this prison, treat you with respect?	55%	73%	64%	69%	43%	71%
5.1	Have you ever felt unsafe in this prison?	29%	34%	17%	38%	50%	31%
5.2	Do you feel unsafe in this prison at the moment?	9%	13%	17%	12%	30%	10%
5.4	Have you been victimised by another prisoner?	17%	13%	7%	16%	39%	11%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	1%	0%	3%	9%	1%
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)	4%	1%	0%	3%	22%	0%
5.6	Have you been victimised by a member of staff?	29%	23%	19%	27%	37%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	25%	1%	0%	7%	37%	3%
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)	10%	0%	0%	3%	26%	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						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	9%	21%	0%	22%	24%	18%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	14%	21%	19%	19%	37%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	4%	21%	28%	16%	10%	19%
6.1a	Is it easy/very easy to see the doctor?	45%	56%	72%	53%	37%	55%
6.1b	Is it easy/ very easy to see the nurse?	60%	67%	82%	66%	57%	67%
6.2	Are you able to see a pharmacist?	81%	60%	61%	63%	44%	65%
6.5	Are you currently taking medication?	26%	29%	7%	32%	22%	29%
6.7	Do you feel you have any emotional well being/mental health issues?	18%	29%	43%	25%	30%	26%
7.1a	Are you currently working in the prison?	23%	40%	19%	38%	22%	38%
7.1b	Are you currently undertaking vocational or skills training?	9%	27%	8%	25%	0%	26%
7.1c	Are you currently in education (including basic skills)?	57%	51%	54%	55%	50%	52%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	13%	21%	8%	20%	9%	20%
7.3	Do you go to the library at least once a week?	60%	49%	54%	52%	61%	51%
7.4	On average, do you go to the gym at least twice a week?	75%	79%	82%	79%	70%	79%
7.5	On average, do you go outside for exercise three or more times a week?	79%	56%	67%	69%	78%	68%
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)	4%	15%	0%	13%	10%	12%
7.7	On average, do you go on association more than five times each week?	0%	7%	9%	5%	0%	6%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	0%	19%	22%	15%	0%	17%
8.1	Do you have a personal officer?	57%	53%	72%	51%	67%	52%
8.9	Have you had any problems sending or receiving mail?	70%	68%	36%	72%	70%	68%
8.10	Have you had any problems getting access to the telephones?	59%	41%	22%	47%	50%	45%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	43%	64%	72%	57%	50%	60%



