

Report on an announced inspection of the
young adult units at

HMYOI Stoke Heath

29 March – 2 April 2010

by HM Chief Inspector of Prisons

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Introduction

Stoke Heath young offenders' institution is one of only two remaining 'split sites', holding both young adults (aged 18 to 21) and young people (aged 15 to 17). This inspection was solely of the provision for young adults. This is an age group about which the Inspectorate has repeatedly expressed concern: that the focus and the resources available are inadequate to meet their needs and risks. This report amply demonstrates that concern. In many key areas, we found that young adults' access to important activities and opportunities was severely limited.

Processes for the reception and support of young adults in the early days of custody were inadequate. They could experience long delays before being located, sometimes late in the evening, on to their accommodation, which was itself poorly maintained. Some risk assessments were of poor quality, and induction was not sufficiently informative. A high proportion of young adults had felt unsafe at Stoke Heath. Though considerable management attention had been given to violence reduction, the strategies and processes were overcomplicated and underused by residential staff. Data was not disaggregated to identify issues specifically affecting young adults. Bad language often went unchallenged, and shouting out of windows was endemic. Safer custody arrangements also needed greater clarity and focus, and the quality of ACCT documents was inconsistent and sometimes poor. There had, however, been noticeable improvements in disciplinary matters: the segregation unit was now well run, with good relationships, and governance of the use of force was effective.

The environment was, in general, dirty and uncared-for: this included ingrained food residue on serving trolleys. Relationships between staff and young adults were relatively relaxed, but there was little proactive engagement or challenge, and the personal officer scheme was underused and undermanaged. Work across the diversity strands was developing, but young adults with disabilities and those from black and minority ethnic communities reported poorer experiences of prison life. Diversity was another area that suffered from the failure to disaggregate monitoring data to reveal the experience of young adults. Health care was in general very good, with some high quality mental health provision, though staff shortages impacted badly on the regime for inpatients.

There had been an increase in the amount and range of work, training and education available in the establishment, and it was in general better managed and delivered. However, access for young adults was clearly insufficient to meet need. There were only sufficient vocational training places for 20% of the population and the qualifications available were at a relatively low level. This difficulty was compounded by slow allocation procedures, workshop closures, low attendance rates and poor punctuality. We found over a third of young adults locked in their cells during the working day. Though some education achievements were good, discipline in some classes was poor, and learning plans ineffective. PE facilities and training opportunities were good, but access to recreational PE was unduly restricted, and many young adults told us that they could attend only every other week. Association times were limited and exercise was not available daily.

There had been no resettlement needs analysis on which to base provision. Offender management of those in scope, about a third of the population, was ineffective, due to the redeployment of key staff. Contact with offender supervisors was insufficient and most young adults had no up-to-date OASys assessment or sentence plan. There was no custody planning for the remaining two-thirds of the population. Public protection arrangements were good. Some of the resettlement pathways, such as accommodation, family support and substance

misuse, were well developed, but others, such as finance and debt and offending behaviour work, were not. In general, access to reintegration services depended on self-referral.

This is a disappointing report. Outcomes for young adults at Stoke Heath were not sufficiently good in any of our four key areas: safety, respect, purposeful activity and resettlement. It was clear that their needs were much less well catered for than those of the under-18s with whom they shared the site, and that in many cases little would be done to reduce the significant risk of their reoffending. This is partly a management issue for Stoke Heath itself: to ensure that the opportunities that exist are used effectively and young adults are engaged with and supported, both as a group and individually. But split sites like Stoke Heath also show very clearly the relative neglect of this risky and vulnerable group throughout the prison system, compared to the resources and specialist focus on under-18s – since the previous government's promise to replicate this for 18-21 year olds was never fulfilled. Split sites are gradually being abolished – but that may serve only to disguise the differential treatment that young adults experience, as well as its inevitable consequences.

Anne Owers
HM Chief Inspector of Prisons

June 2010

Fact page

Task of the establishment

Stoke Heath is a split-site establishment holding both male young adults and young people.

Area organisation

West Midlands

Number held

26 March 2010: 563

Certified normal accommodation

630

Operational capacity

750

Last inspection

Unannounced: 19-23 March 2007

Brief history

HMYOI Stoke Heath was built in 1964 as a category C adult prison. It converted to a borstal two years later and has been used to hold young offenders ever since. It is currently a split-site establishment holding both young adults and young people. The prison has managed overcrowding since 2002, with an additional 120 young adults allocated over and above normal capacity, resulting in a current operational capacity of 750. D wing is currently closed following work to comply with fire safety requirements, but will reopen to accommodate young people in April 2010. This will provide for up to 202 Youth Justice Board-commissioned beds and up to 548 young adult spaces.

Short description of residential units

B wing – healthy living unit for young adults

E wing – induction unit for young adults

F wing – residential unit for young adults

G wing - residential unit for young adults

I wing – enhanced unit accommodating 60 young adults

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 Many new arrivals had delays in admission to the establishment and through reception. First night risk assessment and induction processes were inadequate. The

number of violent incidents was relatively high, but gang issues were managed proportionately. Anti-bullying and antisocial behaviour interventions were complex and underused. Self-harm procedures were adequate, but commitment from the residential units to all aspects of safer custody needed improvement. Many prisoners said that they felt unsafe. The needs of the few vulnerable prisoners were not met. The application of some rules and procedures was disproportionate. Segregation and use of force were well managed and not used excessively. Illicit drug use was low. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP4 Escort vehicles were generally satisfactory and relationships with escort staff good, but new arrivals were left waiting in escort vehicles outside the prison and had delays in admission, particularly during staff meal times. Prisoners were handcuffed without risk assessment when they were moved from the wings to reception in the morning, which was excessive. Prisoners were also taken to reception very early, which seemed unnecessary.
- HP5 Reception was clean but small and inadequate for the number of prisoners passing through. Holding rooms were small and bare, and only one had any reading material. We observed some good interaction by reception staff, but also dismissive attitudes. Reception processes were completed at the desk in sight and sound of other prisoners, although the first part of the first night risk assessment was completed in private. Many new arrivals spent an excessive time in reception before they were allocated to the wings. There was usually an Insider in reception, but he required greater staff support.
- HP6 The first night unit on E wing was bleak and unwelcoming, and many cells were in a poor state of repair. We had concerns about the quality of some of the risk assessments completed on the unit. The interviews we observed varied greatly, and some assessments were not consistent. All new arrivals received a free telephone call, but some arrived late on the unit and had limited access to showers. There was no Listener support or involvement in the first night assessment or induction process.
- HP7 Induction was initially a two-day process of classes and one-to-one interviews. The classes took place in the association room, which was also a thoroughfare. They were uninspiring with little use of interactive media, but there was an excellent induction booklet. Prisoners in our survey were negative about the usefulness of the induction process, although it included sessions that began to address some of the resettlement pathways, and a third stage of the programme introduced prisoners to education and PE. Prisoners were held on E wing for up to two weeks, with much of that time spent in cell.
- HP8 The number of violent and antisocial incidents was relatively high. Reporting and monitoring systems were developing. The violence reduction strategy was coherent and violence reduction committee meetings were well attended. The management of gangs and related culture was proportionate. Anti-bullying and antisocial behaviour monitoring systems were complex and their application confused, and they were not well used in comparison to the number of incidents. The introduction of the new positive outcomes programme to address antisocial behaviour was welcome. There were remedial actions to challenge the widespread shouting and intimidation out of windows, but this behaviour remained a concern and needed to be consistently

challenged. In our survey, 39% of respondents said they had felt unsafe, which was worse than comparator of 34%.¹

- HP9 Staff were reasonably aware of the potential vulnerabilities of young prisoners and generally managed these well. However, we had significant concerns that the few vulnerable prisoners on E wing were not accessing the regime or receiving appropriate levels of care and support. They had no risk assessment or support, reintegration or exit plans.
- HP10 There were several strategies, policies and protocols covering safer custody, suicide prevention and self-harm management across the prison. The approach was confusing and there was a lack of clarity on strategy for young adults. The current strategy document was concerned too simplistically with assessment, care in custody and teamwork (ACCT) self-harm monitoring processes alone. There was a lack of collective responsibility, particularly from residential staff and managers, for safer custody procedures. The quality of ACCT documents was variable and lacked consistency. Case management and quality assurance processes were underdeveloped, but we observed some engagement and evidence that prisoners were appropriately cared for. Care suites were unwelcoming and the one on F wing was dirty. The practice of night staff eliciting a response from every prisoner early in the morning was disproportionate, and could distract attention from those who required support.
- HP11 There was a well-attended monthly security committee meeting, chaired by the deputy governor, and effective intelligence analysis. Analysis of gang-related information was good, with effective links to the police, a clear system for monitoring prisoners, and effective circulation of information to residential staff. However, the application of some security procedures was disproportionate and often not based on individual risk assessment.
- HP12 There had been a vast improvement in the environment and management of the segregation unit, which was now reasonably well run, although some in-cell toilets needed improvement. Prisoners on the unit had good access to showers, telephones and exercise. Staff-prisoner relationships were good, staff had a good knowledge of those in their care, and personal officers were allocated in the unit. Although some prisoners had been risk assessed as suitable for off-wing activities, we found no evidence that they attended these.
- HP13 The management of adjudications was satisfactory. Some referrals to the independent adjudicator were not consistent. There was a minor report system, but no evidence of any standardisation or governance of arrangements.
- HP14 Governance of use of force was good and the quality of documentation excellent. During 2009, 263 incidents were recorded and there had been 33 incidents in 2010 to date, although only a minority had led to the full use of restraint techniques and there was evidence of de-escalation in almost all the records. Two incidents involving extendable batons had been properly investigated.
- HP15 Demand for clinical substance use management was low. The prison was implementing the integrated drug treatment system (IDTS), although only one prisoner was currently on the scheme. Clinical management arrangements were safe,

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

with good shared care and high levels of support for young adults. The random mandatory drug testing rate was low at just over 1%, and there was little evidence of illicit drug use in the prison.

Respect

- HP16 Many cells were dirty and had graffiti. Standards of cleanliness and access to cleaning materials required improvement. We saw some constructive encounters between staff and prisoners but engagement was limited. Prisoners knew their personal officer but the scheme needed further development. The prison had begun to address all strands of diversity, but not all of this work was well embedded. There were structures to manage race equality, but the perceptions of black and minority ethnic prisoners were poor across a range of indicators. The few foreign national prisoners received reasonable individual assistance. There was limited confidence in the IEP scheme. The catering was reasonable despite some negative perceptions, but cleanliness of serveries was poor. Complaints procedures were well managed. The chaplaincy was well integrated and provided a good quality service. Health services were good overall, though adversely affected by staff shortages. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP17 The general cleanliness of the communal areas was poor. Many cells were dirty and had large amounts of graffiti. E wing cells were the worst with leaking windows, damaged floors and missing toilet seats. Cells designed for single occupancy were used for two prisoners with inadequate toilet screening. Showers were small, and most were in a poor state of repair and provided no privacy. Prisoners told us that it was difficult to obtain cleaning materials. Kit allocation was a problem and access to own clothes was limited. We had concerns at the time it took staff to respond to emergency cell bells.
- HP18 There was a comprehensive incentives and earned privileges (IEP) policy, which was widely publicised on residential units and understood by prisoners. The scheme had three tiers, although the extra privileges on I wing, the enhanced prisoner unit, effectively created four tiers. Prisoners, in particular black and minority ethnic prisoners, expressed limited confidence in the scheme. Prisoners doing the same job got different pay rates depending on their IEP level. Those on basic level had an insufficient regime with very limited time unlocked, and motivational work with them was also too limited.
- HP19 Overall, two-thirds of prisoners said that staff treated them with respect, but this dropped to less than half of black and minority ethnic prisoners. Although prisoners saw some staff as helpful and interested, others were seen as provocative or condescending. We routinely found staff in wing offices, and wing routines limited opportunities for interaction. However, we observed some positive encounters between staff and prisoners as well as staff engaging with prisoners during association.
- HP20 The personal officer strategy was concise and comprehensive. Prisoners were aware of who their personal officer was, but had limited confidence in the scheme. Initiatives to increase personal officers' awareness of the role had led to some improvements, but contact was not always frequent and case notes were inconsistent and generally observational. We also found some inappropriate and sarcastic remarks. Quality

assurance processes were underdeveloped, and at times even endorsed poor or inappropriate work.

- HP21 The main kitchen was clean and well equipped. Choices over the four-week menu cycle were reasonable and fruit was freely available, but prisoners were negative about food. Serveries and food trolleys were dirty, with the exception of I wing. Consultation arrangements were underdeveloped, and access to food complaints books poor.
- HP22 There was a limited range of goods in the prison shop, and tinned and glass products were banned. New arrivals could wait 11 days before they received their first shop order. Prisoners could buy additional purchases from catalogues, but were charged a fee for this service. There were few specific items for black and minority ethnic prisoners, although the needs of Muslim prisoners had been considered, and consultation was inadequate.
- HP23 The equality and diversity policy addressed all diversity strands but had insufficient detail about how key aspects would be provided, and some work was in the early stages of development. Equality and diversity action team meetings were well attended including prisoner representatives, although external representation had been limited recently. The use of prisoner representatives was positive, but difficulties in identifying and retaining them undermined their effectiveness, not all were trained, and some lacked confidence about their role. There was no monitoring of access to regime services other than ethnic monitoring. New arrivals were asked to disclose disabilities, but only those with physical disabilities had a follow-up interview to assess their needs, and there was no multidisciplinary care planning. Prisoners with disabilities were negative about the support they received. Work on the sexual orientation strand was progressing with the provision of free telephone advice from a community group. There had been some work to raise staff and prisoner awareness of different faiths and religious beliefs.
- HP24 Structures to support race equality work were appropriate. However, in our survey, black and minority ethnic prisoners were more negative than white prisoners across a range of indicators, including key aspects of respect and safety. One-third said they felt unsafe and 41%, significantly worse than the comparator of 16%, said they had felt threatened or intimidated by a member of staff. Wider and regular consultation was needed to address these strong perceptions. The equality and diversity action team responded to concerns identified in ethnic monitoring data, but there was limited use of data and no disaggregation between young adults and young people. Most racist incident report investigations were reasonably thorough.
- HP25 There was individualised support for the small number of foreign nationals. The foreign national clerk was active in tracking cases and making effective links with immigration caseworkers. There were focus groups for foreign nationals, but attendance from immigration officers was inconsistent. The prison had identified a local solicitor to assist with immigration problems.
- HP26 Complaint and application forms were not always readily available on the residential units. Prisoners had little confidence that their applications would be dealt with fairly, and the varied systems used to manage them across the prison gave little assurance that they were responded to appropriately or within reasonable timescales. In contrast, most complaints were responded to appropriately and in a timely manner.

Quality assurance systems to support complaints procedures were very good. There was no legal services provision.

- HP27 Prisoners had access to a good range of courses and support from the well-integrated multi-faith chaplaincy. Facilities for worship were good, although prisoners had to apply to attend services and the level of attendance was quite small.
- HP28 There was excellent joint working with the primary care trust, and prisoners were satisfied with the care they received from the doctor and health services team. Staffing levels were stretched but staff worked hard to deliver high quality care. Primary care services were good and included a range of nurse-led clinics, but the health care application system was not confidential. Health promotion had a high profile. Dental services were very good but the waiting list was too long. Mental health care was managed well with some high quality joint working between the primary and secondary teams. Inpatients were well looked after but their regime was often affected by staff shortages.

Purposeful activity

- HP29 Accredited learning and vocational training had increased slightly, and the curriculum was wider. Standards of teaching and work in education were satisfactory. There was some development of employability skills in vocational training and the industrial workshops, but there were too few places and attendance poor. Achievements of qualifications and opportunities for learning progression were limited with few opportunities above level 2. Standards of behaviour in education were poor and led to disruption. PE provision was good but access was poor. Time out of cell, access to association and opportunities for exercise were inadequate, and we found over a third of prisoners locked in cell during the working part of the day. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP30 Education, training and work were promoted among new arrivals, but induction procedures were underdeveloped and did not operate efficiently. There had been some increase in accredited learning since 2007, with more vocational training workshops and accreditation for skills. Additional subjects had also been introduced in education and a reasonable curriculum was on offer. About 120 education places were provided. There were some good achievements of qualifications in basic skills, but generally data management lacked sophistication and there was limited evaluation of the effectiveness of provision. Standards of work were satisfactory but use of learning plans was ineffective. Learning progression above level two was limited. Teaching was generally satisfactory, but discipline in some classes was poor with too much disruption and a toleration of foul language.
- HP31 There were nine vocational training courses, but places available in each workshop were low. Instructors provided good coaching, leading to the development of good employability skills. Standards of work in vocational learning were satisfactory but achievements varied greatly and progression was limited. Access to training was also affected by the use of security risk assessment criteria for applicants.
- HP32 There were broadly sufficient activity places for the current population, although they were not routinely used to capacity. There were 221 work places, including 45 red bands who worked throughout the prison and about 137 off-wing work places, mainly

in industries. The provision of cleaning and menial jobs was not excessive. Qualifications were available in most work places but take up was low.

- HP33 The library was good, but access was limited. New arrivals used an innovative self-test to help them choose appropriate books. Stock was mostly appropriate, including books in Welsh, but the selection of foreign language books was small and inappropriate. Some wings had greater access than others for no apparent reason.
- HP34 PE facilities included football pitches, a sports hall, two weight training and cardiovascular gyms, and small gyms on B, F and I wings. Progression opportunities on vocationally accredited PE programmes were well planned, and pass rates were high for the small number of learners, but courses were limited. Around 65% of the population used the sports activities each month, but many prisoners did not get access every week.
- HP35 Many prisoners spent considerable time in their cell. We found over a third of prisoners locked in cell during the working part of the day. Unemployed prisoners and those on basic regime could experience less than two hours a day out of cell during the working week. At best, a prisoner was out of cell for just under eight hours. Prisoners did not routinely have exercise outside every day, although the exercise yards were well laid out with suitable equipment. Association was adequately supervised and rarely cancelled, but it could be as little as 45 minutes. There was evidence of some regime slippage against the published core day.

Resettlement

- HP36 There had been no resettlement needs analysis, and oversight and strategy were underdeveloped. New arrivals had their initial resettlement needs assessed during induction, and there were some referrals to pathway providers. Prisoners in scope for offender management were allocated an offender supervisor, but many were redeployed and supervisors had too little contact. Those out of scope, over half the population, received limited custody planning, if any. Many prisoners had no up-to-date OASys (offender assessment system) assessment. Prisoners identified as the highest risk were well managed. Public protection was well managed. Pathway work was generally reasonable, although further work in some areas was still required. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP37 The reducing reoffending strategy and action plan addressed the resettlement pathways but needed updating. There was no up-to-date needs analysis. The monthly resettlement policy group was appropriately constituted, well attended and included pathway leads, but, despite the value of pathway work, it was disconnected from strategy and identified objectives.
- HP38 New arrivals' needs against the resettlement pathways were assessed during induction. Resettlement officers also undertook basic pre-release reviews, but these depended on interim work by offender supervisors during sentence. Only prisoners in scope for offender management, about a third of the population, were allocated an offender supervisor. The offender management unit was multidisciplinary, but the continual redeployment of prison officer staff meant that engagement and the completion of assessments was minimal for many, and absent for a significant number. High-risk and MAPPA (multi-agency public protection arrangements) cases

were managed well, but for other in-scope prisoners contact was often infrequent, and the role of offender supervisors needed clarification. The lack of completed OASys assessments further undermined effective interventions and planning. There was no custody planning for the two-thirds of prisoners not in scope.

