

Report on an announced inspection of
HMP Risley

7 – 11 February 2011
by HM Chief Inspector of Prisons

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Introduction

HMP Risley is a training prison for men requiring a medium level of security. At the time of this announced inspection it held 1,082 male prisoners.

The prison has suffered historically from a poor reputation. At our last inspection in April 2008 inspectors found the prison was not performing sufficiently well in any area apart from resettlement. My predecessor noted that:

"Worryingly, prisoners felt even more unsafe than in the past and a serious drug problem, with associated gang violence, was having a pervasive and pernicious effect. The establishment's sprawling buildings and poor design added to the difficulties for staff, but there was no excuse for the squalor we found."

On this inspection we found a prison transformed in many areas and reasonably good outcomes for prisoners in all areas. Nevertheless, there were still gaps and important areas where outcomes need to improve further.

It was clear that the prison had prepared thoroughly for our inspection and some improvements had been introduced only relatively recently. However, many of the changes were far more than cosmetic and demonstrated real improvements in the prison's culture.

At our last inspection the environment had been squalid; now the prison was very clean. At our last inspection the prison had a significant drug problem and almost half the population said it was easy to get drugs. This time treatment programmes and measures to limit supply had significantly reduced the problem and prisoners told us they felt much safer as result. Likewise, at our last inspection staff-prisoner relationships were very poor. Now we found that regular and active management engagement had led to significant improvements.

Previously, many prisoners told us – with good reason – that they did not feel safe in the prison. This was particularly true of vulnerable prisoners. At this inspection, prisoners' perception of their safety had much improved and it was good to see that the improvement was most marked for vulnerable prisoners.

These are all significant achievements and are a necessary foundation for the further improvements that are required.

Managerial oversight of the use of force was inadequate and we identified some incidents that caused us particular concern. Some punishments at disciplinary hearings were too severe.

Work on diversity was rudimentary and this was reflected in the more negative perceptions of prisoners from minority groups. Foreign national prisoners had good specialist support provided by dedicated staff but staff as a whole showed little understanding of their needs

Risley is a designated training prison. The quality of education, training and most work opportunities was good – but the quantity was simply insufficient. We found almost a quarter of prisoners locked in their cells in the working part of the day and many others were not fully occupied. There were insufficient opportunities for prisoners to exercise in the open air and association periods were too short, which created tensions around access to telephones and showers.

Resettlement, which had been an area of strength at the last inspection, had flat lined and there was no evidence of the further improvement we had hoped to see. In particular, opportunities to find and keep employment had reduced and there were few links with local employers. Work to help prisoners maintain or rebuild relationships with their families had slipped and had now fallen behind the improving standard we see in similar prisons.

There is still much to be done to ensure that the prison becomes a fully effective establishment that meets the range of prisoners' diverse needs and prepares them appropriately for release through useful work and effective interventions. Nevertheless, Risley is a much safer, cleaner and more decent prison than before – a better and more purposeful place for prisoners (and as they often told us, a better place for the prison staff to work). The governor and the prison staff are to be commended on the improvements.

Nick Hardwick
HM Chief Inspector of Prisons

April 2011

Fact page

Task of the establishment
Category C trainer

Region/Department
North West

Number held
1082 (on 23 December 2010)

Certified normal accommodation
1050

Operational capacity
1095

Date of last full inspection
14 -18 April 2008

Brief history

Risley opened in 1964 as a male and female remand centre. Following a major disturbance in 1989, the male part of the prison was rerolled to a training prison. In the early 1990s, the prison was extended. The intention was for all original buildings to be replaced but some are still in use. In 1992, Risley became a category C training establishment for over 800 men. The prison was further expanded and refurbished leading up to 2003, when a new wing (Glazebury) was opened, bringing capacity to over 1000; at the time, the largest category C trainer in the country. The sex offender population was relocated to Glazebury and Farnworth units in 2009, moving prisoners away from the care and separation unit and meaning their residential unit was separate from the rest of the population. In 2009, Risley became a hub for up to 200 foreign national prisoners and UK Border Agency staff are located in the prison.

Short description of residential units

Appleton	186 bed unit
Birchmoor	108 bed unit
Ravensmoor	12 bed unit described as a reintegration unit accommodating prisoners not sentenced for sex offences but who are otherwise vulnerable
Culcheth	196 bed unit, North side-location, IDTS unit, CARATs and PASRO teams
Daresbury	196 bed unit. First night and induction unit on South side. 1 care suite and 1 safer/gated cell.
Elton	173 bed unit (18 bed care and separation unit attached) 1 care suite and 1 safer/gated cell
Croft	18 bed care and separation unit - 1 gated cell
Glazebury	196 bed unit – sex offender population only
Farnworth	28 bed unit - sex offender population only

Appleton, Culcheth, Daresbury, Elton and Glazebury are newer wings. They have open landings, each with two spurs (North and South), and are brighter and provide better visibility for staff. Birchwood and Farnworth are the oldest and smallest wings. Birchwood, Ravensmoor and Farnworth comprise all single cells are used only for one prisoner.

Escort contractor
Group 4 Security (G4S)

Health service commissioner and providers
Warrington PCT

Learning and skills providers
The Manchester City College, Working Links (information, advice and guidance)

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for prisoners are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
 - **outcomes for prisoners are poor against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

- HP3 Appropriate reception and first night arrangements were backed up by good induction. Prisoners' perceptions of safety were much improved. Bullying was

challenged through an anti-social behaviour scheme but better oversight was needed to ensure its fair operation. Assessment, care in custody and teamwork processes were mostly good. There was low use of segregation. Use of force was not high but not all incidents were necessary. Clinical management for substance users had improved with the introduction of the integrated drug treatment system and there had been a significant reduction in the availability of illicit drugs. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Most prisoners did not have long journeys to Risley but few were given advance notice of their moves. In our survey, prisoners were relatively positive about their treatment in reception, which was transformed from how it had been at our last inspection and was clean, bright and well organised. Reception officers were helpful and welcoming and there was good peer support.
- HP5 Most prisoners said they felt safe on their first night, a substantial improvement from previously, particularly for sex offenders. First night officers interviewed new arrivals to check immediate needs and concerns. There was some good peer support on D wing where most new arrivals went but there was less attention on the wing to meeting some basic needs, such as ensuring men had the opportunity to shower.
- HP6 The induction programme was generally well delivered by an officer and an Insider backed up by input from a range of specialist areas. However, foreign national prisoners who did not speak and understand English well did not always receive an appropriate induction.
- HP7 Perceptions of safety in our survey were much improved, noticeably for sex offenders who had moved wings since the previous inspection. However, foreign nationals, Muslims and black and minority ethnic men, felt less safe than others. There was generally good consultation with prisoners about safety and violence reduction issues but not specifically with minority groups. Initiatives, such as the provision of more telephones and more camera cover, had helped reduce tension on the wings and made prisoners feel safer. Good investigations into violent incidents also helped identify learning points but there was little longer-term analysis of trends to help determine how well the violence reduction strategy was operating. The anti-social behaviour strategy to tackle bullying and other poor behaviour was regularly invoked. It was closely linked to the incentives and earned privileges (IEP) scheme but some of the investigations into alleged bullying did not provide sufficient evidence to demote prisoners to basic, which in some cases was too punitive a response. Some prisoners who needed more support than others were held on R wing but the mix of prisoners there was not ideal and there was a lack of clarity about its role.
- HP8 Levels of self-harm were relatively low, with an average of six incidents and around 18 assessment, care in custody and teamwork (ACCT) documents opened each month. Very good investigations into incidents of self-harm were carried out, which helped identify areas for improvement. ACCT procedures included some in-depth assessments and reviews were generally multidisciplinary. There was some good ongoing support, including a counselling service, although there was a waiting list for this. Gated cells for men who required constant watch were inappropriately located, particularly for sex offenders who had to move between wings. An active Listener scheme provided 24-hour support for most prisoners but services for non-English speaking prisoners were insufficiently developed.

- HP9 Appropriate and balanced security objectives were set and security meetings were well attended. Security procedures did not appear to be too restrictive. The number of security information reports was reducing but we were assured the quality was improving. Although intelligence software was not used, information was effectively collated and analysed.
- HP10 Use of segregation had dropped considerably in recent years. The unit was clean but some of the fabric was worn and exercise yards were bare. There were only two prisoners in the segregation unit, both of whom said they were well treated but the regime was too restrictive, with no daily showers. Care plans did not have clear targets.
- HP11 The number of adjudications had reduced significantly in recent months. Records examined indicated that most were conducted reasonably well. However, a number of punishments involved very long periods of loss of association, which for men without activities amounted to cellular confinement without the appropriate safeguards and limits on its use.
- HP12 Managerial oversight of use of force was inadequate. The level was not high but many of the incidents involved forcibly removing possessions from men placed on the basic level of the IEP scheme and ought to have been managed without force. Many of these incidents were incorrectly reported as spontaneous and there was no immediate threat to safety or security to justify its use. In one case, an officer unacceptably physically removed some contraband from under a man's foreskin during a forcible search.
- HP13 The introduction of the integrated drug treatment system (IDTS) had significantly improved treatment for men with substance use problems. C wing operated well as a designated drug support unit. Prisoners there reported feeling safer since IDTS had been introduced and they were positive about the support they got. Although there were no formal multi-agency meetings, there were regular treatment reviews with some good joint work between IDTS, counselling, assessment, referral advice and throughcare (CARAT) and mental health services. The administration of controlled drugs was well organised.
- HP14 At less than 3%, the positive mandatory drug test rate was lower than the previous year and substantially lower than the 14.5% when we last inspected in 2008. Prisoners told us there were fewer fights about drugs and indicated in our survey that illicit drugs were much less easy to obtain than previously.

Respect

- HP15 Staff-prisoner relationships had improved but there was relatively little active engagement and personal officer work needed further development. The prison was very clean. The IEP scheme needed better governance to ensure fairness. Some of the diversity work was very recent and the perceptions of minority groups were less good than others in a range of areas. More support for foreign national prisoners was needed, particularly for those who did not speak or understand English well. Health services were generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP16 Regular and active management engagement and consultation with prisoners had helped improve relationships. More prisoners than previously said most staff treated them with respect and that they had an individual member of staff they could turn to for help. We did not see any poor interactions but we saw relatively little engagement between officers and prisoners on the wings. Fewer in our survey than previously said they had been victimised by staff but prisoners said that a minority of officers on wings were deliberately provocative and unhelpful. Almost all prisoners understood they had a personal officer but fewer than the comparator in our survey said they found them helpful. Prisoners told us they had little involvement with their personal officers and entries in case notes were mainly observational about activities and behaviour rather than demonstrating active engagement and knowledge of a prisoner's circumstances.
- HP17 The prison was mostly very clean, which was a vast improvement since the last inspection. Residential facilities were generally satisfactory except that B and R wing were not of a good standard. Cells were clean. Curtain screening had been provided for toilets in shared cells. Short association periods during the week limited the opportunity to shower and on A wing there were only eight showers for 186 prisoners due to long-term repairs and refurbishment. In our survey, fewer than the comparator and than previously said they were able to get a shower every day. There was regular consultation with prisoners about facilities on the wings.
- HP18 The IEP scheme was actively enforced to manage behaviour but we were concerned that in some cases prisoners were placed on basic too easily without a full examination of the circumstances. There was little consideration of the effects of this on prisoners on open ACCT documents and radios were routinely removed from prisoners on basic. Not all prisoners who arrived on enhanced status maintained it and it was inappropriately removed from newly arrived prisoners who did not have a job when there was a shortage of employment places. Many fewer foreign nationals in our survey said they were on the enhanced level of the IEP scheme but there was no monitoring of this to check it was operating fairly.
- HP19 Fewer prisoners than the comparator in our survey said the food was good and satisfaction had dropped considerably since 2008. A move to central contacts to supply food was said to have led to some drop in quality. Prisoners disliked a change to mostly cold lunches and some portions were small. Muslim prisoners were particularly dissatisfied and there was an inequity of provision as there was no halal meat option at lunchtime. Meals were served too early. Most prisoners had to eat in cells with unscreened toilets.
- HP20 The diversity policy focused primarily on staff issues rather than prisoners. A diversity meeting to cover each strand had been established only in November 2010 and by the time of the inspection, prisoners had not been involved. Identification of prisoners with a disability had only recently begun. Some good quality care planning had just been introduced for older men and men with disabilities on the sex offender wings but not elsewhere. An older prisoner forum, with good attendance from external agencies and support groups, had recently been established to help develop services. Good individual support has been provided for one transgender prisoner but there were no support services for gay and bisexual prisoners.
- HP21 A basic race relations action plan was reviewed at each diversity meeting but there was no indication that new issues were identified and added or that the plan was actively used to promote race equality. Reported racist incidents were thoroughly

investigated and answered promptly, with appropriate recommendations. Ethnic monitoring was restricted to the minimum required by the Prison Service and did not cover access to activities or specific jobs, which a number of black and minority ethnic prisoners believed was a potential area of discrimination. Black and minority ethnic and Muslim prisoners reported more negatively than others in a number of areas in our survey, particularly about relationships with staff and perceptions of safety. There were 15 active prisoner race representatives who were well known in the prison but there was little general consultation with black and minority ethnic prisoners.

- HP22 As Risley was a designated hub for foreign national prisoners, there were UK Border Agency staff on site allowing good liaison and joint work with immigration officials. Prisoners had a good understanding of their official immigration position but there were no regular independent immigration advice services. Despite the prison's specialist function, there was insufficient acknowledgement and understanding among residential staff of the specific needs of foreign national prisoners, who often relied on the foreign national team for routine matters. Foreign national prisoners reported less positively than British prisoners in a number of areas in our survey, including safety, victimisation and participation in some aspects of the regime but there was little routine consultation with them and no monitoring to ensure equality of treatment. There was no clear identification of men who do not speak or understand English well and needed extra support and relatively little use of telephone interpreting services.
- HP23 There were good chaplaincy facilities, with appropriate multi-faith provision and regular services. An impressive range of religious and cultural festivals was celebrated. The chaplaincy team was well integrated in the life of the prison and played a particularly strong role in the care of prisoners identified as at risk of suicide or self-harm.
- HP24 Satisfaction with the handling of applications had improved from previously but prisoner consultation meetings had identified some frailties in the current system and work was under way to examine how to make improvements. Survey results about handling of complaints were relatively poor. Most complaint replies we examined were appropriate but some poor responses had not been identified in quality checks, which were insufficiently rigorous. Complaints about staff did not always get a response that made the outcome clear and some were not pursued when the prisoner moved elsewhere.
- HP25 Appropriate help with legal matters was provided by two trained legal services officers, although there was relatively little demand for their services. A local solicitor also provided advice on legal issues at offender management surgeries held on the wings.
- HP26 The health care accommodation was being refurbished but soundproofing between some consulting rooms was poor and compromised patient confidentiality. An impressive waiting room had been provided but escort arrangements meant some prisoners remained there too long before and after appointments. There was good joint working with the primary care trust and other agencies and clinical governance arrangements were sound. Some consultation with prisoners about health services had recently begun but was not regular. Although prisoners reported more negatively than the comparator in our survey about the quality of health services, we found services were satisfactory. There was an appropriate range of primary care and life-long condition clinics. Prisoners were informed quickly of the outcome and

implications of diagnostic tests. Access to most health services was good but four patients had been waiting more than 34 weeks to see a physiotherapist. There was a good dental service and the waiting list was not too long but there was a high failure to attend rate. The pharmacy service was good but there was little confidentiality during medicines administration. Few external health care appointments were cancelled. Primary and secondary mental health services were good.

Purposeful activity

- HP27 Time out of cell was satisfactory for most prisoners who were in employment but poor for almost a quarter of the population. Prisoners had too little time in the open air and relatively short association times during the week. Education and training was of a good standard and the overall quality of work had improved. There was a satisfactory library service. PE provision was good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP28 The reported average time out of cell figure was nearly nine hours. This was not possible as even prisoners in full-time activities could not get much more than about eight hours a day out of their cells. Unemployed prisoners had only about two hours out of cell on weekdays and we found 23% of prisoners locked in their cells at 10.30 one morning. Time in the open air was too restricted, with prisoners attending work and education having only the time it took to walk to their activity. Unemployed prisoners had only a maximum of 30 minutes a day. Association periods were for only one hour during the week, during which time prisoners were also expected to shower, make telephone calls and clean their cells.
- HP29 Leadership and management of learning and skills were good, with a clear and well communicated strategy. Provision was based on an analysis of need and there was effective use of action planning to monitor and drive improvement. Implementation of quality assurance arrangements was incomplete. Although improved from previously, there were still too few activity places. There were officially 130 unemployed but in reality there were more who were not purposefully occupied. Allocation to activities was generally fair but some prisoners were directly recruited to wing activities rather than through the agreed procedures.
- HP30 There were 170 full-time equivalent places in education classes and approximately 40% of the prison population participated in education on a range of courses from pre-entry to Open University level. The curriculum was broad and classes in English for speakers of other languages had increased to reflect the growing foreign national population. Most prisoners completed their education courses and achievements were consistently very high. Prisoners participated well in lessons and produced good standards of work, including some highly creative work in art and ceramics. Individual learning plans were not always used effectively to plan learning and monitor progress. Most classrooms were adequate but accommodation and resources needed further development.
- HP31 In vocational training, there was an adequate range of 72 full-time equivalent places, with qualifications in industrial cleaning to level 1 but otherwise predominantly at level 2 in kitchen and bathroom fitting, painting and decorating, brickwork and plastering. Attendance was satisfactory and retention and achievement were high on most courses. The vocational workshops were well managed and equipped, with good

support for literacy and numeracy. Effective use made of peer mentors. Prisoners produced good quality work and were able to increase their employability skills.

- HP32 There were over 500 full-time equivalent work places in a range of workshops, kitchen and gardens. Places also included orderlies, wing painters and labourers and wing cleaners, of which there were over 150, not all of whom were fully occupied. There was a good focus on health and safety in most areas. In some workshops, skills development was good with satisfactory achievement qualifications that had just been introduced. There were plans under way to expand opportunities for accreditation in the white goods refurbishment workshop, gardens, waste management and the kitchen.
- HP33 Most prisoners were registered to use the library and were timetabled to have at least one session a week. Regular surveys of users were used to inform the provision and there was a good range of stock, including provision in other languages. There was a satisfactory range of materials to support learning and skills and to promote literacy but there were no computers for library users.
- HP34 PE staff were well qualified and supported by 10 PE orderlies, two of whom worked very effectively as peer tutors. The facilities were satisfactory, although shower and changing areas were cramped and there were no outside sports areas. The range and volume of activities had increased significantly, with a broad range of team and individual recreational activities. Specific sessions were run for prisoners over 50 and for vulnerable prisoners. Achievements on accredited courses were very high.

Resettlement

- HP35 The reducing reoffending strategy covered all pathways, with regularly updated action plans. Offender management and sentence planning were of a good standard and prisoners were able to make progress through participation in appropriate programmes. Public protection arrangements were sound. Reintegration services were satisfactory. There were some good drug services but insufficient provision for men with alcohol problems. The children and families pathway needed further development. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP36 The reducing reoffending strategy included all resettlement pathways, each of which had an allocated lead. The strategy had been based on only a limited needs analysis and did not explain the prison's role for different groups of prisoners such as foreign nationals or lifers. Bi-monthly reducing reoffending meetings included progress reports from pathway leads and the action plan was updated after each meeting.
- HP37 The offender management unit was well established and managed. It was used for all prisoners, although the majority were not formally in scope. All prisoners were seen shortly after arrival by their designated offender supervisor. Case loads were relatively high. Some prisoners said they had difficulties seeing their offender supervisor but they were able to get information and advice from offender management staff and other resettlement workers at wing surgeries held at six-week intervals. Although many prisoners arrived at Risley without a completed OASys, all had mostly up-to-date assessments. The quality of sentence plans was good. Offender management staff had actively fostered good relationships with offender

managers in the community, who participated well at boards, either in person or by video and telephone conferencing. Offender supervisors reviewed categorisation every six months and many men were able to progress to open conditions.

- HP38 Public protection procedures were sound. All new arrivals were screened and there were regular risk assessment meetings for those subject to public protection measures. The prison was appropriately involved in multi-agency public protection arrangements (MAPPA).
- HP39 There were 100 life-sentenced prisoners and a further 152 men serving indeterminate sentences for public protection (IPPs). Lifers and IPPs were managed by separate teams in the offender manager unit and there was some useful communication with lifers through newsletters and the publication of monthly forum minutes. Wing lifer representatives met managers at monthly forums and appreciated the support they received but many other lifers were not so positive. Occasional lifer days had been held, which allowed a wider group of lifers to be involved. Eligible lifers were able to benefit from escorted town visits before parole hearings.
- HP40 Prisoners' resettlement needs were identified in an interview with their offender supervisor shortly after arrival. Housing information and support was provided by an in-house housing team and few men were released without accommodation. A JobCentre Plus worker and a Citizens Advice worker attended weekly and were able to give advice about finance, debts and benefits. Prisoners were helped to open bank accounts. A resettlement meeting took place before release to check that needs had been suitably addressed but not all received appropriate careers information and advice service support at the end of their sentence. A unit-based pre-release course had recently been piloted but there were no financial management units and the core units did not include any that were directly vocationally related to help build job search skills. Following the loss of a dedicated full-time employment support officer post, there were few links with local employers.
- HP41 Visitors had some difficulty getting through to the visits booking line, which was only open on weekdays during office hours. The visitors' centre was too small, with only limited refreshments. The visits hall environment had been improved with upholstered seating and curtains to help reduce noise levels, although these were still high at busy times. Visits we observed started on time and most lasted two hours. A family forum was held every two months where family and friends met prison staff, visitors' centre staff and prisoner representatives mainly to discuss issues about visits. There were no family support workers and the children and families' pathway was generally under developed. Despite some previous successful family days in 2008 and 2009, there had been none since and only a restricted number of prisoners were able to take part in 'Dads time' visits, which allowed just 30 minutes of supervised activities with their children.
- HP42 Accredited interventions, which included controlling anger and learning to manage it, the thinking skills programme and a range of sex offender treatment programmes, appeared to match most prisoners' needs. Offender supervisors had identified the lack of an alcohol programme as a gap. Prisoners were suitably prioritised for programmes and waiting lists were not long.
- HP43 The drug and alcohol strategy was well managed and coordinated. The CARAT team provided accessible services but their remit excluded ongoing work with primary alcohol users. Some additional but limited resources for alcohol work had been made

available. The CARAT service had developed good links with drug intervention programmes (DIPs) in the community but difficulties with vetting requirements meant that DIP workers no longer visited regularly. Prisoners were able to address drug problems through the prisons addressing substance-related offending (P-ASRO) programme but there was no peer support scheme to provide additional post-programme support.

Main recommendations

- HP44** Concern: Use of force records indicated that many incidents could have been avoided through use of different strategies and that there were some unacceptable searching practices in place. Many records did not indicate that the prisoner had been seen by a health care professional.
- Recommendation:** Senior managers should quality check all records of use of force to ensure that force is used only as a last resort, that its use is justified and lawful and that all prisoners involved are seen by a health care professional.
- HP45** Concern: Although relationships had improved, this was not backed up by effective personal officer work so that a nominated individual member of staff was responsible for ensuring individual needs were identified and met and that prisoners were consistently challenged and supported to achieve their sentence planning targets.
- Recommendation:** Personal officers should interact regularly with their designated prisoners and get to know their individual circumstances. They should support them in maintaining family contact and meeting resettlement objectives and reflect this in regular good quality entries in wing files.
- HP46** Concern: The prison was a designated foreign national 'hub' but support for foreign national prisoners, who represented 16% of the population, was under developed, particularly for those who did not speak or understand English well.
- Recommendation:** An effective foreign national strategy should be developed with regular consultation with foreign national prisoners to ensure their specific needs are identified and met appropriately within the prison.
- HP47** Concern: Officially there were 130 unemployed, about 12% of the population, but we found 23% of prisoners locked in their cells during a main activity periods and many others had wing jobs that did not fully occupy them.
- Recommendation:** More purposeful activity places should be provided so that all prisoners are fully occupied.
- HP48** Concern: Resettlement services were reasonably good but too little attention had been paid to the part that the children and families pathway could play in helping to reduce reoffending.
- Recommendation:** Services to help prisoners maintain or rebuild relationships with their children, partners and families should be further developed and include a qualified and experienced family support worker.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Most prisoners had short journeys from local prisons but few were given sufficient notice of transfer.
- 1.2 Most prisoners at Risley were from the local area and arrived from nearby prisons such as Liverpool, Manchester and Altcourse. However, apart from those from Altcourse, few were given sufficient notice of their transfer and most were told only on the morning of their move. Fewer than the comparator in our survey said they had been given any advance information about Risley. Discharges were managed effectively.

Housekeeping point

- 1.3 Prisoners transferring to Risley should be given advance information about the prison.

First days in custody

Expected outcomes:

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

- 1.4 Reception was bright, well decorated and clean. Reception processes were sound and prisoners were made to feel welcome, with good additional support from trained peer workers. First night procedures effectively identified any immediate issues while in reception but there was less focus on support for new arrivals on the induction wing. A comprehensive induction package was well delivered but arrangements for prisoners who did not speak English were underdeveloped despite the prison's particular role for foreign national prisoners.

Reception

- 1.5 The reception area had transformed from the time of our last inspection and was now clean and bright. Staff were friendly and welcoming and more prisoners than the comparator in our survey said they had been treated well or very well by staff in reception. Prisoners waited in a large holding room with toilet facilities. There was a television to occupy prisoners but most remained in the room for only short periods between seeing a nurse and a first night officer, having their property processed and completing a cell-sharing risk assessment. All were offered food and a hot drink. Two full-time reception orderlies trained as Insiders and Listeners

routinely went in to the holding room and introduced themselves to new arrivals. They also had their own room where they could talk to prisoners individually if necessary.

- 1.6 Risley's role as a foreign national hub meant that it regularly received prisoners whose first language was not English. Records indicated that professional telephone interpreting services were used appropriately in reception and foreign national prisoners we spoke said that reception staff tried harder to communicate with them than staff in other parts of the prison. Foreign national prisoners were more positive about their treatment by reception staff than other prisoners in our survey.
- 1.7 Reception staff said sex offenders rarely arrived with other prisoners so the process remained the same. When they arrived with other prisoners, they were held in a separate smaller room and prioritised by reception staff.

First night

- 1.8 A first night officer from the induction unit conducted interviews in a private dedicated room in reception. The interview covered all relevant areas and professional telephone interpreting services were used when required. In our survey, prisoners were more positive than the comparator in their responses to all questions about first night processes.
- 1.9 All new arrivals were offered a free telephone call. This was described as lasting two minutes but staff were sensitive to prisoners' situations and allowed them a reasonable amount of time to resolve any problems caused by short-notice transfers. New arrivals were then given a £2 telephone credit to use once they were on the induction unit. All prisoners were also given a basic canteen pack, the cost of which was repaid in weekly instalments. Some prisoners could wait up to 10 days for their first regular canteen order but could order additional basic canteen packs if necessary.
- 1.10 Once they had completed their first night interview, health care screen and the processing of their property, new arrivals went to the induction unit on D wing. They were immediately locked in their allocated cell until the evening meal, after which they had an hour of association. The allocated cells were relatively clean but some were missing furniture such as tables and lockers. There was no shower in reception and prisoners did not have the opportunity to shower until association time but on D wing, with a restricted number of showers for existing residents, this was difficult for new arrivals unfamiliar with wing routines. It was not clear why new arrivals were not given the opportunity to shower as soon as they arrived on the wing.
- 1.11 Sex offenders were located on G wing, where the first night process was similar to that on D wing, including problems with access to showers.
- 1.12 In our survey, 83% of prisoners, the same as the comparator, said they had felt safe on their first night and 90% of sex offenders said so.

Housekeeping point

- 1.13 New arrivals should be able to have a shower on their first day at Risley.

Induction

- 1.14 All prisoners were given a locally produced booklet giving induction information in an appropriate and easy-to-follow format. It had been translated into only the three most common languages used by foreign national prisoners.
- 1.15 The induction programme lasted two days, with day one on a Monday or Wednesday and day two on a Tuesday or Thursday. The two days were interchangeable so prisoners could join on either day one or day two depending on when they arrived. Induction was delivered in a dedicated and suitable room on D wing. It was impressively comprehensive, with information delivered succinctly using electronic slide show presentations and hand-outs. It was mostly presented by a dedicated induction officer supported by an induction wing Insider, with specialist presentations made by staff from a range of functions such as health care, activities, safer custody and drug support services. Induction for sex offenders on G wing was identical apart from some addition information relating to relevant specific sentence management arrangements and offending behaviour programmes.
- 1.16 Prisoners were fully occupied during induction and were left unlocked during tea-breaks. However, those who had completed induction but had not been allocated an activity were locked up for up approximately 22 hours a day during the week.
- 1.17 Provision for prisoners whose first language was not English was less effective. Few of the hand-outs had been translated and officers said telephone interpreting was too time-consuming, particularly when several foreign national prisoners arrived at the same time. One group of six Vietnamese-speaking prisoners had very recently received an abridged programme using a prisoner interpreter fluent in English and Vietnamese.