Prisoner Survey Responses HMP/YOI Reading 2009

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

Key to tables

		HMP/YOI Reading	Young Adult prisons comparator	HMP/YOI Reading 2009	HMP/YOI Reading 2007
	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		106	1960	106	110
SECTION 1: General Information					
2	Are you under 21 years of age?	94%	87%	94%	92%
3a	Are you sentenced?	60%	84%	60%	51%
3b	Are you on recall?	6%	5%	6%	10%
4a	Is your sentence less than 12 months?	11%	17%	11%	17%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	2%	5%	0%
5	Do you have six months or less to serve?	24%	39%	24%	33%
6	Have you been in this prison less than a month?	22%	14%	22%	
7	Are you a foreign national?	13%	10%	13%	11%
8	Is English your first language?	94%	93%	94%	93%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	23%	30%	23%	21%
10	Are you Muslim?	10%	18%	10%	10%
11	Are you homosexual/gay or bisexual?	3%	2%	3%	2%
12	Do you consider yourself to have a disability?	9%	10%	9%	15%
13	Is this your first time in prison?	43%	43%	43%	35%
14	Have you been in more than 5 prisons this time?	4%	3%	4%	
15	Do you have any children under the age of 18?	28%	24%	28%	29%
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?	42%	35%	42%	41%
1b	Was your personal safety during the journey good/very good?	52%	58%	52%	59%
1c	Was the comfort of the van good/very good?	9%	12%	9%	9%
1d	Was the attention paid to your health needs good/very good?	26%	32%	26%	34%
1e	Was the frequency of toilet breaks good/very good?	17%	12%	17%	14%
2	Did you spend more than four hours in the van?	3%	7%	3%	3%
3	Were you treated well/very well by the escort staff?	65%	65%	65%	64%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	80%	79%	79%
4b	Before you arrived here did you receive any written information about what would happen to you?	22%	23%	22%	27%
4c	When you first arrived here did your property arrive at the same time as you?	78%	86%	78%	82%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		HMP/YOI Reading	Young Adult prisons comparator	HMP/YOI Reading 2009	HMP/YOI Reading 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?	9%	13%	9%	
1c	Housing problems?	50%	23%	50%	
1d	Problems contacting employers?	12%	11%	12%	
1e	Problems contacting family?	69%	64%	69%	
1f	Problems ensuring dependants were looked after?	23%	8%	23%	
1g	Money problems?	21%	14%	21%	
1h	Problems of feeling depressed/suicidal?	58%	50%	58%	
1i	Health problems?	68%	60%	68%	
1j	Problems in needing protection from other prisoners?	12%	15%	12%	
1k	Problems accessing phone numbers?	41%	43%	41%	
2	When you first arrived:				
2a	Did you have any problems?	67%	56%	67%	64%
2b	Did you have any problems with loss of property?	17%	9%	17%	7%
2c	Did you have any housing problems?	30%	14%	30%	23%
2d	Did you have any problems contacting employers?	8%	4%	8%	10%
2e	Did you have any problems contacting family?	29%	20%	29%	27%
2f	Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	5%
2g	Did you have any money worries?	23%	19%	23%	26%
2h	Did you have any problems with feeling depressed or suicidal?	17%	14%	17%	23%
2i	Did you have any health problems?	19%	9%	19%	13%
2j	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	8%
2k	Did you have problems accessing phone numbers?	22%	15%	22%	
3a	Were you seen by a member of health services in reception?	93%	89%	93%	98%
3b	When you were searched in reception, was this carried out in a respectful way?	83%	70%	83%	77%
4	Were you treated well/very well in reception?	57%	62%	57%	74%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	56%	56%	56%	56%
5b	Information about what support was available for people feeling depressed or suicidal?	66%	53%	66%	61%
5c	Information about how to make routine requests?	44%	44%	44%	55%
5d	Information about your entitlement to visits?	66%	55%	66%	58%
5e	Information about health services?	72%	63%	72%	
5f	Information about the chaplaincy?	54%	56%	54%	

Key to tables

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	Any percent highlighted in blue is significantly worse				
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	Percentages which are not highlighted show there is no significant difference				
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?	94%	83%	94%	94%
6b	The opportunity to have a shower?	87%	39%	87%	76%
6c	The opportunity to make a free telephone call?	82%	72%	82%	82%
6d	Something to eat?	91%	81%	91%	86%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	49%	48%	49%	55%
7b	Someone from health services?	90%	68%	90%	82%
7c	A listener/Samaritans?	33%	23%	33%	43%
8	Did you have access to the prison shop/canteen within the first 24 hours?	28%	19%	28%	43%
9	Did you feel safe on your first night here?	85%	80%	85%	79%
10	Have you been on an induction course?	81%	91%	81%	89%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	58%	64%	58%	64%
SECTION 4: Legal Rights and Respectful Custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	38%	58%	38%	35%
1b	Attend legal visits?	57%	66%	57%	69%
1c	Obtain bail information?	30%	42%	30%	30%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	39%	36%	38%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	46%	53%	46%	45%
3b	Are you normally able to have a shower every day?	62%	55%	62%	49%
3c	Do you normally receive clean sheets every week?	72%	82%	72%	83%
3d	Do you normally get cell cleaning materials every week?	86%	55%	86%	90%
3e	Is your cell call bell normally answered within five minutes?	40%	43%	40%	23%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	59%	44%	33%
3g	Can you normally get your stored property, if you need to?	26%	35%	26%	30%
4	Is the food in this prison good/very good?	19%	26%	19%	29%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	20%	47%	20%	46%
6a	Is it easy/very easy to get a complaints form?	78%	79%	78%	88%
6b	Is it easy/very easy to get an application form?	83%	84%	83%	92%
7	Have you made an application?	84%	78%	84%	75%