- HP39 The systems to manage public protection were reasonably good and had recently improved. Monthly risk management meetings included detailed evaluations and reports on risk prepared by probation staff, with appropriate reviews in place. Contributions from other departments, however, were more limited. Arrangements for managing prisoners identified as a risk to children were appropriate.
- HP40 Resettlement staff undertook initial housing assessments during induction and provided basic support and guidance. The full-time Nacro worker could offer longer-term specialist support, and worked with 60 to 70 prisoners at a time. Approximately 12 prisoners a month were supported at the point of release. While only one prisoner in the previous six months had been recorded as of no fixed abode on release, the stability of some release accommodation remained unclear.
- HP41 Some prisoners were able to obtain useful skills, but at relatively low levels. Although workshop and guidance staff provided pre-release support, in our survey many prisoners said they did not know who to contact to get help in finding a job or college courses on release. There was use of release on temporary licence (ROTL) for community work and activities and attending interviews, but for few prisoners
- HP42 Health services staff saw all young adults at a pre-release clinic before they left the prison, offered them advice on how to access health services in the community, and gave sufficient medication where appropriate. Prisoners under the care of the mental health-in reach team were referred to community teams.
- HP43 The resettlement officers provided some basic support and guidance on finance, benefit and debt issues, but there was no specialist debt advice, debt counselling or money management programme.
- HP44 The comprehensive substance misuse strategy contained detailed action plans and was informed by an annual needs analysis. Bi-monthly strategy meetings were well attended, and a designated substance misuse manager coordinated services well. There was a range of interventions for drug and drug/alcohol users but insufficient support for those with primary alcohol problems. The counselling, assessment, referral, advice and throughcare (CARAT) team was stretched but undertook a high level of one-to-one work, as well as groupwork modules. B wing, the healthy living unit, offered a good range of activity and support, particularly for those with substance misuse problems.
- HP45 Visits could only be booked by telephone but visitors reported no difficulties in accessing the service. The visitors' centre was clean and reasonably welcoming, and visits sessions normally started on time. Tables in the visits room were too close together for privacy. The overall environment was clean and well maintained, but prisoners were required to wear bibs. Prisoners had access to a range of pathway services to enable them to maintain family ties, including the 'being a dad' course. Prisoners who had participated in the course spoke positively about the benefits, particularly the opportunity to participate in family visits.

HP46 The lack of up-to-date OASys assessments meant that there had been no analysis of the programme and treatment needs of prisoners. Despite this, the thinking skills programme and P-ASRO (prison addressing substance related offending) course appeared appropriate and were reasonably well managed. Three other non-accredited programmes – victim awareness, alcohol and offending, and anger management – had been successfully delivered in the last year, but were suspended due to staff shortages. Although there were few sex offenders at Stoke Heath, there were no routine assessments of their treatment need.

Main recommendations

- HP47 Reception and first night procedures should be thoroughly revised to ensure that prisoners are located speedily to appropriate accommodation and that their risks and needs are immediately and effectively assessed.
- HP48 The prison should integrate all current safer custody strategies, policies and protocols into a single cohesive strategy for young adults.
- HP49 Systems for monitoring bullying and antisocial behaviour should be integrated and simplified, and should be appropriately publicised to staff.
- HP50 The levels of cleanliness on the wings should be improved and damaged infrastructure repaired.
- HP51 Monitoring of all diversity strands should be disaggregated to ensure the equality and diversity action team gives appropriate consideration to any discrepancies in key areas among young adult prisoners from minority groups.
- HP52 Disruption to learning by learners' poor behaviour and inappropriate language should be challenged and reduced.
- HP53 The activity places should be used more effectively and efficiently to meet the needs of the young adult prisoners.
- HP54 Young adult prisoners should be able to use PE facilities for recreation at least twice a week.
- HP55 Time out of cell arrangements should be improved for all prisoners.
- HP56 The offender management unit should be allocated the necessary staffing resources to meet its work objectives.
- HP57 Custody planning should be introduced for all prisoners.

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 New arrivals spent long periods waiting on the escort vans. Prisoners due for escort were handcuffed when they moved from the wing to reception before morning unlock, and spent too long in reception before their transport.
- 1.2 Reliance was the escort contractor. In our survey, only 33% of respondents, against a comparator of 40%, said that the cleanliness of the escort van was good. The vans we inspected were clean, although some cubicles had graffiti. Each vehicle had an emergency kit and adequate supply of water.
- 1.3 Some prisoners said that they had spent long periods on the vehicles once they had arrived at the prison. The reception was not staffed and open during meal breaks, and escort vehicles that arrived before meal times had to wait outside the prison for up to one hour before they could enter and prisoners disembark.
- 1.4 In our survey, only 52% of respondents, against the comparator of 66%, said they had been treated well by escort staff. We observed that escort staff were courteous and respectful when dealing with prisoners, and acted sensitively during searches before prisoners embarked on the vehicles.
- 1.5 Although prisoners were not handcuffed on or off the vehicles, they were when they moved from the wings to reception for escort before morning unlock, which was inappropriate.
- 1.6 Prisoners due for escort out of the prison were expected to be ready at 6.30am for movement to reception, where they were processed and ready for their escort by 7.15am. However, the escort vehicles did not start accepting prisoners until 7.45am. Prisoners were not given food or a hot drink before leaving the prison to attend court. They were expected to eat the breakfast pack given to them the day before, and were only offered water.
- 1.7 In our survey, only 17% of respondents, against the comparator of 24%, said that they had received written information about what would happen to them before they arrived at Stoke Heath. No information about the establishment was available at courts, other establishments or while they were transported to Stoke Heath.

Recommendations

- 1.8 Prisoners due for escort should not be handcuffed when moving from the wing to reception.
- 1.9 Prisoners should not spend a long time in reception before escort out of the prison.
- 1.10 Prisoners due to leave for court should be offered food and hot drinks in reception.

- 1.11 Information about Stoke Heath should be made available to prisoners before they arrive at the establishment.

Housekeeping point

- 1.12 Escort vehicles should be free from graffiti.

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.

- 1.13 The reception process was lengthy and not welcoming. The first night assessment did not fully assess the risk to prisoners, and new arrivals did not always get their basic requirements and were located in accommodation that was not fit for purpose. Although the induction was completed, it was uninspiring and did not help prisoners to settle in.

Reception

- 1.14 The reception area was clean but was small for the number of prisoners passing through it each day. The seven holding rooms were small and bare with limited reading material and notices. They all had a television, which was controlled by the reception staff.
- 1.15 Reception staff interaction with prisoners was mixed. Staff who searched prisoners were sensitive to their needs and courteous. However, we observed incidents where staff were dismissive to prisoners. In one case, a prisoner who made a simple request was told, 'this is a prison reception not a hotel'.
- 1.16 The reception process took place at the counter and was in sight and sound of prisoners in the holding rooms. Staff used closed interview rooms for the first stage of the assessment process, for which new arrivals had all the necessary documentation with them. There was a vulnerability strategy, and reception staff had a good understanding of its principal aims and objectives. The health care staff had a dedicated room to interview new arrivals. Prisoners were allowed to make a free telephone call in reception.
- 1.17 The cell sharing risk assessment (CSRA) was done as part of the first night assessment process. We were not assured that important safety information was used to inform the risk assessment. In a sample of 20 documents, we found 25% where important information had not been correlated between the first night assessment and CSRA. In one case, the statement from a prisoner that he did not like black people had not been transferred to his CSRA, where he was deemed as low risk. In another case, information from a prisoner that he had self-harmed previously had not been noted on his CSRA and there was no evidence of a follow-up investigation.
- 1.18 In our survey, only 50% of respondents, against the comparator of 55%, said that they were given information about support available for people feeling depressed or suicidal. An Insider

who worked in reception told us that staff did not refer prisoners to him, and that it was up to him to seek those who needed his support. There was no Listener in reception or on the first night assessment wing. In our survey, only 13% of respondents, against the comparator of 19%, said they saw a Listener or the Samaritans within their first 24 hours.

- 1.19 Prisoners told us that they had spent a long time in reception on their arrival, with some reporting a wait of six hours before they had been located on to E wing. During the inspection, we observed a prisoner arrive in reception at 2.45pm who was only located on to E wing at 9.30pm. Two prisoners who arrived at 7pm were not located on to E wing until after midnight. Reception staff told us that reception was risk assessed to hold only seven prisoners during patrol state (meal times), and as a result priority was given to processing court returns rather than new arrivals, as they were quicker to process.

First night

- 1.20 Stage two of the first night assessment was completed when the prisoner was located on the first night assessment wing (E). The quality of these interviews was mixed, depending on the time that the prisoner arrived. New arrivals located late from reception had limited time to discuss their needs. We observed one prisoner who had arrived from court and was located on E wing at 8.20pm who had only a 10-minute interview to assess his immediate needs. There were no Insiders in the first night accommodation to support new arrivals (see recommendation 3.62).
- 1.21 The cells on E wing were in a poor state of repair with damaged floors, leaking windows and large amounts of graffiti. Each cell held two prisoners. The toilet area was in a separate part of the cell and adequately screened, although most had no toilet seats. The position of the television meant that prisoners on the bottom bunk were unable to see it. Not all cells had notices advising prisoners that the water was unfit for drinking.
- 1.22 In our survey, only 22% of respondents said they had access to a shower on arrival, against the comparator of 45%. Several prisoners confirmed they had not had a shower, and during the inspection there were only three shower cubicles on E wing. Similarly, only 70% of respondents said they got something to eat on arrival, against the comparator of 83%. Staff told us that prisoners often arrived on the wing too late to be offered a shower, and that they were not routinely offered food if they had not had a meal in reception. New arrivals were given a smoker's or non-smoker's pack and £2 telephone credit.

Induction

- 1.23 Induction comprised three stages. Stage one included an induction assessment on the day of arrival. The formal two-day induction programme started on the following day, including classes on prison life, fire safety, the personal officer scheme and safeguards, as well as individual interviews with staff from resettlement, offender management, chaplaincy and counselling, assessment, referral, advice and throughcare service (CARATs)/voluntary drug testing. Stage three consisted of assessments by education, PE and health and safety. In our survey, only 47% of respondents who said they had been on an induction course, against the comparator of 64%, said that it covered everything they needed to know.
- 1.24 The induction classes took place in the open association room, which was a thoroughfare for staff and prisoners, and were often interrupted as a result. Rooms available for interviews were not routinely used, and interviews took place in the open association room alongside other prisoners and staff. The induction programme was uninspiring with little use of multimedia, and

classes were often led by staff reading from a script. Prisoners reported that they sought out information from other prisoners to help them to settle.

- 1.25 Prisoners were given a comprehensive induction information booklet to complement the induction programme. This booklet was a good reference document for prisoners, but only available in English. The prison also had a DVD for the induction programme, but this was not being used.
- 1.26 Prisoners stayed on E wing for lengthy periods once their induction had been completed with little to occupy them. A sample of prisoners during February and March 2010 revealed a stay of between five and 16 days, with an average of 10 days.

Recommendations

- 1.27 Reception should be staffed appropriately and stay open during meal breaks.
- 1.28 Reception staff should always be courteous to prisoners.
- 1.29 The reception process should take place out of sight and sound of other prisoners.
- 1.30 Relevant information about new arrivals should be recorded on both their first night assessment and cell sharing risk assessment.
- 1.31 There should be clear governance of the role of the Insider in reception.
- 1.32 Listeners should be employed as part of the first night assessment process.
- 1.33 New arrivals should be located from reception on to the first night wing as quickly as possible.
- 1.34 First night interviews should have adequate time to assess the immediate needs of prisoners.
- 1.35 Cells on E wing should be refurbished and maintained to an acceptable standard.
- 1.36 All toilets on E wing should have adequate toilet seats.
- 1.37 Prisoners should always be offered the opportunity to have a shower and something to eat on their day of arrival.
- 1.38 A separate dedicated room should be used for the induction programme.
- 1.39 Induction interviews should always take place in a private interview room.
- 1.40 Multimedia should be used in the formal induction classes.
- 1.41 The induction information booklet should be available in a range of languages.
- 1.42 Prisoners should be moved off the first night assessment wing as soon as their induction is completed.

Housekeeping points

- 1.43 Televisions in cells should be repositioned so that both prisoners can see them.
- 1.44 All cells on E wing should have notices advising prisoners that the drinking water is unfit for consumption.
- 1.45 The DVD of Stoke Heath information should be used as part of the induction programme.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The cleanliness of the residential wings was generally poor, and the cells on E wing were in a poor state of repair. The quality of prison kit was unsatisfactory, and prisoners had limited access to their own clothes. Prisoners had inadequate access to cell cleaning time or materials. The showers needed refurbishment, and most had no effective screening.

Accommodation and facilities

- 2.2 Accommodation for young adult prisoners was provided on five wings: E wing was the first night and induction wing, F and G wings were generic, B wing was a healthy living unit, and I wing was an enhanced wing.
- 2.3 F and G wings were relatively modern with 90 single cells and 30 double cells on each wing. The gallery-style landings provided good sightlines for staff. The double cells were of the same size and design as the single cells. Curtain screening for the toilet did not provide suitable privacy.
- 2.4 The ground floor of E wing was used as the first night/induction facility. It had 56 double cells and four single cells, with separate toilet cubicles, however most of the toilets had no seats, and the cells were dirty and in need of repair (see also paragraph 1.21 and recommendations 1.35 and 1.36) The landings were long and closed with good sightlines.
- 2.5 B wing, designated as a healthy living unit, offered classes on healthy living, including acupuncture, smoking cessation and drug courses. It had 68 single cells and four double cells. The double cells had a separate cubicle for the in-cell toilet. The toilet in the single cells faced the door and had no privacy screen. The unit had a fitness suite.
- 2.6 I wing was the enhanced prisoner wing and had 30 en-suite double cells. The separate toilet and shower cubicle were screened off with a curtain. The landings were gallery style and provided good sightlines for staff.
- 2.7 The standard of cleanliness on the residential wings was generally poor, with dirty floors, large amounts of dust and damaged flooring; only E wing was clean to an acceptable level (see main recommendation HP50). Even staff offices were often dirty, cluttered and uncared for. Communal showers were small and needed repair. Many had no privacy cubicles.
- 2.8 The establishment had a comprehensive offensive displays policy. Although staff had a good understanding of the policy, offensive materials were displayed in some cells.
- 2.9 In our survey, only 22% of respondents said that their cell emergency bell was answered promptly, against the comparator of 44%. Data provided suggested that cell emergency bells

were not always answered promptly, and we saw evidence of staff taking a long time to respond to prisoners.

- 2.10 In our survey, only 50% of respondents, against the comparator of 58%, said it was quiet enough at night to relax and sleep. On our night visits, we heard some shouting out of cell windows, including potential verbal bullying.
- 2.11 There were monthly consultative meetings, with a committee comprised of young adults and young people as well as a range of staff from various departments. Staff looked at contributions from prisoners and made changes as a result of this meeting.
- 2.12 The number of telephones on each wing was adequate for the number of prisoners held, but seven telephones on F and G wings had no privacy hoods.

Clothing and possessions

- 2.13 In our survey, only 39% of respondents, against the comparator of 55%, said they were offered enough clean, suitable clothes weekly. We observed many prisoners in clothes that were damaged or did not fit. The clothing exchange took place weekly, but the arrangements did not allow prisoners to receive suitable clothes that fitted or were undamaged. Only prisoners on I wing were allowed to wear their own clothes.
- 2.14 The establishment had a policy on the type of music system prisoners were allowed in their possession. Many prisoners complained that when they arrived from another establishment their equipment was not allowed in possession, as it did not meet these strict requirements. We observed a new arrival from another establishment who was told he could not have his music system and would need to buy another one.

Hygiene

- 2.15 In our survey, only 40% of respondents said that they normally got cell cleaning materials weekly, against the comparator of 57%. There was no dedicated cell cleaning regime. Prisoners were given a scrubbing pad and cloth for the week to keep their cell clean. If they required a mop and bucket they had to ask staff, and many prisoners reported that staff ignored this request. We observed many cells that had graffiti and many that were dirty.
- 2.16 All new arrivals were given adequate toiletries and were expected to buy their own through the prison shop thereafter. Each wing held a supply of basic toiletries that prisoners could access in an emergency.
- 2.17 In our survey, 88% of respondents said that they received clean sheets for their beds weekly, which was better than the comparator of 81%. Duvets were standard issue and the covers were of a good standard and replaced weekly. Prisoners were allowed to have curtains in their cells for privacy.

Recommendations

- 2.18 **Cells on F and G wing should be single occupancy only.**
- 2.19 **The single cells on B wing should have adequate screening for the in-cell toilet.**

- 2.20 The shower and toilet areas of cells on I wing should be screened off adequately.
- 2.21 Communal showers should be repaired and privacy cubicles installed.
- 2.22 Staff should respond to cell emergency bells immediately.
- 2.23 All telephones should be fitted with privacy hoods.
- 2.24 Weekly clothing exchange should ensure that prisoners receive suitable clothing that fits and is undamaged.
- 2.25 All prisoners should be allowed to wear their own clothes.
- 2.26 Prisoners transferring in from another establishment should be allowed to keep their in-possession music system.
- 2.27 Prisoners should be given sufficient time and adequate materials to clean their cells.

Housekeeping point

- 2.28 The offensive displays policy should be strictly adhered to.

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.

2.29 Relationships between staff and prisoners were reasonable, though black and minority ethnic prisoners reported poorer relationships. There were few opportunities to build on positive interaction because of the limited time that staff and prisoners spent together. Bad language seemed to be tolerated too readily by staff.

2.30 In our survey, 64% of respondents said that staff treated them with respect, which was consistent with the comparator and our finding in 2007. However, fewer than half of black and minority ethnic prisoners felt respected by staff – only 46%, significantly worse than the 68% response for white prisoners. The pattern of generally neutral responses to questions about staff from the overall population compared with the generally negative views of black and minority ethnic prisoners was repeated throughout our survey.

2.31 Prisoners expressed ambivalence about staff. They saw some as helpful and interested, while others were accused of provocation – of ‘stitching you up’, as it was put to us. Some prisoners thought staff were too condescending to them owing to their age and status as young adults.

2.32 Our own observations provided a mixed picture. We routinely found staff in wing offices, and wing routines limited opportunities for interaction. During the day, few staff and prisoners were out and about. Interaction on the wings was often limited to occasional staff visits to check up

on the cleaner. When staff did engage with prisoners, however, we observed some appropriate encounters with prisoners. Staff and prisoners seemed relaxed in each other's company, engagement was friendly, and preferred names were used. Staff also engaged with prisoners during association, participating in activity, for example, and generally mixing.

- 2.33 We were concerned by the staff tolerance of bad language, which seemed both prevalent and accepted, even in front of staff. Similarly, despite some positive aspects to the quality of relationships, prisoners felt they could shout abuse from cell windows to staff as they passed by.

Personal officers

Expected outcomes:

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

- 2.34 There was a reasonably effective personal officer scheme, supported by a published policy, but further development was required. Prisoners were aware of their personal officer but had limited confidence in the scheme.
- 2.35 The personal officer policy was concise and comprehensive, and we were assured that prisoners were aware of who their personal officer was. Personal officers were publicised on regularly updated lists displayed on residential units and, except on E wing, their names were generally written on cell cards.
- 2.36 Roles and responsibilities of personal officers were included in staff appraisal documents and were also displayed around staff areas on residential units. Despite this, staff generally had a limited understanding of the role. There had been sessions with prisoners to discuss their expectations of personal officers. Notes from these meetings were good, highlighted areas where prisoners felt they were not receiving a good service, and identified subsequent actions for residential managers. Despite this positive work, prisoners individually and in groups said they had limited confidence about what their personal officer would do to help and support them.
- 2.37 The quality of sampled case notes was variable. Personal officers did not always record that they had introduced themselves to their charges within seven days, and did not always maintain weekly contact. Personal officer entries in case notes were often observational or focused on negative behaviour, and only infrequently included information about families, progress towards sentence planning targets or resettlement needs. We found some examples of inappropriate and sarcastic case notes. For example: 'One vile young man ... find it hard to believe he's 20?? As he acts like a three year old'. Quality assurance processes were in place but were often perfunctory, and at times endorsed poor or inappropriate work.

Recommendations

- 2.38 **The personal officer scheme should be developed further to include improved awareness of prisoners' personal circumstances and links to offender management.**

- 2.39 Personal officers should introduce themselves to their charges within seven days of the young adult's arrival on the wing, and document this in their case notes.
- 2.40 Personal officers should engage with their charges to understand their individual needs and personal circumstances, in order to complete meaningful weekly case notes.
- 2.41 Quality assurance systems should be developed to ensure that managers can support and encourage good practice.