Recommendation

- 1.18 All prisoners who do not speak English should receive adequate induction information in a language they understand.

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 Although the prison as a whole was much cleaner than before, there was some poor hygiene in wing serveries. Older units were difficult to supervise. Some single cells in newer units were shared by two prisoners. Laundry facilities were satisfactory. Some prisoners waited too long to access stored property. Opportunities for all prisoners to shower daily were insufficient.
- 2.2 There were nine residential units (see fact page). Ravensmoor, the reintegration unit, was part of Birchwood unit. This had been built in the 1960s, was gloomy and difficult to supervise and, while much cleaner than previously, remained unfit for purpose. Prison overcrowding meant some single cells in the newer units were shared by two prisoners and were small and cramped. Toilets in shared cells were screened by curtains.
- 2.3 All cells contained televisions and kettles and, apart from some cells on the older wings, had privacy locks. Not all prisoners had a lockable cupboard or notice board but displays were confined to designated areas and largely complied with the published offensive displays policy. There was a programme to provide curtains for each cell. Water quality checks were completed regularly. Cell call alarms were checked daily but most sounded only in the wing office so officers out on the wing had to rely on seeing a cell call light unless contacted by the office. There was no system to monitor response times accurately and only 26% of prisoners in our survey against a comparator of 40% said their cell bells were normally answered within five minutes. Observation panels in cell doors were kept clear.
- 2.4 The prison was adequately decorated and substantially cleaner than at our last inspection in 2008. There were painting parties on each wing and little evidence of graffiti. Staff said small repairs were completed promptly. The prison grounds were well maintained and compounds around residential units were mainly clean. A pest control firm visited regularly. Its reports indicated continuing significant problems with cockroaches linked to poor hygiene in wing serveries.
- 2.5 There were no communal dining facilities and prisoners ate in their cells. All wings had at least one designated interview room and cleaning storeroom. Most wings had similar recreational facilities, including table games, in reasonable condition. There were no floodlit yards for evening exercise (see section on time out of cell). Additional telephones had recently been installed on some wings and restrictions on how long prisoner could use them were also being implemented. Some were in booths and there were plans for these to be provided for all telephones. Two telephones on B wing did not have acoustic hoods.

Recommendations

- 2.6 B1 and R1 units should be completely refurbished or replaced.
- 2.7 Cell alarm calls should be answered promptly.

Housekeeping point

- 2.8 Hygiene measures in servery areas should be improved to reduce the infestations of cockroaches.

Clothing and possessions

- 2.9 Apart from men on the basic incentives and earned privileges level, all prisoners could wear their own clothes. New arrivals could have six items of clothing sent in during their first 28 days, after which they had to buy from catalogues. This was difficult for those whose only income was prison wages, particularly if they did not have a job. Prisoners had weekly access to wing laundries to wash personal clothing. Irons and ironing boards were available. Reasonable prison clothing and bedding was available and could be exchanged weekly. It was washed in a central laundry and some prisoners complained that returned items were not always clean.
- 2.10 Prisoners were allowed a reasonable amount of property in cells. Access to stored property in reception could take up to two weeks and each wing had set days to collect items. Delays were eased when staff were available to cover this task at weekends.
- 2.11 Some clothing, footwear and suitable bags were available in reception for prisoners on release.

Housekeeping points

- 2.12 Prisoners should be given additional opportunities to have clothing posted in.
- 2.13 Prisoners should be able to access stored property within 48 hours of making an application.

Hygiene

- 2.14 Communal areas and cells were clean. Prisoners could clean their cells during association periods and at weekends. There was an adequate supply of cleaning materials but stock was not well managed and wings often had to borrow materials from other wings. There were sufficient supplies of personal toiletries.
- 2.15 Most shower areas were clean and in a reasonable condition, although ventilation in some was poor. The showers were being refurbished. Some shower areas included a toilet but no soap or towels were provided. In our survey, only 79% against a comparator of 93% said they could shower every day. The figure among sex offenders fell to just 74%. Prisoners on restricted regimes could not shower daily. One reason for this was the short association period, when prisoners had to try to shower, queue to use the telephone and, if required, clean their cells. Long-term repairs and refurbishment meant the situation was particularly poor on A wing, where there were only eight showers for 186 prisoners. One bath on E wing emptied directly on to the bathroom floor.
- 2.16 Haircuts were not formally provided and prisoners were left to make their own arrangements, which was unsatisfactory.

Recommendation

- 2.17 Prisoners should have improved access to showers.

Housekeeping points

- 2.18 Soap and hand drying facilities should be provided in all communal areas.

- 2.19 Prisoners should be able to have their hair cut by an experienced barber.

Staff-prisoner relationships

Expected outcomes:

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

- 2.20 More prisoners than previously said most staff treated them with respect. Most said they had a member of staff they could turn to for help but some said there were individual officers who were unhelpful. There was relatively little active engagement between officers and prisoners on the wings but positive and active consultation arrangements had helped foster better relationships.

- 2.21 Prisoners in groups said they had reasonably good relationships with officers on the wings, although some characterised officers as lazy and unwilling to help them. They said some officers preferred to sit and drink tea in offices and 'sloped their shoulders' when something needed to be done. A small number of officers were described as negative and confrontational. Most agreed that officers were generally fair but that there was also some degree of preferential treatment for certain groups such as wing cleaners. Prisoners who had been at Risley for some time or on previous sentences agreed that relationships with staff had improved.

- 2.22 The number of prisoners in our survey who said most staff treated them with respect was similar to the comparator and had risen substantially from the time of our survey in 2008, suggesting a general improvement in relationships, although black and minority ethnic and Muslim prisoners were less positive than others. Following the last inspection and the 2009 measuring the quality of prison life (MQPL) survey, some good and active management attention had been aimed at improving relationships. This included the development of training for officers and a specific staff and prisoner engagement policy aimed at encouraging and promoting mutual respect and establishing a framework to improve the quality of life at Risley. One of the main vehicles for this was through improved consultation with prisoners through a change to improve strategy with regular wing-based consultative meetings, monthly community action team meetings for the whole prison and discussion forums on specific topics.

- 2.23 Community action team meetings were generally well attended, although not always by the governor in charge, and there was good feedback to prisoners explaining what issues had

been raised and what had been done as a result. There was a set agenda covering most of the areas we would expect and discussion was detailed and wider ranging, although inevitably much of the business revolved around domestic issues for prisoners. There was good follow-up of action points. Some areas such as violence reduction were not always discussed unless a specific issue was raised rather than managers using the meetings proactively to generate discussion. Relationships with staff or the operation of the personal officer scheme were not directly discussed.

- 2.24 Although some prisoners said that a minority of staff on wings were deliberately provocative, interactions we observed between officers and prisoners were generally positive. However, officers still tended to stand in pairs during association periods looking over landing rails rather than moving around the wing and engaging with prisoners.

Housekeeping point

- 2.25 The chair of community action team meeting should encourage discussion on each of the agenda items and include staff-prisoner relationships and the operation of the personal officer scheme.

Good practice

- 2.26 *The change to improve strategy and its emphasis on effective consultation with prisoners was effective in helping to improve relationships with prisoners and assure them that their views were listened to.*

Personal officers

Expected outcomes:

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

- 2.27 Almost all prisoners understood they had a personal officer but fewer than the comparator in our survey said they found them helpful. Prisoners said they had little involvement with their personal officers and entries in case notes were mainly observational about activities and behaviour rather than demonstrating active engagement and knowledge of a prisoner's circumstances.

- 2.28 In our survey, 81% of prisoners, more than the comparator and a substantial improvement on the 62% in 2008, said they had a personal officer but only just over 50%, fewer than the comparator and little changed from 2008, said they found their personal officer helpful. Prisoners in groups explained that personal officers were allocated by cell and that they knew who they were. The names had recently been added to cell cards. Although some said they had good personal officers and were positive about the help they received, most agreed it was unusual for personal officers to seek them out and speak to them. Usually, it was prisoners who approached their personal officer when they needed something.
- 2.29 The personal officer scheme was set out in a detailed and comprehensive personal officer handbook. This explained the role of the personal officer in relation to the offender management process, the incentives and earned privileges scheme, job applications and

public protection arrangements. Responsibilities also included contributing to the sentence planning process, home detention curfew, release on temporary licence and parole. In relation to prisoners with disabilities, the handbook indicated that personal officers should draw up a needs identification sheet outlining their specific needs and how these would be met. Care planning had begun on some wings (see section on diversity) but there was little indication that this was done by personal officers. Although Risley had a significant proportion of foreign national prisoners, there was no guidance about how to help meet their specific needs or how personal officers should communicate with men who did not speak or understand English. In our survey, fewer foreign national than British prisoners said they had a personal officer.

- 2.30 The guidance referred to personal officers completing initial assessment interviews shortly after arrival on the wing and a requirement that they set a target plan, with target sheets completed once a fortnight. These would then lead to quarterly reviews to provide an overview of the prisoner's progress and behaviour. Although personal officers generally made fortnightly entries in P-Nomis case notes, there was little indication of targets or reviews except from offender management staff. The guidance included some useful notes about developing relationships and the need for officers as a minimum to take responsibility for knowing about the prisoner's offence details/security profile, sentence management, activity details, outside contact and future plans/current issues. Out of a sample of 50 cases, 30 contained a note that the personal officer had introduced themselves to the prisoner but few included much detail and many simply recorded 'no issues' or 'no problems'. A minority of personal officer entries were very good and detailed and a number indicated that some personal officers were very helpful. However, most simply referred to the activity a prisoner was engaged in and their behaviour on the wing, with little reference to sentence planning targets, family issues or personal matters. Many could have been written without any engagement with the prisoner.

Housekeeping point

- 2.31 Guidance should be issued to personal officers responsible for foreign national prisoners to ensure they understand their specific needs and how to communicate with those who do not speak or understand English well.

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 good consultation with prisoners about safety issues and some effective measures had been taken as a result. New procedures introduced to address bullying and anti-social behaviour were applied robustly but in some cases without sufficient investigation. Prisoners, particularly sex offenders, felt safer and this was supported by other indicators, although some minority groups did not feel as safe as others. The role of R wing to support some vulnerable prisoners was not clear.
- 3.2 Safer custody procedures were overseen by a senior manager at monthly meetings of the suicide and self-harm meeting and a separate violence reduction meeting. He was supported by a safer custody team, which included a full-time principal officer, a safer custody officer and administrative assistant. New procedures for tackling anti-social behaviour (TAB), which included bullying, had been introduced across the prison in 2008. Day-to-day responsibility for the TAB strategy and cell-sharing risk assessment (CSRA) procedures had been moved from the safer custody team to two residential managers (developing prison service managers) to promote greater engagement by residential staff.
- 3.3 The violence reduction strategy had last been reviewed in May 2010. It emphasised early intervention to prevent escalation and described the procedures for TAB, CSRAs and the management and monitoring of violent incidents. The prison's strategy was described in the induction booklet given to new prisoners. Visitor concern sheets had been introduced but were little used. They also advertised a 'keep safe line' and a contact number for the chaplaincy. The violence reduction meeting met monthly, attended by staff from a range of departments and with representation from wing managers and prisoners. Action points were identified and followed up at subsequent meetings.
- 3.4 There was some excellent consultation with prisoners about safety at monthly violence reduction prisoner committee meetings established in 2009. These were chaired by a prisoner and included prisoner representatives from each wing. There were good links with senior managers and safer custody staff who attended periodically to answer queries. The committee highlighted problems and suggested solutions for reducing violence. It had raised issues about poor staff attitudes in some areas and tensions associated with poor access to telephones and had suggested improved procedures for supervising serveries and issuing medications to reduce opportunities for bullying and trading prescribed medications. Representatives described how boredom and frustrations of prisoners locked up without activity created tensions on the wings. This was reiterated by Listeners. The major issues raised at this meeting were taken forward and discussed at the prison-wide violence reduction meeting and an action plan evidenced progress made.

- 3.5 The safer custody team produced monthly control, order and violence evaluation reports (COVERs). These included a comprehensive review of indicators of violence, including data on adjudications, use of force, the locations of violent offenders, TAB documents and incentives and earned privileges (IEP) status and security information reports. The failure of some residential managers to complete violent investigation reports promptly was highlighted regularly but those that had been completed generated good discussion of learning points that were disseminated to relevant departments. Each wing maintained a CSRA database but these were not always updated. There were good links with the race equality officer. The monthly reports only compared recent data on indicators of violence and there was no longer-term analysis of trends to help check the effectiveness of the violence reduction strategy.
- 3.6 A comprehensive survey of prisoners' perceptions of safety had taken place in May 2010 and 154 (15%) of prisoners had returned the questionnaire. Of these, 66% said they felt safe or very safe and 23% felt unsafe or very unsafe. Increasing the number of staff and improving staff-prisoner relationships were cited as factors that would make them feel safer. More than half of prisoners indicated that they would not feel comfortable reporting violent incidents. Our own survey indicated some improvements in perceptions of safety compared to responses in 2008. Responses by sex offenders were in many aspects better than others. More prisoners than in comparator prisons but not significantly more than in 2008 said they had felt unsafe at some time. Black and minority ethnic, foreign national and Muslim prisoners said they felt less safe than the whole prison comparator.
- 3.7 Several initiatives had improved safety. Sex offenders had been moved from E to F and G wings. Additional telephones and more cameras had been installed, although four wings still did not have closed-circuit television (CCTV) cover. Fewer prisoners said it was easy to get illegal drugs and nets put up around some residential areas had reduced supply. There was good monitoring of gang allegiances and little evidence of gang-related violence. There was better supervision on the wings, although 35% of prisoners in the prison's survey said they felt most unsafe on the wings and during association. The route taken by prisoners between residential units and workshops was better supervised.
- 3.8 There were some good investigations into violent incidents, quality assured by the safer custody team and reported to the violence reduction meeting. The governor had reinforced the importance of these through a notice to staff in October 2010 following a rise in serious assaults. A pocket guide for staff on incident reporting had also been issued. The investigations we looked at were thorough and identified learning points. They were tracked by the safer custody team but the investigations log indicated that not all were completed promptly.
- 3.9 The TAB strategy was closely linked to the IEP scheme and a TAB document was opened whenever a prisoner was demoted to basic. Flowcharts outlining the required actions following witnessed or suspected incidents were complicated to follow. Warnings were issued using a 'menu for change', which guided staff through a selection of systematic responses to prisoners advising them of inappropriate behaviour. Failure to engage with the warning process or sign an agreement to refrain from similar behaviour could result in an immediate review of the prisoner's IEP status. Different TAB booklets were opened for cases where anti-social behaviour had been witnessed or was suspected or where victims were offered support.
- 3.10 Senior officers had authority to demote a prisoner from the standard to the basic regime but demotion from enhanced to basic had to be agreed by a manager. Prisoners on the basic regime could still work but had association only three times a week, which limited their access to showers and telephones. Reviews were held and monitoring was extended when there was no improvement. The IEP scheme allowed some privileges and additional association to be

reinstated. A case conference was held if a prisoner remained subject to a basic TAB document for three months. Reviews were rarely individualised and many targets were generic, such as 'adhere to wing and basic regime' or 'remain warning and adjudication free'. There was no real evidence that problematic behaviour was discussed and there were no interventions to address bullying or other anti-social behaviour. Monitoring entries were required three times a day. Officers were prompted to select from a series of statements to describe the prisoner's behaviour and tick the corresponding box. Additional comments were sometimes added but many were superficial. The focus appeared to be on monitoring and punishing anti-social behaviour rather than addressing its causes.

- 3.11 Most prisoners were on basic for a minimum of five weeks but many were for longer and two prisoners in 2010 had remained on the basic regime for 15 weeks. Residential governors were beginning to monitor this better.
- 3.12 TAB procedures were used frequently and helped staff confront and challenge unacceptable behaviour. On average each month, 24 TAB documents were opened on prisoners involved in bullying or anti-social behaviour (there was no distinction between the two), four on those suspected of being involved and three to provide support for prisoners. The number of adjudications had reduced from 2,218 in 2008 to 1,069 in 2010 since the introduction of TAB. The number of serious assaults was beginning to reduce.
- 3.13 We were concerned that some investigations into anti-social behaviour did not provide sufficient evidence to demote prisoners to basic. Officers did not always complete a violence investigation report form or local information report to alert the safer custody team. In some cases, it appeared too punitive where prisoners had also been reported for a disciplinary offence and punished through the adjudication. In others, prisoners were reduced to basic without a full examination of the facts that they would have had at an adjudication.
- 3.14 There had been little training for staff in the new procedures. In the previous six months, 10 senior officers and 25 education staff had received training.

Vulnerable prisoners

- 3.15 There were 224 sex offenders on F and G wings. Our survey indicated that, as a group, they felt safer than in 2008. There had been a recent prison survey of sex offenders but only 30 responses had been received. These had not been yet been analysed but some responses indicated concerns when moving around the prison, which was reiterated in a focus group held with sex offenders. Sex offenders and other prisoners continued to work in the same workshops and kitchen, had visits at the same time and attended the same chaplaincy services with no significant concerns for safety.
- 3.16 Some prisoners who were not sex offenders but were vulnerable because of poor mental health, personality problems or other reason were located on R wing. This was designated a reintegration unit and also held prisoners who were in debt or progressing from segregation to a residential unit. This created a difficult mix and in some cases risked heightening vulnerability. The role of the unit was unclear.

Recommendations

- 3.17 Decisions to demote prisoners to basic under the tackling anti-social behaviour procedures should be supported by good quality thorough investigations.

- 3.18 Anti-social behaviour procedures should focus more on challenging and altering poor behaviour and include individual targets for change.
- 3.19 The role of R wing should be clarified to ensure that vulnerable prisoners held there receive appropriate support.

Housekeeping point

- 3.20 Longer-term analysis of trends in indicators of violence should be conducted by the safer custody team to check the effectiveness of the violence reduction strategy.

Good practice

- 3.21 *The prisoner violence reduction committee provided the opportunity to communicate directly to senior managers the factors that made prisoners feel unsafe and to offer realistic and practical ways to improve safety across the prison.*

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.

- 3.22 Levels of self-harm were low but some excellent efforts were made to learn from incidents. Learning was a central theme at the monthly suicide and self-harm meetings but action plans from previous deaths were not reviewed. Assessment, care in custody and teamwork procedures were generally good and there was some good multidisciplinary support for prisoners at risk. Gated cells for prisoners needing constant watch were inappropriately located. There were insufficient first aid-trained staff on duty at night.
- 3.23 There had been two apparent self-inflicted deaths since our last inspection. One, in November 2010, was still under investigation and no inquests had taken place. The prison had developed action plans from previous deaths, including those from natural causes, but these were not periodically reviewed to confirm that changes in practice had been sustained.
- 3.24 Levels of self-harm were relatively low, with an average of six incidents and around 18 assessment, care in custody and teamwork (ACCT) documents opened each month. In 2010, ACCTs had been open for an average of around eight days. Good investigations into incidents of self-harm helped identify areas for improvement. The 21 completed in 2010 had sensitively elicited personal information about the distress and frustration prison life caused some prisoners. The investigation process itself was a cathartic exercise for prisoners, who were asked about their feelings as well as the facts. Learning and action points were established and copies of investigation reports sent to relevant departments.

- 3.25 The suicide and self-harm management policy had last been reviewed in December 2010 and covered all the relevant areas and included some useful annexes. Information on how to get help for prisoners at risk of self-harm and about the Listener scheme was clearly described in an induction booklet.
- 3.26 Although this was not systematically recorded, prisoners sometimes arrived at Risley only the day after an ACCT had been closed and where there had been no discussion or information from the sending prison. Such practices were potentially unsafe.
- 3.27 Suicide prevention measures were overseen by a monthly suicide and self-harm meeting chaired by the head of safer custody. This was well attended by representatives from other departments and included regular attendance by a counsellor, Listeners and Samaritans. Discussion focused on improvements and action points were followed up. The operation of the Listener scheme was given a high priority. Lessons from near-miss investigations were discussed, along with findings from investigations in other prisons by the Prisons and Probation Ombudsman. Lessons promulgated through national updates were also highlighted. Quality checks of ACCT procedures were reviewed and case managers were held to account for the quality of their work in an effort improve standards. Individual high-risk cases were discussed.
- 3.28 Some attention was given to monitoring use of the gated cells, which had been a concern of the Independent Monitoring Board, but this did not analyse how long prisoners were held or whether the use was justified. The number of prisoners on ACCTs held in the segregation unit had been low in recent months but the circumstances for each case were not monitored. The location of gated cells in the segregation unit and on D and E wing for men requiring constant watch was inappropriate, particularly for sex offenders who had to move between wings.
- 3.29 The safer custody team completed a comprehensive monthly report on the operation of ACCT procedures and self-harm incidents. Particular attention was given to incidents involving foreign national prisoners and those recalled on licence. The quality of ACCT procedures had improved. There were some in-depth assessments and reviews were generally multidisciplinary, with good attendance by chaplains who in most cases had daily contact with prisoners at risk of self-harm. Relevant departments had attended when necessary and sometimes included a counsellor and the offender management unit. ACCT assessors had been recruited from a range of departments. Links were made with outside agencies for prisoners due for release who had been at risk of self-harm during custody.
- 3.30 Some good ongoing support for prisoners included a counselling service. In January 2011, 22 prisoners were being seen and 33 were on waiting a list. Wing managers could refer prisoners directly for a mental health assessment and, if appropriate, prisoners were asked if they wanted their families or friends to be contacted. The gym ran an anxiety management class and distraction packs of games and puzzles were available.
- 3.31 Training dates were announced each month at the suicide and self-harm meeting but these were not always well attended. As in 2008, there was no accurate up-to-date information on staff training following the loss of a training database. It was unclear how many staff had received any recent ACCT foundation training.
- 3.32 Seventeen Listeners provided an active 24-hour Listener scheme. These included enough sex offenders trained as Listeners who worked on F and G wings. Twenty-two potential Listeners were waiting to be vetted and trained. Listeners were resident on all wings apart from B wing. A Listener worked in reception and Listeners also participated in induction. Some, but not enough, Listeners could speak languages other than English and only 30% of foreign national

prisoners in our survey compared to 62% of British prisoners said they could speak to a Listener at any time if they wanted to. Samaritans could be contacted free of charge from wing telephones and portable telephones providing a direct line to them were available on each wing on request.

- 3.33 There was good support for Listener groups through Samaritans and safer custody officers but Listeners did not think all officers were supportive of the scheme. Listener concerns were regularly discussed at the suicide and self-harm meetings. One regular issue raised was that some staff blocked access to Listeners and offered prisoners a Samaritans portable telephone instead. Records indicated that Listeners and Samaritans telephones were both used during patrol states and at night but only 57% of prisoners in our survey, fewer than the comparator, said they could speak to a Listener at any time. Listeners we met confirmed that access was sometimes a problem. A Listener suite created out of two cells knocked into one was available on D and E wings but not for sex offenders. Listeners lived in them permanently. They had facilities for two Listeners and a prisoner at risk to use at night. Use of the suites was not recorded but Listeners said it was infrequent.
- 3.34 The prison's safety survey and our own survey suggested that emergency call bells were not answered quickly. Procedures for calling emergency radio codes had received attention following a previous death in custody, although minutes from the suicide and self-harm meeting of November 2010 suggested that some staff were still unclear. The safer custody manager had given regular staff briefings and pocket aide memoirs had been issued. Officers carried ligature knives but there was no strategy to ensure that there were always sufficient first aid-trained staff on duty at night. An investigation following a death from natural causes in 2008 had recommended that sufficient discipline staff be trained to ensure that at least one member of staff on a wing at any one time could give emergency first aid. Although the senior officers had heart start training, only one permanent night staff had received first aid training. Only health care staff had access to and were trained to use automatic external defibrillators. During our night visit, we were not convinced that all staff understood that the preservation of life, over security, should be the primary consideration. This was also a recommendation from a previous investigation and highlighted the importance of periodically reviewing action plans.

Recommendations

- 3.35 Death in custody action plans should be reviewed periodically to ensure continued compliance with previous recommendations.
- 3.36 The number of prisoners who arrive at Risley shortly after an assessment, care in custody and teamwork document has been closed and without prior notification should be monitored. Concerns should be raised with the governor of sending prisons.
- 3.37 The use of gated cells and the segregation unit for prisoners on assessment, care in custody and teamwork documents should be closely monitored at the suicide and self-harm meeting.
- 3.38 Non-English speaking prisoners should have appropriate Listener support.
- 3.39 Effective emergency response procedures, including sufficient first aid-trained staff, should operate at all times.

Housekeeping points

- 3.40 Accurate figures on the number of staff trained or awaiting refresher training in assessment, care in custody and teamwork procedures should be established.
- 3.41 Managers should ensure that prisoners who request to see Listeners are not denied access for inappropriate reasons.
- 3.42 A Listener suite should be developed on F and G wings.

Good practice

- 3.43 *The investigations following incidents of self-harm examined individual circumstances related to self-harm, were supportive to prisoners and identified lessons that were disseminated to relevant departments in the prison and enhanced the level of care offered to prisoners at risk.*

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.

- 3.44 A new applications system had been introduced but prisoners complained that their applications took too long and a further review of the system was under way. Replies to most complaints were polite and dealt with the issues raised but quality assurance procedures were weak. Complaints about staff were not always well handled.
- 3.45 After consultation with prisoners, a new applications system had been introduced in April 2010. There was a general application form and 12 specialised forms. Applications were supposed to be given a log number, which prisoners were given on an acknowledgement slip, and the outcome logged on completion. In consultation with managers, prisoners had raised a number of complaints about the new system, stating that they did not always get the acknowledgement slip, applications were not always logged and replies took a long time to be returned to them. These complaints were repeated in our focus groups and during the inspection. Managers acknowledged that the system was not always working as expected and were reviewing it in consultation with prisoners.
- 3.46 In the previous six months, 903 complaints had been submitted. According to prison records, prisoners were sent a reply to nearly all their complaints within the target time of three days. The location and subject matter of complaints was logged and property was the largest single subject.
- 3.47 The complaints system was explained at induction and through leaflets in residential areas. Managers conducted a 10% quality check of all complaints and the deputy governor reviewed and quality checked 100% of complaints against staff. Despite this, only 27% of prisoners in our survey said their complaints were dealt with fairly and only 25% said they were dealt with promptly.

- 3.48 Most of the complaints we reviewed were appropriately addressed to the prisoner and dealt with the issues raised but quality checks did not always identify deficiencies. In a sample of complaints that had been quality checked, some had been passed as adequate when the replies were not addressed to the complainant or were rude or abrupt. Some formal complaints about staff did not always get a clear reply and in at least one case allegations against staff had not been investigated because the prisoner had transferred elsewhere. Some complaints about staff had been withdrawn without a clear explanation of the reason.

Recommendation

- 3.49 All complaints, particularly about staff, should be thoroughly investigated and receive a polite reply covering the issues raised and stating whether or not the complaint has been upheld and clearly explaining what action has been taken.

Housekeeping point

- 3.50 The reasons why any complaint is withdrawn should be fully explored and recorded.

Legal rights

Expected outcomes:

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

- 3.51 Two trained legal service officers had never been approached by prisoners, who had access to a solicitor at regular wing surgeries. Many prisoners said restrictions in using wing telephones meant it was difficult to call their solicitor during the working day. Legal visits did not take place in private.

- 3.52 Fewer prisoners than the comparator in our survey said it was easy to communicate with their legal representative and many complained that they could not use wing telephones to speak to their solicitor during the working day. One prisoner wrote: 'I found it difficult to contact my solicitor for over two months...because we were allowed out of the cell from 6pm and by then the offices had closed.'

- 3.53 There were two trained legal service officers but their help had never been sought. The service was advertised on the wings. Prisoners could get information and support from a Citizens Advice worker and a solicitor at regular offender management wing surgeries (see section on offender management). The library held up-to-date copies of legal reference books and Prison Service Orders.

- 3.54 Legal visits took place on two weekday mornings in the visits hall alongside other official visits. There were no private booths and some legal representatives said the lack of privacy was a concern.

Recommendation

- 3.55 Prisoners should be able to see their legal representatives in private.

Housekeeping point

- 3.56 Managers should ensure that prisoners are able to contact their solicitors during the day.

Faith and religious activity

Expected outcomes:

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

- 3.57 The chaplaincy team was well integrated and had a prominent role throughout the prison, particularly in caring for prisoners at risk of suicide and self-harm. There was good provision for a larger than usual range of faiths and a wide variety of festivals were celebrated.
- 3.58 A full-time Church of England chaplain coordinated a well-integrated chaplaincy team comprising a full-time Muslim chaplain and a Roman Catholic chaplain and a deacon whose combined work amounted to a full-time post. They were supported by a good range of sessional chaplains. The team had an impressive pastoral approach to all prisoners regardless of whether or not they had a faith. All new arrivals were seen within 24 hours and every prisoner subject to ACCT arrangements was visited daily.
- 3.59 There was a good-sized Christian chapel that could be converted into a non-denominational area when necessary. A world-faith room was used mainly as an Islamic prayer area but, while large, was cramped during Friday prayers. A smaller multi-faith room was also available. Prisoners did not have to apply in advance to attend the wide range of faith services, which included the three Chinese faiths. Major festivals were routinely celebrated. Two Islamic classes ran each week, as did two Christian groups focused on informal discussion and bible study.