Key to tables

Any percent highlighted in green is significantly better		HMP/YOI Reading	Young Adult prisons comparator	HMP/YOI Reading 2009	HMP/YOI Reading 2007
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					
SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	63%	63%	63%	67%
8b	Do you feel applications are dealt with promptly? (within 7 days)	62%	51%	62%	74%
9	Have you made a complaint?	50%	46%	50%	55%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	35%	38%	35%	53%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	52%	39%	52%	64%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	20%	26%	20%	32%
10c	Were you given information about how to make an appeal?	27%	31%	27%	42%
12	Is it easy/very easy to see the Independent Monitoring Board?	22%	24%	22%	27%
13a	Do you feel your religious beliefs are respected?	53%	48%	53%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	55%	48%	69%
14	Are you able to speak to a Listener at any time, if you want to?	45%	48%	45%	55%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	68%	67%	76%
15b	Do most staff, in this prison, treat you with respect?	68%	65%	68%	66%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	33%	32%	33%	36%
2	Do you feel unsafe in this prison at the moment?	12%	16%	12%	41%
4	Have you been victimised by another prisoner?	14%	22%	14%	39%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks made about you, your family or friends?	11%	13%	11%	22%
5b	Hit, kicked or assaulted you?	5%	10%	5%	13%
5c	Sexually abused you?	0%	1%	0%	2%
5d	Victimised you because of your race or ethnic origin?	2%	3%	2%	7%
5e	Victimised you because of drugs?	2%	2%	2%	2%
5f	Taken your canteen/property?	8%	5%	8%	11%
5g	Victimised you because you were new here?	6%	6%	6%	13%
5h	Victimised you because of your sexuality?	0%	2%	0%	3%
5i	Victimised you because you have a disability?	0%	1%	0%	3%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	5%
5k	Victimised you because you were from a different part of the country?	7%	6%	7%	9%
5l	Victimised you because of your offence/crime?	4%	6%	4%	

Key to tables

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	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				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	24%	23%	24%	30%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks made about you, your family or friends?	9%	13%	9%	16%
7b	Hit, kicked or assaulted you?	2%	4%	2%	5%
7c	Sexually abused you?	0%	1%	0%	2%
7d	Victimised you because of your race or ethnic origin?	6%	4%	6%	6%
7e	Victimised you because of drugs?	2%	1%	2%	2%
7f	Victimised you because you were new here?	5%	5%	5%	6%
7g	Victimised you because of your sexuality?	0%	1%	0%	1%
7h	Victimised you because you have a disability?	0%	2%	0%	3%
7i	Victimised you because of your religion/religious beliefs?	2%	4%	2%	1%
7j	Victimised you because you were from a different part of the country?	3%	5%	3%	6%
7k	Victimised you because of your offence/crime?	3%	6%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	32%	32%	32%	32%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	18%	26%	18%	33%
10	Have you ever felt threatened or intimidated by a member of staff in here?	19%	19%	19%	17%
11	Is it easy/very easy to get illegal drugs in this prison?	18%	21%	18%	25%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	53%	43%	53%	
1b	Is it easy/very easy to see the nurse?	66%	66%	66%	
1c	Is it easy/very easy to see the dentist?	19%	16%	19%	
1d	Is it easy/very easy to see the optician?	18%	14%	18%	
2	Are you able to see a pharmacist?	64%	50%	64%	
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?	45%	59%	45%	68%
3b	The nurse?	53%	67%	53%	71%
3c	The dentist?	42%	45%	42%	40%
3d	The optician?	39%	44%	39%	50%
4	The overall quality of health services?	44%	54%	44%	62%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		HMP/YOI Reading	Young Adult prisons comparator	HMP/YOI Reading 2009	HMP/YOI Reading 2007
Healthcare continued					
5	Are you currently taking medication?	29%	22%	29%	25%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	52%	59%	52%	38%
7	Do you feel you have any emotional well being/mental health issues?	27%	26%	27%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	34%	46%	34%	
8b	A doctor?	26%	22%	26%	
8c	A nurse?	17%	18%	17%	
8d	A psychiatrist?	23%	32%	23%	
8e	The Mental Health In-Reach Team?	47%	29%	47%	
8f	A counsellor?	17%	19%	17%	
9a	Did you have a drug problem when you came into this prison?	45%	16%	45%	24%
9b	Did you have an alcohol problem when you came into this prison?	39%	13%	39%	21%
10a	Have you developed a drug problem since you have been in this prison?	8%	6%	8%	
10b	Have you developed an alcohol problem since you have been in this prison?	2%	3%	2%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	83%	76%	83%	
12	Have you received any help or intervention whilst in this prison?	81%	63%	81%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	80%	80%	80%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	31%	25%	31%	33%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	25%	29%	32%
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?	50%	47%	50%	44%
SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	36%	40%	36%	
1b	Vocational or skills training?	23%	23%	23%	
1c	Education (including basic skills)?	52%	35%	52%	
1d	Offending Behaviour Programmes?	19%	13%	19%	