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 A significant number of young adults said they had felt unsafe at Stoke Heath. The number of recorded violent and antisocial incidents was relatively high, but included some low-level events. Recording and monitoring systems were underdeveloped. Anti bullying and antisocial behaviour monitoring systems were over-complex and did not reflect the number of violent and antisocial incidents.
- 3.2 The violence reduction strategy was part of a wider overarching safeguarding strategy. It was managed day to day by a dedicated safeguarding team that consisted of a principal officer, two officers and an administrative officer. A monthly young adults safeguards meeting discussed all aspects of safer custody, including violence reduction, anti-bullying and antisocial behaviour. A strategic safeguarding committee, introduced in July 2009, met quarterly and also covered aspects of violence reduction, but its focus was clearly young people. These meetings often duplicated information delivered to the violence reduction committee.
- 3.3 The violence reduction committee met monthly, was chaired by the deputy governor and was given high priority. Meetings were reasonably well attended, although there was sometimes no representation from the young adult site. There were no violence reduction or anti-bullying representatives, and no young adults attended the meeting. The comprehensive standing agenda was not always followed, minutes from these meetings were of variable quality, and information was recorded inconsistently. Data relating to young adults was not always recorded or separated out from that relating to young people. A violence reduction continuous improvement plan was updated at every meeting, but there were few indications that this meeting effected changes or developments to strategy.
- 3.4 Between September 2009 and February 2010, 220 violent and antisocial incidents had been logged on the incident reporting system (IRS) – of which six were serious assaults against staff or prisoners – but only 143 incidents were reported to the violence reduction committee. Although approximately 20% of the IRS figure included low-level events, such as threats or abusive language, the number was relatively high. We were assured that the 59 unexplained injuries had been appropriately investigated. Gangs and gang culture were consistently monitored and their management was proportionate and balanced. A trainee psychologist collected and analysed data on violent incidents and, due to a concern about under-reporting, had significantly altered the methodology in January 2010. However, despite these efforts, information submitted to the violence reduction committee still did not reflect that on the IRS. Data was not sufficiently analysed, and we were not assured that violent and antisocial incidents were significantly reducing.
- 3.5 In our survey, 39% of respondents said they had felt unsafe at some time at Stoke Heath, which was worse than the comparator of 34%, and 18% against the comparator of 14%

currently felt unsafe. Exit questionnaires on perceptions of safety and experiences of bullying behaviour had been completed between April and December 2009. However, only 19 of the 86 responses had been completed by young adults and the findings had been analysed along with responses from young people, which meant that the conclusions were unrepresentative of young adults.

- 3.6 There had been focus groups on violence reduction with staff and prisoners, covering themes such as weapons, gym and education. Notes from these groups did not always specify how many people had been involved, and there was no analysis of the findings. However, outcomes from these groups were fed back to the violence reduction committee, where there was limited analysis and some actions were recorded.
- 3.7 There were separate systems for managing anti-bullying and antisocial behaviour, using similar procedures and documentation. Both systems consisted of an initial informal stage followed by three formal monitoring stages. At the first stage, bully alert forms (BAFs) and antisocial behaviour alert forms (ASBAFs) were generated and investigated by a manager, but their quality was not monitored. When an individual had been the subject of three alert forms, formal monitoring began. Serious isolated incidents could lead to formal monitoring, but we were told that this had not happened in the last six months, although some serious incidents had been recorded. Identified victims of bullying were also monitored under the scheme.
- 3.8 In 2009-10, there had been 368 BAFs, covering both victims and bullies, resulting in 29 young adults (including 11 victims) being monitored on stage one and one victim escalated to stages two and three of the anti-bullying scheme. There had also been 188 ASBAFs, resulting in 21 young adults being placed on stage one, nine on stage two and two on stage three. These figures did not reflect the number of violent and antisocial incidents that had been recorded.
- 3.9 Formal monitoring involved monitoring for two weeks at stage one, although individuals were not given any improvement objectives. At stage two, targets were set through a behaviour management plan, but they often contained jargon, were not easily understood by the young adult, and were not given to him in writing. There was an expectation that interventions would be delivered at this stage, but there had been nothing suitable for young adults until the week of our inspection when the positive options programme (POP) had been introduced; its effectiveness had yet to be evaluated. Individual development unit (IDU) staff had completed some one-to-one intervention work with prisoners, but this had been inconsistent.
- 3.10 Outcomes from stage two included removal to the segregation unit or further monitoring at stages two or three. No one had been removed to the segregation unit as a result of anti-bullying procedures in the previous six months. The appropriateness of further monitoring at stage three was questionable and offered no tangible benefits for those who had been unsuccessful at stage two. However, it did offer support for victims and those who had been involved with interventions. Support plans for victims were under-developed, unless they had been placed on an assessment, care in custody and teamwork (ACCT) document as a result.
- 3.11 Staff were often confused by the two systems for monitoring bullying and antisocial behaviour, and there was significant crossover between them. Governance arrangements were also confused as safeguarding staff were responsible only in part for anti-bullying arrangements, and IDU and residential staff for other parts and for all antisocial behaviour monitoring. Despite some staff awareness training, the systems had not wholly embedded and there appeared to be little ownership for these systems outside the safeguards and IDU teams (see main recommendation HP49). Safeguards and IDU staff visited young adults being monitored daily and had positive engagement with them, but the involvement of other staff was limited. The quality of both types of monitoring documentation was variable and most entries were

observational. Daily management checks did not always take place, and the involvement of the individual being monitored was inadequate.

- 3.12 There had been some remedial work to challenge shouting out of windows. Posters and notices to prisoners had been circulated and night patrols had been requested to challenge the behaviour consistently. However, we observed many occasions when this behaviour went unnoticed and/or unchallenged (see also paragraphs 2.10 and 2.33), and we were concerned about the opportunities this presented for bullying and antisocial behaviour.
- 3.13 There were notice boards on bullying in all residential areas, but the consequences of this behaviour were not always clear. Antisocial behaviour and its consequences were less well advertised. A free anti-bullying telephone hotline to report bullying was publicised well, and the number was displayed by all prisoner telephones. However, this service had been used only six times in six months, and the reasons for this had not been explored.

Recommendations

- 3.14 Meetings where violence reduction data is presented should be streamlined to prevent duplication of work.
- 3.15 Anti-bullying and/or violence reduction young adult representatives should be recruited and should attend the violence reduction committee.
- 3.16 All items on the violence reduction standing agenda should be discussed and reported on at the meeting.
- 3.17 Minutes of the violence reduction committee should record all relevant data, and information about young adults should be disaggregated.
- 3.18 There should be further work to ensure that data on all violent and antisocial incidents is presented to the violence reduction committee.
- 3.19 Exit questionnaires should be analysed for trends and patterns relating specifically to young adults.
- 3.20 There should be further work to understand why a significant proportion of young adults feel unsafe.
- 3.21 Violence reduction focus groups should be further developed, and findings should be properly analysed and appropriate action taken.
- 3.22 Objectives set for young adults being monitored under anti-bullying/antisocial behaviour systems should be simple and easily understood, and should be given to them in writing.
- 3.23 The effectiveness of the positive outcomes programme should be evaluated.
- 3.24 Improvement objectives should be set at the first stage for individuals monitored under anti-bullying/antisocial behaviour systems to enable them to reflect on their behaviour.

- 3.25 The quality of comments in anti-bullying/antisocial behaviour monitoring documents should be improved, be less observational and concentrate more on engaging with individuals.
- 3.26 Staff should challenge abuse from windows and bad language robustly and consistently.

Housekeeping points

- 3.27 The types of bullying and antisocial behaviour and their consequences should be widely publicised to prisoners.
- 3.28 The reasons for the underuse of the anti-bullying hotline should be investigated.

Vulnerable prisoners

- 3.29 Staff were aware of different types of vulnerability, but assessments were not routinely used on the young adults' side. The small number of vulnerable prisoners on E wing was not fully accessing the regime and felt isolated and uncared for. There were no support plans, risk assessments, reintegration plans or exit plans to ensure their appropriate care.
- 3.30 Staff had a reasonable awareness of different types of vulnerability. A new management of vulnerable people policy described a process of identifying and monitoring vulnerability that, although labelled differently, was the same as anti-bullying monitoring for victims. The residential staff and managers we spoke to shared the view that vulnerability assessments were only required on the young people's site, and we were not assured that this system was used as intended, if at all.
- 3.31 Vulnerable prisoners were moved frequently between wings to ensure their safety and to manage their individual circumstances. Young adults who required additional support were sometimes located on B wing, the healthy living unit, where they were fully integrated into the regime and could access all services and facilities. E wing, the induction unit, also housed a few individuals who could not be located elsewhere due to a vulnerability, including bullying or poor coping.
- 3.32 Young adults who could not be moved from E wing were identified on the roll board by a blue dot. Although this was appropriate, we had significant concerns that they were generally not accessing the regime off the wing and not receiving appropriate care or support. These prisoners generally felt uncared for and isolated, and spent significant periods locked in their cells. There were no support groups or interventions to engage them and no appropriate risk assessments or support, reintegration or exit plans, unless they were subject to monitoring under anti-bullying or were on an ACCT when support systems had been considered.

Recommendations

- 3.33 The management of vulnerable people policy should be more coherent and integrated with other safer custody strategies.
- 3.34 The process for monitoring vulnerable people or victims of bullying should be clarified and should be fully integrated with other monitoring.

- 3.35 Vulnerable young adults should be supported by appropriate risk assessments, and support, reintegration and exit plans.
- 3.36 There should be a support group for vulnerable prisoners and/or those having difficulty coping.

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.

- 3.37 The suicide prevention document focused only on management of the self-harm monitoring (ACCT) process. The level of self-harm was relatively high, but there was little analysis of trends or patterns. The quality of ACCT documents was adequate, but quality assurance was underused
- 3.38 The strategy document for suicide prevention and self-harm management focused too simplistically on the assessment, care in custody and teamwork (ACCT) self-harm monitoring process rather than on strategy. There was a lack of cohesion between the many strategies, policies and protocols on safer custody, including the violence reduction, vulnerability and overarching safeguarding strategies, which themselves lacked cohesion (see main recommendation HP48.)
- 3.39 The strategic safeguarding meeting, introduced in July 2009, was held quarterly and the last meeting had been chaired by the governor, giving it a higher priority. This meeting aimed to bring together aspects of other meetings, and working with partners, into a more strategic approach. However, the focus remained on young people and further work was required to ensure that young adults were fully considered. Aspects of self-harm and ACCT were discussed cursorily, and it was not clear that issues raised at the meeting were informing strategy.
- 3.40 There were separate safeguards meetings to discuss issues specific to young people and young adults. The young adults safeguards meeting had no terms of reference, membership or standing agenda, but was based on that for young people, which was formalised in the overarching safeguarding strategy. Attendance at the monthly meetings was variable, as not all residential units were always represented, and young adult attendance was infrequent. The minutes sometimes referred to young people. Agenda items on violence reduction, anti-bullying and antisocial behaviour often duplicated those in the violence reduction committee. Suicide prevention was an agenda item but concentrated on the quality of ACCT documents, rather than how self-harm could be reduced and other areas of suicide prevention. Data on self-harm were not routinely analysed for any trends or patterns. The primary care trust staffed the constant watch facility in health care, but no data on its use were maintained or discussed at this meeting.

- 3.41 There was a safeguards continuous improvement action plan, but the January 2010 meeting had discussed two actions that were specific to young people, and therefore had no place at the young adults meeting. Listeners and Insiders were discussed, but data on the work of Listeners were not routinely collected. Although we were told that access to Listeners was unhindered, in our survey only 28% of respondents, against the comparator of 45%, said that it was easy to see a Listener.
- 3.42 The number of ACCT documents opened in the last six months, 129, was relatively high, and there had been 250 acts of self-harm (only 160 of which were reported on IRS) – a significant number of which were attributed to two or three prolific self-harming individuals. Investigations into serious acts of self-harm were routinely completed, drew appropriate conclusions, and concentrated on actions for the individual, but did not reflect on how similar incidents could be prevented in the future.
- 3.43 Many staff were trained in ACCT foundation, case management and as ACCT assessors, and there had been an appropriate focus on first aid training for frontline staff. Night staff were familiar with suicide prevention procedures and carried anti-ligature tools. However, the process of night staff eliciting a response from all prisoners very early in the morning was disproportionate, and could have distracted them from paying proper attention to those who required support.
- 3.44 Case managers were assigned to most individuals on ACCTs but case management was often inconsistent and the quality of ACCT documents was variable. Frequency of observations was confusing and often not adhered to. There was only one observation a night for someone who was sufficiently in crisis to require the support of an ACCT. Care maps did not always identify issues appropriately, were not always updated at case reviews, and ACCTs were often inappropriately closed before all actions were completed. Reviews were not always completed on time and were often not multidisciplinary.
- 3.45 The lack of collective responsibility for safer custody issues was most prevalent in the management of ACCT documents, where residential staff and managers had repeatedly not responded to requests and/or instructions to improve the quality of documents. Quality assurance processes were underused and sometimes inappropriately managed by residential managers. Some notes in ACCTs demonstrated positive engagement with prisoners, and we observed appropriate levels of care, but the majority of entries were observational. The head of safeguards and her team were aware of the inadequacies of ACCT documents and had raised these consistently at safeguard meetings, but there had been limited action to rectify these issues.
- 3.46 There were only five Listeners and one Insider at the time of the inspection. This was insufficient for the population, and both schemes required further development. An Insider worked in reception, but there were no Insiders on the first night accommodation to support new arrivals. There were care suites on F and G wings, which were unwelcoming and poorly equipped, and the facility on F wing was dirty at the time of our inspection. Use of these care suites was not recorded.

Recommendations

- 3.47 **The strategic safeguarding meeting should have a clear focus on young adults and should not duplicate work from other meetings.**

- 3.48 There should be annual strategic objectives to develop self-harm and suicide prevention work.
- 3.49 The young adults safeguards meeting should have agreed terms of reference, membership and standing agenda.
- 3.50 Patterns and trends in self-harm among young adults should be more effectively analysed.
- 3.51 Use of the constant watch facility should be recorded and monitored.
- 3.52 The work of Listeners and Insiders should be monitored more effectively to ascertain how widely they are used.
- 3.53 All acts of self-harm should be recorded on the incident reporting system.
- 3.54 Investigations into serious acts of self-harm should draw on lessons learned to inform future strategy.
- 3.55 Night staff should only elicit responses from prisoners for whom there are specific concerns.
- 3.56 There should be consistent case management for individuals on open ACCTs.
- 3.57 Frequency of observation for young adults on ACCTs should be appropriate to the level of support needed, and should be made clear to those responsible for managing them.
- 3.58 All case managers should be trained to ensure they can appropriately identify and address all issues, and care maps should be reviewed and updated at each case review.
- 3.59 ACCTs should not be closed until all issues in the care map have been dealt with.
- 3.60 ACCT case reviews should be multidisciplinary.
- 3.61 Residential staff and managers should ensure that all ACCTs are of sufficient quality to ensure that prisoners receive a consistent level of care.
- 3.62 More Listeners and Insiders should be recruited and should be located where they are most needed to support other prisoners.
- 3.63 Care suites should be refurbished to ensure they are welcoming, clean and well equipped, and their usage should be recorded.

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.

- 3.64** Complaint and application forms were not always readily available, and prisoners had limited confidence that they were dealt with fairly or promptly. Systems for managing applications varied, and we were not confident that they were dealt with appropriately or within reasonable timescales. Responses to complaints were generally appropriate and timely.
- 3.65** Access to application forms varied across residential units, and complaints forms were not always readily accessible on all wings.
- 3.66** In our survey, 80% of respondents, significantly worse than the comparator of 85%, said that it was easy to access application forms, and only 55%, against 64%, said that applications were dealt with fairly. The system for logging and processing applications was inconsistent. The date that applications were received was not always logged, and the date responses were received was not logged anywhere. A significant number of applications we sampled had no response attached, and it was difficult to ascertain how these had been followed up, if at all. Governor's applications were generally logged in a book, but the dates for responses were rarely logged and frequent gaps suggested that some applications had not been dealt with.
- 3.67** In our survey, only 22% of respondents, against a comparator of 39%, felt that complaints were dealt with fairly, and only 32%, against 43%, said they were dealt with promptly. There had been considerable work to ensure that responses to complaints were timely, and approximately 95% of the 306 complaints in the previous six months had been responded to within appropriate timescales. However, this meant that approximately 16 prisoners did not receive a response within a reasonable timescale.
- 3.68** Responses to complaints were sampled to ensure that they were appropriate and addressed to the issues raised. All the responses we saw were appropriate, usually personalised, addressed the issues and offered apologies and compensation where relevant. Although the senior management team discussed the timeliness of complaints, there was no evidence that trends or patterns were discussed.

Recommendations

- 3.69** Application forms and all types of complaint forms should be readily available across all residential units.
- 3.70** Applications procedures should be clarified and publicised to all staff and prisoners to ensure that applications are dealt with properly and promptly.
- 3.71** The prison should investigate young adults' negative perceptions of application and complaint procedures, and act on them to increase confidence in the system.
- 3.72** The senior management team should formally monitor trends and patterns in complaints to address the issues raised and reduce the number of complaints received.

Housekeeping point

- 3.73** Governor's applications logs should record the date that applications have been dealt with.

Legal rights

Expected outcomes:

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

- 3.74** There was no legal or bail information staff, and access to legal representatives was poor. Prisoners said that staff often opened their legal correspondence when they were not present.
- 3.75** There were no trained legal rights officers, although four had been identified for the role. One of them said that they were reluctant to give out any legal advice in case they gave a prisoner wrong information. Their current role was to give out addresses and assist prisoners in completing forms and letters.
- 3.76** In our survey, only 37% of respondents, against a comparator of 51%, said that it was easy to communicate with their solicitor or legal representative. Prisoners were allowed to have five legal numbers on their personal identification number (PIN) telephone list, in addition to their domestic numbers, and could contact their solicitor at their own cost. Telephones on the wings were switched off during the core day between Tuesday and Thursday, which made access to legal representatives difficult. Prisoners could have free letters to write to their legal representative.
- 3.77** In our survey, only 49% of respondents, against a comparator of 60%, said it was easy to attend legal visits. A visiting solicitor confirmed that he had waited 20 minutes for his client to be brought to see him, and that his client had not been brought to the video suite for a previous video conference that he had arranged.
- 3.78** There was a comprehensive selection of law books in the library, including some with easy reference for prisoners.
- 3.79** In our survey, 43% of respondents, against a comparator of 37%, said that staff had opened their legal mail when they were not present, although staff were aware of the arrangements for opening legal correspondence.

Recommendations

- 3.80** There should be trained legal rights officers to assist prisoners.
- 3.81** Prisoners should be able to contact their legal representative during the core working day.
- 3.82** Prisoners' access to legal representatives should be improved.
- 3.83** Staff should not open legal correspondence without the prisoner being present.

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.

- 3.84** Prisoners had access to a range of faith and non-faith courses and good support from the well-integrated multi-faith chaplaincy team, who were a visible presence throughout the prison. Facilities for worship were well maintained and welcoming, but prisoners had to apply to attend services and attendance at worship was relatively small.
- 3.85** The chaplaincy team consisted of full-time Church of England, Muslim and Baptist chaplains supported by part-time Catholic and Methodist chaplains, and a local Anglican curate who worked in the prison on a voluntary basis. There were also part-time Sikh and Buddhist chaplains and links with other chaplains and volunteers covering a range of faiths. The Church of England chaplain was the chaplaincy coordinator and was a member of the senior management team. The facilities for faith services were very good. Services were held in welcoming and well-maintained rooms, with a separate world faith room for Muslim services, separate interview rooms, a small kitchen area and a group room.
- 3.86** The chaplaincy maintained a visible presence throughout the prison and worked together as a well-integrated and enthusiastic team to provide support. The team made a daily check of the reception list to identify prisoners who were new to the prison, and shared responsibility for seeing all new arrivals or visiting prisoners in the segregation unit or health care. They usually saw new arrivals within 24 hours of arrival and gave them a leaflet outlining how to access prayer and worship, the range of support groups and any religious festivals or celebrations planned for the coming week.
- 3.87** There were weekly Muslim, Catholic, Anglican, Sikh and Buddhist services. Levels of attendance varied but were relatively small given the prison's population and that both young adults and young people attended services together. There was a chaplaincy application box on each residential unit and prisoners had to submit an application form by Thursday to attend their chosen service. Young adults who regularly attended services could ask for their names to be added to the list in advance, and new arrivals could also be added if they asked to attend. Members of the team also helped prisoners with literacy difficulties to complete applications. The chaplaincy coordinator said the application system was an improvement on the previous system in which wing managers collated a list of prisoners who wished to attend worship each Friday.
- 3.88** Under the current core day, there was some conflict between weekend services and the regime. Young adults had commented on difficulties in accessing a kit change or collecting property from reception if they chose to attend a service. This issue had been discussed with managers responsible for the re-profiling exercise currently under way, and the chaplaincy coordinator believed the matter would be resolved.
- 3.89** The chaplaincy had responded to concerns about the number of prisoners requesting rosary beads by introducing a rosary religious education group. Prisoners who attended the group could then be issued with rosary beads.
- 3.90** In our focus group, black and minority ethnic prisoners said they felt their religious beliefs were respected. The chaplaincy had undertaken some work to raise awareness of religious beliefs

across the prison. A booklet for staff was produced before Ramadan and the festival of Eid to ensure staff were aware of the religious significance and importance of the period. In December 2009, a group of staff accompanied by two prisoners had visited several different faith centres in the local area.