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.

- 3.60 Drug-dependent prisoners received good clinical treatment and support delivered by a specialist team on a designated unit. There were active measures to reduce the supply of illicit drugs, which had reduced considerably since the last inspection.

Clinical management

- 3.61 The integrated drug treatment system (IDTS) was well established and treatment provision had significantly improved as a result. Prisoners could access prescribing regimes that were flexible and based on individual need. Ninety prisoners were in treatment, with a third undergoing detoxification and two receiving medication to help them remain abstinent. The

clinical services team comprised a specialist GP providing three sessions a week, an IDTS clinical lead, a senior nurse and a health care assistant. Another nurse post was vacant. A part-time recovery worker had just taken up post offering support to prisoners not dependent on opiates and the remit included those with primary alcohol problems.

- 3.62 Most prisoners receiving methadone lived on the designated drug support unit on C wing. The counselling, assessment, referral, advice and throughcare (CARAT) and the prisons addressing substance-related offending (P-ASRO) teams were based on the wing, which facilitated joined-up working. Officers had received drug awareness training and had a positive attitude towards prisoners in treatment. Prisoners spoke well of staff and said they felt much safer and better supported since IDTS had been introduced.
- 3.63 Very good facilities and appropriate procedures had been developed to administer controlled drugs safely. Following service user consultation, treatment took place early in the morning to allow prisoners to go to work or education.
- 3.64 Prisoners were actively involved in their treatment regimes and all received monthly reviews. CARAT workers took part in the initial and three-monthly review clinics but integrated working between nurses and the CARAT team did not yet include combined care plans and joint delivery of IDTS group work modules. Both clinical IDTS and CARAT services had established good links with mental health services around the care of prisoners with complex needs but there were no multi-agency meetings to facilitate care planning and coordination. The need for primary health services and IDTS staff to improve communication had been recognised. Current IDTS client lists were now passed to the primary health and pharmacy team to avoid inappropriate prescribing and more regular meetings between clinical care providers had been set up.

Recommendation

- 3.65 Joint working between the clinical integrated drug treatment system, counselling, assessment, referral, advice and throughcare and mental health teams should be further improved and formalised to facilitate the care coordination of prisoners with substance and mental health-related problems.

Good practice

- 3.66 *Under the integrated drug treatment system, prisoners could get flexible needs-led treatment and support delivered by clinical, counselling, assessment, referral, advice and throughcare and discipline staff on a well-managed designated unit.*

Drug testing

- 3.67 Supply reduction had improved and prisoners reported feeling safer. In our survey, 21% said it was easy to get illegal drugs compared to 48% in 2008 and against a comparator of 33%. This was reflected in the year-to-date random mandatory drug testing (MDT) positive rate, which stood at 2.8% compared with 14.5% at the time of the last inspection in 2008.
- 3.68 The MDT programme was well managed and results were monitored in detail. Two designated officers were available daily and undertook random as well as risk, frequent and suspicion testing. Although suspicion tests were mostly conducted within the required timeframe, an

average of less than 30% returned positive results. Drug-related security information reports were of variable quality.

- 3.69 Supply reduction initiatives included netting over exercise yards, close working with the local police and intelligence-led searching. There was a detailed supply reduction policy but not backed up by a detailed annual action plan.
- 3.70 Finds and test results pointed towards opiates, half of which were diverted opiate-based analgesics, followed by cannabis as the main drugs of use. The security department linked in with health and drug strategy staff to address the issue of in possession medication and all prisoners testing positive under MDT were referred to CARAT services and, if appropriate, the clinical IDTS team.

Housekeeping point

- 3.71 A supply reduction action plan should be embedded in the wider prison drug strategy.

Section 4: Diversity

Expected outcomes:

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

- 4.1 The diversity policy focused primarily on staff-related issues. Separate monthly race equality and diversity meetings were held but were poorly attended. Monitoring for equality of treatment was carried out only on the basis of ethnicity.
- 4.2 The diversity policy was three years old and focused on staff issues, with little guidance on identifying and addressing prisoners' needs.
- 4.3 A race equality action team (REAT) met monthly chaired by the deputy governor. Temporary management restructuring arrangements in recent months meant the meeting had been chaired by three different people, giving prisoner representatives the impression that race equality issues were not considered a priority by senior managers. This impression was reinforced by the fact that there was little consistent functional representation apart from residential staff.
- 4.4 A diversity equality and inclusion (DEI) group had started meeting only recently in November 2010. It was chaired by the residential governor, who was the nominated head of diversity, but minutes indicated poor functional attendance and no prisoner representation.
- 4.5 Equality of treatment on the basis of ethnicity was regularly monitored at the REAT meeting but monitoring for other diversity strands covered only areas required as a NOMS minimum.
- 4.6 Staff training in diversity was limited to the Prison Service 'challenge it, change it' package, which had been completed by about 50% of staff.

Recommendations

- 4.7 A diversity policy for prisoners should outline how the needs of all prisoners in each diversity strand will be identified and met.
- 4.8 Monitoring for equality of treatment should be carried out across a range of diversity strands.

Housekeeping point

- 4.9 The purpose, membership and functions at both the race equality action team and diversity equality and inclusion meetings should be reviewed to ensure they provide an effective forum for addressing all diversity issues.

Race equality

- 4.10 The race equality action plan was underdeveloped. A full-time race equality officer managed the racist incident report process well and was ably supported by prisoner representatives in promoting race equality. Black and minority ethnic prisoners reported more negatively than white prisoners in a range of areas in our survey. Other than with representatives, there was no wider routine consultation with black and minority ethnic prisoners where these differences could be discussed.
- 4.11 A race equality action plan was reviewed at each REAT meeting but objectives focused on statutory obligations or recommendations from audits and inspections, with no evidence of a pro-active approach to identifying and addressing local issues.
- 4.12 A senior officer was the full-time race equality officer (REO). He had been in post for four years and had undertaken a range of training. Prisoners spoke highly of his commitment and his support of them. His role and that of prisoner race equality representatives was well promoted on all wings. Prisoner representatives met monthly at a joint race action committee and foreign nationals meeting to discuss emerging issues with the REO and foreign national coordinator.
- 4.13 Prisoners in our black and minority ethnic group said staff challenged inappropriate language and conduct. This was supported by the racist incident report forms (RIRFs) we looked at. They were less positive about equality of treatment in relation to the regime and managers could not demonstrate that these concerns were being addressed because monitoring was limited to the minimum requirements and did not include access to activities or allocation to specific jobs such as wing orderlies. Monitoring was limited to a white/black and minority ethnic comparison rather than breaking data down into different ethnic groups.

Managing racist incidents

- 4.14 RIRFs were readily available on all wings. They were posted in locked boxes that were emptied every night by the orderly officer and given to the REO by the requests and complaints clerk the following morning. A total of 160 RIRFs had been submitted in 2010. The REO investigated each reported incident and kept detailed records that identified appropriate follow-up actions. Complainants received prompt and polite replies. Any request by a prisoner to withdraw his complaint was followed up outside the race equality remit by another manager to ensure there were appropriate reasons. There had been no external scrutiny of the RIRF process for over six months.
- 4.15 Prisoners with a history of racist behaviour or any racially motivated convictions were identified. Wing managers were notified of these men individually by the REO and a database was accessible on the shared drive. Prisoners demonstrating racist attitudes and behaviour were added to the database and made subject to a compact underlining the unacceptable behaviour and how they were expected to behave in future. Failure to comply resulted in sanctions under the incentives and earned privileges scheme.

Race equality duty

- 4.16 Although each wing had at least one prisoner race equality representative, there was no routine general consultation with black and minority ethnic prisoners. Our survey indicated

poor perceptions among black and minority ethnic prisoners in a range of areas, particularly feelings of safety and relationships with staff.

- 4.17 There were up-to-date race equality impact assessments for all policies and functions.
- 4.18 A number of successful events celebrating racial and ethnic diversity had been held but predominantly around black history month.

Recommendation

- 4.19 There should be regular formal consultation with black and minority ethnic prisoners to discuss the perceptions of treatment. Issues arising should be discussed at the race equality action team, incorporated into the race equality action plan and used to determine additional areas requiring monitoring.

Religion

- 4.20 There was no formal monitoring of equality of access on the basis of religion despite the negative perceptions of Muslim prisoners across a range of areas in our survey.

Foreign nationals

- 4.21 Support for the large foreign national population was underdeveloped, with insufficient strategic oversight, no routine consultation with foreign national prisoners and wing staff often abdicating responsibility to the foreign national coordinator. As a foreign national 'hub' prison, liaison and joint work with the UK Border Agency was well developed but there was no independent legal advice. The needs of those who did not speak English were not met.
- 4.22 Risley was a designated foreign national hub and the 164 foreign national prisoners was consequently more than double the number held at the time of the last inspection. There were no records to indicate how many did not speak English. The foreign national policy contained general guidance on the issues foreign national prisoners might face but not how staff could address them. There was no specific foreign national strategy meeting and foreign national issues were included only as a single agenda item at the REAT meeting. The REAT minutes did not indicate much discussion given the size of the foreign national population. There was a joint race equality and foreign nationals meeting but no routine general consultation with foreign national prisoners.
- 4.23 The foreign national coordinator (FNC) also acted as an offender supervisor for about 70 foreign national prisoners. His job description described a coordination role but much of his time was spent dealing with issues that for any other prisoner would have been dealt with by personal officers and other residential staff. Provision for men who did not speak English was poor. Wing staff did not use a professional telephone interpreting service to communicate with them and entries in wing files did not indicate any understanding of the need to do so. None of the information on wing notice boards had been translated. Our survey indicated that foreign national mean had a number of different perceptions of their treatment but there was no monitoring to check equality of treatment by nationality.
- 4.24 Foreign national prisoners were able to keep in contact with their families abroad through credit to cover a five-minute call to their home country regardless of whether they had had any

visitors. However, prisoners had to apply for this each month and many said they were unaware of it.

- 4.25 There was no regular access to independent immigration advice. Foreign national prisoners also found it difficult to telephone solicitors. There were problems getting numbers added to their approved list and also being able to make a call during business hours. A team of four UK Border Agency (UKBA) staff was permanently based at the prison to expedite the deportation of foreign national prisoners, resulting in good liaison and joint work with UKBA. Prisoners could ask to meet one of the UKBA staff to discuss their case. Monthly surgeries were also held.
- 4.26 Twenty-seven foreign national men were detained beyond the length of their sentence, the longest from January 2010. Some had not been allowed to transfer to immigration removal centres because of the nature of their original offence.

Recommendations

- 4.27 A database should be kept of all prisoners who do not speak English and professional interpreting services used to identify emerging issues and take appropriate action to address them. The personal officer policy should include guidance to this effect.
- 4.28 Prisoners should have access to regular independent immigration advice services.

Housekeeping point

- 4.29 Notices to prisoners should be translated into a range of appropriate languages.

Disability and older prisoners

- | | |
|------|---|
| 4.30 | Identification of prisoners with disabilities and older prisoners was underdeveloped. Care plans were good but limited only to F and G wings. Consultation did not take place with prisoners with a disability but was developing with older prisoners. There were insufficient physical adaptations to meet needs. |
|------|---|
- 4.31 Older prisoners and prisoners with a disability were included as separate standing agenda items at the DEI committee meeting. Minutes indicated a recent focus on identifying prisoners with support needs and drawing up appropriate care plans. Formal identification of prisoners with disabilities and older prisoners had started three months before the inspection but this information was not recorded on a database. In our survey, 15% of prisoners said they had a disability and nearly 11% of the population was over the age of 50. Communication between health care and the disability liaison officer (DLO) was improving but there were no formal systems for passing on information between them. The DLO had held a number of events to raise awareness of issues associated with disability and age and was supported by prisoner representatives known as 'well being mentors'.
 - 4.32 Recently introduced care plans were of excellent quality, with each containing an in-depth interview identifying needs and a routinely reviewed action plan, but the process had been implemented only with 16 sex offenders on F and G wings. There was a personal emergency evacuation plan system but it was not clear how prisoners who needed one were identified.

- 4.33 The only two cells for prisoners using wheelchairs were on G wing. Otherwise, minor adaptations had been made to cells for prisoners on F and G wings. Facilities for such prisoners in shower areas were generally poor, with some having broken shower chairs and few fitted with adequate support rails. There was no formal carer scheme for prisoners with disabilities and older prisoners. Prisoners with a disability who could not work and prisoners over the retirement age who did not want to work were unlocked all day. There was a range of gym sessions for older prisoners.
- 4.34 There was no formal consultation with prisoners with disabilities but work had begun to consult prisoners over the age of 50. Minutes of a forum held in December 2010 indicated that relevant issues had been discussed.

Recommendations

- 4.35 The prison should identify prisoners who may have additional support needs due to age or disability and such prisoners should have a routinely reviewed care plan and personal evacuation plan where appropriate.
- 4.36 Accommodation and wing facilities for prisoners with a disability or poor mobility should be improved.
- 4.37 There should be appropriate consultation with prisoners with disabilities to help develop relevant services to meet their needs.

Housekeeping point

- 4.38 There should be a formal scheme to provide paid and trained peer carers for prisoners with disabilities and older prisoners as necessary.

Gender and sexual orientation

- 4.39 A lead for sexual orientation had been identified but there were no formal support mechanisms in place.
- 4.40 Two per cent of prisoners in our survey said they were gay or bisexual. The prison had only recently begun formal discussions on how the needs of such prisoners would be supported. In recognition of lesbian, gay, bisexual and transgender history month, a number of displays around the prison related to gay or bi-sexual sports men and women. There was no policy on the provision of support for transsexual prisoners but a transsexual prisoner was positive about the support she received, particularly from senior managers.

Recommendation

- 4.41 Appropriate support services such as access to external agencies should be provided for gay and bisexual prisoners after consultation with them to determine their needs.

Section 5: Health services

Expected outcomes:

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

- 5.1 Relationships between the prison and NHS agencies were good. The health care environment was being upgraded. Robust clinical governance arrangements were in place. There was an appropriate range of primary care and life-long condition clinics but no triage system. Patients waited too long in health care for escorts. There was a good system to notify patients about the outcome of diagnostic tests. The dental service provided good care. The pharmacy service was satisfactory but medicines administration provided little confidentiality. Access to external appointments and primary and secondary mental health services was good.

General

- 5.2 Primary health care was provided by Warrington Primary Care Trust Community Services Unit (the PCT) and mental health in-reach by Five Boroughs Mental Health NHS Trust. The services were commissioned by Warrington Primary Care Trust. Core health functions including management, governance and some clinical activities were provided jointly for Risley and HMPYOI Thorn Cross. The primary care provider was due to change in April 2011. Working relationships between the prison and NHS agencies were described as positive. A partnership board met regularly and was well attended. There was a pertinent health needs analysis and prison health improvement plan. The prison health performance management monitoring group monitored progress against these and received reports on the prison health performance quality indicators.
- 5.3 Attention was given to ensuring the privacy and dignity of patients in the health centre, although some internal walls were insufficiently soundproofed to ensure that all consultations took place in private. The health centre was being refurbishment and an impressive waiting room, jointly funded by the prison and the Kings Fund, had recently opened. The waiting area for sex offenders was due to be refurbished but work had not yet started. The health care environment was clean and there was a recent infection control audit. The centre was well decorated but the reception health consultation room was shabby.
- 5.4 Some prisoners in groups complained that nursing staff were rude and unfriendly but the conversations we witnessed between health professionals and prisoners were professional and good humoured. A senior nurse was the designated lead for prisoners over the age of 50, who were more positive about health care in our survey than younger men. Information on health services and how to access them was available in over a dozen languages and was given to prisoners at reception and displayed on the wings.

Recommendation

- 5.5 The walls of the health centre consultation and treatment rooms should be soundproofed to ensure patient confidentiality.

Housekeeping point

- 5.6 The reception consultation room should be redecorated.

Clinical governance

- 5.7 A senior clinical manager was on site each day. There were enough team leaders and staff nurses to maintain a 24-hour service, with a good skills mix including registered general and mental health nurses. Registration checks for staff were undertaken by the PCT human resources department and a team leader coordinated staff training. Training records were up to date. Several staff had undertaken continuing professional development modules related to the care of life-long conditions. There were several nurse prescribers on the team. Health care staff said they regularly accessed clinical supervision, often during peer group meetings, but no records were kept. Recruitment to a vacancy for a GP was proving difficult and new security measures were impeding clinicians' access to the prison, which affected some waiting lists.
- 5.8 There were two sets of resuscitation equipment and automatic external defibrillators (AEDs) in the health centre. Oxygen cylinders and some resuscitation equipment were held on the wings. Resuscitation equipment was regularly checked. All health care staff had been trained in life support and use of the AEDs. Uniformed officers had not been trained to use AEDs and there were none on the wings. Mobility aids and other equipment were available on site or from the PCT.
- 5.9 Clinical records were stored electronically on SystmOne. This was available in all health care rooms but was less efficient in reception where a laptop computer was used. Older paper records were stored in line with the Data Protection Act. Use of clinical records was governed by the Caldicott principles. There were evidence-based care plans on SystmOne for life-long conditions and mental health care and health care participated in the PCT annual cycle of clinical audit.
- 5.10 Prisoners who used health care had recently been consulted about services as part of the prison Change2Improve programme and a subsequent health care patient satisfaction survey. There was evidence of change following the consultations and there were written testimonials from prisoners expressing satisfaction with their health care. There was no regular service user consultation forum.
- 5.11 Prisoners who were dissatisfied with health care could complain through the prison complaints system, which was not entirely confidential as officers emptied the boxes. Eighty-three complaints had been submitted in the six months to February 2011, most of which related to medication. They were dealt with promptly and often in person. Repeat or more serious complaints were sent to the PCT but this was rare.
- 5.12 An extensive array of clinical, management and human resources policies and procedures was available through the PCT intranet. This included guidance on the prevention of communicable diseases and information management, although there was no inter-agency information-sharing protocol. We were told this was in draft but did not see it.

Recommendation

- 5.13 A patient forum representative of the prison population should be established.

Housekeeping points

- 5.14 Receipt of clinical supervision should be recorded in staff members' personal files.
- 5.15 The complaints system should maintain patient confidentiality for health care complaints.

Primary care

- 5.16 Fewer than the comparator in our survey rated the overall quality of health care as good or very good but sex offenders were more positive than other prisoners. Some we spoke to said waiting times to be seen and for escorts to and from health care were worse than at other prisons and this was reflected in the survey.
- 5.17 New arrivals were seen by a nurse in reception. An enhanced health screen was used and they were asked for their consent for staff to communicate with GPs and other agencies as necessary. Prisoners requiring further assessment were booked into clinics in the following days. Some men arriving from local prisons that used a combination of SystmOne and paper clinical records arrived with SystmOne summaries but incomplete paper records. Staff said this could result in a break in the continuity of care because missed external hospital appointments had not been recorded on the SystmOne summaries. In a two-week period in January 2011, there had been 30 incidents where north-west prisons had sent prisoners to Risley with incomplete medical records.
- 5.18 A full-time PCT health promotion officer worked between Risley and Thorn Cross and a prisoner health improvement group included wing representatives. Trained health mentors encouraged their peers to get involved with activities that followed the PCT calendar of health promotion. Healthy living materials were displayed throughout the prison, although some posters were out of date. Barrier protection was available but this was not widely advertised.
- 5.19 Prisoners could request an appointment with health professionals through a confidential written application or by reporting sick in the morning or evening. A good range of primary care services reflected the requirements of the population but there was no initial triage. We were told that a bid had been made for clinical decision-making software that would include triage algorithms. Waiting lists for the doctor, optician and nurses were not extensive but patients waited an average of nine weeks to see the physiotherapist and four had been waiting over 34 weeks. Appointments were well managed and few patients failed to attend. Prisoners complained that they were escorted to health care too far in advance of their appointment and had to wait an hour after their appointment to leave. The situation had recently improved but we saw some, particularly sex offenders, waiting a long time for escorts. There was out-of-hours cover by senior nurses and by the PCT GP out of hours service.
- 5.20 There were clinics for a range of life-long conditions, including cardiac, respiratory and neurological conditions, and provision for vaccinations clinics for several communicable diseases including hepatitis and meningitis. There were specialist clinics for genito-urinary medicine and the treatment of hepatitis C. Every prisoner, not just those with abnormal results, received the outcome of their diagnostic tests as soon as possible.

Recommendations

- 5.21 Prisoners transferred between prisons should be accompanied by sufficient information to allow uninterrupted continuity of care and avoid missed appointments.

- 5.22 Triage protocols and algorithms should be introduced and nurses trained to use them.

Housekeeping points

- 5.23 Health promotion materials on display should be regularly updated and the availability of barrier protection should be advertised.
- 5.24 Patients should not have to wait for long periods in health care before and after their appointments.

Good practice

- 5.25 *The practice of ensuring that prisoners received the outcome of their diagnostic tests as soon as possible helped alleviate unnecessary worry.*

Pharmacy

- 5.26 Pharmacy services were provided by Warrington PCT. Prescribing was appropriate for the population. Prescriptions were supplied in reasonable time and with appropriate counselling and advice. There was one pharmacist and two pharmacy assistants, although one assistant was on extended sick leave. Ongoing training and continuing professional development programmes were not in place. Emergency out of hours arrangements were available as in the general community.
- 5.27 Patients could get medication out of hours on the authority of trained nursing staff and medication was dual labelled for this purpose. There were good records of what stock had been used and to whom it had been issued and these were audited regularly by the pharmacist.
- 5.28 Supply of medications was by nursing staff three times a day through one of two gated doors and hatches bordering a prisoners' waiting area. The arrangements for collecting medications allowed little patient confidentiality. Medication was supplied as daily, weekly or monthly in possession, with few patients requiring supervised administration. Risk assessments were completed and regularly reviewed by medical and nursing staff but were not always attached to the prescription and administration charts. No pharmacy staff were involved in the risk assessment process. There was a system for patients to request repeat medication. Supply of methadone mixture on C wing was well organised and there was due consideration of patient confidentiality.
- 5.29 Prescriptions were hand written on standard prescription and administration charts. All were entered on the pharmacy patient medication record system that incorporated a stock control function. Controlled drugs were recorded in standard, compliant controlled drug registers and secured in appropriate approved cabinets.
- 5.30 A medicines and therapeutics committee received usage data that provided an accurate picture of medication supplies. Patient group directions were used as appropriate by nursing staff. A limited list of medication was available to supply for prisoners reporting sick as indicated by the medicines formulary but did not cover all appropriate treatment areas.

Recommendations

- 5.31 Arrangements for collection of medications should ensure confidentiality.
- 5.32 The formulary for prisoners reporting sick should be reviewed and extended with appropriate medication incorporated for additional symptoms, such as Loperamide for the treatment of diarrhoea.

Housekeeping points

- 5.33 Training programmes should be introduced for all pharmacy staff to ensure ongoing personal and professional development.
- 5.34 In possession risk assessments should be attached to the medicine administration charts.
- 5.35 Pharmacy staff should be involved in formulating in possession risk assessments.

Dentistry

- 5.36 The dental surgery equipment was about 10 years old but working satisfactorily. Work was due to start to provide a separate decontamination room and replace the dental chair and unit. Cross-infection controls appeared satisfactory and the PCT had recently carried out a cross-infection control inspection. The PCT had not carried out a full surgery inspection in the last three years. Resuscitation equipment was stored in the adjacent medical treatment room. There was no emergency oxygen in the dental surgery.
- 5.37 Two dentists provided six dental sessions and a therapist provided one. They were assisted by two registered dental nurses. Prisoners applying to see the dentist were placed on the waiting list by health care staff, with no dental triage protocol to assist the process. A number of prisoners said they waited a long time to see a dentist. There were 58 names on the waiting list, with the longest wait being three weeks, and emergencies were usually seen at the next available session. The failure to attend rate was around 20% but the reason for this had not been investigated.
- 5.38 Dental checks and treatment at least to the range available in the NHS were provided. Oral health information was given individually by the therapist and there was one oral health promotion session a month. Out-of-hours dental cover was available, although there was no written protocol, and there was cover for annual leave. The dental records were appropriately annotated and stored and an entry was also made on SystmOne. Records did not contain all medical history details or reports of radiographic findings.

Recommendation

- 5.39 A full surgery inspection should be carried out by/on behalf of the Warrington Primary Care Trust.

Housekeeping points

- 5.40 Emergency oxygen should be available in the dental surgery and a protocol developed to assist the triaging of dental applications.
- 5.41 The failure to attend rates and the reasons why appointments are missed should be investigated and a written protocol developed for dental out of hours cover.
- 5.42 The procedures for keeping clinical records and taking radiographs should be reviewed, with reference to the guidelines published by the Faculty of General Dental Practice (UK).

Secondary care

- 5.43 There was good access to external health care appointments at local hospitals and specialist centres and these were well managed. Cancellations for security reasons were rare.

Mental health

- 5.44 The mental health in-reach team (MHIRT) had offered to provide training for uniformed officers in mental health awareness but officers had not been released to undertake it. Other than for some mental health components of assessment, care in custody and teamwork (ACCT) training, there was no regular provision of mental health awareness training.
- 5.45 Patients with mental health issues were discussed at weekly single point referral meetings, during which they were allocated to appropriate care teams. Primary care mental health care was provided by the PCT registered mental health nurses and a graduate worker who worked between Risley and Thorn Cross. Self-help guides were used and patients could attend individual talking therapies and some group support activities. The chaplaincy and an independent counselling and bereavement support service were also available. The MHIRT had historically provided some primary care level inputs and support for prisoners with learning disabilities. This was now under review with the implementation of a revised operational protocol for working with prisoners with serious and enduring mental illnesses (SMI) that required a more intensive focus on addressing their needs.
- 5.46 MHIRT staff carried a caseload of 118 prisoners with SMIs between 3.5 whole time equivalent staff. The care programme approach was actively used, underpinned by assessments of mental health and risk from Five Boroughs NHS Trust. Multidisciplinary case conferences were held to discuss ongoing case management and throughcare and MHIRT staff acted as case managers for prisoners who were geographically remote from their local services. Patients requiring in-patient mental health care were provided for at HMP Preston.

Recommendation

- 5.47 Staff working with prisoners should be trained to recognise and take appropriate action when a prisoner may have mental health problems and work effectively with health staff to ensure a prisoner's care.

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

- 6.1 Overall, there were too few activity places to allow all prisoners to be engaged in purposeful activity. Sex offenders did not have access to an equivalent range of workshops as others. The learning and skills strategy was effective and about 40% of prisoners participated in education. The leadership and management of learning and skills were good, as was the operational management of the education provision. The education curriculum was broad and achievement rates were very high. There was an adequate range of full time equivalent vocational training places and retention and achievement were very high on most courses. There were over 500 full time equivalent work places but too many wing workers were not fully occupied. Good use was made of the library.
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Induction

- 6.2 During induction, which included input from the careers information and advice service (CIAS), prisoners were given a wide range of printed information about the activities available to them. Individual interviews with CIAS staff appropriately supported prisoners in making decisions about applying for activity. CIAS staff used initial assessment scores and prior achievement information to establish that any prerequisites for work were met and, if not, directed prisoners to appropriate skills for life and other training provision. Prisoners who opted for courses with a waiting list were encouraged to apply for a second choice until a place came available. Prisoners were not always allocated to activities that offered adequate challenge.

Housekeeping point

- 6.3 Prisoners should be allocated to activities that offer adequate challenge.

Leadership and management

- 6.4 The prison had implemented a clear and well-communicated vision for learning and skills and introduced an effective learning and skills strategy that supported resettlement through curriculum development. The planning of provision was appropriately based on an analysis of prisoner need. The leadership and management of learning and skills were good, as was the operational management of the education provision. The prison made particularly effective use of action planning to monitor and drive improvement. Staff development was good and partnership working satisfactory. However, implementation of quality assurance arrangements was incomplete. The prison did not use data sufficiently well to set targets at the programme level to aid performance management. The use of individual learning plans (ILPs) to plan and

target learning objectives was underdeveloped but prison training records were updated regularly to record training completed.

- 6.5 The prison had good working relationships with the education provider and external agencies such as JobCentre Plus and Working Links. The promotion and monitoring of equality of opportunity was satisfactory. Prisoners received an adequate introduction to equality and diversity before participating in education and training. Learning took place in a safe environment.
- 6.6 Allocation to activities was generally fair, equitable and took into account sentence planning requirements. However, there were too few places to ensure that all prisoners were engaged in purposeful activity. There were 130 officially unemployed prisoners but we found significantly more prisoners without an activity during the inspection than indicated by this unemployment figure. Some prisoners were directly recruited to wing activities rather than through the set allocation procedure. In a few cases, particularly education at level 1, there were significant waiting lists. Sex offenders could not use the contract services, bicycle and wheelchair repair and domestic appliance refurbishment workshops. Pay rates had reduced since January 2010 but there was no evidence that this acted as a disincentive to participating in an activity. Punctuality was poor in the vocational workshops and education.