Key to tables

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Purposeful Activity continued					
2ai	Have you had a job whilst in prison?	70%	71%	70%	56%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	47%	54%	47%	59%
2bi	Have you been involved in vocational or skills training whilst in prison?	68%	65%	68%	62%
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?	70%	58%	70%	60%
2ci	Have you been involved in education whilst in prison?	90%	76%	90%	79%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	70%	65%	70%	69%
2di	Have you been involved in offending behaviour programmes whilst in prison?	67%	60%	67%	56%
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?	68%	60%	68%	65%
3	Do you go to the library at least once a week?	52%	29%	52%	43%
4	On average, do you go to the gym at least twice a week?	78%	47%	78%	60%
5	On average, do you go outside for exercise three or more times a week?	69%	38%	69%	60%
6	On average, do you spend ten or more hours out of your cell on a weekday?	12%	9%	12%	22%
7	On average, do you go on association more than five times each week?	5%	40%	5%	17%
8	Do staff normally speak to you most of the time/all of the time during association?	15%	22%	15%	14%
SECTION 8: Resettlement					
1	Do you have a personal officer?	53%	67%	53%	52%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	59%	61%	59%	78%
For those who are sentenced:					
3	Do you have a sentence plan?	55%	54%	55%	60%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	73%	69%	73%	79%
5	Can you achieve some/all of your sentence plan targets in this prison?	91%	78%	91%	85%
6	Are there plans for you to achieve some/all your targets in another prison?	30%	52%	30%	38%
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?	47%	30%	47%	
8	Do you feel that any member of staff has helped you to prepare for release?	22%	14%	22%	
9	Have you had any problems with sending or receiving mail?	68%	39%	68%	37%
10	Have you had any problems getting access to the telephones?	45%	30%	45%	35%
11	Did you have a visit in the first week that you were here?	54%	37%	54%	56%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	59%	66%	59%	74%

Key to tables

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Resettlement continued					
13	Did you receive one or more visits in the last week?	58%	42%	58%	50%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	49%	45%	49%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	15%	18%	15%	
15c	Avoiding bad relationships?	11%	14%	11%	
15d	Finding a job on release?	22%	45%	22%	34%
15e	Finding accommodation on release?	40%	47%	40%	50%
15f	With money/finances on release?	16%	33%	16%	31%
15g	Claiming benefits on release?	24%	42%	24%	45%
15h	Arranging a place at college/continuing education on release?	20%	39%	20%	29%
15i	Accessing health services on release?	18%	38%	18%	36%
15j	Opening a bank account on release?	16%	33%	16%	33%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	19%	12%	19%	
16c	Avoiding bad relationships?	26%	16%	26%	
16d	Finding a job?	61%	55%	61%	60%
16e	Finding accommodation?	30%	37%	30%	47%
16f	Money/finances?	24%	46%	24%	57%
16g	Claiming benefits?	24%	32%	24%	35%
16h	Arranging a place at college/continuing education?	30%	41%	30%	46%
16i	Accessing health services?	15%	17%	15%	19%
16j	Opening a bank account?	19%	26%	19%	35%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	65%	62%	65%	63%



Key Question Responses (Ethnicity, Nationality and Religion) HMYOI Reading 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							
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Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		24	81	13	86	10	95
1.3	Are you sentenced?	42%	67%	47%	64%	61%	61%
1.7	Are you a foreign national?	31%	8%			30%	11%
1.8	Is English your first language?	87%	96%	61%	99%	90%	94%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			53%	1%	91%	16%
1.10	Are you Muslim?	38%	1%	23%	8%		
1.12	Do you consider yourself to have a disability?	4%	10%	7%	5%	0%	10%
1.13	Is this your first time in prison?	58%	39%	23%	44%	22%	46%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	9%	31%	23%	25%	9%	28%
2.3	Were you treated well/very well by the escort staff?	71%	63%	83%	61%	70%	64%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	71%	81%	83%	78%	70%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	69%	69%	54%	72%	50%	71%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	50%	60%	54%	59%	50%	59%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	59%	70%	64%	69%	61%	69%
3.2a	Did you have any problems when you first arrived?	67%	66%	78%	65%	76%	65%
3.3a	Were you seen by a member of healthcare staff in reception?	87%	95%	100%	93%	78%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	79%	84%	83%	84%	78%	83%
3.4	Were you treated well/very well in reception?	63%	55%	70%	54%	61%	57%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	75%	95%	93%	90%	61%	93%
3.9	Did you feel safe on your first night here?	79%	86%	83%	87%	78%	85%
3.10	Have you been on an induction course?	77%	81%	82%	80%	78%	81%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	41%	53%	36%	22%	40%