- 3.91 The number of Muslim prisoners had increased and the world faith room had been doubled in size to accommodate all those who wished to attend prayers. There were good washing facilities next to the room. The Muslim chaplain was well established in the prison and was working to improve staff awareness and confidence in dealing with faith issues. For example, he had recently produced a simple guide for staff undertaking cell searches and the searching of religious artefacts using drug dogs. Muslim prisoners had access to three weekly teaching groups.
- 3.92 The main religious festivals were celebrated, including an annual family service for each of the major faith groups with refreshments provided. The chaplaincy ran weekly faith classes, and a meditation group was due to begin. A weekly support group, the Way Forward, offered support for prisoners serving longer term sentences. The chaplaincy also ran a monthly support group for Travellers, and took the lead in speaking to prisoners who had received difficult or potentially upsetting news from families or friends. Prisoners were offered support following bereavement, and there were three memorial services each year. The chaplaincy also delivered a course for prisoners who were fathers, and helped facilitate family visits (see paragraph 9.82).

Recommendation

- 3.93 Prisoners should not have to apply to attend religious services and all prisoners who wish to attend should be able to do so.

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.

- 3.94 Few young adults required clinical treatment for alcohol or drug dependency; those who did were safely managed and received good support and comprehensive care. The standard treatment for opiate users was buprenorphine detoxification, but methadone was also due to be introduced under the integrated drug treatment system (IDTS). The availability of illicit drugs in the establishment was low.

Clinical management

- 3.95 New arrivals were screened at reception, and there were patient group directions to prescribe first night symptom relief. Alcohol detoxification began immediately, and in the previous 12 months, the primary health services team had managed three prisoners through this process.
- 3.96 New arrivals requiring opiate-substitute treatment were assessed by specialist staff from the Crime Reduction Initiative (CRI) the following morning, including weekends. The CRI team

consisted of a manager, a specialist GP and two substance misuse nurses who provided services under IDTS. Demand for the service was low, as only 20% of the population arrived directly from court. Eleven prisoners had undergone buprenorphine detoxification in the past 12 months, and currently only one was in treatment. Methadone prescribing was due to be introduced when the necessary treatment facilities had been completed. There were appropriate clinical management protocols, but lofexidine for the treatment of those with a lower level of dependency was not yet available.

- 3.97 Prisoners received a high level of care and support, had daily contact with a named IDTS nurse and weekly reviews with the specialist GP. A counselling, assessment, referral, advice and throughcare (CARAT) worker delivered an individualised care package, and there were good shared care arrangements between primary health services, mental health in-reach, IDTS and CARAT teams. Bi-weekly multi-agency well-being meetings reviewed prisoners with complex needs. However, the CARAT team's remit excluded work with primary alcohol users (see paragraphs 9.58-9).
- 3.98 New arrivals who required clinical treatment were admitted as inpatients for monitoring and observation. Once stabilised, they could relocate to the induction unit and then on to B wing, the healthy living unit. Staff on these units were aware of those undergoing detoxification, and prisoners described the officers as sound.

Drug testing

- 3.99 In our survey, a slightly higher percentage than the comparator said it was easy to get illegal drugs in the prison (24% against 19%), but there was little evidence of drug use. The year-to-date random mandatory drug testing (MDT) positive rate was 1.1% against a target of 3.3%, fewer than 10% of security information reports (SIRs) related to drugs, and there were few drug/hooch finds. Prisoners told us that cannabis was occasionally available.
- 3.100 The MDT programme was appropriately resourced, and there had been a good level of suspicion testing in the year to March 2010. Only 15% of the 79 tests conducted resulted in positive results, reflecting the variable quality of SIRs and the fact that low levels of cannabis use might not register as positives. We were told that tests were sometimes not completed in the required time frame, but this was not recorded. The prison also conducted risk testing for red and blue bands. Testing was undertaken in a Portakabin, but the two holding rooms were too small and lacked ventilation.
- 3.101 There were active security measures, the prison had developed a supply reduction action plan, and security staff were represented at drug strategy meetings.

Recommendations

- 3.102 Treatment regimes for young adults dependent on opiates should be flexible and based on individual need, and should include lofexidine as well as opiate substitutes.
- 3.103 The prison should monitor the number of suspicion mandatory drug tests (MDTs) not conducted within the required time frame.
- 3.104 Conditions in the MDT suite should be improved.

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 equalities and diversity policy covered all diversity strands, but had insufficient detail about how key aspects of the work would be delivered. Work on some strands was in the early stages. Equality and diversity meetings were well attended. The equality and diversity action plan was not a strategic document to drive forward diversity work. Monitoring to ensure equality of access to regime services did not currently extend beyond ethnic monitoring. There had been problems with the recruitment and retention of prisoner diversity representatives and not all current representatives had undertaken the training. Staff training in diversity was limited.
- 4.2 The current published equality and diversity policy described the prison's commitment to all diversity strands, but it lacked specific detail and information about how key aspects of diversity work would be undertaken and the level of support across each of the strands. A separate foreign national policy outlined support to meet the needs of these prisoners, and there was a separate but unpublished policy covering prisoners with disabilities, but there were no separate policies for other diversity strands.
- 4.3 The race equality action plan had been developed into an equality and diversity action plan (EDAP), which was reviewed at the bi-monthly equality and diversity action team meeting (EDAT) chaired by the governor. The EDAP was not a proactive document to drive forward the strategic development of diversity work, and tended to focus on action points that arose at EDAT meetings.
- 4.4 EDAT meetings were held monthly if required, and meetings had taken place in both January and February 2010. Attendance was reasonable and included relevant departments across the prison. Although there was external representation from the community organisation Pioneers Leading the Way, it had not attended recent meetings due to staff sickness.
- 4.5 There was no overarching diversity manager. Leads had been nominated for all diversity strands, although work on some strands was in its infancy. Not all strand leads submitted a written report for discussion at EDAT meetings consistently. A further meeting of leads was scheduled to ensure that they were clear about their role and responsibilities. Although ethnic monitoring data was addressed at each meeting, the prison did not monitor other elements of diversity, including disability or religion, in a similar way.
- 4.6 Prisoner diversity representatives and officers had been appointed on residential units and attended EDAT meetings when possible. There were six young adult representatives at the time of the inspection. The identity of prisoner representatives was published on dedicated wing equality and diversity noticeboards. Prisoner representatives had distinctive yellow sweatshirts, although not all were willing to wear them.
- 4.7 Prisoner representatives met the race equality officer (REO) before EDAT meetings and any identified concerns were then raised at the EDAT meeting. The notes of the meetings between the REO and the representatives reflected ongoing difficulties in the recruitment and retention

of representatives. The REO told us of one prisoner who wing staff had identified for the role of unit representative who had been named in a racist incident form, and who he had therefore deemed unsuitable. Although staff liaison officers and prisoner representatives had resource packs to assist them in their work, some prisoner representatives we spoke to expressed a lack of confidence in their role. Only four out of the six had attended the diversity training provided by the prison.

- 4.8 The prison had introduced a separate equality and diversity complaint system. Complaints were referred to strand leads for investigation. Two complaints had been submitted in 2010, both from juveniles.
- 4.9 A recent prioritisation meeting had drawn up a schedule of single equality impact assessments for the forthcoming year. Although two assessments had been conducted using the revised template, they focused solely upon race.
- 4.10 Diversity training for staff was limited – only 19% had attended Challenge It, Change It training, and only just over half were reported as having received formal diversity training in the last three years.

Recommendations

- 4.11 Each strand of diversity should be covered by an up-to-date policy with comprehensive information on how key responsibilities will be delivered and support for prisoners with identified needs will be provided.
- 4.12 The equality and diversity action plan should be a proactive document identifying strategic action points to take forward diversity work across each of the strands.
- 4.13 The equality and diversity action team should include community representatives at all meetings.
- 4.14 The prison should identify an overarching diversity manager.
- 4.15 There should be monitoring of prisoners' access to the regime by religion, disability, sexual orientation and/or foreign national status.
- 4.16 All prisoner diversity representatives should undertake diversity training.
- 4.17 All staff should receive formal diversity training.

Race equality

- 4.18 There were appropriate structures to support race equality work. Black and minority ethnic prisoners were negative about their treatment across a range of key indicators. Although prisoner diversity representatives met regularly with the race equality officer, there was no wider consultation with black and minority ethnic prisoners. The prison had provided a thorough response to concerns identified in ethnic monitoring data, but data specific to young adults was not collated and analysed separately in order to ensure that all issues were have been detected. Investigations into racist incident report forms were generally reasonable, but some did not fully deal with all aspects of the complaint.

- 4.19 There was no separate race equality policy (see recommendation 4.11). A senior officer was the full-time race equality officer (REO), supported by a part-time assist officer. Both staff worked in the performance unit and had ready access to and support from senior managers.
- 4.20 Approximately 16% of young adults were from black and minority ethnic backgrounds, as were 3.5% of staff in contact roles.
- 4.21 The EDAT monitored SMART (systematic monitoring and analysing of racist equality treatment) ethnic monitoring data, including both mandatory and locally agreed fields. This included adjudications, segregation, incentives and earned privileges, and access to employment. Minutes of EDAT meetings indicated that the prison had responded thoroughly to identified trends and concerns. There had been an investigation into the over-representation of black and minority ethnic prisoners submitting formal complaints, which included an examination of all individual complaints from black and minority ethnic prisoners and analysis by subject. However, the prison did not disaggregate the SMART data to analyse data on young adults and juveniles separately and, therefore, specific issues for young adults might not be detected. For example, we looked at data on the number of days young adults spent in the segregation unit over a six-month period and found that black and minority ethnic young adults appeared to be over-represented in three of the six months. (See main recommendation HP51.)

Managing racist incidents

- 4.22 The majority of submitted racist incident report forms (RIRFs) related to young adults. Of the 146 submitted in 2009, 103 related to young adults, and 21 of the 37 submitted in 2010 to date related to young adults. Prisoners had ready access to forms on residential units but envelopes were not provided. In response to concerns from young people about a lack of confidentiality, boxes had been moved and were no longer close to wing offices.
- 4.23 All racist incidents were investigated by the REO, who had undertaken national REO training but not the relevant investigation training. The quality of investigations we sampled was reasonable, although not all were completed within required timescales. More recent RIRFs, including all those submitted in 2010, had, however, been completed within the required timescales. Complainants received written acknowledgement of their complaint and detailed written feedback of the outcome.
- 4.24 Many complaints we sampled related to the use of inappropriate racist language and comments from prisoners directed at staff or other prisoners. Not all staff who witnessed and reported such behaviour had challenged it appropriately and dealt with perpetrators at the time. We saw some cases where the REO had advised that the member of staff should have placed a prisoner on report but had failed to do so. Prisoners found to have used racist language or expressed racist views could be referred to education to complete a diversity course, and wing managers were notified to review cell sharing risk assessments or update wing observation books. The security department was also informed. However, we saw no examples of prisoners being dealt with under incentives and earned privileges (IEP) or anti-bullying or antisocial behaviour measures. Although mediation was always considered, we did not see any examples of it being used. One complaint submitted by a visitor was handled sensitively.
- 4.25 We saw some examples of complaint responses that were not sufficiently thorough to provide assurance that all aspects had been investigated and fully addressed. We saw two complaints submitted one week apart that named the same member of staff, but there was no evidence in the RIRF that this member of staff was interviewed in the investigation of either complaint.

- 4.26 Submitted complaints were subject to external quality assurance by a representative from Pioneers Leading the Way. However, this annual random sampling of 10% of RIRFs had not taken place in October 2009 due to sick leave. The external quality assurance in October 2008 had provided written feedback to the prison.
- 4.27 RIRFs were discussed in detail at EDAT meetings, with the REO providing an overview of key findings. There was an analysis of the complaints submitted during the previous month by location, type and origin, but no analysis over time to identify trends.
- 4.28 The REO shared an office with the complaints clerk and there were systems to ensure appropriate information sharing.

Race equality duty

- 4.29 There were no wider consultation or surveys of minority ethnic prisoners beyond the focus groups convened to inform impact assessments or the meetings between the REO and the prisoner diversity representatives.
- 4.30 In our survey, black and minority ethnic prisoners responded more negatively than white prisoners across a range of key indicators, particularly issues of respect and safety. For example, 32% of respondents, double the rate of white prisoners, said they had been physically restrained in the last six months, and 36%, again double the rate of white prisoners, said they had spent a night in the segregation unit during the previous six months. This seemed to be supported by data (see 4.21 above). Almost a third, 32%, of black and minority ethnic respondents said they currently felt unsafe in the prison, significantly worse than the response of 15% for white prisoners. In addition, 41%, significantly worse than the comparator of 16%, said they had felt threatened or intimidated by a member of staff in the prison, and 48%, again significantly worse than the comparator of 23%, said they had felt threatened by another prisoner. Black and minority ethnic prisoners told us that they did not feel they had encountered overt racism in the prison, but some felt that some staff lacked cultural awareness.
- 4.31 The prison held annual events to celebrate racial diversity, such as a diversity world cup event in the gym in December 2009 and a celebration of black history month in October 2008 with guest speakers and entertainers, which was well received by prisoners, but there was scope to extend the frequency of such events.

Recommendations

- 4.32 The race equality officer (REO) should attend investigation training.
- 4.33 Staff should consistently take appropriate action to challenge prisoners perceived to have engaged in racist behaviour or language.
- 4.34 The REO should use a greater range of responses for prisoners found to have behaved in a racist or discriminatory manner, including use of the incentives and earned privileges scheme and antisocial behaviour policies.
- 4.35 Investigations into RIRFs should deal in full with all issues raised in the complaint, and should include interviews with all those allegedly involved, including all reported witnesses.

- 4.36 Completed RIRFs should be subject to regular external scrutiny.
- 4.37 The EDAT should develop its analysis of RIRFs to enable it to identify and respond to any trends over time.
- 4.38 The prison should conduct frequent consultation with black and minority young adults to explore and address the negative perceptions in our survey.
- 4.39 There should be more frequent events to celebrate cultural, racial and ethnic diversity.

Housekeeping point

- 4.40 Envelopes should be provided for the confidential submission of racist incident report forms (RIRFs).

Religion

- 4.41 There had been some work to raise staff and prisoner awareness of different religious beliefs, but there was no monitoring to establish if the prison regime affected some religious groups differently from others.
- 4.42 There was no separate policy on religion to ensure the religious needs of prisoners would be met, and the equality and diversity policy and action plan lacked detail about how the work was to be delivered and developed (see paragraph 4.3). A member of the chaplaincy team attended EDAT meetings where information about the range of religions in the prison population was reviewed. This information was not disaggregated to allow a separate focus on young adults. In our survey, 6% of respondents said they were Muslim.
- 4.43 Two members of the chaplaincy had recently participated in national religious diversity training, and there were plans to roll this training out to staff. There had been some religious conversions, although generally prisoners applied to do so because their religion had been incorrectly recorded on P-NOMIS.
- 4.44 There was no monitoring to establish whether the prison's regime affected any religious group disproportionately (see recommendation 4.15).

Recommendation

- 4.45 Separate data on the range of religions practised by young adults should be collated and presented to the EDAT.

Foreign nationals

- 4.46 Individual support was provided for the small number of foreign national prisoners. The prison was active in tracking and progressing individual cases. Although there were bi-monthly focus groups for foreign national prisoners, attendance by UKBA staff had been inconsistent, which did not help prisoners to access up-to-date information about their case. Prisoners could seek the help of a local solicitor who handled immigration matters.

- 4.47 The prison had a separate foreign national policy for 2009-10. It provided an overview of the prison's responsibilities in ensuring prisoners were informed of immigration issues and were able to maintain family contact. We were told the number of foreign national prisoners fluctuated but had been relatively low recently. At the time of the inspection, 15 young adults were foreign nationals, two of whom were held solely on immigration grounds.
- 4.48 The prison had an experienced foreign national clerk who worked in conjunction with the REO to provide support for foreign national prisoners. Although he had not received any formal training, he had endeavoured to build links with other clerks and with local UK Border Agency (UKBA) and criminal casework directorate (CCD) staff. The clerk had other responsibilities, but foreign national work was given priority.
- 4.49 There were systems to identify foreign national prisoners on reception, and a local database of foreign national prisoners monitored and tracked individual cases. The foreign national clerk ensured that immigration paperwork was properly managed and issued, and sometimes issued paperwork in person to ensure the prisoner properly understood the procedure. The clerk was clearly knowledgeable about individual cases and provided appropriate individualised support, such as maintaining regular contact with the family of one young adult subject to a detention order. The case had been particularly problematic because of changes in allocated UKBA caseworkers, but the clerk was pursuing the prisoner's transfer to an immigration removal centre.
- 4.50 Foreign national prisoners were discussed at the EDAT meeting and a report was usually submitted by the foreign national clerk. There were bi-monthly foreign national forums, which UKBA staff were invited to attend. However, there had been no attendance at recent meetings due to external restructuring. Meetings were also attended by the Muslim chaplain, Independent Monitoring Board and area equality and diversity manager. They gave foreign national prisoners the opportunity to raise particular concerns about their access to regime services and facilities.
- 4.51 The foreign national clerk selected prisoners to attend the forums and the REO assisted in facilitating the meetings. Notes of the meetings indicated that some foreign national prisoners refused to attend, although we were told that the foreign national clerk followed up those who did not attend. Although the clerk gave UKBA the details of prisoners invited to attend the meeting, the notes of the February 2010 meeting recorded prisoners' disappointment that the immigration officer who attended had been unable to provide them with up-to-date information about their case. The prison had identified a local solicitor able to deal with immigration matters.
- 4.52 Professional interpreting services were not frequently used with young adults, although staff were aware of the service and how to access it. The foreign national clerk said the prison encountered few language difficulties among young adults. The library stocked some limited fiction in a range of languages and some foreign language dictionaries. The foreign national clerk had accessed information in other languages from world news websites to enable foreign national prisoners to keep themselves informed about events in their home country.
- 4.53 Foreign national prisoners who had not received visits during the previous month were given international telephone cards with £5 credit. They only needed to apply once for this, and were then automatically issued with a new card.

Recommendation

- 4.54 Foreign national prisoners should have regular access to UK Border Agency representatives who are familiar with their individual case and circumstances.