Recommendations

- 6.7 Quality improvement processes should be fully implemented across all learning and skills provision and effective use made of available data to set programme management targets.
- 6.8 Only prisoners who are processed through the established allocation arrangements should be placed in purposeful activity.
- 6.9 Waiting lists should be reduced, particularly in education for level 1 programmes.
- 6.10 Access to vocational training for sex offenders should be extended by offering more flexibly timetabled provision.

Housekeeping point

- 6.11 Prisoners should arrive on time for vocational workshops and education sessions.

Work

- 6.12 The prison provided 531 full time equivalent work places that included packing/assembly, Braille, desktop publishing (DTP), PICTA, recycling, waste management, laundry, bicycle repair, kitchen and gardens. Work places also included positions as orderlies, wing painters, wing labourers and wing cleaners. Wing work and orderlies accounted for 49% of work places and 43% of prisoners were involved in work where accreditation was available. Not all wing workers and orderlies had enough work to occupy them full-time. Most workshops were well equipped for their function, although the breakfast packing facilities lacked space and natural light.
- 6.13 Prisoners developed a good range of practical skills. They were motivated to participate in work activities and developed good employability skills relating to attendance, team working

and communication. A strong focus was placed on good health and safety practice and most workshops required a health and safety qualification before joining the activity. The prison had been particularly effective at introducing qualifications into five workshops and achievement of qualifications was satisfactory. Achievement and retention rates were high in Braille, PICTA and DTP. Most workshop staff had teaching qualifications and they effectively encouraged prisoners to take up further learning through education courses.

- 6.14 Prisoners were well supported to develop literacy and numeracy skills while participating in work. Workshop staff made good use of prison computer systems to record wider employability skills demonstrated through work activities to inform offender managers of progress and to assist prisoners' progression through sentences.

Recommendation

- 6.15 Adequate space and natural light should be introduced in the breakfast packing workshop.

Vocational training

- 6.16 The prison offered 72 full time equivalent places on vocational programmes delivered by the education provider. Training was predominantly for qualifications at level 2, although one prisoner was working towards a level 3 in painting and decorating. Vocational workshops were provided in industrial cleaning to level 1 and kitchen and bathroom fitting, painting and decorating, brickwork and plastering to level 2. Attendance was satisfactory. The range of provision was adequate to meet prisoners' needs. The vocational workshops were well managed and equipped. All areas had separate training rooms for theory development, one equipped with interactive technology. However, information technology was not yet available to prisoners for the completion of theory work.
- 6.17 Retention and achievement were very high on most vocational courses, including health and safety, cleaning, construction skills certification scheme, fitted interiors and ITQ courses 1-3. The construction academy had high numbers of prisoners gaining pass marks at distinction but plastering and painting and decorating rates were low. Prisoners produced a high quality of completed work and demonstrated an improved application of practical employability skills. The prison made good use of prisoners' skills through participation in projects to improve areas of the prison. Increasing numbers of prisoners were taking advantage of the business venture programme in education to improve self-employment opportunities on release.
- 6.18 There was good support to develop prisoners' literacy and numeracy skills to level 2. Peer support in workshops was well used to provide coaching and training to less experienced prisoners in the practical trades. The ventilation in the bricks workshop was not adequate to remove all dust from the atmosphere.
- 6.19 Staff encouraged prisoners to make good use of ILPs to reflect daily on their learning and develop self-critical analysis. These provided an accurate record of prisoners' skills development over a period of time and provided additional assessment evidence. However, targets for expected achievement in ILPs were not effectively set.

Recommendations

- 6.20 Appropriate information technology should be introduced to support vocational training.
- 6.21 Ventilation in the bricks and plastering workshop should be improved.

Education

- 6.22 The prison had 170 full time equivalent places in education and about 40% of prisoners participated in a range of courses from pre-entry to degree level Open University study. The curriculum was broad and included courses in literacy, numeracy and English for speakers of other languages (ESOL), art and ceramics, personal and social development, cookery and higher-level distance learning courses. The prison had increased ESOL provision in response to its growing foreign national population and made effective use of voluntary organisations, such as Theatre in Prisons, to provide enrichment activities that were highly valued by prisoners.
- 6.23 Most prisoners successfully completed their courses and achievements over the past three years were consistently very high at around 90%. In observed sessions, prisoners participated well and produced good standards of work. Work in arts and ceramics was of a high standard and prisoners from these areas were particularly successful in Koestler awards. Prisoners showed good skill development, increased confidence and improved life and interpersonal skills. Learning sessions were well planned and paced. Individual coaching and the use of peer tutor support were highly effective in promoting full participation. Most classes were of a sufficient size to support small and whole group activities. All prisoners had ILPs but their use to plan learning and monitor progress was not inconsistently effective.
- 6.24 The prison recognised that accommodation, equipment and resources needed further development. Most classrooms were adequate and tutors worked hard to provide a stimulating learning environment with display materials. However, some accommodation was drab and equipment inadequate. Access to information and learning technology in general classrooms was poor. Open University learners had an adequate number of computers but found it difficult to access some of their CD-based learning materials due to technical and security problems.

Recommendation

- 6.25 Education equipment should be fit for purpose.

Library

- 6.26 Warrington Borough Council operated the library, which was housed on the ground floor of the main education department. The library had been refurbished in 2009 and was properly equipped and well maintained but the library classroom was not in use. A full-time library assistant was supported by four orderlies and a prison officer. The full-time librarian post was vacant. Prisoners received an appropriate library induction. Around 89% of prisoners were registered library users and 52%, higher than the comparator in our survey, said they went to the library at least once a week.

- 6.27 The library provision was based on regular surveys of library users' needs. The stock included a good range of audio books, CD and DVDs, periodicals, newspapers and easy reading texts. Recently updated Prison Service Orders and up-to-date legal texts were available. The needs of prisoners who did not have English as their first language were well catered for. The range of library materials to support learning and skills was satisfactory but library users did not have access to computers. The space for displays and private study was limited but adequate.
- 6.28 Access to the library was timetabled to allow prisoners at least one visit a week for a minimum of 30 minutes. Library opening hours were satisfactory and it was open during each weekday and weekend mornings. Education classes also had timetabled sessions in the library to support learning. Activities to promote literacy were satisfactory and included a book club and Toe-by-Toe scheme.

Recommendation

- 6.29 The library classroom should be used as a learning resource and library users should have access to computer-based reference and learning materials.

Physical education and health promotion

Expected outcomes:

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

- 6.30 PE provision was good, with a broad range of recreational team activities available to different groups of prisoners. Most prisoners participating in the good range of fitness and health-related accredited training successfully gained qualifications. The showers and changing facilities had been improved but remained inadequate.
- 6.31 PE provision was good and staffing levels had increased. A full complement of one PE senior officer and nine PE officers staffed the department and all but one was a qualified tutor. The 10 PE orderlies had completed a broad range of qualifications up to level 2. Two worked very effectively as peer tutors and one provided useful language support to foreign national prisoners.
- 6.32 PE facilities comprised a large sports hall, two weights rooms, a fitness suite and two classrooms, one of which was particularly spacious and well resourced for practical and theory sessions. The prison had completed some basic refurbishments of the shower and changing facilities but these remained inadequate.
- 6.33 All prisoners completed a comprehensive two-day PE induction that included an assessment of their ability to take part in gym activities. Any prisoner disclosing a medical condition was referred to health care for appropriate support and a specific PE programme was designed under 'exercise on referral' arrangements. Specific sessions were offered for prisoners aged over 50.

- 6.34 The range and volume of activities had increased significantly, with a broad range of team and individual recreational activities, internally accredited courses and a good range of accredited qualifications up to level 2. Sports, fitness instructor, healthy living and diet, manual handling and first aid qualifications were offered. Achievements on accredited courses were very high, with almost every course participant gaining a qualification. Sessions were offered every morning, afternoon and evening from Monday to Thursday and during the morning and afternoon on other days.
- 6.35 Health promotion was well supported by public health and healthy eating qualifications. The 25 well-being mentors allocated two or three to each wing were required to achieve these qualifications and participate in specific health awareness courses such as mental health and smoking cessation.
- 6.36 Prisoners on standard privileges could use the PE facilities at least four times a week, those on enhanced five times and those on basic tiers two and three once a week. Those on basic tier one had no PE access. Standard or enhanced prisoners were required to select at least one session in the fitness suite or sports hall to avoid any over-emphasis on weight training. The prison's recent figures suggested that just over 50% of all prisoners and 40% of sex offenders attended at least once a week. The lowest participating group was foreign national prisoners at 37%. In our survey, 47%, lower than the comparator of 54%, said they went to the gym at least twice a week.
- 6.37 Most prisoners chose to use their own gym kit and towels. Prison-issue kit was readily available, as were washing facilities. The few accidents or injuries were appropriately recorded.

Recommendation

- 6.38 Adequate changing and shower facilities should be provided.

Time out of cell

Expected outcomes:

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

- 6.39 The reported time out of cell figure of 8.95 hours was unachievable as the core day allowed a maximum of eight hours a day for prisoners involved in full-time activities and only two hours a day during the week for unemployed prisoners. Time in the open air was inadequate.
- 6.40 The most recent key performance target data indicated that prisoners had an average of 8.95 hours out of cell a day on weekdays. This figure was higher than the maximum number of hours possible in the published core day, which gave a maximum of eight hours on weekdays, seven hours on Fridays and 5.75 hours at weekends. Unemployed prisoners had as little as two hours a day during the week. We conducted a roll check at 10.30am on one morning and found about 23% of prisoners locked in their cells. We observed some slippage in the regime, with prisoners unlocked five to 10 minutes late, leading to delays in the start of activities.

- 6.41 Prisoners did not have enough time in the open air. In our survey, only 19%, against a comparator of 52%, said they went to outside exercise three or more times a week and this had dropped considerably from 42% at the time of the last inspection. Unemployed prisoners and those working on the residential units had only a maximum of 30 minutes of exercise in the open air a day. Prisoners involved in activities had only the time it took them to walk to their activity area, which for most amounted to no more than 15 minutes a day and in many cases much less.
- 6.42 During the week, prisoners had one hour of association a day, which was rarely cancelled. During this time they were expected to shower, make telephone calls and clean their cells. There were long queues for telephones and prisoners could spend half of their association period waiting to make a call. Staff did not appear to engage with prisoners during association. At least one member of staff was usually occupied supervising queues for telephones, which could be a flash point for tension. Association areas were adequately equipped.

Recommendation

- 6.43 **Prisoners should have at least one hour a day in the open air.**

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

- 7.1 The security department was well organised and intelligence was effectively analysed and used. A well attended security committee meeting monitored security issues and set appropriate intelligence objectives. The number of prisoners subject to closed visits was low and decisions were proportionate to the risk and regularly reviewed.
- 7.2 The security department consisted of an operational manager, a developing prison service manager (DPSM), an administrative officer, a civilian police liaison officer and a police officer who worked part time between Risley and HMP Thorn Cross. Ten operational support grade (OSG) staff and four senior officers covered security and operations duties. Drug dog cover was provided through the North West Area search team.
- 7.3 A total of 1,670 security information reports (SIRs) had been submitted in the six months from July 2010 to December 2010. The monthly total had fallen steadily over recent months but this appeared to reflect a reduction in the number of incidents rather than any problems with staff vigilance or dynamic security. Security staff checked wing observation books daily to ensure that all relevant information was being reported using the SIR system.
- 7.4 Intelligence was effectively collated and analysed and one of the OSGs was a trained intelligence analyst. Intelligence software was available but not used as staff had not been trained. The SIRs we looked were good quality and actions taken were appropriate. The log of how to do target searches did not record key dates so it was impossible to tell whether they had taken place promptly without reference to individual security files. In the small number of cases we checked, the searches had been completed within 72 hours.
- 7.5 Violence, drugs and mobile telephones were the most significant security issues. In the last six months of 2010, there had been 78 finds of drugs and 59 finds of mobile telephones. The security department prepared a comprehensive monthly intelligence report based on the analysis of SIRs, incident reports and police information. A well attended monthly security meeting reviewed the intelligence assessments and conclusions and set appropriate intelligence objectives.
- 7.6 The prison had developed a gang management policy for identifying and monitoring gang members and tackling any gang-related behaviour and worked closely with local police forces. Intelligence indicated that there were no current major gang-related issues at Risley.
- 7.7 Security levels were appropriate for a category C prison. There were no obvious weaknesses in physical or procedural security. Security arrangements were proportionate and did not impede access to the regime. There were six prisoners on closed visits and 10 banned visitors. Both measures were reviewed monthly and decisions were well evidenced and proportionate. Prisoners were placed on closed visits only if there was evidence or intelligence related to

trafficking through the visits area. Prisoners and visitors were informed of the avenues of appeal.

- 7.8 Information about prison rules was displayed in residential areas. Prisoners were also given information about the rules applying to them during induction.

Housekeeping point

- 7.9 The log of target searches should include all key times and dates, including when the intelligence was received, when the target search was requested and when the search was completed together with details of the outcome.

Discipline

Expected outcomes:

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

- 7.10 The number of adjudications had reduced in recent months. The quality of enquiry was mostly reasonable but many prisoners were given punishments of long periods of loss of association, which resulted in a very restricted regime tantamount to cellular confinement without the appropriate safeguards. Use of force was used too readily and could not always be justified. Quality assurance arrangements were inadequate. There had been no recent use of the special cell. The segregation unit was clean and prisoners said they were well treated by staff. Only one prisoner had been held on the unit for over four months in 2010. A multidisciplinary segregation monitoring and review group met quarterly and monitored use of the unit.

Disciplinary procedures

- 7.11 There had been 536 adjudications in the previous six months, an average of approximately 89 a month, a reduction from an average of 106 a month in 2009. Adjudications were held in a designated small but adequate room in the segregation unit. Those we observed were formal but not intimidating. Adjudicators checked that prisoners had been given time to prepare their case and paper and pens were available to take notes. Prisoners were given the opportunity to present their case and question witnesses. Less than 2% of cases were referred to an independent adjudicator.
- 7.12 Records indicated that most cases were conducted fairly and the findings were consistent with the evidence recorded. Most punishments were within the range set out in the published tariff but where they differed adjudicators did not always record the reasons. A punishment of cellular confinement was rarely used but in many cases prisoners were given lengthy periods of loss of association of up to 42 days combined with loss of television and other privileges, which was tantamount to cellular confinement but for longer than would be allowed under that provision. Unemployed prisoners with loss of association had only 30 minutes exercise a day and two 30-minute periods a week during which they could shower and make telephone calls. This meant only 4.5 hours out of cell a week. This was a more restricted regime than if they had been located in the segregation unit and there was no assessment of the effect on their mental health. It offered none of the safeguards such as regular observation and visits by a health care professionals, governors, chaplaincy and the Independent Monitoring Board.

- 7.13 A range of data on adjudications was recorded and presented at a quarterly adjudication standards report. The data included adjudications by location, mandatory drug testing adjudications by location and a breakdown by charge. Adjudications were also monitored by ethnicity and the results of this monitoring were discussed by the race equality action team, which had not noted any significant patterns or trends. A quarterly adjudication standards meeting monitored and discussed the data in the quarterly report, reviewed the punishment tariff and considered any issues raised by adjudicators, staff and prisoners. The minutes of the quarterly meeting held in July 2010 showed that the deputy governor had conducted a 100% check of adjudications that quarter to ensure the quality and consistency of adjudications and had raised a number of issues. Minutes of other meetings did not refer to a quality check.

Recommendation

- 7.14 Punishments involving forfeiture of privileges and exclusion from activities should not amount to cellular confinement by other means and should not exceed 21 days.

Housekeeping points

- 7.15 The adjudicator should record the reason if the adjudication punishment given falls outside the local published punishment guidelines.
- 7.16 A senior manager should complete and record a quality check of completed adjudication records and report their findings and any action taken to the adjudications standards meeting.

Use of force

- 7.17 There had been 58 use of force incidents in the previous six months. In 2010, there had been 126 use of force incidents, exactly the same as the previous year. There was a quarterly use of force committee meeting attended by control and restraint coordinators, managers and representatives from different departments, including security, safer custody and residential areas. The meeting reviewed a range of data, including where incidents occurred and the reasons force was used. Ninety-two per cent of operational staff were up to date with their control and restraint training.
- 7.18 Use of force records we examined raised a number of concerns. Many incidents were related to non-compliance with staff instructions and some records revealed little evidence that staff had attempted to de-escalate the situation before the use of force. In some cases, the use of force could not be justified.
- 7.19 A significant number of incidents arose when staff attempted to remove televisions or prisoners' own clothing and property from their cells when they were placed on the basic regime. Most could have been better managed without the need to use force. Some incidents involved restraining prisoners in order to remove the clothing they were wearing. In one such case, a prisoner had complained that his clothing had been removed by a female officer. The matter had been investigated and it had been concluded that the female officer had not removed the clothing but had wrongly been present when some of the clothing was removed. We were unable to view the complete investigation file as the use of force forms had been mislaid. There was no comment in the investigation report of the fact that force had been used to remove a prisoner's clothing simply to ensure that he complied with the basic regime. In another incident, use of force records revealed that a man had been restrained and his foreskin physically searched to remove a hidden item. Some reports of injury records were

missing, so it was not possible to know whether the prisoner had been seen by a health care professional after the use of force.

- 7.20 Most incidents were recorded as spontaneous even though some were clearly planned or should have been managed as planned incidents, such as where staff had been instructed to relocate a prisoner. Where incidents were recorded as planned, they were recorded and the tapes were reviewed by the use of force committee and any areas of concern or good practice were highlighted. Use of force records were not routinely checked by a senior manager after an incident. One of the control and restraint coordinators carried out a quality check on a sample of use of force records, although the sample size was not recorded. These quality checks appeared to focus on procedures and the quality of report writing rather than exploring whether use of force was reasonable, necessary and lawful.
- 7.21 There had been no use of special accommodation in the previous six months.

Housekeeping points

- 7.22 All use of force incidents should be recorded in the use of force log.
- 7.23 Prisoners placed on the basic regime should not have their clothing removed under restraint.
- 7.24 Monitoring data should record whether or not the use of force incident involved control and restraint.
- 7.25 The prison should keep copies of any use of force paperwork submitted to the shared service centre as part of an investigation.

Segregation

- 7.26 The segregation unit comprised 17 cells plus one special cell. Two of the cells had been equipped with moulded furniture of the safer cell design, while the remainder had wooden furniture. One cell was gated and one had been converted into a store room. There were two small caged exercise yards that were very austere and did not have any seating. The unit was clean and well organised, although some flooring was ripped or smoke damaged.
- 7.27 Use of the segregation unit had reduced. In the six months from July to December 2010, 77 prisoners had been located on the unit compared with 101 in the previous six-month period. In the last quarter of 2010, the average stay on the unit was 10.7 days and only one prisoner had been held on the unit for over three months during 2010. There were only two prisoners on the unit during the inspection. Both reported good treatment by staff and confirmed that they had access to telephone calls, showers, exercise, canteen and visits in accordance with the published if limited regime.
- 7.28 Not all prisoners were strip searched on arrival in the unit. Strip searches were authorised by an operational manager based on an assessment of risk and the reasons were recorded. On arrival, every prisoner was given an information booklet describing the regime and the facilities available on the unit. Under the section describing visits by duty governors, health care and chaplaincy, the booklet indicated that no discussions would take place unless prisoners were out of bed and dressed, which was inappropriate as such visitors have a responsibility to check on the welfare of all segregation prisoners.

- 7.29 Each prisoner had a segregation history sheet booklet opened. This drew together most of the paperwork related to their time in segregation and incorporated the initial safety algorithm (segregation health screen), reasons for segregation, first night observations and a daily history sheet, together with a record of any rule 45 reviews. The standard of paperwork was good and staff made detailed entries in history sheets at least three times a day. A duty governor, chaplain and health care professional visited prisoners daily and the visits were recorded on each prisoner's daily history sheet.
- 7.30 Care planning was limited. Prisoners held in segregation under rule 45 had regular rule 45 reviews and an individual prisoner exit strategy document. This briefly identified the issues preventing a return to normal location and what action was to be taken to address those issues but did not set out how the prisoner was to be managed and cared for during his time on the unit or how the potentially detrimental effects of segregation would be mitigated.
- 7.31 The regime for prisoners was very basic. Prisoners had daily access to the telephone and one hour of exercise but were offered a shower only every other day. Meals were collected from a small servery area. There was a small unit library and the stock of books was regularly refreshed. There was no work or gym facility on the unit but some limited in-cell education activities were available on request. In theory, prisoners could apply to attend activities such as religious services subject to a risk assessment but staff could not recall anyone applying or attending any off-unit activities. Prisoners located in segregation were only allowed a one-hour visit.
- 7.32 There was a local policy for the operation of the unit. A segregation monitoring and review group met quarterly and considered a comprehensive range of information and statistics.
- 7.33 Each member of staff on the unit had been authorised by the governor in charge and had an individual training record maintained by the unit senior officers. Most officers had received training in assessment, care in custody and teamwork procedures and some mental health awareness but a number were awaiting the 'challenge it, change it' diversity training. Some officers who had recently joined the unit were scheduled to complete relevant training such as the adjudication liaison officer training in the coming weeks.

Recommendations

- 7.34 The regime for segregated prisoners should be improved to include daily showers and visits comparable to those of other prisoners.
- 7.35 All staff on the segregation unit should as a minimum be trained and regularly refreshed in race equality and diversity, suicide prevention, mental health awareness, motivational interviewing and control and restraint.

Housekeeping point

- 7.36 The segregation unit exercise yards should be equipped with seating.

Incentives and earned privileges

Expected outcomes:

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

- 7.37 The incentives and earned privileges scheme was actively enforced but did not operate consistently across the prison. Prisoners remained on the basic level for several weeks with little apparent engagement with officers and very limited time out of cell. Log books were not fully completed and the quality of comments made by staff was poor. Monitoring of the scheme had only recently been introduced.
- 7.38 The incentives and earned privileges (IEP) scheme was actively enforced and staff believed it was effective in moderating and managing behaviour. The published IEP policy 2010-11 ran to 50 pages and did not make 'easy reading'. It was displayed on the induction wing but was available only in English. There was an identified IEP officer on each wing whose role was to update the status of prisoners on the wing, ensure paperwork was collated and organise boards as necessary.
- 7.39 On one day of the inspection, 30 prisoners were on the basic regime, 433 were on standard and 617 were on enhanced. In our survey, many fewer black and minority ethnic, Muslim and foreign national men believed they had been treated fairly under the scheme and half the proportion of foreign nationals as British men said they were on the enhanced level. While the situation of black and minority ethnic prisoners was monitored by the race equality action team, there was no monitoring of the position of foreign national or Muslim prisoners (see section on diversity).
- 7.40 The policy stated that prisoners arriving on enhanced should retain this level but few staff knew this and such prisoners were often placed on standard. Many officers said enhanced status was reliant on prisoners obtaining work or applying for work weekly. Some prisoners were removed from or denied enhanced status because they did not have a job even though there was insufficient employment.
- 7.41 Enhanced prisoners were entitled to additional private cash, visits and gym sessions. They could also have a game console and a DVD player and received 20% extra on top of their usual pay rather than a standard bonus for enhanced, which created unfair differentials. They had to agree to regular compliance testing. Prisoners could apply for enhanced level after three months without warnings or proven adjudications. Boards were chaired by a senior officer and prisoners attended when downgrading was being considered. Demotions could also be made by a senior officer unless the downgrade was as a result of a serious incident, in which case it was done with the agreement of a duty governor. Promotion was based largely on wing behaviour. Comment written by officers about prisoners often simply recorded 'no issues' or 'no problems' and there was little reference to sentence planning targets.
- 7.42 Three written warnings or adjudications within three months or one proven adjudication for a serious offence triggered a review of a prisoner's IEP level. Many written warnings were for minor breaches of wing rules and we were concerned that some prisoners were placed on basic too easily without the opportunity of an examination of the circumstances that they would get at an adjudication.

- 7.43 The basic level consisted of three tiers that prisoners remained on for a minimum of five weeks. There was no opportunity to be removed earlier and prisoners could remain on basic for months. A case conference was held for those on basic for three months. Tier one/week one was for seven days and tier two and three both lasted for 14 days followed by a review. Prisoners could stay or be moved between tiers as their behaviour dictated. Some responses were over punitive. All officers said prisoners on tier one could not have a radio but senior managers said this was not the case. The information provided in the privilege list was confusing and contradictory.
- 7.44 A tackling antisocial behaviour (TAB) log was opened for all those placed on basic (see also section on bullying and violence reduction). Many of those we looked at contained sections that had not been completed by officers, personal officers and managers. Basic prisoners had to wear prison-issue clothing and were given very general targets to meet. They received two visits a month and other privileges, such as amount of association, depended on their tier. Prisoners with a job could continue to work. Three comments were required daily but the logs simply prompted officers to select from a series of statements. There was little to suggest that officers actually spoke to the prisoner or tried to motivate, encourage or support him in meeting his targets. Although many TAB logs included signed checks by senior officers, no comments were made by them about missing detail or the poor quality of most observations.
- 7.45 Prisoners subject to basic could also be placed on an assessment, care in custody and teamwork (ACCT). The comments written in the TAB log book of one of these men recorded 'no problems' and 'behind door' in the days following the opening of the ACCT even though his ACCT document recorded that he was feeling like the walls were 'closing in on him'. The very limited association, long days in cell for those without work and no apparent staff engagement was not constructive for any prisoner on basic and unsuitable and likely to be detrimental to the mental health of those subject to ACCT procedures.
- 7.46 Monitoring of the scheme had begun in November 2010 and a senior manager met weekly with wing senior officers to address shortfalls. Numerous areas for improvement had been identified, including the need to improve the completion of logs, contributions from personal officers, effective management checks from all grades of staff, better quality of comment 'about conversations as well as observations' and individualised target setting.

Recommendations

- 7.47 The incentives and earned privileges scheme should be reviewed in consultation with prisoners to ensure that prisoners on the basic regime have daily opportunities to shower, use the telephone and participate in a regime that allows them to demonstrate improvement. Managers should ensure that the scheme operates consistently and fairly across the prison.
- 7.48 Prisoners on basic regime should not be placed on an assessment, care in custody and teamwork document, or vice versa, without full consideration of their circumstances, which should be fully justified and recorded on both assessment, care in custody and teamwork and incentives and earned privileges records.

Housekeeping point

- 7.49 Prisoners should not receive different levels of pay for doing the same job as others.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Prisoners were dissatisfied with all aspects of the food. A centrally negotiated contract for food stuff was attributed to some of the reduction in the quality of provision. The kitchen and serveries were clean and well maintained and food was appropriately prepared and stored. Meals were served too early.
- 8.2 Prisoners complained about all aspects of catering, including portion size, quality and choice. In our survey, only 15% of prisoners said the food was good or very good and the percentage had dropped from 24% in 2008. The kitchen was clean, food was appropriately stored and prepared and equipment was well maintained. It was adequately staffed and staff and prisoners working in the kitchen and on wing serveries were health screened and had received appropriate training.
- 8.3 Meals were based on a four-week menu cycle and prisoners could choose from five options at both lunch and evening meals, including at least three halal choices and two vegetarian and vegan choices. Other diets were catered for as necessary and menus denoted low-fat and healthy eating options. Fruit was provided only with certain meal choices. Breakfast packs were given out the day before use and there was no opportunity for prisoners to make toast in the mornings. Weekday lunch options always consisted of a filled jacket potato or cold sandwich. None of the sandwich options included a halal meat choice, although such an option was available to non-Muslim prisoners. The one sandwich provided was insufficient.
- 8.4 Food was taken to wings in heated trolleys and served from clean serveries. The cleanliness of food trolleys and taking of temperatures on the wings was monitored monthly by the catering manager. Meals were served too early at 11.45am and 4.45pm. Second helpings were not generally available as prisoners were locked up as soon as they had collected their meals. Staff supervision was not effective at all serveries and there were complaints in many of the comment books about insufficient numbers of meals or food items.
- 8.5 The catering budget had not changed in some years and was set at £2 per prisoner per day, consisting of breakfast at 48p, lunch at 47p, evening meal at 78p and a supper item of 7p. 'Brew packs' of sugar, tea bags and condiments were costed at 20p. All goods had to be bought through centrally negotiated contracts, which we were told had led to a reduction in the quality of goods supplied.
- 8.6 There had been no catering survey since 2008 and the catering manager relied on feedback at the regular prisoner consultation meetings. Few formal complaints were made about catering and minutes of prisoner consultation meetings did not reflect the dissatisfaction highlighted in our survey or expressed to us during the inspection. Each wing had a food comment book, some of which had been introduced just the week before the inspection. Some books contained no comments for several months, signifying that they had not been freely available.