Key to tables

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4.3a	Are you normally offered enough clean, suitable clothes for the week?	58%	43%	60%	43%	39%	47%
4.3b	Are you normally able to have a shower every day?	55%	65%	60%	64%	70%	61%
4.3e	Is your cell call bell normally answered within five minutes?	43%	38%	33%	40%	30%	41%
4.4	Is the food in this prison good/very good?	9%	21%	30%	16%	0%	21%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	21%	20%	17%	21%	9%	21%
4.6a	Is it easy/very easy to get a complaints form?	64%	82%	46%	86%	67%	79%
4.6b	Is it easy/very easy to get an application form?	77%	84%	70%	58%	76%	83%
4.9	Have you made a complaint?	45%	52%	33%	54%	57%	50%
4.13a	Do you feel your religious beliefs are respected?	53%	53%	50%	53%	24%	56%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	45%	49%	54%	48%	43%	49%
4.14	Are you able to speak to a Listener at any time, if you want to?	38%	47%	54%	42%	24%	47%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	68%	50%	70%	57%	68%
4.15b	Do most staff, in this prison, treat you with respect?	55%	73%	64%	69%	43%	71%
5.1	Have you ever felt unsafe in this prison?	29%	34%	17%	38%	50%	31%
5.2	Do you feel unsafe in this prison at the moment?	9%	13%	17%	12%	30%	10%
5.4	Have you been victimised by another prisoner?	17%	13%	7%	16%	39%	11%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	1%	0%	3%	9%	1%
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)	4%	1%	0%	3%	22%	0%
5.6	Have you been victimised by a member of staff?	29%	23%	19%	27%	37%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	25%	1%	0%	7%	37%	3%
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)	10%	0%	0%	3%	26%	0%

Key to tables

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5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	9%	21%	0%	22%	24%	18%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	14%	21%	19%	19%	37%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	4%	21%	28%	16%	10%	19%
6.1a	Is it easy/very easy to see the doctor?	45%	56%	72%	53%	37%	55%
6.1b	Is it easy/ very easy to see the nurse?	60%	67%	82%	66%	57%	67%
6.2	Are you able to see a pharmacist?	81%	60%	61%	63%	44%	65%
6.5	Are you currently taking medication?	26%	29%	7%	32%	22%	29%
6.7	Do you feel you have any emotional well being/mental health issues?	18%	29%	43%	25%	30%	26%
7.1a	Are you currently working in the prison?	23%	40%	19%	38%	22%	38%
7.1b	Are you currently undertaking vocational or skills training?	9%	27%	8%	25%	0%	26%
7.1c	Are you currently in education (including basic skills)?	57%	51%	54%	55%	50%	52%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	13%	21%	8%	20%	9%	20%
7.3	Do you go to the library at least once a week?	60%	49%	54%	52%	61%	51%
7.4	On average, do you go to the gym at least twice a week?	75%	79%	82%	79%	70%	79%
7.5	On average, do you go outside for exercise three or more times a week?	79%	56%	67%	69%	78%	68%
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)	4%	15%	0%	13%	10%	12%
7.7	On average, do you go on association more than five times each week?	0%	7%	9%	5%	0%	6%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	0%	19%	22%	15%	0%	17%
8.1	Do you have a personal officer?	57%	53%	72%	51%	67%	52%
8.9	Have you had any problems sending or receiving mail?	70%	68%	36%	72%	70%	68%
8.10	Have you had any problems getting access to the telephones?	59%	41%	22%	47%	50%	45%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	43%	64%	72%	57%	50%	60%