Disability

- 4.55 New arrivals were able to disclose disabilities at reception, but only those with physical disabilities had follow-up interviews. There was no multidisciplinary care planning. The prison had recently held a focus group for prisoners with disabilities and had received negative feedback from participants about the level of support. In our survey, prisoners who considered they had a disability were more negative across a range of indicators.
- 4.56 The prison had a reasonable disability policy that outlined legislation and service provision, but we were told it had not been published. Disability was managed through the bi-monthly EDAT.
- 4.57 In our survey, 16% of respondents said they considered themselves to have a disability. The prison had no current data on the number of prisoners who considered they had a disability as data maintained on LIDS (local inmate database system) had not migrated across to P-NOMIS (the new Prison Service IT system). There were plans to develop a local database to monitor the number of prisoners with disabilities, as well as including this information on P-NOMIS. Information presented to the November 2009 EDAT meeting showed that 135 young people had disclosed disabilities, 47% of whom had reported they were dyslexic. This data was not disaggregated to show the number of young adults who had disclosed disabilities (see main recommendation at HP51).
- 4.58 Two staff based in the young people's substance misuse team were responsible for both staff and prisoner disability issues. They were each allocated one afternoon a week facility time for the work, but felt this was insufficient and limited the service they could provide.
- 4.59 Health care staff completed a disability questionnaire during each new arrival's reception health screening. Master copies of this document were retained in health care, but a copy was made and collected each week by the disability liaison officer. This procedure meant that there could then be a delay of more than a week before there was any follow-up interview to assess immediate needs. Although we were told prisoners could disclose a disability after their arrival, there appeared to be no formal procedure for them to do so.
- 4.60 There was a follow-up interview with all new arrivals who said they had a physical disability to address any specific needs and make reasonable adjustments. Prisoners who had disclosed learning disabilities were not seen individually by the disability liaison officer but were referred to the education department. Multidisciplinary care plans were not developed for prisoners who had disclosed disabilities. In a follow-up assessment we viewed, a prisoner with a broken hearing aid had been advised to contact health care rather than the matter being immediately resolved on his behalf by the disability liaison officer.
- 4.61 We were told there were relatively few prisoners with physical disabilities or significant long-term mobility problems. Two cells in health care were sufficiently large to accommodate wheelchair users, but handrails had been removed and there were no handrails in the shower or bath areas in health care. There were no adapted cells on any main residential units, although ramps had been installed at the entrance to some units.

- 4.62 The prison had convened its first focus group for prisoners with disabilities in the week before the inspection. It had sought feedback about the level of support they had received from staff at Stoke Heath, and participants were generally negative. Similarly, in our survey prisoners who considered themselves to have a disability responded more negatively across a range of indicators. For example, only 58%, against 72% of respondents without a disability, said there was a member of staff they could turn to for help if they had a problem, and only 57%, against 86%, said they had felt safe on their first night in the prison. One-third of respondents said they had been victimised by a member of staff. **[The prison should conduct ongoing consultation with prisoners with disabilities to address their negative perceptions.]**

Recommendations

- 4.63 The prison should increase the resources allocated to disability work.
- 4.64 The prison should have a published procedure to ensure prompt information-sharing and enable prisoners to disclose disabilities during their time in custody.
- 4.65 There should be follow-up assessments of all prisoners who disclose disabilities at reception.
- 4.66 Prisoners with disabilities should have a multidisciplinary care plan drawn up and reviewed regularly.
- 4.67 Adapted cells should be provided on young adult wings.
- 4.68 The prison should conduct ongoing consultation with prisoners with disabilities to address their negative perceptions.

Sexual orientation

- 4.69 Work on this diversity strand was progressing. Community links had been established to provide support and advice for prisoners on sexual orientation and transgender issues, but had not been widely promoted to prisoners.
- 4.70 An officer had been identified to take this work forward, and this was a standing agenda item at EDAT meetings. The officer had only recently taken responsibility for this work but had no profiled facility time, though could ask for time to be allocated. A link with a community organisation had been established to provide a free telephone support service to prisoners on sexual orientation. The organisation had experience in working with young people. There was a similar link with a local organisation who could provide advice and support on transgender issues.
- 4.71 The strand lead was endeavouring to develop the work in a thoughtful and sensitive manner. The telephone advice service had been promoted and advertised to staff in key departments, such as reception and induction, but had not been widely advertised to prisoners. The officer had not yet received any referrals from staff or prisoners to use the support service. New arrivals were not routinely asked if they wanted any support with regard to their sexuality.

Recommendations

- 4.72 Information about sources of support and help for gay and bisexual prisoners should be published for prisoners.
- 4.73 New arrivals should be asked during induction if they require support with sexuality issues, and referrals made to the strand lead if required.

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 Health services provision was good overall. Prisoners had access to a wide range of clinical services, and they were positive about the care they received from doctors and nurses. Nurse-led clinics delivered a high standard of clinical care. Although the GP service was very good, the number of clinics appeared disproportionate. Dental treatment was good but the waiting list was too long. There was no access to pharmacy professionals. Inpatient services were good, but staff shortages often compromised meaningful therapeutic activity. Mental health care involved excellent joint working between primary and secondary services.

General

- 5.2 The prison was one of two prisons managed by the Shropshire County NHS Primary Care Trust (PCT). The PCT had completed a health needs assessment in 2009, and a subsequent comprehensive prison health delivery plan had been published in February 2010. There was evidence of a strong working partnership between the PCT, the local health economy and the prison. Health care had strong support from the governor, and the health care service manager provided robust clinical and management support to the prison. In most circumstances, young adults could access health services equivalent to those in the community.
- 5.3 The main health care department was located centrally with multifunctional satellite areas on some wings. Overall cleanliness in the main department was of a reasonable standard. Although prisoner cleaners were not always available, a PCT/prison contract cleaner system was to start. The prison health delivery plan included annual infection control audits. Both outpatient and inpatient areas were generally tidy, bright and welcoming. The outpatient department was well equipped with many clinical and administrative areas and supporting technology. There was privacy for patients undergoing consultation or treatment. The two waiting rooms were spartan but had a television and were clean and tidy, although they had no health promotion literature for waiting prisoners.
- 5.4 There were rooms on the wings where medications were administered. These rooms were not dedicated health care rooms and were used by other prison staff. No health care equipment was held in the rooms and none of them were clean or tidy. Because of the location of the room used to administer medication on F wing, which was off a corridor landing area, many nurses did not feel safe using it and administered medication from the landing area. While this area was secure, it was not confidential.
- 5.5 The dental surgery was clean, well ventilated and tidy. A new dental chair, unit and X-ray machine had been installed in 2008. Cabinetry was in good condition. There was no spillage tray beneath the amalgamator. Cross-infection control procedures were satisfactory, but there was no washer/disinfectant. Dental waste was stored and collected in accordance with guidelines. There were documentation and contracts relating to equipment maintenance, except for the compressor, which was maintained by the prison. There was no awareness of

draining requirements. The dental team was not aware of what emergency equipment was held or where. There had been no recent environmental assessment by the PCT.

- 5.6 The inpatient area had eight cells, two of which were safe cells used for constant observation. None of the beds were on the prison's certified normal accommodation. All cells had in-cell sanitation and electricity, good natural light and were well maintained, but some of the toilets were grubby and needed deep cleaning. There was no facility for inpatients to dine out of cell, although space was available. There were two association rooms, one of which was comfortable and had activity facilities, including gym equipment, and the other had a television. However, the gym equipment was rarely used, as inpatients were encouraged to use the main gym, and the need for two association rooms needed to be reviewed. An outside yard had been painted with murals, but more was needed to make it a more therapeutic area for patients.
- 5.7 Young adults were treated well by health services staff and appreciated the overall quality of care delivered by doctors and nursing staff. In our survey, 68% of respondents said that the overall care delivered by the doctor was good, against the 60% comparator, and 73%, against 66%, said that the care delivered by nurses was good.

Recommendations

- 5.8 A regular cleaning schedule for all areas where health care is delivered should be maintained, and rooms should be in a reasonable state of decoration.
- 5.9 The head of health care should review the medication distribution point on F wing to ensure medicines are administered in a safe and confidential setting.
- 5.10 There should be a washer/disinfector in the dental surgery.
- 5.11 Dedicated resuscitation equipment should be held in the dental surgery.
- 5.12 Inpatients should dine out of their cells.
- 5.13 The inpatient association areas should be reviewed to maximise accommodation for therapeutic activity.

Housekeeping points

- 5.14 There should be an aluminium foil lined spillage tray beneath the amalgamator.
- 5.15 Dental staff should be aware of the compressor's maintenance details and draining requirements.
- 5.16 Inpatient cell toilets should undergo regular thorough deep cleaning.

Clinical governance

- 5.17 Clinical governance arrangements were in place and included the management and accountability of staff. There was strong leadership from the PCT health services manager.

- 5.18 Health services staff included nurses, health care assistants (HCAs) and administrators. Day-to-day management of services was through the clinical nurse manager. The number and quality of staff were good, although there were two vacancies at the time of the inspection and some long-term staff sickness. The skill mix was under review to improve general nurse numbers. Staff were well trained and highly motivated. Many nurses had additional professional qualifications, including qualified children's nursing, and there was a cluster arrangement between both prisons in the PCT to share specialist functions. The HCAs were skilled and held their own clinics, including phlebotomy and smoking cessation, as well as assisting qualified staff. Two full-time administrators supported health care. Staff training and clinical supervision were very well supported and appropriate. There was regular monitoring of all staff's professional registration. There were regular clinical and managerial meetings allowing all staff to raise any relevant issues. Health care staff also attended many other prison meetings and forums, such as safer custody.
- 5.19 There was no discipline support for health care functions and qualified nurses were used to supervise and escort young adults in outpatients and inpatients. This was an unacceptable use of trained staff, and delayed the improvement of health services for young adults.
- 5.20 Medical cover appeared disproportionate for the population. Two GPs provided 10 sessions a week, including clinics on Saturday and Sunday. This contrasted with the paucity of dental and pharmacist provision for young adults. Out-of-hours medical cover was provided through the PCT.
- 5.21 Specialist medical equipment was sourced through the PCT. Emergency equipment was located in the inpatient area, and staff were trained annually in its use.
- 5.22 Paper clinical records were still in use, although SystmOne was due to be introduced. Records were held in the administrative office and were only accessible to health care staff. Those we reviewed were well maintained and entries were appropriate. A Caldicott guardian (overseeing the use and confidentiality of personal health information) was based at the PCT. New arrivals were asked to consent to the sharing of information during their reception health screening.
- 5.23 Health reference material, including guidelines and national frameworks, were available to all staff.
- 5.24 There was no dedicated health services forum for young adults to raise general health issues with senior health staff, although health staff did attend the general forum.
- 5.25 Complaints were dealt with initially by the clinical nurse manager. Those not resolved were escalated through the PCT.
- 5.26 There were very good links with the health protection agency and the prison had performed well in the recent flu pandemic. There were well-structured and effective systems to combat outbreaks of communicable disease.

Recommendations

- 5.27 The prison should allocate dedicated discipline support to the health care department.
- 5.28 The prison partnership board should ensure an equity in the provision of clinical services.

5.29 A dedicated health forum for young adults should be introduced.

Primary care

- 5.30** All new arrivals had an initial health screening in reception. The screenings we observed were comprehensive and appropriate. Where necessary, specialist nurses were asked to provide specific advice on the management of individual young adults. Not all young adults took up the option of a secondary screening. Most had been transferred in from other establishments, some without their clinical records. However, about a fifth of young adults were received directly from the courts and should have routinely received a secondary screening. Any new arrivals on medication or who presented as a concern to the assessing nurse were seen by the GP the same or next day. National immunisation programmes, including chlamydia screening, were available during the reception screening and on request.
- 5.31** Health promotion was a very high priority. A senior nurse was responsible for overall health promotion, and a prison-wide 'health fair' was held during the inspection. The fair was attended by several health or health-related organisations, including mental and physical health, counselling and resettlement, and was well supported by young adults. Barrier protection was available through health care staff, and appropriate health promotion advice given.
- 5.32** The range of primary care services reflected the needs of the prison population, although there were delays in accessing some services. We were unable to obtain details of waiting times and attendance at clinics for young adults as monthly figures were not collated separately. To access health services, young adults could ask a nurse during the morning medication round or complete a health care application form on the wing. The form was sent through the internal post to health care, where the appropriate appointment was made and returned to the patient through the internal mail. This system was unreliable and not confidential.
- 5.33** All nurses had completed triage training and assessed young adults during the morning rounds. Those who needed further investigation, treatment or needed to see the GP were seen in the outpatient department.
- 5.34** Chronic disease management was well managed, with specialist nurses providing additional expertise where necessary. Young adults were seen regularly and referred to the GP where appropriate. There were lead nurses for several specialties, including sexual health, immunisation and asthma, as well as other specialist nurses from HMP Shrewsbury.
- 5.35** A GP visited the segregation unit every day and saw each prisoner. This was not a statutory requirement and should be reviewed. Nurses attended the unit to administer medications.
- 5.36** The health care department had excellent relationships with the gym and they worked together to promote healthy lifestyles. One of the nurses had completed a course in minor injuries and worked with the gym to provide support to young adults with injuries.

Recommendations

- 5.37 All new arrivals directly admitted from the courts should undergo a secondary health screening.**
- 5.38 A confidential and efficient health care application system should be introduced.**
- 5.39 Administrative staff should gather separate data for young adults and juveniles.**

- 5.40 The need for the GP to make a daily visit to see all prisoners in the segregation unit should be reviewed.

Good practice

- 5.41 *Health promotion work by the senior nurse had a significant impact on the health awareness of young adults.*

Pharmacy

- 5.42 Pharmacy services were provided by a local community pharmacy with a supply function only. Young adults were unable to access the pharmacist. A medicines and therapeutics committee met bi-monthly and was attended by relevant stakeholders.
- 5.43 The pharmacy room was small but generally well equipped, except it did not have a sink. Its location, opposite the health care waiting rooms, was very noisy with various distractions from young adults and other staff. The pharmacy refrigerator was old but functional. Nursing staff were unsure of the significance of the thermometer and its readings. Temperatures had been recorded incorrectly and at times not recorded at all. At the time of the inspection, the temperature was far below the recommended range.
- 5.44 As there were no storage facilities in the wing medication rooms, all medicines had to be transported around the prison in secure locked boxes. One of the nurses was responsible for the management of the pharmacy room. There were some policies and procedures, but many were old and out of date.
- 5.45 Medicines were administered up to four times a day. In-possession medicines were supplied for young adults attending court or being released – who were given up to five days' supply.
- 5.46 Medicines were given in possession following a risk assessment, although we found some unsigned risk assessments. The policy was undated and needed review. The special sick policy had not been reviewed since 2005. The policy allowed the provision of a range of simple medicines, including single doses of paracetamol and ibuprofen tablets. There were also several patient group directions enabling the supply of more potent medication.
- 5.47 Medicines were provided by the local community pharmacy, either as named-patient dispensed medicines or as general stock, three times a week. Prescriptions were handwritten on standard prescription and administration charts. General stock medicines were held at the prison and dispensed by nurses. These medicines were checked by the doctor. General stock medicines were kept in accordance with agreed stock levels, but there were no ongoing reviews of stock. There was no provision for nurses to supply original packs of prescribed medicines, such as inhalers, from stock. Special sick supplies were appropriately recorded on the front of the prescription charts, but there was no evidence that they were audited.
- 5.48 Not all prescriptions were faxed through to the community pharmacy, which meant that full patient medication records could not be maintained on the pharmacy computer. There was also no evidence that prescribing data was provided to the medicines and therapeutics committee.

Recommendations

- 5.49 The pharmacist should make regular visits to the prison to provide a complete pharmaceutical service, including access to young adults and checks of the systems in operation, and young adults should be made aware of the opportunity to see a pharmacist.
- 5.50 The pharmacy room should be relocated to a quieter location and should include a sink.
- 5.51 Nursing staff should be trained to use medicine refrigerators. Fridge temperatures should be checked and recorded daily to ensure they are within the 2- 8°C range, and corrective action should be taken where necessary.
- 5.52 There should be regular security reviews to risk assess the transportation of medicines from the pharmacy room to the wings.
- 5.53 The medicines and therapeutics committee should regularly review and adopt all procedures and policies, including special sick and in-possession medication, and all staff should read and sign the agreed procedures.
- 5.54 All dispensed medicines should be professionally checked by a doctor or pharmacist, and there should be a process, such as use of dual-labelled pre-packs, to ensure professional control of any medicines that need to be dispensed in the absence of a doctor.
- 5.55 Prescriptions should be faxed through to the pharmacy to ensure that full medication records can be kept.
- 5.56 Aggregated prescribing data should be made available to the medicines and therapeutics committee.

Dentistry

- 5.57 Dental services were provided through the PCT. A dentist and two qualified registered dental surgery assistants held two sessions a week. Relevant immunisations, resuscitation training and continuous professional training for dental staff were up to date. The waiting list was managed by health care administrators.
- 5.58 New arrivals were informed of dental services and how to access them during reception. They were issued with reasonable quality toothbrushes and toothpaste and could buy these items from the prison shop. At the time of the inspection, 47 young adults were on the waiting list with the longest waiting since January 2010. The waiting list patients had not been triaged. Patients presenting in health care with dental pain were triaged by a general nurse using an algorithm, and urgent applications were seen at the next session. Emergencies were seen sooner by the prison doctor and appropriate treatment commenced. Out-of-hours cover was provided by a local dental access centre or A&E.
- 5.59 A full range of NHS treatments was offered. Patients were treated with care and courtesy, and there was good teamwork in the surgery. Treatment was carried out with the dental surgery door open. Any necessary referrals were made to a local hospital dental department or orthodontic specialist.

- 5.60 Dental records were combined with the paper clinical records. The standard of record-keeping was high and in line with current recommendations. Radiograph management was good with a quality assurance programme in place. Clinical evaluation of radiographs was not always documented in the clinical notes. Personal dental treatment plan forms were not used.
- 5.61 The 20-25% failure to attend rate across the whole prison (young adults and juveniles) resulted in clinical time being wasted. There was no oral health education, other than that delivered one to one in the surgery, and no oral health education literature or displays, although there was some input at biannual health fairs.

Recommendations

- 5.62 Additional dental sessions should be provided by a dentist, hygienist or therapist to reduce waiting time for young adults.
- 5.63 All dental patients should be triaged.
- 5.64 The dentist should be able to access computer records from the dentist surgery when the new electronic patient management system is introduced, and should make dental records directly on to the new system.
- 5.65 The dental clinic failure to attend rate should be scrutinised, and there should be processes to ensure that young adults attend for treatment.

Housekeeping points

- 5.66 The dental surgery door should be closed during treatment sessions.
- 5.67 Clinical evaluation of radiographs should be consistently documented.
- 5.68 Personal dental treatment plan forms should be used.
- 5.69 Oral health promotion literature should be available in the dental surgery.

Inpatient care

- 5.70 Services for inpatients were good, although access to therapeutic activity and time out of cell were severely restricted due to staff shortages and the absence of dedicated discipline support. Usually one qualified member of staff and a HCA were on duty, but at the time of the inspection there was only one nurse on duty for most of the day. Two staff were on duty at night. In spite of the fact that there was a comprehensive policy to ensure admissions to the unit on clinical need, all prisoners undergoing constant watch were placed in health care and observed by nursing staff, which, in the absence of a diagnosed clinical need, was a misuse of clinical staff.
- 5.71 One of the registered mental nurses (RMNs) was the lead for inpatients, and it was clear that time out of cell, accompanied by therapeutic activity, was a high priority. A senior nurse assessed potential inpatients on the wings before admission, and the governor or orderly officer was informed of the admission. All young adults admitted to the unit were fully assessed and a care plan initiated.

- 5.72 Inpatients were out of their cells for most of the day and only returned to their cells if there was a clinical need or during roll check. Those who were able to attend education, the gym or work were encouraged to do so, and visitors to the unit included the chaplaincy and education staff. The GP saw all inpatients every day. When an inpatient was due to be discharged back to the wing, a senior officer from the wing was invited to discuss the discharge plan and any future care. This system ensured wing staff were fully aware of the prisoner's care while in inpatients and any future care needed. However, the transfer back to wings was often a problem because wing staff did not collect inpatients when they were due for discharge, usually because of a lack of cells on the wings. A written discharge plan providing advice and guidance on the young adult's future management accompanied them on their return to the wing.

Recommendations

- 5.73 Discipline staff should provide support to inpatients.
- 5.74 Nurses should not be responsible for undertaking constant watches unless there is a diagnosed clinical need.
- 5.75 Inpatients due to be discharged back to the wings should be returned as soon as possible.