Not all contained responses from catering staff. Books were not taken for discussion to prisoner consultation meetings.

Recommendation

- 8.7 Efforts should be made to improve the quality of and satisfaction with the good, including through effective consultation with prisoners and minority groups.

Housekeeping points

- 8.8 The serving of food should be effectively supervised.
- 8.9 Fruit should be provided irrespective of the meal chosen.

Prison shop

Expected outcomes:

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

- 8.10 The shop provision was largely governed by the national contract. Prisoners could order goods weekly, although some new prisoners waited longer. Just over half of prisoners in our survey said the range of goods was satisfactory. There had been no prison-wide survey of the service. Catalogue shopping was limited.
- 8.11 The prison shop was run as part of the national contract. There were regular meetings between the prison and contractor to resolve difficulties and plan for different demands throughout the year. There were 365 items on the canteen list, which was available in seven languages and in larger print. A pictorial canteen list had been introduced in January 2011. Changes to the list were reviewed every six months through the community action team meetings attended by a manager responsible for the canteen. There had been no prison-wide survey of the canteen provision. In our survey, 51% of prisoners said the shop sold a wide enough range of goods to meet their needs, a little higher than the comparator but black and minority ethnic and Muslim prisoners were less satisfied. While black and minority ethnic men were involved in wider consultation there was no specific consultation with them as a separate group. Any price increases or changes in provision were well communicated to prisoners in advance.
- 8.12 Prisoners could order canteen weekly and the order form indicated the amount available to spend. Completed forms had to be returned by Monday. These were collected by the contractor and orders were packed at HMP Wymott and returned to the prison for distribution on Friday. New arrivals who missed the Monday deadline for submitting orders could wait several days to receive their first canteen order (see section on first days in custody).
- 8.13 Enhanced prisoners could order goods from catalogues twice a year up to a value of £250. Standard level prisoners could make one order to the value of £150, which seemed overly restrictive given the restrictions on goods being sent in. There were occasional delays in re-crediting prisoners' accounts when goods ordered were out of stock. Newspapers and

magazines could be ordered by families or friends from a local newsagent and alternative arrangements were in place for those without outside support.

Recommendation

- 8.14 Black and minority ethnic prisoners should be consulted separately about the range of goods stocked by the shop.

Housekeeping point

- 8.15 Access to catalogue shopping should be improved.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The reducing reoffending delivery plan included all resettlement pathways. Information about how Risley would meet the needs the different groups of prisoners was contained in the offender management policy. A needs analysis was based on a limited number of prisoners. Pathway action plans were frequently updated at regular reducing reoffending meetings. The resettlement needs of all prisoners were assessed on arrival and before release and prisoners were given a useful information 'passport'. The provision of accredited programmes was generally appropriate.
- 9.2 The reducing reoffending delivery plan (RRDP) April 2010-March 2012 contained a short description of the prison but did not identify or describe how it planned to meet the needs the different groups of prisoners. No mention was made of work undertaken with sex offenders, prisoners serving indeterminate sentences for public protection (IPPs) and lifers or Risley's role as a 'hub' for foreign national prisoners. However, information about the work undertaken with different groups of prisoners was included in the offender management policy. Separate strategies were published for the management of prolific or priority offenders (PPOs), indeterminate sentenced and foreign national prisoners.
- 9.3 The RRDP addressed offender management, offending behaviour programmes, progressing regimes, reducing reoffending, foreign national prisoners and improving purposeful activity. The eight resettlement pathways, including one for victims of crime, were incorporated into these sections. Each section had an action plan and a named lead responsible for reporting on progress to the reducing reoffending policy committee (RRC). Action plans were frequently monitored and updated.
- 9.4 A reducing reoffending needs analysis had been completed in 2009 but was based on a limited number of prisoners (68 prisoners had been consulted in focus groups and 30% of the prison population had returned completed questionnaires). No use was made of existing offender assessment system (OASys) information, which would contain more objective data. Questions had been asked about contact with families and children in the focus groups but not in the questionnaire. Recommendations resulting from the analysis were included in action plans but it was not clear how some of the wider issues identified about the regime, such as long hours locked in cells, limited association and poor access to exercise, would be pursued.
- 9.5 The reducing reoffending committee met bi-monthly, chaired by the head of reducing reoffending and included the pathway leads.
- 9.6 The resettlement needs of all prisoners were assessed within 14 days of arrival when their allocated offender supervisor completed a personal immediate action plan. This recorded information gathered under all the resettlement pathways and included any action taken and referrals made. Some of the plans contained little information while others were more informative.

- 9.7 Prisoners had an interview with their offender supervisor four months before release to check the need for any further help and support. Referrals could be made as necessary and a 'resettlement checklist form' covering all pathways was completed, a copy of which was forwarded to the prisoner's offender manager. All prisoners received a 'resettlement passport' on release containing a copy of their licence conditions, a counselling, assessment, referral, advice and throughcare (CARAT) release plan if relevant and a variety of useful information. The time and date of 'fresh start' benefit appointments were included as necessary. Prisoners could get a citizen's card providing proof of identity.
- 9.8 The provision of accredited programmes was generally appropriate and sufficient to meet the needs of prisoners (see section on resettlement pathways). There were service level agreements with a number of voluntary and community groups and a partnership directory detailed who they were suitable for and contact information. Voluntary agencies could discuss the contributions they made to prisoners' resettlement at meetings with the head of employment, learning and skills.

Recommendation

- 9.9 The reducing reoffending delivery plan should be based on a comprehensive analysis of needs using OASys data and outline how the needs of different groups of prisoners will be met.

Housekeeping point

- 9.10 Managers should provide clear guidance to offender supervisors to ensure consistency of information included on immediate action plans.

Offender management and planning

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

- 9.11 The offender management unit was well established and managed and the prison applied offender management principles to all prisoners. All prisoners had a sentence plan and most an OASys, although not all were up to date. Many prisoners arrived without an assessment. Relationships and contact with offender managers in the community were generally good. Public protection processes were sound. Prisoners could make progressive moves to open conditions. Indeterminate sentenced prisoners were managed by a specific team but there were no general forums for them and not all felt well supported.

Offender management and planning

- 9.12 Offender management was central to the prison's approach to reducing reoffending and the offender management unit (OMU) was well established and integrated. Offender management, resettlement, public protection and lifer management functions were all co-located within the OMU, strategically guided by the head of reducing reoffending supported by the head of

offender management and a part-time seconded senior probation officer. There was an excellent team spirit in the unit, with a supportive approach by management at all levels.

- 9.13 The offender management policy document was comprehensive but did not include an expectation of how often offender supervisors should meet their allocated prisoners. Managers suggested that this should be monthly but it was unlikely that some offender supervisors with large caseloads would be able to meet this expectation. There were separate policies covering public protection, the management of PPOs, indeterminate sentenced and recalled prisoners. Offender management arrangements in the prison were applied to all prisoners and not just those in scope, of whom there were 304 (meaning high or very high risk of harm and IPPs).
- 9.14 The OMU had separate teams dealing with high-risk determinate prisoners, PPOs, life-sentenced and IPP prisoners, foreign national prisoners and lower-risk prisoners. Caseloads were distributed according to the nature and complexity of prisoners managed by the team, sometimes alongside other responsibilities such as assessment, classification and observation work. Caseloads ranged from under 20 to over 70, with many offender supervisors managing caseloads in the 60s and 70s and up to 80 in the case of offender supervisors working with foreign national men.
- 9.15 There was a full-time equivalent of 22 offender supervisors comprised of 18 prison officers and a mix of probation and probation service officers supported by case administrators. The OMU was adequately resourced but had to deal with an increasing number of indeterminate sentenced prisoners, which put additional strain on resources. Efforts had been made to ensure that prison officers were not redeployed but 1225.25 hours had been lost from the OMU in a recent nine-month period. Skills and experiences were well shared across the various teams and cover arrangements consisted of a 'buddy' system within the teams that also assisted staff when workloads peaked.
- 9.16 All prisoners were allocated an offender supervisor and a case administrator the day after their arrival and were seen by their offender supervisor within 14 days to complete an immediate action plan (see section on strategic management of resettlement). Each prisoner received a useful booklet explaining offender management and the OMU. OMU surgeries including case administrators, offender supervisors, the JobCentre Plus worker, a housing worker and a solicitor were held on wings according to a rota system every six weeks.
- 9.17 We read case files relating to 15 prisoners, nine of whom were in scope. All had a nominated offender manager/probation officer and all but one had been allocated an offender supervisor promptly on arrival. Six were seen by their offender supervisor within one week of arrival and seven within a month. Two were seen later. Case files were well organised but three did not contain all relevant documents. Copies of sentence planning documents and OASys assessments were included only in files where there had been a need to print these, such as for re-categorisation boards, but were easily available electronically.
- 9.18 Offender supervisors kept contact logs on a shared drive as well as making entries on P-NOMIS. These generally provided detailed notes of interaction with the prisoner and of the key issues being addressed. Although it was possible to 'cut and paste' entries from one system to the other, this appeared to happen only rarely, which suggested that opportunities to share relevant information more widely with others working with the prisoner were being missed.
- 9.19 All cases contained an OASys likelihood of reoffending assessment of sufficient quality and in all but one case (an out of scope case) had been completed on time. In all but one case, the likelihood of reoffending assessment was thoroughly reviewed at the appropriate time.

- 9.20 Eleven of the sentence plans completed were appropriate to the purpose of sentencing and nearly all were shared with other workers involved with the case. There were only three cases where sentence planning was not informed by all relevant assessments. All plans included objectives to address both risk of harm and likelihood of reoffending but in only one case were activities appropriately sequenced. Two cases should have included objectives to address child protection concerns but did not.
- 9.21 Most cases contained outcome-focused objectives but only two described the planned levels of contact. Six of the in scope and none of the out of scope cases contained evidence of a structured assessment of potential diversity issues, such as learning needs and learning styles, or of discriminatory and disadvantaging factors and other individual needs. Prisoner vulnerability was assessed in all but two cases and, where it was found to occur, this was always communicated to others, with measures put in place to support the prisoner and minimise the impact of his vulnerability.
- 9.22 In all cases, supportive and protective factors were appropriately identified. The prisoner was sufficiently supported in retaining or developing community ties and relationships in all bar one (out of scope) case. The immediate action plan completed by the offender supervisor at their first formal meeting with the prisoner undoubtedly helped in this respect.
- 9.23 Four in scope and two out of scope cases demonstrated that the prisoner had been actively and meaningfully engaged in the sentence planning process. In our survey, more prisoners than the comparator said they had a sentence plan but fewer said they had been involved in the process. More than in 2008 said staff at Risley had helped them to address their offending behaviour.
- 9.24 Twenty-four prisoners were received each week from HMPs Altcourse and Manchester, as well as several from other establishments. Transfers in were often prompted by the available interventions. Fifty-eight prisoners who arrived between November 2010 and January 2011 without an OASys (25 from Manchester, 17 from Altcourse, 12 from Liverpool and four from Forest Bank). Offender supervisors worked hard to complete OASys in these cases and 15 prisoners, all recent arrivals, were without an OASys. This issue had been raised with the local prisons but with limited success. Twenty-five prisoners had an out of date OASys, many by only a matter of months but three were dated 2008 and five 2009.
- 9.25 There were generally good working relationships with offender managers, particularly for in scope cases. The level of contact between offender managers and prisoners met the probation national standard in most of the nine in scope cases but in only a third of the out of scope cases. In just under half of all cases (and just over half of those in scope), the offender manager had demonstrated a commitment to their work with the prisoner. By comparison, offender supervisors in the prison had developed positive and productive working relationships with prisoners in nearly all of the cases inspected.
- 9.26 Sentence planning boards were reasonably well attended by offender managers. Good use was made of video and telephone conference facilities when necessary and boards were often rearranged if they were unable to attend. Offender managers contributed to sentence planning boards in over three-quarters of in scope cases seen but not at all in the out of scope cases. Boards were multidisciplinary but did not include personal officers who, although invited, rarely attended and were not required to submit a formal written contribution. Interactions between prisoners and their personal officers were recorded on P-NOMIS, and were the expected means by which personal officers contributed to boards. Personal officers displayed little awareness about prisoners' sentence planning targets or resettlement needs in their written

comments. Families were also welcome at sentence planning boards, although prisoners usually chose not to invite them.

- 9.27 In half of the in scope and two-thirds of the out of scope cases, interventions had been delivered in line with the sentence plan. Objectives had been partly achieved in two-thirds of cases. An accredited programme was planned in all cases (often a general offending behaviour one) but in only two cases had this been delivered as many of the prisoners in the sample had not been at Risley long. Prisoners were generally well prepared for programmes and new learning was reinforced in all cases. Victim awareness work had been undertaken in seven in scope and three-quarters of relevant out of scope cases. This mainly consisted of the use of the 'think victim' workbook (see section on resettlement pathways).
- 9.28 Between April and December 2010, 207 prisoners had been released on home detention curfew and 39 prisoners had applied for release on temporary licence of which 17 had been granted.

Recommendations

- 9.29 The deputy director for custody should impress on the local prisons sending prisoners to Risley the need to ensure that all prisoners arrive with an up-to-date OASys assessment.
- 9.30 Prison officer offender supervisors should not be redeployed from the offender management unit.
- 9.31 Sentence plans should include objectives to address child protection concerns in all relevant cases and targets should include planned levels of contact.
- 9.32 A structured assessment of potential diversity issues, such as learning needs and learning styles, or of discriminatory and disadvantaging factors and other individual needs should be carried out and held on file in all relevant cases.

Housekeeping points

- 9.33 All case files should contain copies of sentence planning board reports.
- 9.34 Offender supervisors should be reminded of the need to see their prisoners promptly after arrival and keep them involved in the sentence planning process.

Public protection

- 9.35 A public protection coordinator supported by a small multidisciplinary team in the OMU liaised closely with the community and the wider establishment. There were detailed procedures to address public protection issues and a comprehensive public protection policy.
- 9.36 There were good systems to identify prisoners who posed a public protection risk, with a twice-weekly sift of the current and any previous convictions of all new prisoners. Monthly risk management meetings reviewed any prisoners where there were particular public protection concerns. Sensible and reasonable decisions were taken over the monitoring of mail, visits and telephones and such restrictions were removed if risks subsided. Staff in the public protection team had access to the violent and sexual offenders register (VISOR).

- 9.37 Prisoners subject to public protection procedures were seen individually to have their situation and any restrictions explained. They were given information in writing and signed to say they had received and understood this. A total of 204 prisoners were subject to safeguarding children monitoring, 32 to harassment monitoring, 14 were identified as multi-agency public protection arrangement (MAPPA) level 3, 88 at MAPPA level 2 and 353 were MAPPA nominals. A briefing about child contact procedures delivered to visits staff had explained the safeguarding procedures, their responsibilities and what action to take if they had any concerns.
- 9.38 In the cases seen by us, work to manage risk was satisfactory but detailed risk of serious harm analysis was lacking, particularly in out of scope cases, and risk management plans required substantial improvement if they were to be useful documents. Prisoners posing a risk of harm to others were clearly identified in OASys in all but one of the 15 cases sampled. Eight of the sample were recorded as being high or very high risk of serious harm to others, with three being medium risk and three low risk. In one out of scope case we disagreed with the risk classification and thought the case should have been assessed as high risk, which would have brought the case into scope for offender management. Although a number of the cases examined came under MAPPA arrangements, in many cases this involved merely recording the level of MAPPA involvement at this stage of their sentence.
- 9.39 A risk of harm screening had been completed in all cases and these were all done in good time. One in scope and one out of scope screenings were inaccurate. A full analysis of the risk of harm to others was completed and on time in all cases where required. All bar one in scope analyses were satisfactory but only one of four out of scope was of sufficient quality. Most drew on all available sources of information and/or took into account relevant previous behaviour. The level of risk of harm posed to various groups of people (children and the public) was generally correct. While most cases did not involve significant changes to the prisoner's circumstances or behaviour, in the two in scope cases where such changes did occur, OASys risk assessments were thoroughly reviewed.
- 9.40 Risk management plans were generally weak. While all bar two in scope cases contained a timely plan, only three of the total 13 examined were sufficiently comprehensive. Only three described how the objectives in the sentence plan would address risk of harm issues. However, all sentence plans included objectives to manage risk of harm to others, where relevant, and in all cases all reasonable action had been taken to keep to a minimum the prisoner's risk of harm.
- 9.41 Oversight of MAPPA cases was carried out by the public protection team who held separate files readily available to OMU staff. Minutes of meetings showed detailed and appropriate discussion of relevant cases. Offender supervisors either attended MAPPA meetings or sent a written contribution in all relevant cases and OMU staff had received praise from probation trusts for the quality of the written reports submitted.
- 9.42 Most of the cases examined had little or no MAPPA involvement, due to the point of progress through the sentence. A recent initiative aimed at lessening the workload of the coordinator and increasing awareness around the prison of public protection issues had involved the designation of two public protection representatives on each wing. It was hoped that these staff would provide a conduit for information flow into the public protection team and that they would gain some expertise in this field through job shadowing in the OMU.
- 9.43 Three of the cases examined were PPOs and there were enhanced levels of contact and interventions in two of the three cases. There was a published PPO strategy and offender

supervisors had established effective relationships with police officers. During the inspection, one officer attended the prison from Devon and Cornwall police.

Recommendation

- 9.44 Comprehensive risk management plans, supported by detailed risk analysis, should be completed for all prisoners assessed as medium, high and very high risk of harm to others and should accurately describe how the objectives of the sentence plan and other activities address the risk of harm to others and protect actual and potential victims.

Categorisation

- 9.45 Transfers and recategorisation of prisoners was led by offender supervisors, who completed recategorisation assessments every six months. Prisoners were interviewed and were able to comment or challenge information as necessary. Recommendations were ultimately agreed by an operational manager except the transfer of indeterminate sentenced prisoners to open prisons.
- 9.46 Two offender supervisors acted as observation, classification and allocation (OCA) officers and also managed a small case load of low-risk prisoners. They liaised with population management and other establishments to ensure the effective movement of prisoners, many of whom made progressive moves to open prisons, usually to HMPs Kirkham and Sudbury. During 2010, 119 men had progressed to open establishments and 20 were currently waiting to transfer. Foreign national prisoners could be recategorised as suitable for open conditions but OCA officers found that open prisons were unwilling to accept them without agreement from UKBA, although that was not the responsibility of UKBA.

Indeterminate-sentenced prisoners

- 9.47 The 152 IPPs and 101 lifers were managed by a multidisciplinary lifer and IPP team. The team was managed by a senior officer and included two part-time case administrators, two prison officer offender supervisors and one full-time and one part-time probation offender supervisors. Administrators were accommodated in the OMU and other staff in a portacabin nearby. A boardroom in the portacabin was used for oral hearings and other meetings.
- 9.48 There was a published indeterminate sentence prisoners strategy dated May 2010. All prisoners serving indeterminate sentences were allocated an offender supervisor and case administrator on the day of arrival and were expected to be seen by the offender supervisor within 14 days of arrival to complete the immediate action plan (see section on strategic management of resettlement). Prisoners were given a booklet explaining how they would be managed. All offender supervisors were MISaR trained (management of indeterminate sentences and risk) and prisoners were allocated to a MISaR-trained personal officer, where possible, on their wing.
- 9.49 Prisoner lifer representatives on most wings were expected to act as a conduit for information from other prisoners to managers and vice versa. They attended monthly lifer action meetings with the senior officer and staff from the lifer and IPP team. Lifer representatives were very positive about the help and support they received from staff but many other indeterminate sentenced prisoners were not so positive, complaining about difficulty in seeing their offender supervisor and a lack of support. There were no regular forums open to all lifers and IPPs but

one held in December 2010 had been attended by up to 80 prisoners, OMU staff, a solicitor and a representative from the parole board. This had been very successful and managers planned to hold more. A newsletter provided pertinent information for IPPs and lifers and was displayed on wings, as were minutes of meetings.

- 9.50 There were no specific wings for lifers, who were dispersed across the prison. Some prisoners expressed frustration at living with prisoners serving shorter sentences, while others enjoyed it and did not want to be with a 'static group'. Eligible lifers were able to benefit from escorted town visits before parole hearings.

Recommendation

- 9.51 Regular events designed specifically for lifer and IPP prisoners should be held.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 9.52 Targets for all resettlement pathways were included in action plans regularly monitored and updated by the reducing reoffending committee. Housing advisers were based in the offender management unit but with a heavy reliance on an experienced volunteer. Prisoners had access to good finance advice and support and could open a bank account. Interventions generally met the needs of prisoners and waiting lists were not long. Resettlement activities such as debt, benefit and through-the-gate advice were provided through a range of partners including Citizens Advice, JobCentre Plus and Working Links.

Accommodation

- 9.53 In our survey, significantly fewer prisoners than the comparator said they knew who to contact in the prison for help in finding accommodation. In the 2009 reducing reoffending needs analysis, 37% of prisoners said they did not have anywhere to live on release and only 8% said the prison was helping them to find accommodation.
- 9.54 There was an allocated lead for the accommodation pathway, which was included alongside other resettlement pathways into action plans regularly monitored and updated by the reducing reoffending committee. A separate accommodation strategy dated December 2010 contained an action plan to improve services, timescales for completion of targets and named those responsible.
- 9.55 The in-house housing team consisted of a resettlement officer, an offender supervisor and an experienced housing volunteer, all of whom were part time. The volunteer had previous been employed by a voluntary housing agency in the prison and had continued voluntarily when the

funding had been withdrawn. Her support and extensive housing knowledge was much relied on but there was no alternative specialist service should this support be lost. The team received referrals from offender supervisors and prisoners and kept records of each. They could access information about a range of housing options with statutory and non-statutory local and national providers.

- 9.56 Some prisoners were helped by their offender managers to find accommodation on release and others went to approved premises. The prison had a target of getting 85% of prisoners into settled accommodation and was successful for 89.7% during 2009/10. Like all other establishments, prisoners in need of accommodation were not eligible for permanent council housing until they were released so much housing was temporary and provided through homeless persons teams or supported accommodation.

Housekeeping point

- 9.57 Managers should ensure that a specialist housing support and advice service can continue to be delivered should current voluntary arrangements cease.

Education, training and employment

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

- 9.58 A pre-release course had been introduced by the education department since our last inspection but it did not have sufficient places for all prisoners needing it. The course included modules on relationships, job applications and workplace practices but did not include money management.
- 9.59 Following a gap in attendance during 2010, CIAS staff were once again attending sentence planning meetings with offender supervisors. They had struggled to meet the expectation that all prisoners received a pre-release exit interview and no prisoner being released in January 2011 had received an interview. The prison has recently adjusted CIAS interventions to focus more on prisoners' resettlement needs before release but no dedicated job club for pre-release job search was provided. Prisoners were expected to fund their own job seeking activities. The prison was performing over target for employment destinations on release (74.3% against a target of 40%) and under-performing on education and training destinations (4.1% against a target of 6%). A Working Links adviser offered advice on employment and training.

Recommendation

- 9.60 Pre-release arrangements should include appropriate, including money management and job search support backed up by effective CIAS advice.

Mental and physical health

- 9.61 Health care were notified of the expected dates of release of prisoners a week in advance and contributed to the resettlement passport. Prisoners were given appointments with primary care nurses for pre-release health checks and advice on how to access local GPs, dentists and other agencies. GP letters were arranged as necessary and take home medication was ordered. Methadone was routinely given before discharge and arrangements made for its continuation on release.

- 9.62 The care programme approach was appropriately used for pre- and post-release coordination of care for patients with serious mental illness.
- 9.63 A PCT palliative care policy included the Liverpool end of life care pathway. Several prisoners were at different stages of end of life care, for whom individual care packages were arranged including the use of local Macmillan nurses and hospice services.

Finance, benefit and debt

- 9.64 In our survey, fewer prisoners than the comparator said they knew who to contact in the prison for help with finances on release. In the 2009 reducing reoffending needs analysis report, 56% of prisoners said money would be a problem on release, 33% said they were in debt and only 4% said they had received any help with finances.
- 9.65 Advice on benefits, loans and grants and debt management was available from a number of sources. A JobCentre Plus worker was available two days a week and also attended offender management surgeries on each wing on Fridays. During 2010, she had seen 1,312 prisoners. A Citizens Advice worker was available on Tuesday mornings in legal visits. A total of 282 prisoners attended Citizens Advice appointments in 2010. The JobCentre Plus worker arranged fresh start benefit appointments for prisoners on release, the details of which were included in the resettlement passport. Three offender supervisors trained in money management could advise on financial issues. Prisoner well being mentors based on all wings and in the library had been trained by the JobCentre Plus worker to help prisoners complete community care grant applications and signpost prisoners to the JobCentre Plus, Citizens Advice and housing workers.
- 9.66 Prisoners could open a bank account and could receive a citizen's card with proof of identity on release.

Drugs and alcohol

- 9.67 The drug and alcohol strategy was well managed and coordinated. Needs assessments had not informed an annual action plan. Prisoners could access a range of support services including CARAT one-to-one and group work, a CARAT gym and the prisons addressing substance-related offending (P-ASRO) programme. Ongoing interventions for those with primary alcohol problems were limited.
- 9.68 The residential manager of C wing, the drug support unit, managed and coordinated the prison's drug and alcohol strategy. He chaired quarterly drug strategy meetings and had forged good links with community planning bodies. The community interventions manager acted as the establishment drug coordinator. A practitioners' subgroup, which included representation from several community service providers, had not met for some time pending the vetting of community staff.
- 9.69 The drug and alcohol strategy policy was comprehensive, up to date and included performance measures but not an annual action plan. An evaluation of the integrated drug treatment system (IDTS) was available and a health needs analysis had just been completed. A counselling, assessment, referral, advice and throughcare (CARAT) service needs assessment was due to be undertaken shortly.

- 9.70 CARAT services were provided by a part-time manager and five full-time equivalent workers from Lifeline together with three CARAT officers. The team was well integrated, stable and enthusiastic. Workers offered twice weekly induction input and a weekly drop-in session on C wing and prisoners could access services easily. The annual triage assessment target of 110 was due to be exceeded. The team's current caseload stood at 217 with another 159 files suspended but the CARAT service remit excluded ongoing work with prisoners whose primary problem was alcohol. Structured one-to-one work was supplemented with in-cell work packs and prisoners could undertake short IDTS group work modules. A designated CARAT gym session, 'tackling drugs through PE', was popular. Prisoner focus groups met quarterly to feed back on service provision. Care plans were of good quality and shared with offender managers and health services. Case files demonstrated cross-referrals and joint work between departments and individual CARAT staff acted as nominated links with other providers.
- 9.71 Prisoners requiring a more intensive intervention could access the P-ASRO programme. Eighty-four had started the course since April 2010 with 66 completing, against an annual target of 96 starts and 62 completions. The CARAT service provided structured pre-programme preparation. The P-ASRO team consisting of a treatment manager, two civilians and two officers was based on C wing. Group work facilities were located on E wing. P-ASRO was available to prisoners independent of location and included those stable on methadone. The number of sex offenders suitable for this intervention had been too low to run a course. The programme was well managed and good links with CARAT and offender management teams had been established. A small number of prisoners were waiting to join a group. While the CARAT team provided post-course intervention, a peer support scheme had not been developed.
- 9.72 The CARAT service had established good throughcare links and release planning took place in liaison with drug intervention programme (DIP) workers but vetting requirements had prevented DIP staff from holding pre-release clinics at the prison.
- 9.73 Offender supervisors and health services staff had been trained to screen prisoners with alcohol problems and provide brief interventions. A part-time recovery worker (employed by the Crime Reduction Initiative) had just taken up post and his remit included ongoing work with non-opiate using prisoners, including those with alcohol problems. PCT funding for a weekly alcohol session had also been announced but referral pathways between existing and new services had not yet been developed. Alcoholics Anonymous self-help groups had stopped, again due to vetting requirements.
- 9.74 Prisoners could access compact-based drug testing independent of location, with 589 compacts in place against a target of 575. Most testing was incentive-based. Separate compacts for voluntary and incentive-based testing were in place. Three designated officers conducted testing with the required frequency using appropriate procedures.

Recommendation

- 9.75 The remit of the CARAT service should include ongoing work with primary problem alcohol users.

Housekeeping points

- 9.76 The drug and alcohol strategy policy should contain a detailed annual action plan informed by population needs assessments.

- 9.77 A peer support scheme should be developed to offer ongoing support to prisoners who completed the P-ASRO programme.