Good practice

- 5.76 *There was a good system to ensure involvement of and consultation with wing staff about ongoing care of those being discharged from the in-patient unit.*

Secondary care

- 5.77 The management of NHS appointments was good. One of the administrators was responsible for liaising with local NHS facilities, and made an appointment with the relevant hospital when a referral was received. There were no records of any appointment being cancelled due to lack of staff or for security reasons. Young adults were placed on medical hold where necessary. Escorting staff were given a feedback form for the hospital specialist to complete outlining the immediate management of the prisoner on his return to the prison. This ensured that any ongoing treatment could be started immediately, rather than waiting for the specialist's letter.

Good practice

- 5.78 *The hospital feedback form enabled hospital treatment and recommendations for future care to be transmitted back to the prison health care team to allow ongoing management to continue as soon as possible.*

Mental health

- 5.79 Mental health services for young adults were good with two discrete teams providing support. Primary mental health services were delivered by PCT RMNs, who were generally allocated to mental health duties only. Mental health in-reach services were provided by South

Staffordshire Mental Health Trust. The teams worked well together and held regular mental health meetings.

- 5.80 Any member of staff or the prisoner himself could refer to the primary mental health team (PMHT). The threshold assessment grid system had recently been implemented and was the preferred referral system. The PMHT reviewed all referrals and allocated them appropriately. Where there were significant concerns about a prisoner, the team discussed potential management with the mental health in-reach team (MHIRT). The PMHT and the GP saw all new arrivals already on antipsychotic medication. The team also saw prisoners facing or given a life sentence and offered them ongoing support; if necessary, they were admitted to inpatients for observation.
- 5.81 The PMHT and GPs had a caseload of approximately 12 young adults. The lead RMN was working with the MHIRT occupational therapist to set up a 'chill out' group to support young adults in a group setting. The PMHT attended ACCT reviews of all their clients when they were informed of the review or if requested to provide specific information about a prisoner. Counselling services were very limited, and general counselling support was given by RMNs or the chaplaincy. Specialist sexual abuse counselling was funded by the PCT and provided by an external organisation.
- 5.82 The MHIRT comprised community psychiatric nurses, an occupational therapist, social worker and five administrators. A forensic psychiatrist provided one session a week, but was also accessible for advice between Monday and Friday. A member of the team was in the prison every weekday. The team accepted referrals from the PMHT and discussed new referrals at the weekly allocations meeting. Relationships with health care and wing staff were said to be very good and constructive. However, it was often difficult for the team see clients on the wings, as there were no dedicated wing interview rooms.
- 5.83 New arrivals already on the care programme approach continued on it, and community teams were invited to attend review meetings. The level of contact with community teams depended on the young adult's area of residence. Although no young adults were currently waiting for secure beds, we were told that there had been problems in the past with some assessments held up to delay the start of the transfer process. There was no regular mental health awareness training for prison staff.

Recommendations

- 5.84 **The number of counselling sessions should be increased to meet the needs of the population.**
- 5.85 **There should be interview rooms on the wings for mental health specialists to see their clients.**
- 5.86 **There should be regular mental health awareness training for prison staff.**

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

6.1 Leadership and management of the learning and skills provision were satisfactory. The provision of vocational qualifications had increased and achievements and tuition in many were good, but training only engaged around 20% of young adults. Work places in general had increased and some were of good quality, but occupancy rates were low. There was a wide range of educational provision with some good achievements but again classes were not full and punctuality was poor. There was too much poor behaviour and bad language by prisoners, which disrupted learning. Support for learners was satisfactory, although there was ineffective use of individual learning plans. Outcomes were satisfactory overall, but achievement of qualifications was extremely varied. The library was well managed, and new arrivals used an innovative self-test to help them choose appropriate books.

Leadership and management

- 6.2 Leadership and management of learning and skills were satisfactory. The learning and skills development plan 2009-10 recognised that improvements depended on all prison areas working successfully with a wide range of learning and skills external contractors.
- 6.3 The prison had been involved in innovative work, such as the national trial for integrated employment and skills project, in partnership with the Learning and Skills Council, Jobcentre Plus and the local nextstep provider, and with learndirect and the Heron Trust for online learning through the virtual campus secure web-based service.
- 6.4 There had been developments with The Manchester College to increase the quantity and variety of vocational training in workshops and prison work areas, although these only involved around 20% of young adults. There was a strong focus on staff development, and many vocational and industrial trainers were gaining teacher training qualifications. The Walford and North Shropshire College had introduced a successful intensive literacy course.
- 6.5 Senior prison and contractors' managers used data regularly and systematically to monitor trends over time in educational and accredited vocational provision. However, many related to The Manchester College management targets, which had remained the same since 2007 and which had not been queried sufficiently by senior prison managers. Progression data, based on literacy and numeracy initial assessment levels in 2009, usefully identified trends in gaining qualifications by young adults of different abilities. However, the data was not analysed sufficiently well to fully evaluate the use of accredited provision, including the identification of any differences.

- 6.6 Prison safeguarding work included learning and skills, and there were plans to include workplaces in the identification and management of bullying and harassment. Contracted learning and skills staff were appropriately vetted and had completed Criminal Records Bureau checks.
- 6.7 A wide range of activities was offered to meet the needs of the 75% of young adults who stayed at Stoke Heath for less than six months. Most vocational training was at level one and two, although there was some provision up to level three, and a few young adults took distance learning courses.
- 6.8 Outreach education support included in-cell education, which was delivered by a well-qualified and motivated team. Two residential wings had focused learning through the healthy living programme or an inclusive learning programme. Education had successfully integrated Welsh cultural and language aspects in many curriculum activities.
- 6.9 Classes in the education department were disrupted by the poor behaviour of young adults and their use of bad language. We observed racist and homophobic jokes by learners that went unchallenged by staff, and young adults' knowledge of equality of opportunity and diversity was insufficient to help them understand the impact of these. The use of bad language in vocational workshops was also rarely challenged by staff. (See main recommendation HP52.)
- 6.10 There were broadly sufficient activity places in education, vocational training and work for the young adult population. However, during the inspection around a third of prisoners were locked in their cells during the core day. Managers monitored attendance and were aware of reasons for young adults being on wings, such as part-time employment, induction and waits for allocation to activities, transfers and discharges.
- 6.11 Pay rates were not a disincentive to participating in education and vocational training. All pay rates were linked to the incentives and enhanced privileges scheme, which almost doubled the pay for some prisoners on the same activity. Young adults willing to work but not allocated to an activity were paid the low unemployment rate, which disadvantaged them, especially considering the delays in allocation to activities following induction.
- 6.12 The 2009 quality cycle outlined key aspects of learning and skills and frequency of quality assurance interventions. Data was reported monthly and the quality improvement group met quarterly. There were regular course reviews following the completion of each accredited course, although they varied in quality and usefulness. Some prison management interventions had resulted in course improvements, for example in music. There was an annual plan for course reviews, and risk assessments were used to determine the frequency of involvement of the head of regimes, learning and skills. However, quality assurance arrangements across the prison were incomplete and did not help managers sufficiently by providing enough useful information.
- 6.13 The prison's self-assessment report used contributions from most partners involved in delivering learning and skills, including feedback from learners and the observations of teaching and training. A quality improvement review completed by a Manchester College consultant in November 2009 had greatly contributed to the quality improvement planning, which was a working document, with progress clearly indicated.

Recommendations

- 6.14 The management targets for achievement of qualifications should be revised to reflect the current population.
- 6.15 Learning and skills data should be analysed to evaluate the provision.
- 6.16 Young adults' awareness of equality and diversity should be improved.
- 6.17 Young adults who are willing to work, but not allocated to any activity, should be paid at the basic rate, not the unemployment rate.
- 6.18 There should be robust quality assurance arrangements to provide senior managers with adequate information to make improvements.

Induction

- 6.19 The activity allocation process involved specialist contributions from prison and external contractors' staff teams, as well as security risk assessments, sentence planning, initial assessments of new arrivals' literacy and numeracy abilities by The Manchester College staff, and promotion of education, vocational training and prison work activities. Learners had the choice of undertaking their initial assessments on paper or by computer. However, the system was not effective at assessing the higher levels of literacy and numeracy. Results were shared effectively with staff through networked computers.
- 6.20 The comprehensive learning and skills induction presentation by JHP Training staff was well managed and retained young adults' interest. However, induction places were not fully used, despite waiting lists. Individual interviews by JHP staff on the same day helped young adults make appropriate activity choices. However, this was an inefficient use of time, as JHP staff had to visit a variety of wings to interview young adults, and they did not have access to security risk banding, knowledge of activity place availability or waiting list information to make their specialist guidance effective. During the inspection, 43 young adults were awaiting initial assessments, 10 were on the learning and skills initial assessment/presentation stage, and 11 were awaiting allocation to activities. Some new arrivals had waited more than two weeks to reach the learning and skills stage, which was too long.
- 6.21 Security risk assessments for activities had been revised, although those requiring low-risk prisoners, such as gardens, recycling and red bands, had vacant places. There were long waiting lists for the few vocational training workshop places, which were shared with young people, and for some prison work, such as kitchens. However, we were told that industries staff visited residential wings to recruit young adults to empty workshop spaces.

Recommendations

- 6.22 The initial assessment system should be able to identify prisoners with higher literacy and numeracy abilities.
- 6.23 The induction process should make better use of group places, more efficient use of staff and young adults' time, and reduce the delays in allocation to activity places.

Work

- 6.24 The results of initial assessments were used to influence work opportunities. All young adults were expected to have numeracy and literacy skills at entry level three, and to have completed manual handling and health and safety training before engaging with workshop activities.
- 6.25 There were 221 work places. These included places for 39 wing cleaners and 45 red bands, and 137 other places, of which approximately 100 were in the industrial workshops – the remainder were in the kitchen, gardens, clothes stores, recycling and as orderlies. Recycling activities, with six places, were well managed, recycling about 40% of the prison's waste. The gardens had 11 work places, and young adults gained skills in basic horticultural techniques.
- 6.26 Qualifications to recognise the skills developed in work were available in all areas, except in the laundry, clothes store and the gardens, although they were due to be introduced in the gardens shortly.
- 6.27 Kitchen workers had good access to a well-managed national vocational qualification (NVO) programme in food preparation and cooking, and food and drink service at level one. The pass rate was satisfactory. There was an established partnership between the prison and the International Hotel Group, whose chef-trainer had trained two staff to deliver the group's specialist training in the education kitchen. He visited regularly to assess learners' progress and quality assure the provision. Several former prisoners had progressed into employment in the hospitality industry.
- 6.28 Since August 2009, NVO pass rates had varied from a high 90%-plus in performing manufacturing operations (PMO) at levels one and two to 70% and 50% in customer service at levels one and two respectively, and below 50% in warehousing. However, take-up was low and only 38 young adults – 17% of those in work – were currently taking qualifications. The assessment of NVOs met awarding body requirements, but internal verification was undertaken by an external contractor and records were not routinely kept at the prison.
- 6.29 Young adults were proud of the quality of their work, but the skills and responsibilities they developed in the workshops were not recognised, except through qualifications. Work in the assembly and fabrication workshop was good and built on skills young adults gained in the vocational skills workshops in welding and grinding, but did not offer related qualifications.
- 6.30 Young adults received an appropriate induction to the industry workshops. Health and safety were appropriately managed in most areas. Most workshops had a positive work ethic, except in the tailoring workshop.
- 6.31 During inspection, there were very few young adults working in the workshops. The machine shop was closed due to staff absenteeism, one staff member from the tailoring shop had been redeployed, and another member of staff was supervising two workshops. Workshop managers routinely kept attendance data.

Recommendations

- 6.32 **There should be a greater take-up of qualifications by young adults in work.**
- 6.33 **The non-accredited skills developed in work should be recognised and recorded.**
- 6.34 **There should be accreditation of welding and grinding skills gained in prison industries.**

- 6.35 The work ethic in the tailoring workshop should be improved.
- 6.36 The use of places in industry workshops should be monitored and reviewed to ensure capacity is used effectively.
- 6.37 The staffing in prison industries should be maintained to make full use of places and ensure there is sufficient supervision.

Housekeeping point

- 6.38 Records of internal verification undertaken by external contractors should be kept at the prison.

Vocational training

- 6.39 Vocational training was managed by The Manchester College. Six new vocational training areas had been introduced 12 months previously, almost doubling provision to 48 places. The new vocational training centre offered woodwork, car mechanics, bricklaying, health and safety and construction skills certificate scheme (CSCS) qualifications. In addition in ghd main workshop area there was car valeting and accredited training in electrics, industrial cleaning, painting and decorating, plumbing and welding. However, the average number of young adults in each of the nine vocational training workshops was only five, as facilities were shared with the young people. The highest number to participate was 43 in industrial cleaning, which had flexible start dates.
- 6.40 Accredited training was mostly at level one, which provided a useful introduction, but was too low for skilled employment on release. Welding qualifications were outstanding at 100%, and qualifications were high or reasonably high in car valeting, industrial cleaning, painting and decorating and car mechanics, but insufficiently high in bricklaying, plumbing and especially woodwork, with only 15% achievement. The education department's food hygiene awards had a high level of achievement.
- 6.41 Young adults who stayed longer at Stoke Heath could progress to other related vocational qualifications to improve their range of skills. Where possible, young adults who were transferred or discharged before completion of their qualification were accredited with unit completion.
- 6.42 Teaching and learning on vocational courses was generally satisfactory. and received good individual coaching. However, some sessions were poorly paced, and some learners in electrics and plumbing workshops had to wait for others to complete session tasks. In the electrical installation workshop, learners worked only on benches, which restricted the relevance of some tasks. Assessment of the NVQs met awarding body requirements.
- 6.43 There was inadequate planning for the involvement of learning assistants in some vocational training sessions, and teachers were not clear about their role. This resulted in a lack of focus, and inefficient use of their skills.
- 6.44 Young adults responded well to the adult environment of the vocational training workshops, and developed good work ethics. However, they were not encouraged to recognise and record the development of interpersonal or communication skills, and some of those allocated to vocational training were not sufficiently interested in or suitable for it, despite the long waiting lists for places.

- 6.45 The new individual learning plans identified clear short- and long-term targets, completion and review dates, and were used effectively to plan learning.

Recommendations

- 6.46 The low pass rates on some accredited vocational courses should be improved.
- 6.47 Vocational trainers should plan more effectively for the use of learning assistants in sessions.
- 6.48 Young adults should be encouraged to recognise and record the development of their interpersonal and communication skills.
- 6.49 Allocations to vocational training courses should be reviewed to reduce the long waiting lists.

Education

- 6.50 Education was provided by The Manchester College, with 120 places at each half-day session. Most education was part time and included a wide range of subjects, clustered into programmes. Most classes integrated young people and young adults. Walford and North Shropshire College offered intensive two-week literacy courses. Classes, such as 'Synergy' for prisoners exhibiting challenging or vulnerable behaviour and 'Being a Dad', were also provided.
- 6.51 Outcomes for learners were satisfactory. Since August 2009, achievement on the intensive literacy course was high at 88%. Achievement of numeracy awards was also high, and satisfactory for other literacy awards. However, many of the personal and social development courses had low achievement at around 40%. The music course had recorded only one achievement.
- 6.52 Attendance at education classes was rarely to capacity. The start of half-day sessions was often delayed due to movement delays, which particularly affected short-duration classes. The young adult provision of three one-hour classes each half day was reminiscent of school timetables, and the many changes affected the opportunity for sustained learning. The mid-session changes also led to loss of learning time, sometimes reducing classes to just 45 minutes.
- 6.53 The standard of learners' work was generally satisfactory and of very high standard in art. One participant had already secured a place on a college art course for his release.
- 6.54 Learners found it difficult to remain motivated in the literacy and numeracy lessons, and the standard of work in their portfolios was often not an accurate reflection of the level of qualification they were undertaking. Their amount of handwritten work was very limited.
- 6.55 Learners in education classes were often distracted by loud shouting exchanges between young people and young adults (see also paragraph 6.9 and recommendation 6.16). They particularly valued the calm environment of the personal and social development lessons, which took place in the chaplaincy.
- 6.56 The quality of the education provision was satisfactory. Teaching and learning were generally satisfactory, and some was good. In the better classes, teachers maintained good interaction,

learners were well engaged, and resources such as reference books and/or visual illustrations were used well to keep learners interested. Learning aims for these classes were clearly presented and learners showed respect for their peers and teachers. Lesson plans were detailed to meet individual needs. However, they were not always used to ensure all learners participated fully. In the weaker classes, there was a lack of stimulating and interesting activities, photocopied materials were often of poor quality, some teachers used handwritten activity sheets, and not all learners were effectively engaged. Their boredom often led to poor behaviour, which was not always challenged by teachers, and which we observed during the inspection.

- 6.57 The range of education provision met the needs of most learners, including literacy and numeracy qualifications from pre-entry up to level three. The very small number of foreign national young adults benefited from the two qualified English for speakers of other languages (ESOL) teachers, who effectively assessed their language needs. However, they could only access English literacy and numeracy qualifications, which did not adequately cover their individual linguistic needs. Learning assistants supported individuals in some classes.
- 6.58 The Synergy programme provided a good well-structured social interaction programme for young adults with challenging or vulnerable behaviour. Participants had individual targets and built up portfolios, which were regularly reviewed to help them identify and evaluate their strengths and weaknesses.
- 6.59 The use of individual learning plans was ineffective, especially as they had incomplete information. Targets were set for achievement of a specific qualification rather than learning targets, including related personal and social skills. In literacy and numeracy, target setting focused on completion of test exercises rather than development of literacy and numeracy skills.
- 6.60 In art and some of the personal and social programmes, young adults maintained useful learning logs reflecting on their behaviour and the development of skills and knowledge. They were also encouraged to reflect on how what they had learned would help them on their release.
- 6.61 A well-qualified and motivated team delivered outreach education support, including in-cell education. Support was also offered to learners who had difficulty in coping during a group lesson and whose behaviour had deteriorated as a consequence. They were able to move on to a designated classroom to reflect and seek calm and self-control before they rejoined the main class.
- 6.62 Learning support was delivered individually and effectively, but the demand for this service outstripped the capacity of the support team. An effective assessment process had recently been developed to identify the different needs of young adults, establish the appropriate level of priority, and maximise the limited funding for this service. However, it was too early to evaluate its effectiveness.
- 6.63 The management of the education provision was satisfactory overall. However, the management targets for young adult achievement were insufficiently challenging and ambitious.

Recommendations

- 6.64 The low pass rates on some accredited educational courses should be improved
- 6.65 Punctuality, attendance and the duration of education classes should be reviewed to make better use of learning time.
- 6.66 Teaching and learning strategies in education and vocational training should be improved to ensure that all young adults are fully engaged in learning.
- 6.67 Individual learning plans should set overall learning targets, as well as specific goals, and be based on full information about the individual learner.
- 6.68 There should be sufficient learning support to meet the identified needs of young adults.
- 6.69 Education management targets should be reviewed at least annually to ensure they reflect the abilities of the population, and are ambitious and challenging.

Library

- 6.70 The library service was provided by Shropshire County Council and managed by a full-time qualified, experienced librarian supported by two part-time librarians and an orderly. New arrivals visited the library as part of their induction, registered as members and received the appropriate information about opening times.
- 6.71 At the time of inspection, 63% of young adults were library members, against a library target of 80%. The low figure was believed to have been affected by recent closures to redecorate the library and the roll-out of new prison systems. It held annual prisoner surveys, which informed the librarian about satisfaction levels and suggestions for improvement. In the last survey, 13 of the 99 respondents said that they did not have sufficient access to the library. In our survey, only 10% of respondents, against the comparator of 31% and compared with 21% in 2007, said that they went to the library at least once a week.
- 6.72 Access to the library was provided on scheduled sessions for each wing and for education classes. Some wings had greater access than others for no apparent reason. The library was open during the evenings but not at the weekends, although weekend opening was planned.
- 6.73 Library staff had created an imaginative form to encourage young adults to self-assess their reading ability and to motivate them to choose books. They used the outcomes of this process to guide learners towards books that matched their interests and were suitable to their level of ability. There were adequate audiobooks and a wide range of easy-read books. The library provided satisfactory access to prisoners with mobility difficulties, although the space between shelves was cramped.
- 6.74 The library contained nearly 9,000 items and stock loss was low at 2%. The library had begun to offer mental health self-help books as part of a joint initiative with the health care department. There was a small selection of books on work skills and industries, but few other non-fiction books to stimulate young adults. Two English daily newspapers and some magazines were available. There was a good selection of books in Welsh, including quick reads, and the Shropshire Library service had Welsh-speaking staff who advised on suitable stock. The selection of foreign language books was very small and inappropriate for the age of

prisoners, and no foreign newspapers or magazines were available consistently. There was an appropriate selection of dictionaries and music CDs.

- 6.75 The range of materials to support literacy and numeracy was adequate, and the library had actively promoted the further development of literacy skills through several successful reading groups, in which 30 young adults had participated. The library held an appropriate range of legal books, including Prison Service Orders and Instructions.
- 6.76 College prospectuses and information leaflets on useful community networks and health promotion agencies were available to library users. The library's classroom was often used for pre-release courses, but the resulting noise disrupted both library users and learners attending the courses.

Recommendations

- 6.77 The allocated library sessions should ensure that young adults from all wings have equality of access.
- 6.78 Library opening hours should be increased to include weekends.
- 6.79 The library should hold more non-fiction books.
- 6.80 There should be an adequate range of age-appropriate books in foreign languages.

Housekeeping point

- 6.81 The noise levels in the library and the adjacent classroom should be monitored to ensure they do not disrupt users.

Good practice

- 6.82 *Library staff had developed an innovative self-assessment for young adults to motivate their reading and select suitable books that matched their interests and ability.*

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.

- 6.83 There was a variety of recreational and accredited PE activities. Health care staff did not always routinely provide PE induction staff with the results of new arrivals' health assessments. Although around 65% of the young adult population participated in PE activities at some time, they did not have sufficient weekly access. There was a broad range of indoor and outdoor facilities. There was a limited number of accredited PE courses, although current

success rates were high. Programmes to raise awareness of healthy lifestyles had recently improved.

- 6.84** The four-stage PE induction for new arrivals was satisfactory. It included an introduction to the gym, first aid, manual handling, a physical activity readiness questionnaire, and a PE compact. PE staff received reports only on new arrivals for whom health care staff had identified concerns.
- 6.85** Young adults in full-time training or work had at least three timetabled PE sessions a week: 'early-bird' before work, in the evening and at weekends. However, places were limited to a maximum of 20 prisoners from each wing at a session. In addition, the early-bird session was timetabled for an hour, but only 20 minutes of this was spent in PE activity. Young adults in education classes or prison work were also supposed to have access to the PE facilities once a week during the core day. This was insufficient, and in practice these routines were not consistently followed: many young people told us that they could go two weeks without accessing PE, because priority was given to young people (see main recommendation HP54). In addition to recreational sessions, young adults on the designated health living wing (B wing) could attend twice weekly half-day PE sessions during the core day. Few prisoners participated regularly in outdoor exercise.
- 6.86** PE activities were promoted effectively across the prison, with the help of young adult wing representatives, and the details of courses and clubs were available on wings and in the gymnasium. Sports facilities included all-weather and grass football pitches, a sports hall, two weight training and cardiovascular gyms, and two small cardiovascular gyms on B and F wings. I wing had outdoor gym equipment. However, one wing gym was out of use as the equipment was awaiting testing, and weight training and cardiovascular facility was not regularly used in the evenings or at weekends.
- 6.87** The PE equipment was of commercial standard and was well maintained. Staff were at full complement, which enabled sports and recreational activities to be run throughout the day, evenings and at weekends. All the PE staff were well qualified, holding several appropriate coaching qualifications. However, there was an insufficiently formal quality programme for the improvement of the provision.
- 6.88** PE records showed around 65% of the young adults used PE facilities each month. However, there were insufficient recreational PE places for them to participate frequently. Attendance patterns at evening sessions were inconsistent, although PE staff were unaware why this occurred.
- 6.89** Since January 2010, 216 young adults had participated in accredited activities. Overall achievement rates were high, particularly for badminton, football, and volleyball skills and the two-week healthy lifestyles course. However, PE staff did not analyse data regularly and effectively to identify the percentage of young adults who completed courses and gained awards. There was also a lack of adherence to the assessment criteria for young adults joining courses. There was only one classroom for young adults taking accredited courses, which restricted staff from offering more courses requiring this facility.
- 6.90** Healthy living was promoted by PE staff. The PE programme had been recently revised to include diet and nutrition and healthy living accredited courses, which took place regularly but for few young adults. A range of additional information was provided at the health fairs, held on the healthy living wing, which some young adults attended for half a day.

- 6.91 There were effective partnership links with external organisations, and young adults played football and basketball in local leagues. Effective work through the Prince's Trust had established a good partnership with West Bromwich Football Club, including coaching from staff. Young adults also assisted prison staff in leading activities for external groups of young people with learning and physical disabilities as part of their Duke of Edinburgh's Award community service. Six young adults had gained the Duke of Edinburgh's bronze award in 2009.
- 6.92 Young adults were given a clean shirt and shorts at the start of every session in the main PE facilities, but those using the wing gyms did not have access to appropriate sports kit. The use of the wing gyms was insufficiently monitored by PE staff.

Recommendations

- 6.93 Health care staff should routinely provide PE staff with health assessment information on all prisoners.
- 6.94 Staff should ensure that young adults attending the early-bird PE sessions can make full use of the allocated time.
- 6.95 All young adults should regularly participate in outdoor exercise.
- 6.96 There should be effective quality assurance procedures to enable staff to identify improvements required in the PE provision.
- 6.97 Staff should investigate the inconsistent attendance patterns at evening PE sessions.
- 6.98 Data on accredited PE courses should be collected, monitored and to provide an effective profile of course completions and achievements.
- 6.99 There should be rigorous and strict application of assessment criteria for all young adults joining accredited PE courses.
- 6.100 There should be a further teaching area, of sufficient size, for accredited PE course delivery.
- 6.101 Suitable clothing should be provided for young adults using the wing gyms.
- 6.102 PE staff should monitor use of the wing gyms.

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.

- 6.103 Many young adults spent lengthy periods locked in their cells with little to occupy them. We found over a third of young adults locked up during the core day. Exercise was not offered daily, and there was evidence of regime slippage.

- 6.104 The prison reported that young adults spent between seven and 8.2 hours a day out of cell. The published core day provided a best-case scenario for a full-time employed prisoner of 7.75 hours, and the worst case, for an unemployed prisoner, was two hours out of cell. We spoke with one young adult on basic regime who had only spent less than one hour out of cell on two consecutive days. A snapshot roll check during the inspection showed that 36% of prisoners were locked in their cells during the core working day. In our survey, only 4% of respondents, against a comparator of 9%, said they spent more 10 hours out of their cell. Only I wing offered a regime that allowed 10 hours a day out of cell. (See main recommendation HP55.)
- 6.105 In our survey, only 18% of respondents, against the comparator of 42%, said that they went outside for exercise three or more times a week. There was only one exercise yard for all wings, except I wing, which had its own exercise yard. The exercise yards were well laid out with a good selection of equipment. There was a rota for exercise, which allowed for a maximum of only nine periods of exercise in a 14-day period. Many prisoners said that exercise was often cancelled or that the full wing was not unlocked when exercise took place.
- 6.106 Young adults were positive about their access to association. Association took place every evening and was rarely cancelled. However, it could be for as little as 45 minutes even though the core day allowed for one hour. Association was adequately supervised by staff, who interacted with young adults.

Recommendations

- 6.107 Young adults should be offered time to exercise in the open air daily.
- 6.108 Association should last for the full one-hour period.

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 There were effective systems to manage and respond to security information received. Responses to security information reports were timely and proportionate. Allocation to work was not restricted by unnecessary security considerations. Arrangements for closed visits and banned visitors were fair and proportionate, with no evidence that visits restrictions were arbitrarily imposed.

Security

- 7.2 The level of physical security was appropriate for the establishment. Security measures were well managed. However, we were concerned about the collective effect of some long-standing security measures on prisoners' daily routines and access to activities. For example, prisoners were routinely handcuffed from the wings to reception in the mornings (see paragraph 1.5), access to the limited exercise periods was too restrictive, and goods in tins and glass jars or bottles could not be bought from the prison shop (see paragraph 8.34).
- 7.3 Dynamic security was variable. During a random roll check in the morning period, over a third of young adults were locked up and staff were mostly to be found in wing offices. At other times, we observed good interaction between staff and prisoners during association and on escort within the prison grounds.
- 7.4 Security information reports provided a good range of intelligence that was analysed by the security team. The main subjects of SIRs were assaults, threats to staff, threats to prisoners, and suspected items in possession. In 2009, there had been 3,405 SIRs relating to young adults, an average of 284 a month. In 2010, the average had reduced to 187 a month, which projected to 2,244 for the year
- 7.5 In 2009, 155 searches had been conducted in response to security information, which had yielded a success rate of 17.5%. In all cases we reviewed, the response had been very quick, often with verbal permission granted by a senior manager followed up appropriately with written authority.
- 7.6 A dedicated gang information analyst produced and updated gang-related information. This was regularly circulated to residential staff to enable close monitoring of known and suspected gang members. Close liaison with several police forces provided a two-way flow of information to enhance security intelligence. There had been little physical gang activity in the previous six months. Most of the 87 gang-related SIRs received between September 2009 and February 2010 were information on street names.
- 7.7 Workplace allocations were vetted by the security department, which approved or rejected applications on the basis of the workplace risk and the perceived actual risk posed by

individual young adults. The assessments were dynamic in that they took into consideration recent behaviour in order to obtain an up-to-date view on the prisoner. The findings seen were appropriate and included qualitative information on decisions made.

- 7.8 The monthly security committee meeting, which was chaired by the deputy governor, was well attended by a wide range of staff, including a full-time police information officer and a representative from the escort contractor. The agenda was comprehensive and produced a clear overview of the security issues and strategies for the forthcoming month, in addition to long-term strategy.
- 7.9 There were six young adults on closed visits and four on non-contact visits. All those under visits restrictions were reviewed at the monthly security meeting, which made decisions in relation to an assessment of any reduction in risk. There was clear evidence that visits restrictions had been reduced or removed. Reasons for closed visit conditions and bans were proportionate and appropriate – most were for attempts to traffic items.

Rules

- 7.10 Prison rules were explained to all new arrivals, who were required to sign compacts that detailed the behaviour expected of them. Rules were not displayed prominently on all wings.

Recommendation

- 7.11 Security measures and practices should be proportionate and regularly assessed.

Housekeeping point

- 7.12 Rules of the establishment should be clearly displayed on all wings.

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.

- 7.13 The adjudication process was sound – young adults participated fully and adjudicators made efforts to investigate the charges. The use of force committee reviewed every instance of force and recorded its findings, and the recorded increase in incidents since 2008 appeared to be mainly due to more accurate recording. Two uses of batons in the past 12 months had been subject to investigation. The environment in the segregation unit had greatly improved since the last inspection, although in-cell toilets needed to be cleaned. Young adults were not routinely searched on location to the unit. Segregation staff had a sound knowledge of the prisoners in their care. The special cell had not been used for young adults since 2008.

Disciplinary procedures

- 7.14 The number of adjudications had risen slightly in 2009, but the number in the first quarter of 2010 (290) indicated a fall if projected for the year. Fights, assaults, threats and disobeying lawful orders were the main charges. However, minutes from the combined segregation and adjudication meetings did not demonstrate any in-depth analysis of data to identify trends and emerging themes.
- 7.15 Charges were explained to young adults by staff issuing paperwork and the adjudicating governor, and there were efforts to ensure they were understood at all stages of proceedings. Adjudications we observed were sound, with adjournments for legal advice if requested by the prisoner, and young adults were given sufficient opportunity to provide their version of events. A sample of adjudication paperwork showed that punishments were mostly reasonable and in line with the published tariff, but this was only available on the segregation unit and not on the wings or the prison library.
- 7.16 There was a system of minor reports in operation, but no evidence of any monitoring or governance of the scheme.

The use of force

- 7.17 The use of force had increased from 197 in 2008 to 263 in 2009. This rise appeared to be due mainly to an increase in reporting. A review of all use of force in the three months to March 2010 showed that of 33 recorded incidents, 13 did not involve any restraint and five were uses of handcuffs. Of the remaining incidents, 13 involved control and restraint techniques and two used batons – in one a baton was used to deliver a single strike to stop a serious assault on another prisoner and in the other a baton was drawn but not used. Both incidents were investigated by the prison.
- 7.18 There was a weekly use of force committee, which was usually chaired by the deputy governor. All use of force paperwork and any videos of planned use of force were reviewed at this meeting, in addition to general data analysis to identify emerging trends and issues. Non-compliance was the major reason for the use of force, followed by fights.
- 7.19 The control and restraint coordinator and his team ran regular training sessions, and approximately 84% of staff (including nine governor grades) had attended in the past year.
- 7.20 The quality of use of force paperwork was excellent, with officers providing distinct, comprehensive accounts of their actions. Attempts at de-escalation were recorded in all cases we sampled. An appropriate manager had certified all documentation. Injury report forms were included for all incidents of use of force, whether or not injuries had been sustained by the young adult. These had been signed by a member of health care, although in a few cases not in the correct place as staff had not wished to sign as the 'medical officer'. A checklist at the front of the dossier enabled the manager responsible to ensure all forms were present, but did not include the name of the manager responsible for collating use of force forms. This was then signed with the date and name for completion of the quality check.
- 7.21 There had been only one planned intervention in the past 12 months which in line with policy had been videoed. The recording showed a well managed and controlled incident with an emphasis on de-escalation.

- 7.22 We found evidence in a racist incident report form of a young adult who was 'left in his cell on the wing' for periods of up to four days without authority or monitoring. This was further documented in the decision of the labour board.

Segregation unit

- 7.23 The segregation unit had been vastly improved since the last inspection. The unit cleaner was a qualified painter who had helped to transform the look of the unit. There were 16 cells, including two special cells. The special cells had not been used for young adults since 2008. One of the special cells was used as a storeroom, and there were plans to convert it to a cardiovascular room for prisoners on the unit.
- 7.24 All cells had in-cell sanitation. The majority of the toilets needed attention as there was a build up of limescale and dried cleaning fluid. Graffiti was minimal and restricted to some in the cells used to hold young adults before adjudications. Accommodation was mostly clean, and staff made daily checks.
- 7.25 The segregation unit staff demonstrated a sound knowledge of the young adults in their care, of whom there were between four and six during the inspection. Staff-prisoner interaction was good, and the young adults were positive about the staff. Young adults were given a written set of rules when located on the unit, which were further explained in a one-to-one interview with one of the unit staff.
- 7.26 In the last six months of 2009, 158 young adults had been located in the segregation unit. Most remained there for less than two weeks, but two young adults had spent more than a month in segregation under rule 49.
- 7.27 Young adults were not routinely strip-searched on location to the unit, and permission was required from the duty governor following a risk assessment. The unit kept a log for strip searches, but this did not record where the search had taken place, and the reasons for a strip search were not compelling in some instances.
- 7.28 The regime allowed daily access to exercise, showers and telephone calls, the use of a small unit library and some in-cell education. There was no association facility on the unit. Although some young adults subject to 'removal from wing' were risk assessed as suitable for general activities, we found no evidence of any attendance. Other risk assessments were carried out on young adults undertaking offending behaviour programmes to enable continued attendance. The exercise yard was clean, brightened up by a colourful mural and had a bench.
- 7.29 The incentives and earned privileges (IEP) scheme was run as on normal location, and staff were assigned to young adults as personal officers. Wing personal officers also visited occasionally. Televisions were allowed for young adults on standard level who were not subject to loss of their television as an adjudication punishment.
- 7.30 Paperwork recording initial and ongoing authorisation to locate young adults in the segregation unit gave basic but clear reasons for its use. There were multidisciplinary reviews at least once every two weeks for all young adults there on rule 49, with attendance from representatives of the Independent Monitoring Board and the health care department.
- 7.31 Regular and appropriate records of contact were maintained for all young adults in the segregation unit. They were visited daily by a governor and a member of the chaplaincy team,

and often by other departments, such as the IMB or health care, but these visits were not always recorded in young adults' unit records.

Recommendations

- 7.32 Data on adjudications should be collated and routinely analysed to identify and respond to emerging patterns and trends.
- 7.33 The minor reports system should be monitored and reported on in line with governor's adjudications.
- 7.34 All periods of segregation should be monitored in line with Prison Service Order 1700.
- 7.35 Toilets in segregation unit cells should be regularly cleaned with appropriate cleaning products.
- 7.36 The segregation unit log for strip searches should record a full explanation of the reason for strip search.
- 7.37 Segregated prisoners should attend activities when risk assessed to do so.
- 7.38 Visits to the segregation unit should be recorded in unit records.

Housekeeping points

- 7.39 Injury report forms should be completed correctly.
- 7.40 The checklist for use of force paperwork should include the name of the manager responsible for collating the forms.

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.

- 7.41 The three-tier incentives and earned privileges (IEP) scheme had been recently updated. There were additional privileges for young adults on I wing, which effectively created a four-tier system. Young adults perceived inconsistent application of the scheme by staff, and almost half felt that it did not encourage changes in behaviour. Young adults could be penalised twice for the same incident through demotion to basic level following an adjudication. Unemployed prisoners on the basic level said they received less than 45 minutes a day out of cell.
- 7.42 The incentives and earned privileges (IEP) policy had recently been reviewed and updated, and provided clear guidance for staff. Both staff and young adults understood the scheme. However, in our survey, only 51% of respondents felt that the scheme encouraged changes in behaviour. In our groups, young adults expressed concerns that some staff used the IEP process disproportionately.

- 7.43 At the time of the inspection, there were 111 young adults on enhanced level, 333 on standard and 21 on basic. We found little evidence of motivational attempts to improve the behaviour of those on basic level, beyond the daily diary they were required to keep. The diary, which was a poor photocopy, was uninspiring and had no information about the privileges that basic prisoners could aspire to on the other levels.
- 7.44 We spoke to some young adults who were in cell on basic level. Most were in bed. They told us that they usually got only 45 minutes a day out of cell and had no access to exercise. Most felt that the basic diary was a waste of time, and said that they did not bother to complete it. Diaries were checked by wing senior officers at review. When we visited F wing, young adults were out on exercise but this had not been offered to those on basic.
- 7.45 Under the scheme, young adults were scored between one and five for a range of issues, including cell cleanliness, wing conduct and work contribution. To be considered for enhanced, they had to sustain a score of four in all areas for four weeks. Anyone scoring below three (four for those on enhanced) in any area twice within an eight-week period was subject to a review, which invariably led to downgrading. The policy said that all young adults should be reviewed weekly, but on the larger wings they were reviewed every two weeks.
- 7.46 The pay for young adults was based on their IEP level, which led to differential pay rates for those doing the same job. There were young adults on all levels of the scheme on all wings, except for I wing, which was an enhanced-only wing. Extra privileges on this wing included being allowed to wear their own clothes (on the wing only), privacy locks and more association time. This effectively created a fourth tier to the published three-tier scheme.
- 7.47 The policy stated that any young adult referred to the independent adjudicator for incidents of assault, possession of drugs or a mobile telephone would be reviewed and could be downgraded one level. The policy also said that any young adult found guilty of a single serious offence should be subject to a review board, with a view to demotion to basic. Both staff and young adults felt that this process was a formality, and that downgrades were almost automatic. We were concerned that young adults could be punished twice for a single incident by demotion to basic following an adjudication award.

Recommendations

- 7.48 The weekly diary for basic level prisoners should be well produced and aim to motivate them to aspire to higher levels.
- 7.49 There should be additional strategies to improve and motivate young adults on the basic regime.
- 7.50 Young adults on basic level should have appropriate access to regime activities.
- 7.51 Privileges available on I wing should be extended, wherever possible, to enhanced level prisoners on other wings.
- 7.52 Young adults should not receive a punishment on adjudication and be demoted to basic for the same single incident.
- 7.53 Demotion under the IEP scheme should reflect an assessment of a pattern of behaviour rather than be the consequence of a single incident.