Children and families of offenders

- 9.78 The children and families pathway was under developed and there were no family support workers. The visitors' centre was too small, with inadequate seating and limited refreshments. Visitors said they had difficulties booking visits. New furniture in the visits hall provided a more relaxed atmosphere and had helped reduce noise levels. There had been no family days in the previous year and visits allowing prisoners a short period of supervised activity with their children were available to only a small number of prisoners. Consultation with visitors was good.
- 9.79 In our survey, 50% of prisoners said they had children under the age of 18 and 21% thought they would have a problem maintaining good relationships on release. Work under the children and families pathway was at an early stage. There was a pathway lead and a brief children and families strategy that incorporated an action plan but work to encourage prisoners to remain in contact with their children, partners and families and to encourage families to participate in key aspects of their sentence was limited. There were no qualified family support workers to help prisoners maintain or rebuild family relationships and little evidence in history sheets that personal officers actively encouraged prisoners to maintain family ties or knew much about their families. There was no parenting course. The prison had developed links with the Warrington Families Information Service (FIS) and was exploring opportunities for partnership working. There had been some limited use of release on temporary licence to maintain family ties.
- 9.80 The visitors' centre managed by the partners of prisoners and families support group (POPs) was too small and did not have enough seating for the number of visitors and some seats were grubby and worn. There were some colourful wall displays and POPs staff were friendly and welcoming but it was not obvious to new visitors where they should book in, there were no hot or cold snacks available and the facilities for making hot drinks were tucked away in an alcove. The path from the car park to the visitors' centre was near a busy main road and quite narrow, which was a particular concern for visitors with young children. A request for a new path away from the road had been turned down as too expensive. A family forum involving visitors, prisoners, POPs and prison managers was held every two months. The meeting was always attended by the governor or deputy governor and discussed issues affecting prisoners and their families as well as those specifically related to visits.
- 9.81 The visits booking line was available from 8.30am to noon and from 1.30pm to 4.30pm on weekdays. There were two lines but visitors said they were often engaged. Some complained that the booking line was available only during office hours when they were at work and unable to call. Visitors could book their next visit while they were at the prison. Visits took place every afternoon from 1.30pm to 4.30pm Monday to Thursday and from 9am to 11.30am Friday to Sunday. Most prisoners could have at least four visits a month. Prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme could have an additional visit but prisoners on basic could have only two visits.
- 9.82 Visitors were escorted from the visitors' centre to the prison in groups of 18 with a gap of about 15 minutes between each group. On one busy afternoon during the inspection, all the visitors who had arrived on time were in the visits hall by 2.15pm. Visitors were searched sensitively and their identity was checked. Babies and very young children were checked using a metal

detector but otherwise not searched. Prisoners who had visits booked were brought down to the visits area at 1.30pm and waited in the waiting room until their visitors arrived. The waiting area was clean and bright, with bench seating and a television to occupy prisoners while they waited.

- 9.83 In the visits hall, most of the fixed tables and chairs had been replaced by padded furniture and low tables, creating a more relaxed environment. The furniture and the addition of curtains had reduced noise levels, although the room was still very noisy when busy. A small number of the fixed tables had been retained as some legal representatives and domestic visitors had said they preferred them. Prisoners had to wear coloured bibs and sit in designated chairs. Hot and cold drinks and snacks were available from a tea bar run by POPs.
- 9.84 A small number of prisoners were subject to closed visits (see section on security). These took place in booths that were fully enclosed on the visitors' side and partially screened on the prisoners' side. Visitors could get refreshments but could not buy these for prisoners.
- 9.85 A large play area was supervised by a play worker from POPs but prisoners could not get up and play with their children. They could apply for an additional 'Dads time' visit that included a 30-minute supervised play session with their children in the family visits room adjacent to the main visits area. These were open only to prisoners on the enhanced level of the IEP scheme who were complying with their sentence plan and had been free from adjudication for six months. This meant almost half of prisoners were excluded and only a few had actually taken place. Some very successful family days had been held in 2008 and 2009 but none in the last year and none were planned.

Recommendations

- 9.86 The visitors' centre should be large enough to accommodate all the visitors using it.
- 9.87 The prison should ensure that the route from the visitors' car park to the visitors' centre is safe, particularly for young children.
- 9.88 The visits booking system should be easily accessible.
- 9.89 Regular family days should be held.

Housekeeping point

- 9.90 Prisoners should not be required to wear bibs.

Attitudes, thinking and behaviour

- 9.91 In the 2009 reducing reoffending needs analysis, 88% of prisoners said they wanted to stop offending and 54% felt they were helped to do this. Programmes were delivered by a suitably trained team of officers and psychology staff under the direction of a principal psychologist. Audit scores for programmes were very good. The accredited programmes available were appropriate and included the thinking skills programme (TSP), of which 13 courses ran annually for a total of 130 men, five courses annually of controlling anger and learning to manage it (CALM) for 40 men and eight annual programmes of P-ASRO (see section on drugs and alcohol). Various sex offender treatment programmes (SOTPs) were available to prisoners in Risley and from other prisons. These included two core SOTPs, two extended SOTPs, a

rolling SOTP and healthy sexual functioning (HSF) where up to 10 prisoners annually worked individually with a psychologist.

- 9.92 Waiting lists for programmes contained tariff length and tariff expiry dates, which were regularly updated. Prisoners were suitably prioritised and did not have excessive waits. Forty-six prisoners were waiting to join a TSP and eight were waiting for CALM, with a further nine waiting for a suitability assessment. Thirty-five men were waiting to join three separate SOTPs and six more were suitable for HSF. Four prisoners were waiting to join a P-ASRO group, with another seven waiting to be assessed. The waiting time to attend both TSP, CALM and SOTP courses was approximately six months, although the wait for the rolling SOTP was about four months, the extended SOTP six to 12 months and HSF about one year.
- 9.93 Prisoners could be assessed for their suitability to apply for the cognitive self-change programme (CSCP) run at other establishments.
- 9.94 Diversity issues were taken into account. When necessary prisoners with literacy needs were referred to education and foreign national men to English for speakers of other languages classes. Prisoners could also be matched with a buddy to help them with reading and writing.
- 9.95 Post-programme reviews were well attended by offender supervisors and offender managers. Prisoners could also invite a family member. It was commendable that structured assessment of risk and need (SARN) reports were up to date.
- 9.96 The psychology team had designed and delivered to offender supervisors a motivational interview training course and a course on how to engage and motivate sex offenders to engage in programmes. Some offender supervisors suggested the need for programmes to address domestic violence and alcohol issues. Victim work had historically consisted of the faith-based Sycamore Tree course but funding for this had been withdrawn. As an alternative, offender supervisors made wide use of Cheshire probation's 'Think Victim' workbook, which was a useful vehicle for prisoners to contemplate the impact of their offence on victims.
- 9.97 Alongside probation and police officers in the community, offender supervisors were involved in successful restorative justice meetings between prisoners and their victims. During the inspection, a review of a prisoner's participation on an offending behaviour course had included attendance by the victim of his crime.

Section 10: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

- 10.1 Senior managers should quality check all records of use of force to ensure that force is used only as a last resort, that its use is justified and lawful and that all prisoners involved are seen by a health care professional. (HP44)
- 10.2 Personal officers should interact regularly with their designated prisoners and get to know their individual circumstances. They should support them in maintaining family contact and meeting resettlement objectives and reflect this in regular good quality entries in wing files. (HP45)
- 10.3 An effective foreign national strategy should be developed with regular consultation with foreign national prisoners to ensure their specific needs are identified and met appropriately within the prison. (HP46)
- 10.4 More purposeful activity places should be provided so that all prisoners are fully occupied. (HP47)
- 10.5 Services to help prisoners maintain or rebuild relationships with their children, partners and families should be further developed and include a qualified and experienced family support worker. (HP48)

Recommendations

To the deputy director for custody

Health services

- 10.6 Prisoners transferred between prisons should be accompanied by sufficient information to allow uninterrupted continuity of care and avoid missed appointments. (5.21)

Offender management and planning

- 10.7 The deputy director for custody should impress on the local prisons sending prisoners to Risley the need to ensure that all prisoners arrive with an up-to-date OASys assessment. (9.29)

Recommendations

To the governor

First days in custody

- 10.8 All prisoners who do not speak English should receive adequate induction information in a language they understand. (1.18)

Residential units

- 10.9 B1 and R1 units should be completely refurbished or replaced. (2.6)
- 10.10 Cell alarm calls should be answered promptly. (2.7)
- 10.11 Prisoners should have improved access to showers. (2.17)

Bullying and violence reduction

- 10.12 Decisions to demote prisoners to basic under the tackling anti-social behaviour procedures should be supported by good quality thorough investigations. (3.17)
- 10.13 Anti-social behaviour procedures should focus more on challenging and altering poor behaviour and include individual targets for change. (3.18)
- 10.14 The role of R wing should be clarified to ensure that vulnerable prisoners held there receive appropriate support. (3.19)

Self-harm and suicide

- 10.15 Death in custody action plans should be reviewed periodically to ensure continued compliance with previous recommendations. (3.35)
- 10.16 The number of prisoners who arrive at Risley shortly after an assessment, care in custody and teamwork document has been closed and without prior notification should be monitored. Concerns should be raised with the governor of sending prisons. (3.36)
- 10.17 The use of gated cells and the segregation unit for prisoners on assessment, care in custody and teamwork documents should be closely monitored at the suicide and self-harm meeting. (3.37)
- 10.18 Non-English speaking prisoners should have appropriate Listener support. (3.38)
- 10.19 Effective emergency response procedures, including sufficient first aid-trained staff, should operate at all times. (3.39)

Applications and complaints

- 10.20 All complaints, particularly about staff, should be thoroughly investigated and receive a polite reply covering the issues raised and stating whether or not the complaint has been upheld and clearly explaining what action has been taken. (3.49)

Legal rights

- 10.21 Prisoners should be able to see their legal representatives in private. (3.55)

Substance use

- 10.22 Joint working between the clinical integrated drug treatment system, counselling, assessment, referral, advice and throughcare and mental health teams should be further improved and formalised to facilitate the care coordination of prisoners with substance and mental health-related problems. (3.65)

Diversity

- 10.23 A diversity policy for prisoners should outline how the needs of all prisoners in each diversity strand will be identified and met. (4.7)
- 10.24 Monitoring for equality of treatment should be carried out across a range of diversity strands. (4.8)

Race equality

- 10.25 There should be regular formal consultation with black and minority ethnic prisoners to discuss the perceptions of treatment. Issues arising should be discussed at the race equality action team, incorporated into the race equality action plan and used to determine additional areas requiring monitoring. (4.19)

Foreign nationals

- 10.26 A database should be kept of all prisoners who do not speak English and professional interpreting services used to identify emerging issues and take appropriate action to address them. The personal officer policy should include guidance to this effect. (4.27)
- 10.27 Prisoners should have access to regular independent immigration advice services. (4.28)

Disability and older prisoners

- 10.28 The prison should identify prisoners who may have additional support needs due to age or disability and such prisoners should have a routinely reviewed care plan and personal evacuation plan where appropriate. (4.35)
- 10.29 Accommodation and wing facilities for prisoners with a disability or poor mobility should be improved. (4.36)
- 10.30 There should be appropriate consultation with prisoners with disabilities to help develop relevant services to meet their needs. (4.37)

Gender and sexual orientation

- 10.31 Appropriate support services such as access to external agencies should be provided for gay and bisexual prisoners after consultation with them to determine their needs. (4.41)

Health services

- 10.32 The walls of the health centre consultation and treatment rooms should be soundproofed to ensure patient confidentiality. (5.5)
- 10.33 A patient forum representative of the prison population should be established. (5.13)
- 10.34 Triage protocols and algorithms should be introduced and nurses trained to use them. (5.22)
- 10.35 Arrangements for collection of medications should ensure confidentiality. (5.31)
- 10.36 The formulary for prisoners reporting sick should be reviewed and extended with appropriate medication incorporated for additional symptoms, such as Loperamide for the treatment of diarrhoea. (5.32)
- 10.37 A full surgery inspection should be carried out by/on behalf of the Warrington Primary Care Trust. (5.39)
- 10.38 Staff working with prisoners should be trained to recognise and take appropriate action when a prisoner may have mental health problems and work effectively with health staff to ensure a prisoner's care. (5.47)

Learning and skills and work activities

- 10.39 Quality improvement processes should be fully implemented across all learning and skills provision and effective use made of available data to set programme management targets. (6.7)
- 10.40 Only prisoners who are processed through the established allocation arrangements should be placed in purposeful activity. (6.8)
- 10.41 Waiting lists should be reduced, particularly in education for level 1 programmes. (6.9)
- 10.42 Access to vocational training for sex offenders should be extended by offering more flexibly timetabled provision. (6.10)
- 10.43 Adequate space and natural light should be introduced in the breakfast packing workshop. (6.15)
- 10.44 Appropriate information technology should be introduced to support vocational training. (6.20)
- 10.45 Ventilation in the bricks and plastering workshop should be improved. (6.21)
- 10.46 Education equipment should be fit for purpose. (6.25)
- 10.47 The library classroom should be used as a learning resource and library users should have access to computer-based reference and learning materials. (6.29)

Physical education and health promotion

- 10.48 Adequate changing and shower facilities should be provided. (6.38)

Time out of cell

- 10.49 Prisoners should have at least one hour a day in the open air. (6.43)

Discipline

- 10.50 Punishments involving forfeiture of privileges and exclusion from activities should not amount to cellular confinement by other means and should not exceed 21 days. (7.14)
- 10.51 The regime for segregated prisoners should be improved to include daily showers and visits comparable to those of other prisoners. (7.34)
- 10.52 All staff on the segregation unit should as a minimum be trained and regularly refreshed in race equality and diversity, suicide prevention, mental health awareness, motivational interviewing and control and restraint. (7.35)

Incentives and earned privileges

- 10.53 The incentives and earned privileges scheme should be reviewed in consultation with prisoners to ensure that prisoners on the basic regime have daily opportunities to shower, use the telephone and participate in a regime that allows them to demonstrate improvement. Managers should ensure that the scheme operates consistently and fairly across the prison. (7.47)
- 10.54 Prisoners on basic regime should not be placed on an assessment, care in custody and teamwork document, or vice versa, without full consideration of their circumstances, which should be fully justified and recorded on both assessment, care in custody and teamwork and incentives and earned privileges records. (7.48)

Catering

- 10.55 Efforts should be made to improve the quality of and satisfaction with the food, including through effective consultation with prisoners and minority groups. (8.7)

Prison shop

- 10.56 Black and minority ethnic prisoners should be consulted separately about the range of goods stocked by the shop. (8.14)

Strategic management of resettlement

- 10.57 The reducing reoffending delivery plan should be based on a comprehensive analysis of needs using OASys data and outline how the needs of different groups of prisoners will be met. (9.9)

Offender management and planning

- 10.58 Prison officer offender supervisors should not be redeployed from the offender management unit. (9.30)

- 10.59 Sentence plans should include objectives to address child protection concerns in all relevant cases and targets should include planned levels of contact. (9.31)
- 10.60 A structured assessment of potential diversity issues, such as learning needs and learning styles, or of discriminatory and disadvantaging factors and other individual needs should be carried out and held on file in all relevant cases. (9.32)
- 10.61 Comprehensive risk management plans, supported by detailed risk analysis, should be completed for all prisoners assessed as medium, high and very high risk of harm to others and should accurately describe how the objectives of the sentence plan and other activities address the risk of harm to others and protect actual and potential victims. (9.44)
- 10.62 Regular events designed specifically for lifer and IPP prisoners should be held. (9.51)

Resettlement pathways

- 10.63 Pre-release arrangements should include appropriates, including money management and job search support backed up by effective CIAS advice. (9.60)
- 10.64 The remit of the CARAT service should include ongoing work with primary problem alcohol users. (9.75)
- 10.65 The visitors' centre should be large enough to accommodate all the visitors using it. (9.86)
- 10.66 The prison should ensure that the route from the visitors' car park to the visitors' centre is safe, particularly for young children. (9.87)
- 10.67 The visits booking system should be easily accessible. (9.88)
- 10.68 Regular family days should be held. (9.89)

Housekeeping points

Courts, escorts and transfers

- 10.69 Prisoners transferring to Risley should be given advance information about the prison. (1.3)

First days in custody

- 10.70 New arrivals should be able to have a shower on their first day at Risley. (1.13)

Residential units

- 10.71 Hygiene measures in servery areas should be improved to reduce the infestations of cockroaches. (2.8)
- 10.72 Prisoners should be given additional opportunities to have clothing posted in. (2.12)

10.73 Prisoners should be able to access stored property within 48 hours of making an application. (2.13)

10.74 Soap and hand drying facilities should be provided in all communal areas. (2.18)

10.75 Prisoners should be able to have their hair cut by an experienced barber. (2.19)

Staff-prisoner relationships

10.76 The chair of community action team meeting should encourage discussion on each of the agenda items and include staff-prisoner relationships and the operation of the personal officer scheme. (2.25)

Personal officers

10.77 Guidance should be issued to personal officers responsible for foreign national prisoners to ensure they understand their specific needs and how to communicate with those who do not speak or understand English well. (2.31)

Bullying and violence reduction

10.78 Longer-term analysis of trends in indicators of violence should be conducted by the safer custody team to check the effectiveness of the violence reduction strategy. (3.20)

Self-harm and suicide

10.79 Accurate figures on the number of staff trained or awaiting refresher training in assessment, care in custody and teamwork procedures should be established. (3.40)

10.80 Managers should ensure that prisoners who request to see Listeners are not denied access for inappropriate reasons. (3.41)

10.81 A Listener suite should be developed on F and G wings. (3.42)

Applications and complaints

10.82 The reasons why any complaint is withdrawn should be fully explored and recorded. (3.50)

Legal rights

10.83 Managers should ensure that prisoners are able to contact their solicitors during the day. (3.56)

Substance use

10.84 A supply reduction action plan should be embedded in the wider prison drug strategy. (3.71)

Diversity

- 10.85 The purpose, membership and functions at both the race equality action team and diversity equality and inclusion meetings should be reviewed to ensure they provide an effective forum for addressing all diversity issues. (4.9)

Foreign nationals

- 10.86 Notices to prisoners should be translated into a range of appropriate languages. (4.29)

Disability and older prisoners

- 10.87 There should be a formal scheme to provide paid and trained peer carers for prisoners with disabilities and older prisoners as necessary. (4.38)

Health services

- 10.88 The reception consultation room should be redecorated. (5.6)

- 10.89 Receipt of clinical supervision should be recorded in staff members' personal files. (5.14)

- 10.90 The complaints system should maintain patient confidentiality for health care complaints. (5.15)

- 10.91 Health promotion materials on display should be regularly updated and the availability of barrier protection should be advertised. (5.23)

- 10.92 Patients should not have to wait for long periods in health care before and after their appointments. (5.24)

- 10.93 Training programmes should be introduced for all pharmacy staff to ensure ongoing personal and professional development. (5.33)

- 10.94 In possession risk assessments should be attached to the medicine administration charts. (5.34)

- 10.95 Pharmacy staff should be involved in formulating in possession risk assessments. (5.35)

- 10.96 Emergency oxygen should be available in the dental surgery and a protocol developed to assist the triaging of dental applications. (5.40)

- 10.97 The failure to attend rates and the reasons why appointments are missed should be investigated and a written protocol developed for dental out of hours cover. (5.41)

- 10.98 The procedures for keeping clinical records and taking radiographs should be reviewed, with reference to the guidelines published by the Faculty of General Dental Practice (UK). (5.42)

Learning and skills and work activities

- 10.99 Prisoners should be allocated to activities that offer adequate challenge. (6.3)
- 10.100 Prisoners should arrive on time for vocational workshops and education sessions. (6.11)

Security and rules

- 10.101 The log of target searches should include all key times and dates, including when the intelligence was received, when the target search was requested and when the search was completed together with details of the outcome. (7.9)

Discipline

- 10.102 The adjudicator should record the reason if the adjudication punishment given falls outside the local published punishment guidelines. (7.15)
- 10.103 A senior manager should complete and record a quality check of completed adjudication records and report their findings and any action taken to the adjudications standards meeting. (7.16)
- 10.104 All use of force incidents should be recorded in the use of force log. (7.22)
- 10.105 Prisoners placed on the basic regime should not have their clothing removed under restraint. (7.23)
- 10.106 Monitoring data should record whether or not the use of force incident involved control and restraint. (7.24)
- 10.107 The prison should keep copies of any use of force paperwork submitted to the shared service centre as part of an investigation. (7.25)
- 10.108 The segregation unit exercise yards should be equipped with seating. (7.36)

Incentives and earned privileges

- 10.109 Prisoners should not receive different levels of pay for doing the same job as others. (7.49)

Catering

- 10.110 The serving of food should be effectively supervised. (8.8)
- 10.111 Fruit should be provided irrespective of the meal chosen. (8.9)

Prison shop

- 10.112 Access to catalogue shopping should be improved. (8.15)

Strategic management of resettlement

10.113 Managers should provide clear guidance to offender supervisors to ensure consistency of information included on immediate action plans. (9.10)

Offender management and planning

10.114 All case files should contain copies of sentence planning board reports. (9.33)

10.115 Offender supervisors should be reminded of the need to see their prisoners promptly after arrival and keep them involved in the sentence planning process. (9.34)

Resettlement pathways

10.116 Managers should ensure that a specialist housing support and advice service can continue to be delivered should current voluntary arrangements cease. (9.57)

10.117 The drug and alcohol strategy policy should contain a detailed annual action plan informed by population needs assessments. (9.76)

10.118 A peer support scheme should be developed to offer ongoing support to prisoners who completed the P-ASRO programme. (9.77)

10.119 Prisoners should not be required to wear bibs. (9.90)

Good practice

Staff-prisoner relationships

10.120 The change to improve strategy and its emphasis on effective consultation with prisoners was effective in helping to improve relationships with prisoners and assure them that their views were listened to. (2.26)

Bullying and violence reduction

10.121 The prisoner violence reduction committee provided the opportunity to communicate directly to senior managers the factors that made prisoners feel unsafe and to offer realistic and practical ways to improve safety across the prison. (3.21)

Self-harm and suicide

10.122 The investigations following incidents of self-harm examined individual circumstances related to self-harm, were supportive to prisoners and identified lessons that were disseminated to relevant departments in the prison and enhanced the level of care offered to prisoners at risk. (3.43)

Substance use

10.123 Under the integrated drug treatment system, prisoners could get flexible needs-led treatment and support delivered by clinical, counselling, assessment, referral, advice and throughcare and discipline staff on a well-managed designated unit. (3.66)

Health services

10.124 The practice of ensuring that prisoners received the outcome of their diagnostic tests as soon as possible helped alleviate unnecessary worry. (5.25)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Michael Loughlin	Team leader
Martin Owens	Inspector
Paul Fenning	Inspector
Joss Crosbie	Inspector
Lucy Young	Inspector
Paul Tarbuck	Health care inspector
Sigrid Engelen	Drugs inspector
Stan Brandwood	Pharmacy inspector
Martin Wall	Dental inspector
Helen Rinaldi	Probation inspector
Martin Jolly	Probation inspector
Nigel Bragg	Ofsted
Susan Bain	Ofsted
Sue Metcalfe	Ofsted
Jen Walters	Ofsted
Michael Skidmore	Researcher
Helen Wark	Researcher
Rachel Murray	Researcher

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	3	1012	94
Recall		8	1
Convicted unSENTENCED		52	4
Remand			
Civil prisoners			
Detainees		1	1
Total	3	1073	100

Sentence	18–20 yr olds	21 and over	%
UnSENTENCED		22	0.2
Less than 6 months		5	0.5
6 months to less than 12 months		14	1.3
12 months to less than 2 years		101	9.3
2 years to less than 4 years	2	129	11.9
4 years to less than 10 years	1	115	10.7
10 years and over (not life)		434	40.3
ISPP		152	
Life		101	
Total	3	1073	100

Age	Number of prisoners	%
Please state minimum age	19	
Under 21 years	3	0.3
21 years to 29 years	455	42.3
30 years to 39 years	285	26.5
40 years to 49 years	206	19.1
50 years to 59 years	82	7.6
60 years to 69 years	35	3.2

70 plus years	10	1
Please state maximum age	76	
Total	1076	100

Nationality	18–20 yr olds	21 and over	%
British	1	878	81.7
Foreign nationals	2	173	16.3
Not stated		22	
Total	3	1073	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced		8	0.7
Cat A			
Cat B		7	0.6
Cat C	1	1019	94.8
Cat D		11	1
Other	2	28	2.9
Total	3	1073	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British	1	774	72
Irish		4	0.4
Other white		36	3.3
<i>Mixed</i>			
White and black Caribbean		16	1.5
White and black African		3	0.3
White and Asian		2	0.2
Other mixed		9	0.8
<i>Asian or Asian British</i>			
Indian		14	1.4

Pakistani		25	2.4
Bangladeshi		7	0.7
Other Asian		33	3.1
<i>Black or black British</i>			
Caribbean		38	3.5
African		22	2.0
Other black	1	41	3.9
<i>Chinese or other ethnic group</i>			
Chinese	1	13	1.3
Other ethnic group		13	1.2
<i>Not stated</i>		23	2.1
Total	3	1073	100

Religion	18–20 yr olds	21 and over	%
Baptist		1	0.1
Church of England		264	24.5
Roman Catholic	1	261	5.6
Other Christian denominations		60	9.6
Muslim		103	9.6
Sikh		6	0.6
Hindu		2	0.2
Buddhist	1	44	4.1
Jewish		2	0.2
Other		33	3
No religion	1	297	27.8
Total	3	1073	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	33.3	109	10.2
1 month to 3 months	1	33.3	167	15.6

3 months to 6 months			216	20.2
6 months to 1 year	1	33.3	255	23.9
1 year to 2 years			261	24.4
2 years to 4 years			58	5.4
4 years or more			6	0.3
Total	3	100	1072	100

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			1	100
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total			1	100

Main offence	18–20 yr olds	21 and over	%
Violence against the person		244	22.5
Sexual offences		75	6.9
Burglary		114	10.5
Robbery		164	15.1
Theft and handling		15	1.4
Fraud and forgery		11	1
Drugs offences	3	175	16.4
Other offences		101	9.3
Civil offences			
Offence not recorded/holding warrant		174	16.8
Total	3	1073	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 10 January 2011, the prisoner population at HMP Risley was 1078. The sample size was 216. Overall, this represented 20% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-Nomis 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. Eight respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. In total, two 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
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- 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, 194 respondents completed and returned their questionnaires. This represented 18% of the prison population. The response rate was 90%. In addition to the eight respondents who refused to complete a questionnaire, 10 questionnaires were not returned and four were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have 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 2011 against comparator figures for all prisoners surveyed in category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since 2006
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Risley in 2008
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50
- A comparison within the 2011 survey between those on F and G (VP) wings and those on all other wings (main population)

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

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

Summary

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

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages 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 are excluded). The actual numbers will match up as the data are 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 have been weighted for comparison purposes.

Survey results

Section 1: About you

Q1.2	How old are you?	
	Under 21	0 (0%)
	21 - 29	86 (45%)
	30 - 39	49 (26%)
	40 - 49	36 (19%)
	50 - 59	12 (6%)
	60 - 69	8 (4%)
	70 and over	1 (1%)
Q1.3	Are you sentenced?	
	Yes.....	178 (93%)
	Yes - on recall.....	14 (7%)
	No - awaiting trial	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	Less than 6 months	3 (2%)
	6 months to less than 1 year	7 (4%)
	1 year to less than 2 years	14 (7%)
	2 years to less than 4 years	41 (22%)
	4 years to less than 10 years	67 (36%)
	10 years or more	8 (4%)
	IPP (Indeterminate Sentence for Public Protection)	33 (18%)
	Life	15 (8%)
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)?	
	Not sentenced	0 (0%)
	6 months or less	67 (42%)
	More than 6 months	94 (58%)
Q1.6	How long have you been in this prison?	
	Less than 1 month.....	6 (3%)
	1 to less than 3 months	20 (10%)
	3 to less than 6 months	27 (14%)
	6 to less than 12 months	35 (18%)
	12 months to less than 2 years	45 (23%)
	2 to less than 4 years	41 (21%)
	4 years or more	19 (10%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	Yes.....	34 (18%)
	No.....	157 (82%)
Q1.8	Is English your first language?	
	Yes.....	161 (88%)
	No.....	23 (13%)

Q1.9	What is your ethnic origin?	White - British.....	137 (72%)	Asian or Asian British - Bangladeshi	4 (2%)
		White - Irish	0 (0%)	Asian or Asian British - other	4 (2%)
		White - other.....	8 (4%)	Mixed Race - white and black Caribbean	8 (4%)
		Black or black British - Caribbean	7 (4%)	Mixed Race - white and black African	3 (2%)
		Black or black British - African.....	8 (4%)	Mixed Race - white and Asian	1 (1%)
		Black or black British - other.....	0 (0%)	Mixed Race - other	1 (1%)
		Asian or Asian British - Indian	1 (1%)	Chinese	1 (1%)
		Asian or Asian British - Pakistani	3 (2%)	Other ethnic group.....	5 (3%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes.....			4 (2%)
		No.....			183 (98%)
Q1.11	What is your religion?	None.....	45 (23%)	Hindu	0 (0%)
		Church of England	56 (29%)	Jewish	0 (0%)
		Catholic	45 (23%)	Muslim	18 (9%)
		Protestant.....	4 (2%)	Sikh	2 (1%)
		Other Christian denomination.....	6 (3%)	Other	11 (6%)
		Buddhist	5 (3%)		
Q1.12	How would you describe your sexual orientation?	Heterosexual/straight			185 (98%)
		Homosexual/gay			2 (1%)
		Bisexual.....			1 (1%)
		Other			1 (1%)
Q1.13	Do you consider yourself to have a disability?	Yes.....			28 (15%)
		No.....			163 (85%)
Q1.14	How many times have you been in prison before?	0	1	2 to 5	More than 5
		66 (34%)	34 (18%)	46 (24%)	46 (24%)
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?	1	2 to 5	More than 5	
		8 (4%)	160 (83%)	25 (13%)	
Q1.16	Do you have any children under the age of 18?	Yes.....			97 (50%)
		No.....			97 (50%)

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:	Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
	The cleanliness of the van?	15 (8%)	78 (41%)	41 (22%)	28 (15%)	17 (9%)	7 (4%)	3 (2%)
	Your personal safety during the journey?	25 (14%)	97 (54%)	23 (13%)	20 (11%)	11 (6%)	4 (2%)	1 (1%)

The comfort of the van?	0 (0%)	32 (17%)	21 (11%)	66 (36%)	63 (34%)	1 (1%)	1 (1%)
The attention paid to your health needs?	5 (3%)	45 (25%)	50 (28%)	32 (18%)	23 (13%)	7 (4%)	16 (9%)
The frequency of toilet breaks?	0 (0%)	20 (11%)	33 (18%)	32 (18%)	61 (34%)	6 (3%)	30 (16%)

Q2.2	How long did you spend in the van?				
	Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
	51 (27%)	83 (44%)	41 (22%)	6 (3%)	7 (4%)

Q2.3	How did you feel you were treated by the escort staff?				
	Very well	Well	Neither	Badly	Very badly
	25 (13%)	104 (55%)	43 (23%)	11 (6%)	3 (2%)
					Don't remember
					3 (2%)

Q2.4	Please answer the following questions about when you first arrived here:				
			Yes	No	Don't remember
	Did you know where you were going when you left court or when transferred from another prison?		154 (81%)	33 (17%)	3 (2%)
	Before you arrived here did you receive any written information about what would happen to you?		22 (12%)	158 (85%)	6 (3%)
	When you first arrived here did your property arrive at the same time as you?		166 (89%)	16 (9%)	5 (3%)

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)				
	Didn't ask about any of these	32 (18%)	Money worries	24 (13%)	
	Loss of property	18 (10%)	Feeling depressed or suicidal.....	94 (53%)	
	Housing problems	24 (13%)	Health problems	120 (67%)	
	Contacting employers	14 (8%)	Needing protection from other prisoners.....	48 (27%)	
	Contacting family.....	83 (47%)	Accessing phone numbers	59 (33%)	
	Ensuring dependants were being looked after	20 (11%)	Other	1 (1%)	

Q3.2	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)				
	Didn't have any problems.....	60 (36%)	Money worries	25 (15%)	
	Loss of property	27 (16%)	Feeling depressed or suicidal.....	21 (13%)	
	Housing problems	19 (12%)	Health problems	41 (25%)	
	Contacting employers	6 (4%)	Needing protection from other prisoners	10 (6%)	
	Contacting family.....	42 (25%)	Accessing phone numbers	41 (25%)	
	Ensuring dependants were looked after	7 (4%)	Other	1 (1%)	

Q3.3	Please answer the following questions about reception:				
		Yes	No	Don't remember	
	Were you seen by a member of health services?	179 (94%)	9 (5%)	3 (2%)	
	When you were searched, was this carried out in a respectful way?	153 (81%)	23 (12%)	12 (6%)	

Q3.4	Overall, how well did you feel you were treated in reception?				
	Very well	Well	Neither	Badly	Very badly
	33 (17%)	108 (57%)	31 (16%)	13 (7%)	5 (3%)
					Don't remember
					1 (1%)

Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)	
	Information about what was going to happen to you.....	109 (60%)
	Information about what support was available for people feeling depressed or suicidal.....	93 (51%)
	Information about how to make routine requests	95 (52%)
	Information about your entitlement to visits.....	103 (57%)
	Information about health services	123 (68%)
	Information about the chaplaincy	105 (58%)
	Not offered anything.....	38 (21%)
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	A smokers/non-smokers pack.....	160 (84%)
	The opportunity to have a shower.....	38 (20%)
	The opportunity to make a free telephone call.....	107 (56%)
	Something to eat.....	144 (75%)
	Did not receive anything.....	6 (3%)
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	Chaplain or religious leader.....	78 (41%)
	Someone from health services.....	159 (85%)
	A Listener/Samaritans	45 (24%)
	Did not meet any of these people.....	14 (7%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes.....	10 (5%)
	No.....	178 (95%)
Q3.9	Did you feel safe on your first night here?	
	Yes.....	158 (83%)
	No.....	25 (13%)
	Don't remember.....	8 (4%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course.....	7 (4%)
	Within the first week	136 (71%)
	More than a week.....	44 (23%)
	Don't remember.....	5 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	7 (4%)
	Yes.....	127 (66%)
	No.....	42 (22%)
	Don't remember.....	15 (8%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	19 (10%)	62 (33%)	24 (13%)	37 (19%)	27 (14%)	21 (11%)
	Attend legal visits?	18 (10%)	83 (46%)	30 (17%)	11 (6%)	6 (3%)	32 (18%)
	Obtain bail information?	5 (3%)	18 (11%)	28 (17%)	22 (14%)	14 (9%)	74 (46%)

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	32 (17%)				
	Yes.....	82 (43%)					
	No.....	78 (41%)					
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	Are you normally offered enough clean, suitable clothes for the week?	103 (54%)	64 (34%)	6 (3%)			
	Are you normally able to have a shower every day?	152 (79%)	40 (21%)	0 (0%)			
	Do you normally receive clean sheets every week?	160 (84%)	24 (13%)	3 (2%)			
	Do you normally get cell cleaning materials every week?	132 (69%)	53 (28%)	3 (2%)			
	Is your cell call bell normally answered within five minutes?	49 (26%)	106 (56%)	27 (14%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	140 (74%)	46 (24%)	0 (0%)			
	Can you normally get your stored property if you need to?	41 (22%)	95 (51%)	37 (20%)			
Q4.4	What is the food like here?	Very good 5 (3%)	Good 23 (12%)	Neither 52 (27%)	Bad 50 (26%)	Very bad 61 (32%)	
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	Have not bought anything yet.....	0 (0%)				
	Yes.....	97 (51%)					
	No.....	93 (49%)					
Q4.6	Is it easy or difficult to get:	Very easy A complaint form? 69 (36%)	Easy An application form? 92 (48%)	Neither 13 (7%)	Difficult 9 (5%)	Very difficult 3 (2%)	Don't know 7 (4%)
		73 (39%)	98 (53%)	5 (3%)	4 (2%)	5 (3%)	0 (0%)
Q4.7	Have you made an application?	Yes.....	182 (94%)				
	No.....	11 (6%)					
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 Do you feel applications are dealt with fairly? 11 (6%)	Yes 102 (55%)	No 72 (39%)			
	Do you feel applications are dealt with promptly (within seven days)?	11 (6%)	72 (41%)	94 (53%)			
Q4.9	Have you made a complaint?	Yes.....	79 (42%)				
	No.....	107 (58%)					

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 complaints are dealt with fairly?	107 (58%) 21 (11%) 57 (31%)
	Do you feel complaints are dealt with promptly (within seven days)?	107 (58%) 19 (10%) 58 (32%)
	Were you given information about how to make an appeal?	68 (41%) 42 (25%) 57 (34%)
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	107 (57%)
	Yes	26 (14%)
	No	54 (29%)
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	Don't know who they are	Very easy Easy Neither Difficult Very difficult
	36 (19%)	10 (5%) 32 (17%) 67 (36%) 28 (15%) 14 (7%)
Q4.13	What level of the IEP scheme are you on now?	
	Don't know what the IEP scheme is	3 (2%)
	Enhanced	114 (60%)
	Standard	65 (34%)
	Basic	7 (4%)
	Don't know	1 (1%)
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	
	Don't know what the IEP scheme is	3 (2%)
	Yes	106 (57%)
	No	64 (34%)
	Don't know	14 (7%)
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	
	Don't know what the IEP scheme is	3 (2%)
	Yes	89 (49%)
	No	69 (38%)
	Don't know	21 (12%)
Q4.16	Please answer the following questions about this prison?	
		Yes No
	In the last six months have any members of staff physically restrained you (C&R)?	9 (5%) 181 (95%)
	In the last six months have you spent a night in the segregation/care and separation unit?	11 (6%) 174 (94%)
Q4.17	Please answer the following questions about your religious beliefs?	
		Yes No Don't know/ N/A
	Do you feel your religious beliefs are respected?	97 (52%) 31 (16%) 60 (32%)
	Are you able to speak to a religious leader of your faith in private if you want to?	100 (55%) 15 (8%) 66 (36%)
Q4.18	Can you speak to a listener at any time, if you want to?	
	Yes	No
	109 (57%)	13 (7%)
		Don't know
		69 (36%)

Q4.19 Please answer the following questions about staff in this prison?

		Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	145 (77%)	44 (23%)
	Do most staff treat you with respect?	138 (75%)	46 (25%)

Section 5: Safety

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

Yes.....	71 (37%)
No.....	122 (63%)

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

Yes.....	28 (15%)
No.....	161 (85%)

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

Never felt unsafe	122 (66%)	At mealtimes.....	7 (4%)
Everywhere	13 (7%)	At health services	14 (8%)
Segregation unit	4 (2%)	Visit's area	17 (9%)
Association areas	21 (11%)	In wing showers.....	17 (9%)
Reception area	5 (3%)	In gym showers	6 (3%)
At the gym	10 (5%)	In corridors/stairwells.....	6 (3%)
In an exercise yard	6 (3%)	On your landing/wing.....	18 (10%)
At work	9 (5%)	In your cell	12 (6%)
During movement	18 (10%)	At religious services.....	2 (1%)
At education	13 (7%)		

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

Yes.....	42 (22%)
No.....	150 (78%)

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

Insulting remarks (about you or your family or friends).....	15 (8%)	Because of your sexuality.....	2 (1%)
Physical abuse (being hit, kicked or assaulted).....	5 (3%)	Because you have a disability	1 (1%)
Sexual abuse	0 (0%)	Because of your religion/religious beliefs	5 (3%)
Because of your race or ethnic origin....	7 (4%)	Because of your age.....	2 (1%)
Because of drugs	1 (1%)	Being from a different part of the country than others.....	10 (5%)
Having your canteen/property taken	5 (3%)	Because of your offence/ crime	14 (7%)
Because you were new here	10 (5%)	Because of gang related issues	3 (2%)

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

Yes.....	40 (21%)
No.....	147 (79%)

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

Insulting remarks (about you or your family or friends).....	15 (8%)	Because you have a disability	2 (1%)
Physical abuse (being hit, kicked or assaulted).....	3 (2%)	Because of your religion/religious beliefs ..	3 (2%)
Sexual abuse	1 (1%)	Because if your age.....	1 (1%)

	Because of your race or ethnic origin.....	9 (5%)	Being from a different part of the country than others	5 (3%)		
	Because of drugs	2 (1%)	Because of your offence/ crime	7 (4%)		
	Because you were new here.....	7 (4%)	Because of gang related issues	1 (1%)		
	Because of your sexuality	4 (2%)				
Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	Not been victimised.....			124 (69%)		
	Yes.....			17 (9%)		
	No.....			39 (22%)		
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes.....			46 (24%)		
	No.....			147 (76%)		
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes.....			38 (20%)		
	No.....			152 (80%)		
Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
	23 (12%)	16 (8%)	21 (11%)	13 (7%)	12 (6%)	104 (55%)

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people:						
		Don't know	Very easy	Easy	Neither	Difficult	Very difficult
	The doctor	17 (9%)	12 (6%)	45 (24%)	22 (12%)	63 (33%)	32 (17%)
	The nurse	19 (10%)	19 (10%)	61 (34%)	26 (14%)	39 (21%)	18 (10%)
	The dentist	25 (14%)	5 (3%)	16 (9%)	12 (7%)	68 (37%)	58 (32%)
	The optician	61 (34%)	8 (4%)	24 (13%)	17 (9%)	38 (21%)	31 (17%)
Q6.2	Are you able to see a pharmacist?						
	Yes.....					88 (53%)	
	No.....					78 (47%)	
Q6.3	What do you think of the quality of the health service from the following people?						
		Not been	Very good	Good	Neither	Bad	Very bad
	The doctor	22 (12%)	29 (15%)	60 (31%)	28 (15%)	27 (14%)	25 (13%)
	The nurse	23 (13%)	20 (11%)	60 (34%)	31 (17%)	27 (15%)	18 (10%)
	The dentist	50 (27%)	21 (11%)	41 (22%)	25 (14%)	21 (11%)	27 (15%)
	The optician	74 (41%)	24 (13%)	34 (19%)	24 (13%)	8 (4%)	15 (8%)
Q6.4	What do you think of the overall quality of the health services here?						
	Not been	Very good	Good	Neither	Bad	Very bad	
	14 (8%)	20 (11%)	47 (25%)	39 (21%)	38 (20%)	28 (15%)	
Q6.5	Are you currently taking medication?						
	Yes.....					86 (45%)	
	No.....					106 (55%)	
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?						
	Not taking medication.....					106 (55%)	
	Yes.....					76 (40%)	
	No.....					9 (5%)	

Q6.7	Do you feel you have any emotional well-being/mental health issues?	Yes	48 (26%)	
		No.....	140 (74%)	
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	Do not have any issues/not receiving any help	159 (87%)		
	Doctor.....	13 (7%)		
	Nurse.....	3 (2%)		
	Psychiatrist.....	3 (2%)		
	Mental health in-reach team.....	10 (5%)		
	Counsellor.....	4 (2%)		
	Other	4 (2%)		
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	44 (24%)	137 (76%)	
	Alcohol	30 (18%)	137 (82%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes.....	7 (4%)		
	No.....	182 (96%)		
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....	50 (26%)		
	No.....	8 (4%)		
	Did not / do not have a drug or alcohol problem	131 (69%)		
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?			
	Yes.....	47 (25%)		
	No.....	13 (7%)		
	Did not/do not have a drug or alcohol problem	131 (69%)		
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes.....	40 (21%)		
	No.....	7 (4%)		
	Did not have a problem/Have not received help	144 (75%)		
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	10 (6%)	150 (83%)	21 (12%)
	Alcohol	5 (3%)	153 (85%)	23 (13%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....	24 (13%)		
	No.....	17 (9%)		
	N/A.....	142 (78%)		

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	111 (58%)
	Vocational or skills training.....	28 (15%)
	Education (including basic skills).....	55 (29%)

	Offending behaviour programmes.....	33 (17%)					
	Not involved in any of these	33 (17%)					
Q7.2	If you have been involved in any of the following, while in this prison, do you think it will help you on release?						
	Not been involved	Yes					
	Prison job	26 (17%)					
	Vocational or skills training	30 (25%)					
	Education (including basic skills)	20 (14%)					
	Offending behaviour programmes	30 (23%)					
	No	Don't know					
	50 (33%)	18 (12%)					
	60 (50%)	19 (16%)					
	80 (58%)	28 (20%)					
	62 (47%)	22 (17%)					
		17 (13%)					
Q7.3	How often do you go to the library?						
	Don't want to go	22 (12%)					
	Never.....	23 (12%)					
	Less than once a week	42 (22%)					
	About once a week.....	90 (48%)					
	More than once a week.....	7 (4%)					
	Don't know	4 (2%)					
Q7.4	On average how many times do you go to the gym each week?						
	Don't want to go	0	1	2	3 to 5	More than 5	Don't know
	34 (18%)	45 (24%)	15 (8%)	12 (6%)	70 (37%)	5 (3%)	6 (3%)
Q7.5	On average how many times do you go outside for exercise each week?						
	Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know	
	31 (17%)	46 (25%)	65 (35%)	17 (9%)	17 (9%)	8 (4%)	
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)						
	Less than 2 hours.....	45 (24%)					
	2 to less than 4 hours.....	19 (10%)					
	4 to less than 6 hours.....	41 (22%)					
	6 to less than 8 hours.....	46 (24%)					
	8 to less than 10 hours.....	21 (11%)					
	10 hours or more	12 (6%)					
	Don't know	5 (3%)					
Q7.7	On average, how many times do you have association each week?						
	Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know	
	4 (2%)	2 (1%)	7 (4%)	21 (11%)	153 (80%)	4 (2%)	
Q7.8	How often do staff normally speak to you during association time?						
	Do not go on association.....	9 (5%)					
	Never.....	25 (13%)					
	Rarely.....	56 (29%)					
	Some of the time	65 (34%)					
	Most of the time.....	27 (14%)					
	All of the time	8 (4%)					

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	Still have not met him/her.....	35 (19%)
	In the first week	60 (32%)

	More than a week.....	49 (26%)
	Don't remember.....	44 (23%)
Q8.2	How helpful do you think your personal officer is?	
	Do not have a personal officer/still have not met him/her	Very helpful
	35 (19%)	45 (25%)
	Neither	Helpful
	25 (14%)	27 (15%)
	Not very helpful	Not at all helpful
	11 (6%)	
Q8.3	Do you have a sentence plan/OASys?	
	Not sentenced.....	0 (0%)
	Yes.....	140 (74%)
	No.....	49 (26%)
Q8.4	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/OASys	49 (26%)
	Very involved.....	32 (17%)
	Involved.....	34 (18%)
	Neither.....	17 (9%)
	Not very involved.....	28 (15%)
	Not at all involved.....	27 (14%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	Do not have a sentence plan/OASys	49 (27%)
	Yes.....	101 (55%)
	No.....	32 (18%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	Do not have a sentence plan/OASys	49 (27%)
	Yes.....	44 (24%)
	No.....	90 (49%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	Not sentenced.....	0 (0%)
	Yes.....	65 (36%)
	No.....	118 (64%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes.....	35 (19%)
	No.....	152 (81%)
Q8.9	Have you had any problems with sending or receiving mail?	
	Yes.....	94 (50%)
	No.....	83 (44%)
	Don't know	11 (6%)
Q8.10	Have you had any problems getting access to the telephones?	
	Yes.....	102 (54%)
	No.....	82 (44%)
	Don't know	4 (2%)
Q8.11	Did you have a visit in the first week that you were here?	
	Not been here a week yet	3 (2%)

	Yes.....	50 (27%)		
	No.....	124 (67%)		
	Don't remember.....	9 (5%)		
Q8.12	How many visits did you receive in the last week?			
	Not been in a week	0		
	3 (2%)	121 (68%)		
	1 to 2	50 (28%)		
	3 to 4	2 (1%)		
	5 or more	1 (1%)		
Q8.13	How are you and your family/friends usually treated by visits staff?			
	Not had any visits.....	48 (26%)		
	Very well.....	24 (13%)		
	Well	49 (26%)		
	Neither.....	34 (18%)		
	Badly	11 (6%)		
	Very badly	11 (6%)		
	Don't know	10 (5%)		
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?			
	Yes.....	65 (35%)		
	No.....	119 (65%)		
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)			
	Don't know who to contact	101 (61%)	Help with your finances in preparation for release	24 (15%)
	Maintaining good relationships.....	25 (15%)	Claiming benefits on release	45 (27%)
	Avoiding bad relationships	21 (13%)	Arranging a place at college/continuing education on release	29 (18%)
	Finding a job on release	35 (21%)	Continuity of health services on release	29 (18%)
	Finding accommodation on release	37 (22%)	Opening a bank account.....	34 (21%)
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)			
	No problems.....	67 (37%)	Help with your finances in preparation for release	50 (28%)
	Maintaining good relationships.....	27 (15%)	Claiming benefits on release	49 (27%)
	Avoiding bad relationships	25 (14%)	Arranging a place at college/continuing education on release	37 (21%)
	Finding a job on release	91 (51%)	Continuity of health services on release	38 (21%)
	Finding accommodation on release	65 (36%)	Opening a bank account.....	52 (29%)
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?			
	Not sentenced	0 (0%)		
	Yes.....	102 (56%)		
	No.....	80 (44%)		



Prisoner survey responses HMP Risley 2011

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

Key to tables

[Green]	Any percentage highlighted in green is significantly better	HMP Risley 2011	Category C Training Prisons Comparator
[Blue]	Any percentage highlighted in blue is significantly worse		
[Orange]	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
[White]	Percentages which are not highlighted show there is no significant difference		

Number of completed questionnaires returned	194	4572
	194	132

SECTION 1: General information

2	Are you under 21 years of age?	0%	2%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	7%	10%
4a	Is your sentence less than 12 months?	5%	5%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	18%	6%
5	Do you have six months or less to serve?	42%	37%
6	Have you been in this prison less than a month?	3%	6%
7	Are you a foreign national?	18%	12%
8	Is English your first language?	88%	90%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	24%	26%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	4%
11	Are you Muslim?	9%	11%
12	Are you homosexual/gay or bisexual?	2%	4%
13	Do you consider yourself to have a disability?	15%	15%
14	Is this your first time in prison?	34%	34%
15	Have you been in more than five prisons this time?	13%	15%
16	Do you have any children under the age of 18?	50%	53%

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?	49%	54%
1b	Was your personal safety during the journey good/very good?	67%	63%
1c	Was the comfort of the van good/very good?	17%	19%
1d	Was the attention paid to your health needs good/very good?	28%	32%
1e	Was the frequency of toilet breaks good/very good?	11%	12%
2	Did you spend more than four hours in the van?	3%	8%
3	Were you treated well/very well by the escort staff?	68%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	81%	83%
4b	Before you arrived here did you receive any written information about what would happen to you?	12%	18%
4c	When you first arrived here did your property arrive at the same time as you?	89%	88%

HMP Risley 2011	HMP Risley 2008
194	132
0%	1%
100%	100%
7%	10%
5%	5%
18%	5%
42%	39%
3%	
18%	7%
88%	94%
24%	24%
2%	
9%	9%
2%	2%
15%	19%
34%	25%
13%	
50%	57%
49%	50%
67%	62%
17%	15%
28%	26%
11%	14%
3%	6%
68%	64%
81%	81%
12%	18%
89%	94%

Main comparator and comparator to last time

Key to tables

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SECTION 3: Reception, first night and induction				
1	In the first 24 hours, did staff ask you if you needed help/support with the following:			
1b	Problems with loss of property?	10%	14%	10%
1c	Housing problems?	13%	19%	13%
1d	Problems contacting employers?	8%	10%	8%
1e	Problems contacting family?	47%	43%	47%
1f	Problems ensuring dependants were looked after?	11%	11%	11%
1g	Money problems?	13%	15%	13%
1h	Problems of feeling depressed/suicidal?	53%	46%	53%
1i	Health problems?	67%	58%	67%
1j	Problems in needing protection from other prisoners?	27%	16%	27%
1k	Problems accessing phone numbers?	33%	35%	33%
2	When you first arrived:			
2a	Did you have any problems?	64%	60%	64% 62%
2b	Did you have any problems with loss of property?	16%	15%	16% 7%
2c	Did you have any housing problems?	12%	16%	12% 11%
2d	Did you have any problems contacting employers?	4%	4%	4% 3%
2e	Did you have any problems contacting family?	26%	22%	26% 17%
2f	Did you have any problems ensuring dependants were being looked after?	4%	5%	4% 5%
2g	Did you have any money worries?	15%	15%	15% 16%
2h	Did you have any problems with feeling depressed or suicidal?	13%	14%	13% 21%
2i	Did you have any health problems?	25%	21%	25% 14%
2j	Did you have any problems with needing protection from other prisoners?	6%	5%	6% 8%
2k	Did you have problems accessing phone numbers?	25%	21%	25%
3a	Were you seen by a member of health services in reception?	94%	90%	94% 92%
3b	When you were searched in reception, was this carried out in a respectful way?	81%	77%	81% 67%
4	Were you treated well/very well in reception?	74%	71%	74% 62%
5	On your day of arrival, were you offered information about any of the following:			
5a	What was going to happen to you?	60%	52%	60% 36%
5b	Support was available for people feeling depressed or suicidal?	51%	46%	51% 35%
5c	How to make routine requests?	52%	41%	52% 31%
5d	Your entitlement to visits?	57%	47%	57% 30%
5e	Health services?	68%	61%	68%
5f	The chaplaincy?	58%	53%	58%

Main comparator and comparator to last time

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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?	84%	83%
6b	The opportunity to have a shower?	20%	41%
6c	The opportunity to make a free telephone call?	56%	48%
6d	Something to eat?	75%	77%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	42%	46%
7b	Someone from health services?	85%	76%
7c	A Listener/Samaritans?	24%	29%
8	Did you have access to the prison shop/canteen within the first 24 hours?	5%	21%
9	Did you feel safe on your first night here?	83%	83%
10	Have you been on an induction course?	96%	92%

For those who have been on an induction course:

11	Did the course cover everything you needed to know about the prison?	69%	65%
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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?	43%	50%
1b	Attend legal visits?	56%	54%
1c	Obtain bail information?	14%	18%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	41%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	54%	60%
3b	Are you normally able to have a shower every day?	79%	93%
3c	Do you normally receive clean sheets every week?	84%	80%
3d	Do you normally get cell cleaning materials every week?	69%	75%
3e	Is your cell call bell normally answered within five minutes?	26%	40%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	70%
3g	Can you normally get your stored property, if you need to?	22%	30%
4	Is the food in this prison good/very good?	15%	29%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	45%
6a	Is it easy/very easy to get a complaints form?	83%	86%
6b	Is it easy/very easy to get an application form?	92%	90%
7	Have you made an application?	94%	89%

HMP Risley 2011	HMP Risley 2008
84%	71%
20%	31%
56%	49%
75%	80%
42%	52%
85%	58%
24%	22%
5%	19%
83%	77%
96%	87%
69%	61%
43%	54%
56%	68%
14%	20%
43%	49%
54%	64%
79%	98%
84%	91%
69%	68%
26%	24%
74%	59%
22%	21%
15%	24%
51%	58%
83%	92%
92%	95%
94%	91%

Main comparator and comparator to last time

Key to tables

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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?	59%	61%	59%	46%
8b	Do you feel applications are dealt with promptly (within seven days)?	43%	53%	43%	46%
9	Have you made a complaint?	43%	55%	43%	61%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	27%	34%	27%	27%
10b	Do you feel complaints are dealt with promptly (within seven days)?	25%	40%	25%	30%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	24%	33%	23%
10c	Were you given information about how to make an appeal?	25%	30%	25%	26%
12	Is it easy/very easy to see the Independent Monitoring Board?	23%	37%	23%	45%
13	Are you on the enhanced (top) level of the IEP scheme?	60%	61%	60%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	58%	57%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	47%	49%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	5%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	10%	6%	
13a	Do you feel your religious beliefs are respected?	52%	54%	52%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	58%	55%	55%
14	Are you able to speak to a Listener at any time, if you want to?	57%	62%	57%	51%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	73%	77%	70%
15b	Do most staff, in this prison, treat you with respect?	75%	74%	75%	62%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	37%	30%	37%	38%
2	Do you feel unsafe in this prison at the moment?	15%	14%	15%	20%
4	Have you been victimised by another prisoner?	22%	19%	22%	24%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	9%	8%	14%
5b	Hit, kicked or assaulted you?	3%	5%	3%	5%
5c	Sexually abused you?	0%	1%	0%	2%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	2%
5e	Victimised you because of drugs?	1%	3%	1%	2%
5f	Taken your canteen/property?	3%	4%	3%	2%
5g	Victimised you because you were new here?	5%	4%	5%	4%
5h	Victimised you because of your sexuality?	1%	1%	1%	1%
5i	Victimised you because you have a disability?	1%	2%	1%	1%
5j	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	5%	5%	5%	4%
5m	Victimised you because of your offence/crime?	7%	3%	7%	
5n	Victimised you because of gang related issues?	2%	3%	2%	

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SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	21%	22%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	8%	10%
7b	Hit, kicked or assaulted you?	2%	3%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	5%	5%
7e	Victimised you because of drugs?	1%	3%
7f	Victimised you because you were new here?	4%	4%
7g	Victimised you because of your sexuality?	2%	1%
7h	Victimised you because you have a disability?	1%	2%
7i	Victimised you because of your religion/religious beliefs?	2%	3%
7j	Victimised you because of your age?	1%	2%
7k	Victimised you because you were from a different part of the country?	3%	4%
7l	Victimised you because of your offence/crime?	4%	4%
7m	Victimised you because of gang related issues?	1%	2%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	30%	40%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	24%	21%
10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	19%
11	Is it easy/very easy to get illegal drugs in this prison?	21%	33%

SECTION 6: Health services

1a	Is it easy/very easy to see the doctor?	30%	40%
1b	Is it easy/very easy to see the nurse?	44%	64%
1c	Is it easy/very easy to see the dentist?	11%	14%
1d	Is it easy/very easy to see the optician?	18%	18%
2	Are you able to see a pharmacist?	53%	54%
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?	53%	52%
3b	The nurse?	51%	66%
3c	The dentist?	46%	44%
3d	The optician?	55%	46%
4	The overall quality of health services?	39%	46%

HMP Risley 2011	HMP Risley 2008
21%	28%
8%	17%
2%	2%
1%	0%
5%	4%
1%	2%
4%	7%
2%	0%
1%	3%
2%	2%
1%	
3%	5%
4%	
1%	
30%	35%
24%	30%
20%	17%
21%	48%
30%	
44%	
11%	
18%	
53%	
53%	73%
51%	68%
46%	44%
55%	58%
39%	45%

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Health services continued			
5	Are you currently taking medication?	45%	43%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	89%	87%
7	Do you feel you have any emotional well being/mental health issues?	26%	25%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	44%	34%
8b	A doctor?	30%	32%
8c	A nurse?	7%	18%
8d	A psychiatrist?	7%	18%
8e	The mental health in-reach team?	23%	32%
8f	A counsellor?	9%	11%
9a	Did you have a drug problem when you came into this prison?	24%	19%
9b	Did you have an alcohol problem when you came into this prison?	18%	13%
10a	Have you developed a drug problem since you have been in this prison?	4%	9%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	86%	88%
12	Have you received any help or intervention while in this prison?	78%	77%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	85%	74%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	17%	21%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	16%	16%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	58%	59%

HMP Risley 2011	HMP Risley 2008
45%	43%
89%	95%
26%	
44%	
30%	
7%	
7%	
23%	
9%	
24%	17%
18%	9%
4%	
86%	
78%	
85%	
17%	27%
16%	22%
58%	53%

Main comparator and comparator to last time

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1a	Any percentage highlighted in blue is significantly worse				
1b	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
1c	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	58%	64%	58%	
1b	Vocational or skills training?	15%	19%	15%	
1c	Education (including basic skills)?	29%	31%	29%	
1d	Offending Behaviour Programmes?	17%	17%	17%	
2ai	Have you had a job while in this prison?	83%	86%	83%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	45%	47%	45%	
2bi	Have you been involved in vocational or skills training while in this prison?	75%	76%	75%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	67%	65%	67%	
2ci	Have you been involved in education while in this prison?	86%	82%	86%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	68%	68%	68%	
2di	Have you been involved in offending behaviour programmes while in this prison?	77%	75%	77%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	61%	61%	61%	
3	Do you go to the library at least once a week?	52%	47%	52%	45%
4	On average, do you go to the gym at least twice a week?	47%	54%	47%	43%
5	On average, do you go outside for exercise three or more times a week?	19%	52%	19%	42%
6	On average, do you spend ten or more hours out of your cell on a weekday?	6%	15%	6%	5%
7	On average, do you go on association more than five times each week?	80%	76%	80%	83%
8	Do staff normally speak to you most of the time/all of the time during association?	18%	19%	18%	12%
SECTION 8: Resettlement					
1	Do you have a personal officer?	81%	75%	81%	62%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	57%	62%	57%	61%
For those who are sentenced:					
3	Do you have a sentence plan?	74%	68%	74%	48%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	48%	59%	48%	64%
5	Can you achieve some/all of your sentence plan targets in this prison?	76%	70%	76%	79%
6	Are there plans for you to achieve some/all your targets in another prison?	33%	37%	33%	37%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	36%	33%	36%	26%
8	Do you feel that any member of staff has helped you to prepare for release?	19%	18%	19%	15%
9	Have you had any problems with sending or receiving mail?	50%	39%	50%	51%
10	Have you had any problems getting access to the telephones?	54%	21%	54%	17%
11	Did you have a visit in the first week that you were here?	27%	23%	27%	25%
12	Did you receive one or more visits in the last week?	30%	30%	30%	34%

Main comparator and comparator to last time

Key to tables

 	Any percentage highlighted in green is significantly better	HMP Risley 2011	Category C Training Prisons Comparator
 	Any percentage highlighted in blue is significantly worse		
 	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		

Resettlement continued

For those who have had visits:

13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	53%	52%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	35%	38%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	15%	17%
15c	Avoiding bad relationships?	13%	13%
15d	Finding a job on release?	21%	39%
15e	Finding accommodation on release?	22%	41%
15f	With money/finances on release?	15%	29%
15g	Claiming benefits on release?	27%	41%
15h	Arranging a place at college/continuing education on release?	18%	27%
15i	Accessing health services on release?	18%	30%
15j	Opening a bank account on release?	21%	27%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	15%	11%
16c	Avoiding bad relationships?	14%	12%
16d	Finding a job?	51%	44%
16e	Finding accommodation?	36%	38%
16f	Money/finances?	28%	33%
16g	Claiming benefits?	27%	28%
16h	Arranging a place at college/continuing education?	21%	20%
16i	Accessing health services?	21%	17%
16j	Opening a bank account?	29%	31%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	56%	55%

HMP Risley 2011	HMP Risley 2008
53%	
35%	
15%	
13%	
21%	33%
22%	34%
15%	25%
27%	38%
18%	32%
18%	39%
21%	43%
15%	
14%	
51%	54%
36%	52%
28%	55%
27%	39%
21%	39%
21%	22%
29%	42%
56%	50%

Diversity Analysis



Key question responses (ethnicity, nationality and religion) HMP Risley 2011

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 percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse							
	Any percentage highlighted in orange shows a significant difference in prisoners' background details							
	Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned			46	145	34	157	18	174
1.3	Are you sentenced?		100%	100%	100%	100%	100%	100%
1.7	Are you a foreign national?		53%	7%			44%	15%
1.8	Is English your first language?		63%	95%	36%	99%	53%	91%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?				70%	14%	94%	16%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?		3%	1%	4%	2%	7%	2%
1.11	Are you Muslim?		38%	1%	24%	6%	6%	16%
1.12	Do you consider yourself to have a disability?		13%	15%	12%	15%	56%	31%
1.13	Is this your first time in prison?		46%	31%	68%	27%	35%	27%
2.1d	Was the attention paid to your health needs good/very good on your journey here?		42%	23%	42%	25%	61%	69%
2.3	Were you treated well/very well by the escort staff?		65%	69%	77%	66%	67%	82%
2.4a	Did you know where you were going when you left court or when transferred from another prison?		72%	84%	59%	86%	65%	44%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?		54%	44%	45%	47%	30%	55%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?		40%	56%	52%	53%	53%	69%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?		60%	69%	58%	69%	80%	62%
3.2a	Did you have any problems when you first arrived?		69%	62%	64%	65%	89%	94%
3.3a	Were you seen by a member of health care staff in reception?		96%	93%	85%	80%	61%	83%
3.3b	When you were searched in reception, was this carried out in a respectful way?		83%	81%	77%	73%	50%	76%
3.4	Were you treated well/very well in reception?		70%	75%	70%	88%	77%	85%
3.7b	Did you have access to someone from healthcare within the first 24 hours?		77%	87%	77%	84%	67%	84%
3.9	Did you feel safe on your first night here?		74%	86%	91%	98%	94%	97%
3.10	Have you been on an induction course?		98%	97%	26%	45%	30%	44%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?		27%	48%				

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	56%	56%	53%	41%	55%
4.3b	Are you normally able to have a shower every day?	63%	84%	70%	81%	44%	83%
4.3e	Is your cell call bell normally answered within five minutes?	29%	24%	32%	24%	22%	26%
4.4	Is the food in this prison good/very good?	16%	14%	15%	15%	6%	15%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	53%	59%	49%	39%	52%
4.6a	Is it easy/very easy to get a complaints form?	74%	86%	74%	85%	67%	85%
4.6b	Is it easy/very easy to get an application form?	91%	93%	77%	95%	88%	93%
4.9	Have you made a complaint?	43%	42%	35%	44%	44%	42%
4.13	Are you on the enhanced (top) level of the IEP scheme?	53%	63%	32%	66%	56%	61%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	62%	33%	62%	28%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	49%	43%	50%	43%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	4%	9%	3%	11%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	6%	9%	5%	18%	5%
4.17a	Do you feel your religious beliefs are respected?	60%	49%	64%	49%	61%	50%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	54%	58%	54%	72%	53%
4.18	Are you able to speak to a Listener at any time if you want to?	43%	61%	30%	62%	56%	57%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	79%	74%	77%	67%	78%
4.19b	Do most staff in this prison treat you with respect?	62%	79%	76%	75%	47%	78%
5.1	Have you ever felt unsafe in this prison?	43%	35%	41%	37%	61%	35%
5.2	Do you feel unsafe in this prison at the moment?	27%	11%	27%	13%	44%	12%
5.4	Have you been victimised by another prisoner?	26%	20%	35%	19%	44%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	1%	15%	1%	17%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	0%	3%	0%	6%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	1%	6%	2%	17%	1%
5.6	Have you been victimised by a member of staff?	30%	19%	23%	21%	35%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	20%	0%	15%	2%	18%	4%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners White prisoners	Foreign national prisoners British national prisoners	Muslim prisoners Non-Muslim prisoners	
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	0%	1%	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	1%	0%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	22%	23%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	21%	21%	20%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	25%	10%	23%
6.1a	Is it easy/very easy to see the doctor?	24%	31%	28%	30%
6.1b	Is it easy/ very easy to see the nurse?	35%	46%	36%	45%
6.2	Are you able to see a pharmacist?	57%	52%	71%	50%
6.5	Are you currently taking medication?	29%	51%	27%	49%
6.7	Do you feel you have any emotional well being/mental health issues?	27%	25%	38%	24%
7.1a	Are you currently working in the prison?	44%	62%	33%	63%
7.1b	Are you currently undertaking vocational or skills training?	16%	15%	9%	16%
7.1c	Are you currently in education (including basic skills)?	42%	25%	52%	25%
7.1d	Are you currently taking part in an offending behaviour programme?	16%	18%	9%	19%
7.3	Do you go to the library at least once a week?	62%	48%	70%	47%
7.4	On average, do you go to the gym at least twice a week?	47%	46%	36%	48%
7.5	On average, do you go outside for exercise three or more times a week?	15%	20%	7%	21%
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.)	9%	6%	9%	6%
7.7	On average, do you go on association more than five times each week?	68%	84%	56%	85%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	15%	20%	12%	19%
8.1	Do you have a personal officer?	76%	84%	70%	84%
8.9	Have you had any problems sending or receiving mail?	40%	54%	47%	52%
8.10	Have you had any problems getting access to the telephones?	59%	54%	56%	54%



Key questions (disability analysis) HMP Risley 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		28	163
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	14%	18%
1.8	Is English your first language?	93%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	22%	24%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	1%
1.11	Are you Muslim?	4%	11%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	33%	35%
2.1d	Was the attention paid to your health needs good/very good?	22%	29%
2.3	Were you treated well/very well by the escort staff?	72%	68%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	88%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	40%	48%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	40%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	80%	66%
3.2a	Did you have any problems when you first arrived?	68%	63%
3.3a	Were you seen by a member of health care staff in reception?	96%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	84%	81%
3.4	Were you treated well/very well in reception?	74%	74%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	81%	86%
3.9	Did you feel safe on your first night here?	74%	85%
3.10	Have you been on an induction course?	96%	97%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	36%	45%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	54%	55%
4.3b	Are you normally able to have a shower every day?	85%	78%
4.3e	Is your cell call bell normally answered within five minutes?	31%	25%
4.4	Is the food in this prison good/very good?	11%	16%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	51%
4.6a	Is it easy/very easy to get a complaints form?	82%	85%
4.6b	Is it easy/very easy to get an application form?	93%	92%
4.9	Have you made a complaint?	48%	42%
4.13	Are you on the enhanced (top) level of the IEP scheme?	54%	61%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	50%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	6%
4.17a	Do you feel your religious beliefs are respected?	45%	53%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	40%	57%
4.18	Are you able to speak to a Listener at any time if you want to?	54%	58%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	79%
4.19b	Do most staff in this prison treat you with respect?	76%	75%
5.1	Have you ever felt unsafe in this prison?	39%	36%
5.2	Do you feel unsafe in this prison at the moment?	25%	13%
5.4	Have you been victimised by another prisoner?	32%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
5.5i	Victimised you because you have a disability?	4%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	2%
5.6	Have you been victimised by a member of staff?	28%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	5%
5.7h	Victimised you because you have a disability?	7%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	1%

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability 	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	32%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	20%
5.11	Is it easy/very easy to get illegal drugs in this prison?	27%	20%
6.1a	Is it easy/very easy to see the doctor?	18%	32%
6.1b	Is it easy/ very easy to see the nurse?	38%	46%
6.2	Are you able to see a pharmacist?	50%	53%
6.5	Are you currently taking medication?	68%	41%
6.7	Do you feel you have any emotional well-being/mental health issues?	54%	21%
7.1a	Are you currently working in the prison?	71%	56%
7.1b	Are you currently undertaking vocational or skills training?	11%	15%
7.1c	Are you currently in education (including basic skills)?	19%	30%
7.1d	Are you currently taking part in an offending behaviour programme?	15%	18%
7.3	Do you go to the library at least once a week?	41%	54%
7.4	On average, do you go to the gym at least twice a week?	23%	50%
7.5	On average, do you go outside for exercise three or more times a week?	16%	19%
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%	7%
7.7	On average, do you go on association more than five times each week?	75%	82%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	26%	17%
8.1	Do you have a personal officer?	85%	81%
8.9	Have you had any problems sending or receiving mail?	45%	50%
8.10	Have you had any problems getting access to the telephones?	45%	55%



Diversity Analysis - Age Key question responses (age over 50) HMP Risley 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	
	Any percentage highlighted in blue is significantly worse	
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	
	Percentages which are not highlighted show there is no significant difference	
Number of completed questionnaires returned	Prisoners aged 50 and over	Prisoners under the age of 50
1.3 Are you sentenced?	21	171
1.7 Are you a foreign national?	100%	100%
1.8 Is English your first language?	5%	20%
1.9 Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	91%	87%
1.1 Do you consider yourself to be Gypsy/Romany/Traveller?	9%	26%
1.11 Are you Muslim?	0%	2%
1.13 Do you consider yourself to have a disability?	0%	11%
1.14 Is this your first time in prison?	24%	14%
2.1d Was the attention paid to your health needs good/very good?	60%	31%
2.3 Were you treated well/very well by the escort staff?	39%	27%
2.4a Did you know where you were going when you left court or when transferred from another prison?	83%	67%
3.1e Did staff ask if you needed any help/support in dealing with problems contacting fam within the first 24 hours?	84%	81%
3.1h Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	35%	48%
3.1i Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	53%
3.2a Did you have any problems when you first arrived?	82%	66%
3.3a Were you seen by a member of health care staff in reception?	47%	66%
3.3b When you were searched in reception, was this carried out in a respectful way?	100%	93%
	95%	80%

Diversity Analysis - Age

Key to tables

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	85%	73%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	80%	86%
3.9	Did you feel safe on your first night here?	85%	83%
3.10	Have you been on an induction course?	90%	97%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	42%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	90%	51%
4.3b	Are you normally able to have a shower every day?	95%	77%
4.3e	Is your cell call bell normally answered within five minutes?	33%	25%
4.4	Is the food in this prison good/very good?	33%	13%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	69%	50%
4.6a	Is it easy/very easy to get a complaints form?	90%	82%
4.6b	Is it easy/very easy to get an application form?	95%	92%
4.9	Have you made a complaint?	26%	45%
4.13	Are you on the enhanced (top) level of the IEP scheme?	76%	58%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	81%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	6%
4.17a	Do you feel your religious beliefs are respected?	75%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	69%	54%

Key to tables

Diversity Analysis - Age

		Any percentage highlighted in green is significantly better		
		Any percentage highlighted in blue is significantly worse		
		Any percentage highlighted in orange shows a significant difference in prisoners' background details		
		Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?		75%	55%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?		95%	75%
4.15b	Do most staff in this prison treat you with respect?		74%	76%
5.1	Have you ever felt unsafe in this prison?		33%	37%
5.2	Do you feel unsafe in this prison at the moment?		0%	17%
5.4	Have you been victimised by another prisoner?		19%	23%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)		0%	4%
5.5i	Victimised you because you have a disability?		0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)		0%	3%
5.5k	Have you been victimised because of your age? (By prisoners)		0%	1%
5.6	Have you been victimised by a member of staff?		6%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)		0%	5%
5.7h	Victimised you because you have a disability?		0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)		0%	2%
5.7j	Have you been victimised because of your age? (By staff)		0%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?		18%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?		5%	21%
5.11	Is it easy/very easy to get illegal drugs in this prison?		24%	21%
6.1a	Is it easy/very easy to see the doctor?		38%	29%
6.1b	Is it easy/ very easy to see the nurse?		55%	43%
6.2	Are you able to see a pharmacist?		69%	51%

Diversity Analysis - Age

Key to tables

		Any percentage highlighted in green is significantly better	Any percentage highlighted in blue is significantly worse	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
		Percentages which are not highlighted show there is no significant difference				
6.5	Are you currently taking medication?		62%	43%		
6.7	Do you feel you have any emotional well-being/mental health issues?		5%	28%		
7.1a	Are you currently working in the prison?		70%	56%		
7.1b	Are you currently undertaking vocational or skills training?		25%	14%		
7.1c	Are you currently in education (including basic skills)?		10%	31%		
7.1d	Are you currently taking part in an offending behaviour programme?		30%	16%		
7.3	Do you go to the library at least once a week?		65%	50%		
7.4	On average, do you go to the gym at least twice a week?		10%	51%		
7.5	On average, do you go outside for exercise three or more times a week?		25%	17%		
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)		5%	7%		
7.7	On average, do you go on association more than five times each week?		75%	81%		
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)		31%	17%		
8.1	Do you have a personal officer?		90%	80%		
8.9	Have you had any problems sending or receiving mail?		37%	52%		
8.10	Have you had any problems getting access to the telephones?		37%	56%		

Main comparator and comparator to last time



Prisoner survey responses (vulnerable prisoners) HMP Risley 2011

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

Key to tables

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Number of completed questionnaires returned		41	153
SECTION 1: General information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	12%	6%
4a	Is your sentence less than 12 months?	3%	6%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	36%	13%
5	Do you have six months or less to serve?	31%	45%
6	Have you been in this prison less than a month?	3%	3%
7	Are you a foreign national?	10%	20%
8	Is English your first language?	90%	87%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	27%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	3%
11	Are you Muslim?	8%	10%
12	Are you homosexual/gay or bisexual?	8%	1%
13	Do you consider yourself to have a disability?	19%	13%
14	Is this your first time in prison?	49%	31%
15	Have you been in more than five prisons this time?	15%	13%
16	Do you have any children under the age of 18?	27%	56%
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?	70%	44%
1b	Was your personal safety during the journey good/very good?	79%	64%
1c	Was the comfort of the van good/very good?	15%	18%
1d	Was the attention paid to your health needs good/very good?	37%	26%
1e	Was the frequency of toilet breaks good/very good?	8%	12%
2	Did you spend more than four hours in the van?	5%	3%
3	Were you treated well/very well by the escort staff?	82%	65%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	80%
4b	Before you arrived here did you receive any written information about what would happen to you?	5%	14%
4c	When you first arrived here did your property arrive at the same time as you?	95%	87%

Main comparator and comparator to last time

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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%	11%
1c	Housing problems?	6%	16%
1d	Problems contacting employers?	3%	9%
1e	Problems contacting family?	36%	49%
1f	Problems ensuring dependants were looked after?	3%	13%
1g	Money problems?	11%	14%
1h	Problems of feeling depressed/suicidal?	56%	52%
1i	Health problems?	59%	70%
1j	Problems in needing protection from other prisoners?	36%	25%
1k	Problems accessing phone numbers?	22%	36%
2	When you first arrived:		
2a	Did you have any problems?	50%	67%
2b	Did you have any problems with loss of property?	17%	16%
2c	Did you have any housing problems?	0%	15%
2d	Did you have any problems contacting employers?	0%	5%
2e	Did you have any problems contacting family?	25%	26%
2f	Did you have any problems ensuring dependants were being looked after?	0%	5%
2g	Did you have any money worries?	0%	19%
2h	Did you have any problems with feeling depressed or suicidal?	14%	12%
2i	Did you have any health problems?	11%	29%
2j	Did you have any problems with needing protection from other prisoners?	9%	5%
2k	Did you have problems accessing phone numbers?	25%	25%
3a	Were you seen by a member of health services in reception?	97%	93%
3b	When you were searched in reception, was this carried out in a respectful way?	85%	80%
4	Were you treated well/very well in reception?	73%	74%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	46%	64%
5b	Support was available for people feeling depressed or suicidal?	51%	51%
5c	How to make routine requests?	46%	54%
5d	Your entitlement to visits?	44%	60%
5e	Health services?	59%	70%
5f	The chaplaincy?	51%	60%

Main comparator and comparator to last time

Key to tables

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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?	73%	87%
6b	The opportunity to have a shower?	10%	23%
6c	The opportunity to make a free telephone call?	32%	62%
6d	Something to eat?	75%	76%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	48%	40%
7b	Someone from health services?	87%	84%
7c	A Listener/Samaritans?	15%	26%
8	Did you have access to the prison shop/canteen within the first 24 hours?	10%	4%
9	Did you feel safe on your first night here?	90%	81%
10	Have you been on an induction course?	97%	96%

For those who have been on an induction course:

11	Did the course cover everything you needed to know about the prison?	77%	67%
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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?	55%	39%
1b	Attend legal visits?	48%	59%
1c	Obtain bail information?	6%	17%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	44%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	71%	50%
3b	Are you normally able to have a shower every day?	97%	74%
3c	Do you normally receive clean sheets every week?	82%	84%
3d	Do you normally get cell cleaning materials every week?	81%	66%
3e	Is your cell call bell normally answered within five minutes?	27%	26%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	80%	73%
3g	Can you normally get your stored property if you need to?	30%	20%
4	Is the food in this prison good/very good?	36%	9%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	70%	46%
6a	Is it easy/very easy to get a complaints form?	95%	80%
6b	Is it easy/very easy to get an application form?	95%	92%
7	Have you made an application?	93%	95%

Main comparator and comparator to last time

Key to tables

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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?	68%	56%
8b	Do you feel applications are dealt with promptly (within seven days)?	49%	42%
9	Have you made a complaint?	37%	44%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	44%	23%
10b	Do you feel complaints are dealt with promptly (within seven days)?	27%	24%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	22%	35%
10c	Were you given information about how to make an appeal?	21%	26%
12	Is it easy/very easy to see the Independent Monitoring Board?	34%	19%
13	Are you on the enhanced (top) level of the IEP scheme?	73%	56%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	78%	51%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	60%	46%
16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	3%	7%
13a	Do you feel your religious beliefs are respected?	57%	50%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	53%
14	Are you able to speak to a Listener at any time if you want to?	80%	51%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	75%
15b	Do most staff, in this prison, treat you with respect?	77%	74%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	32%	38%
2	Do you feel unsafe in this prison at the moment?	8%	17%
4	Have you been victimised by another prisoner?	32%	19%
5	Since you have been here has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	15%	6%
5b	Hit, kicked or assaulted you?	5%	2%
5c	Sexually abused you?	0%	0%
5d	Victimised you because of your race or ethnic origin?	5%	3%
5e	Victimised you because of drugs?	0%	1%
5f	Taken your canteen/property?	0%	3%
5g	Victimised you because you were new here?	3%	6%
5h	Victimised you because of your sexuality?	3%	1%
5i	Victimised you because you have a disability?	0%	1%
5j	Victimised you because of your religion/religious beliefs?	5%	2%
5k	Victimised you because of your age?	3%	1%
5l	Victimised you because you were from a different part of the country?	8%	5%
5m	Victimised you because of your offence/crime?	22%	3%
5n	Victimised you because of gang related issues?	3%	1%

Main comparator and comparator to last time

Key to tables

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SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	15%	23%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	8%	8%
7b	Hit, kicked or assaulted you?	3%	1%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	5%	5%
7e	Victimised you because of drugs?	0%	1%
7f	Victimised you because you were new here?	3%	4%
7g	Victimised you because of your sexuality?	8%	1%
7h	Victimised you because you have a disability?	0%	1%
7i	Victimised you because of your religion/religious beliefs?	3%	1%
7j	Victimised you because of your age?	0%	1%
7k	Victimised you because you were from a different part of the country?	0%	3%
7l	Victimised you because of your offence/crime?	8%	3%
7m	Victimised you because of gang related issues?	0%	1%

For those who have been victimised by staff or other prisoners:

8	Did you report any victimisation that you have experienced?	30%	31%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	23%
10	Have you ever felt threatened or intimidated by a member of staff in here?	17%	21%
11	Is it easy/very easy to get illegal drugs in this prison?	17%	22%

SECTION 6: Health services

1a	Is it easy/very easy to see the doctor?	42%	27%
1b	Is it easy/very easy to see the nurse?	57%	40%
1c	Is it easy/very easy to see the dentist?	26%	8%
1d	Is it easy/very easy to see the optician?	45%	10%
2	Are you able to see a pharmacist?	72%	48%

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?	86%	44%
3b	The nurse?	76%	46%
3c	The dentist?	69%	39%
3d	The optician?	81%	45%
4	The overall quality of health services?	65%	33%

Main comparator and comparator to last time

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Health services continued			
5	Are you currently taking medication?	57%	41%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	100%	86%
7	Do you feel you have any emotional well being/mental health issues?	20%	27%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	25%	49%
8b	A doctor?	38%	29%
8c	A nurse?	0%	9%
8d	A psychiatrist?	25%	3%
8e	The mental health in-reach team?	25%	23%
8f	A counsellor?	25%	6%
9a	Did you have a drug problem when you came into this prison?	8%	29%
9b	Did you have an alcohol problem when you came into this prison?	15%	19%
10a	Have you developed a drug problem since you have been in this prison?	3%	4%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	82%	87%
12	Have you received any help or intervention while in this prison?	44%	83%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	100%	84%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	5%	20%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	15%	16%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	50%	60%

Main comparator and comparator to last time

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SECTION 7: Purposeful activity

1	Are you currently involved in any of the following activities:		
1a	A prison job?	78%	53%
1b	Vocational or skills training?	20%	13%
1c	Education (including basic skills)?	30%	29%
1d	Offending Behaviour Programmes?	28%	15%
2ai	Have you had a job while in this prison?	90%	80%
For those who have had a prison job while in this prison:			
2a(ii)	Do you feel the job will help you on release?	56%	41%
2bi	Have you been involved in vocational or skills training while in this prison?	79%	74%
For those who have had vocational or skills training while in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	69%	66%
2ci	Have you been involved in education while in this prison?	89%	85%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	75%	66%
2di	Have you been involved in offending behaviour programmes while in this prison?	75%	77%
For those who have been involved in offending behaviour programmes while in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	76%	58%
3	Do you go to the library at least once a week?	63%	49%
4	On average, do you go to the gym at least twice a week?	26%	52%
5	On average, do you go outside for exercise three or more times a week?	20%	18%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	7%
7	On average, do you go on association more than five times each week?	82%	80%
8	Do staff normally speak to you most of the time/all of the time during association?	20%	18%

SECTION 8: Resettlement

1	Do you have a personal officer?	90%	79%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	69%	54%
For those who are sentenced:			
3	Do you have a sentence plan?	92%	69%
For those with a sentence plan:			
4	Were you involved/very involved in the development of your plan?	37%	52%
5	Can you achieve some/all of your sentence plan targets in this prison?	82%	74%
6	Are there plans for you to achieve some/all your targets in another prison?	29%	34%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	44%	33%
8	Do you feel that any member of staff has helped you to prepare for release?	31%	16%
9	Have you had any problems with sending or receiving mail?	39%	53%
10	Have you had any problems getting access to the telephones?	28%	61%
11	Did you have a visit in the first week that you were here?	14%	30%
12	Did you receive one or more visits in the last week?	22%	32%

Main comparator and comparator to last time

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Resettlement continued				
For those who have had visits:				
13 How are you and your family/ friends usually treated by visits staff? (Very well/well)	46%	54%		
14 Have you been helped to maintain contact with family/friends whilst in this prison?	36%	35%		
15 Do you know who to contact within this prison to get help with the following:				
15b Maintaining good relationships?	17%	15%		
15c Avoiding bad relationships?	11%	13%		
15d Finding a job on release?	28%	19%		
15e Finding accommodation on release?	28%	21%		
15f With money/finances on release?	11%	16%		
15g Claiming benefits on release?	28%	27%		
15h Arranging a place at college/continuing education on release?	14%	19%		
15i Accessing health services on release?	14%	19%		
15j Opening a bank account on release?	20%	21%		
16 Do you think you will have a problem with any of the following on release from prison?				
16b Maintaining good relationships?	21%	14%		
16c Avoiding bad relationships?	13%	14%		
16d Finding a job?	50%	51%		
16e Finding accommodation?	45%	34%		
16f Money/finances?	21%	30%		
16g Claiming benefits?	39%	24%		
16h Arranging a place at college/continuing education?	16%	22%		
16i Accessing health services?	29%	19%		
16j Opening a bank account?	32%	28%		
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?	74%	51%		