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 The main kitchen was clean and well equipped. There was a choice of options for meals, and fruit was freely available at all serveries, but only 14% of respondents to our survey felt that the food was good. Breakfast packs were issued the day before consumption. Food was served efficiently and under supervision, but food trolleys and serveries were very dirty, and temperatures were not always taken and logged. Consultation about the food was limited.
- 8.2 The main kitchen was clean and well maintained, and food was stored and prepared in suitable conditions. At the end of the working day, the kitchen was cleaned, food cleared away and all storage areas secured. Some flooring was cracked, despite attempts to effect repairs.
- 8.3 The kitchen was staffed by a manager and nine caterers. Only 12 young adults were employed in the kitchen on the basis of three shifts of four, with two shifts working at a time. Most of the work undertaken by prisoners was menial and consisted mainly of cleaning duties. Staff and young adult kitchen workers were appropriately dressed.
- 8.4 All young adults working in the kitchen and serveries had received hygiene training. National vocational qualifications (NVQs) at level one were available to those working in the main kitchen and level two for those working in the staff mess. At the time of the inspection, only three prisoners were on the scheme.
- 8.5 All diets were catered for. Young adults selected their meals two days in advance from a four-week menu cycle that included a range of choices, including halal, vegetarian, vegan and healthy options (available at all but six mealtimes in the cycle). There was a helpful pictorial explanation against each option. Fruit was available at each servery during mealtimes.
- 8.6 Religious dietary needs were met for Muslim young adults, who said they well catered for during Ramadan. Kitchen managers had ensured the smooth running of the daytime fasting process and issue of food after dark. However, there was little specific provision for young adults of other faiths and cultural groups, and no evidence of promotion of cultural awareness.
- 8.7 The lunchtime meal was mainly a sandwich or jacket potato choice, supplemented by soup, crisps and fresh fruit. Young adults complained to us that the lunch meal was inadequate. The evening meal at weekends was always a cold choice, which meant a potential 29 hours between hot meals on Sunday to Monday. Breakfast packs were given out at lunch, and milk was issued at the evening meal. This meant that young adults often ate their breakfast in advance, leaving long periods between meals. In our survey, only 14% of respondents, against the comparator of 27%, said that the food was good.
- 8.8 Mealtimes were quoted as 12 noon and 5pm, but on at least three occasions during the inspection meals started to be served at least 20 minutes earlier. Most young adults could dine in association, and if they chose to dine in cell, the toilet was screened by curtains.

- 8.9 Food was taken to wing serveries in hot trolleys, and the serveries were supervised by discipline staff to deter bullying. Food temperatures were taken before food left the kitchen, but not always on its arrival at the wings or at the point of serving. Serveries had separate equipment for halal food, but this was marked in a different colour in the health care department. Any unserved food was claimed by serveries workers, rather than offered around, and was not recorded in the food returns book.
- 8.10 We found that most food trolleys had been returned to the kitchen without having been cleaned. There was food waste in some – some at least two days old. The bases of the trolleys had encrusted food spillage, with little evidence of attempts to clean them. However, trolleys on E and F wing and the segregation unit were clean.
- 8.11 Except for the segregation unit, serveries had food from the previous day in the fridge or still in the hotplates. Surfaces were dirty. There was out-of-date bread in fridges and on shelves, and we saw undated stale bread rolls on the B wing serveries for three days in a row. The areas around the waste disposal units were dirty, floors underneath hotplates were greasy, and dusty plates indicated a lack of cleaning regimes. Toasters remained uncleaned throughout the inspection, despite conversations with cleaners on how to clean them. Cooking facilities in reception and health care were dirty, and there was out-of-date food in the health care fridge.
- 8.12 Young adults and staff working on serveries were appropriately dressed, and young adults told us they had been trained in basic food hygiene and that some had completed the BICS (British Institute of Cleaning Sciences) course. However, on one serveries, we were told that red-coded cleaning equipment was used, despite notices to the contrary.
- 8.13 Food comment books were kept on the serveries but were not freely accessible to young adults, and few were aware of what the book was for. The books were mostly completed by staff with minimal entries from young adults. Although food was a standing agenda item on the general prisoner council, there was no separate prisoner catering committee and comments were limited. A recent food survey had yielded only a 12% response from young adults, and offered no incentives for completion.

Recommendations

- 8.14 The flooring in the kitchen should be repaired or replaced where necessary.
- 8.15 There should be more opportunities for young adults working in the kitchen to engage meaningfully in the preparation of meals.
- 8.16 The catering national vocational qualifications programme should be expanded.
- 8.17 All faiths and cultural groups represented in the prison should be catered for.
- 8.18 Young adults should receive a hot meal within a 24-hour period.
- 8.19 Breakfast packs should be issued on the day they are to be eaten.
- 8.20 Main meals should not be served before 12 noon and 5pm.
- 8.21 Additional food should be distributed equitably and reported accurately.
- 8.22 Food trolleys should be cleaned and inspected before return to the kitchen.

- 8.23 Cleaning schedules for wing serveries should be revised, displayed and put into operation.
- 8.24 There should be a clear policy for the storage of food in fridges.
- 8.25 Food comments books should be freely available to young adults, who should be advised how to use them and make entries.
- 8.26 There should be a separate prisoner catering committee meeting.
- 8.27 There should be efforts to encourage a better response to the food survey.

Housekeeping points

- 8.28 Food temperatures should be checked and recorded at the point of serving.
- 8.29 All halal equipment should be of the same colour.
- 8.30 Cooking facilities in reception and health care should be cleaned after use.
- 8.31 Only appropriate colour-coded cleaning equipment should be used in food preparation and servery areas.

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.

- 8.32 The range of goods in the prison shop list was limited, and access to black and minority ethnic items was poor. Consultation arrangements for black and minority ethnic prisoners needed improving. New arrivals could wait up to 11 days to receive their first order, and there were charges for orders from catalogues.
- 8.33 The prison shop was run under contract with DHL. Young adults were given an order sheet on Friday to complete by Monday morning, and their orders were delivered in bags the following weekend. The shop arrangements meant that a prisoner arriving on a Monday would only receive his first order 11 days later. In our survey, only 2% of respondents, against a comparator of 15%, said they could access the prison shop within 24 hours.
- 8.34 In our survey, only 40% of respondents, against a comparator of 46%, said that the shop offered a wide enough range of goods. The shop list was limited. Tinned and glass products were not allowed by the security department, yet razor blades could be bought; this was disproportionate. Prices were in line with those in the high street.
- 8.35 In our survey, only 20% of black and minority ethnic respondents, against 44% of white, said there was a wide enough range of goods for them in the shop. The shop list had a very limited choice of goods for black and minority ethnic prisoners. However, Muslim prisoners could use an independent contractor to purchase a wide range of relevant items.

- 8.36 Young adults could buy newspapers from a local distributor. There were limited hobby items on the shop list, but prisoners could buy items from catalogues as part of the privilege list. However, they were charged a 50p administration fee for this service.
- 8.37 There was a shop consultative meeting every three months with representatives from all the wings. The meeting discussed items available through the shop, and any proposals for changes were put to the security department. The range of black and minority ethnic products was not a standing agenda item, and black and minority ethnic representatives were not routinely asked to attend the meeting.

Recommendations

- 8.38 New arrivals should be able to access the prison shop within 24 hours.
- 8.39 Young adults should be allowed to buy tinned and glass products from the prison shop.
- 8.40 The range of shop items for black and minority ethnic prisoners should be increased.
- 8.41 Prisoners should not be charged a fee for catalogue purchases.
- 8.42 Black and minority ethnic goods should be a standing agenda item at the shop consultation meeting, and black and minority ethnic representatives should be invited to attend.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The reducing reoffending policy and strategy document covered all resettlement pathways but needed updating. The monthly resettlement committee did not monitor identified objectives, although pathway leads did submit monthly reports on work in their areas. There was no resettlement needs analysis.
- 9.2 The head of reducing reoffending had overall responsibility for the resettlement function. He chaired the monthly resettlement committee and was supported by a principal and senior officer, who were based in the offender management unit (OMU).
- 9.3 The reducing reoffending policy and action plan covered the period 2009-10 and needed updating. The document was appropriately linked to the area reducing reoffending policy, and also included each of the seven resettlement pathways. It contained little reference, however, to the OMU. It was also still unclear how the resettlement staff assessment of prisoner need during induction was to be linked to the role of offender supervisors throughout the sentence or how progress was to be evaluated at the point of release.
- 9.4 No resettlement needs analysis had been undertaken in the previous three years.
- 9.5 Although the reducing reoffending policy included objectives against each identified pathway, some related to the period 2010-12 and others to 2009-10, or even 2008-09. There was no mechanism to ensure that these objectives were taken forward. The resettlement policy committee was appropriately constituted and included pathway leads, but monthly meetings did not map progress against objectives. Each pathway lead prepared a detailed report of the previous month's work and, where appropriate, progress against key performance targets. While these reports ensured good communication between departments, they had no direct connection to development objectives and there was no separate evaluation.
- 9.6 Given the limited number of up-to-date OASys (offender assessment system) assessments, the limited contact between offender supervisors and prisoners, and the lack of sentence planning for out-of-scope prisoners (see section on offender management and planning), we were concerned that minutes from resettlement meetings gave little indication of how these shortfalls were to be rectified.

Recommendations

- 9.7 The reducing reoffending policy and action plan should be updated annually and include the work of the offender management unit.
- 9.8 There should be an annual needs analysis to assess the resettlement requirements of all young adults, and identified needs should be reflected in the policy and action plan.

- 9.9 Objectives under each resettlement pathway should clearly identify timescales for achievement, and progress should be reviewed regularly.

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.

- 9.10 Prisoners' needs were assessed against most pathways at induction, and brief pre-release reviews were completed, but for many prisoners there was little structured management of their sentence in between. Over 70% of out-of-scope prisoners had no up-to-date OASys assessment or sentence plan, and in-scope prisoners often had only minimal contact with offender supervisors. Staff were widely redeployed from the offender management unit and over 6,000 hours had been lost in the previous 12 months. Developments in release on temporary licence were positive, but benefited only a few prisoners. Public protection arrangements were generally good.

Sentence planning and offender management

- 9.11 One of the two full-time resettlement officers saw all new arrivals within their first few days, and undertook initial assessments of resettlement needs against some pathways. Education and substance misuse were assessed separately by the respective departments, and offender supervisors were responsible for referrals to offending behaviour programmes. The resettlement officers also undertook some initial support work on accommodation and finance, benefit and debt. Responsibility for managing the sentence of prisoners in scope for offender management was then passed to the allocated offender supervisor. For other prisoners, there was little custody planning (see main recommendation HP57). Prisoners out of scope could be referred to the Nacro housing worker or access CARATs or other provision under resettlement pathways, but most had no up-to-date OASys assessment or sentence or custody plan.
- 9.12 All prisoners were seen by resettlement officers approximately two weeks before release. This meeting focused primarily on ensuring accommodation was in place and to review post-release plans. However, there was no formal link to other pathways to ensure necessary work had been undertaken, and the inadequacies of formal sentence planning and involvement by the offender management unit meant that the meeting had little value in evaluating progress against risk of reoffending. In our survey, significantly fewer prisoners than in comparator establishments said they knew who to contact in the prison to get help with issues on release, including accommodation, money and finance and finding employment. The responses in all seven resettlement areas were also significantly worse than at the 2007 inspection.
- 9.13 The multidisciplinary OMU was reasonably well established. Seven prison officers, two probation officers and two probation service officers acted as offender supervisors. All prisoners serving over four months should have had an up-to-date OASys assessment on which to base sentence plans. For those in scope whose assessment was completed by community-based offender managers, only 10 of the 148 (7%) were out of date. Of the other 258 that were the responsibility of offender supervisors, 184 (71%) were out of date and the number was rising each month. In two cases that we reviewed, the risk of serious harm scores

identified prisoners as medium risk and thus out of scope of offender management, but we considered them to be high risk; up-to-date assessments might have identified these shortfalls.

- 9.14 The primary reason for this significant backlog appeared to be staffing problems. We were told that officers were consistently redeployed to other duties across the establishment and that not enough staff were available regularly. On one day during our inspection, only one officer was available for work with young adults. We were also told that in the previous 12 months the department had lost over 6,000 hours through such redeployment. Despite plans to reorganise the department into separate 'pods', there was no indication that this would protect the resources necessary to deliver an effective service. (See main recommendation at HP56).
- 9.15 It had been decided to allocate the available resources to offender supervision rather than OASys. However, as only prisoners in scope of offender management were allocated an offender supervisor, this meant that over half the population, including those serving under four months, had neither an up-to-date OASys nor sentence plan or access/support from an offender supervisor. In our survey, only 35% of respondents, against a comparator of 57%, said they had a sentence plan.
- 9.16 Of the 148 in-scope prisoners, 93 were allocated to probation staff and the two probation officers were appropriately responsible for the highest risk cases – all those identified as multi-agency public protection arrangements (MAPPA) two and three (58 in total). Only 56 cases were allocated to prison officer offender supervisors, with caseloads varying from as low as three to 13. Given that this work was supposedly prioritised in the absence of OASys, the contact with prisoners was infrequent. During the inspection, and in conjunction with colleagues from HM Inspectorate of Probation, we undertook a detailed review of both in-scope and out-of-scope cases. In many in-scope cases held by prison officer offender supervisors, there had been no contact with the prisoner for several months. Contact that was maintained was usually infrequent and unfocused, often merely to review behaviour and general progress. Communication with community offender managers was reasonable in many cases, but often was merely to pass on information relating to general behaviour, IEP reviews or disciplinary hearings. Much of this work was administrative, and officers appeared unclear about their exact role as an offender supervisor.
- 9.17 The role of personal officers in relation to offender management was also unclear. Copies of sentence plans, when completed, were not routinely forwarded to personal officers, and there were no formal arrangements for personal officers to contribute to the process. Information from personal officers was sometimes included in offender supervisor contact logs, but was usually copies of information from files.
- 9.18 There was no quality assurance system to review the quality and frequency of offender supervisor work. While probation staff had regular supervision with the senior probation officer, which included casework and file reviews, this was not the case for officers.
- 9.19 The cases held by probation staff, in particular those by the two probation officers, were generally managed well. Most case files were up to date and contact logs demonstrated frequent, structured and effective engagement. Liaison with offender managers was also generally good.
- 9.20 Release on temporary licence (ROTL) arrangements had developed since our last inspection. Several projects were now managed through the resettlement department. These included the Duke of Edinburgh's Award and Prince's Trust schemes, along with a project managed through the local Community Service Volunteers offering community work in the last four weeks of sentence. Two jobs were available in the staff mess and two in the gardens, along with a

placement in a local charity shop. Although positive initiatives, these involved only 12 prisoners.

- 9.21 Arrangements for home detention curfew (HDC) were reasonable. Prisoners were interviewed as part of the process, and boards usually took place weekly. Between September 2009 and March 2010, 137 prisoners had been considered by the HDC board and 61 (44.5%) had been successful.

Categorisation

- 9.22 All prisoners were considered for recategorisation every six months, or on application. Offender supervisor staff in OMU undertook initial screening against standard criteria. If the criteria were met, prisons for transfer were considered. The primary feeder establishment was Thorn Cross and staff from there came to Stoke Heath weekly to consider applicants, although this rarely included a specific interview. In the previous three months, 56 prisoners had been approved for open conditions.

Public protection

- 9.23 There were two mechanisms to manage public protection – the monthly risk management meetings and a separate, but related, risk-to-children register. All new arrivals were screened for the nature of their offence or previous convictions. All cases were also considered in relation to their MAPPAs status, even if this was only provisional. Consequently, all newly identified MAPPAs two or three cases were reviewed at the first risk management meeting after their arrival. Further reviews could be scheduled at any subsequent point, although usually only if there were significant changes in circumstances. All MAPPAs two and three cases were reviewed at each meeting in the three months before release.
- 9.24 Each review included a comprehensive assessment compiled by the offender supervisor (usually one of the two probation officers since January 2010). From a random selection of such reports it appeared that they were comprehensive, detailed and focused appropriately on issues of risk and risk management. Meeting minutes indicated contributions from other staff, including those based on wings, but these were mostly observational and rarely oriented specifically to risk management.
- 9.25 At the time of the inspection, 23 prisoners were identified as a risk to children. A separate register was maintained of these prisoners and they were reviewed every three months, although this review was not formal and did not, as a matter of course, include information from departments outside the OMU. We were told it was very rare for a prisoners to be taken off the list or have their level of monitoring for telephones or mail reduced. Eight prisoners were subject to monitoring due to harassment.

Indeterminate-sentenced prisoners

- 9.26 At the time of the inspection, there were no life-sentenced prisoners, and it was rare for them to be held at Stoke Heath – we were told that none had been accepted in the previous two years. There were two prisoners sentenced to indeterminate sentences for public protection (IPP). As the acceptance criteria for Stoke Heath included a tariff of less than four years, the number of IPP prisoners was usually low.

- 9.27 There was no specific regime for indeterminate-sentenced prisoners and they were managed in the same way as other prisoners in scope of offender management, with allocation to one of the two probation officers. There was a basic guide and advice for IPP prisoners, produced by the Prison Reform Trust, and although there was no specific forum, the chaplaincy ran a group for indeterminate- and long-sentenced prisoners. Although there was a limited range of offending behaviour programmes (see section on attitudes, thinking and behaviour), IPP prisoners were prioritised for them. At the time of our inspection, one of the two IPP prisoners was due to complete both P-ASRO (prison addressing substance related offending) and the thinking skills programme.

Recommendations

- 9.28 All prisoners should have timely pre-release planning, and meetings should review both custody/sentence plan objectives and arrangements for post-release progress to meet resettlement and offending behaviour needs.
- 9.29 All OASys (offender assessment system) assessments should be completed within agreed timescales.
- 9.30 Support and guidance, beyond the completion of OASys, should be available to all sentenced prisoners whether or not they are in scope.
- 9.31 There should be clarification of the role of offender supervisor, and the level and frequency of their contact with prisoners should be increased.
- 9.32 The role of personal officers in relation to work with offender management should be clarified and monitored.
- 9.33 There should be a quality assurance scheme to cover all aspects of offender management work, along with OASys.
- 9.34 The range of work placements available through release on temporary licence, and the number of prisoners accessing them, should be extended.
- 9.35 Risk management meetings should include contributions from all departments involved with the prisoner, which should be clearly oriented to risk assessment and management.
- 9.36 Risk-to-children cases should be formally reviewed through the monthly risk management meetings.

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

9.37 Initial housing assessments were undertaken during induction, and a full-time Nacro worker provided some housing support. There were reasonable links with community service providers. Although few prisoners were released to temporary or no fixed accommodation, it was not clear how permanent other accommodation was. Vocational training offered good introductory skills for further training or education on release, and employment and education progression targets were due to be met. There were pre-release health clinics and help with contacting health services in the community. There was limited support for finance, benefit and debt need, and no specialist provision.

Accommodation

- 9.38 During the induction assessment by a resettlement officer, new arrivals were asked about accommodation, including planned release addresses. This enabled initial support and advice on closing down tenancies and dealing with housing-related debt, along with registering for alternative housing where appropriate.
- 9.39 For high-risk prisoners in scope for offender management, post-release housing arrangements were managed through community offender managers since, in many cases, there were restrictions on where they could stay. A full-time Nacro housing worker supported out-of-scope prisoners, managing about 60 to 70. Approximately 12 of the average 67 prisoners released into the community every month required help in finding accommodation.
- 9.40 Resettlement officers saw all prisoners approximately two weeks before release, with the primary focus on accommodation. If an address was given this was usually accepted, and there was limited opportunity to explore how stable the accommodation was.
- 9.41 There were good links with Prison Link for accommodation support to prisoners returning to Wales, and usually two to three prisoners a month were helped through this route. Nacro could offer a reasonable range of accommodation. Although only one prisoner had been released with no fixed accommodation in the previous six months, and only three were identified as having only temporary accommodation, it was not clear how reliable these figures were as a number were released to hostel accommodation, and only those asking for support came forward.

Education, training and employment

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

- 9.42 There was a wide range of educational and vocational subjects. Most vocational qualifications were at level one, which provided an introduction to new skills but would need to be supplemented by further training in work or with a further education or training provider. Access was too limited (see learning and skills section).
- 9.43 In addition to the guidance from JHP Training staff, some workshop staff, particularly in bricklaying, organised interviews with their industry sector contacts for prisoners interested in pursuing employment in skills learned at the prison.
- 9.44 JHP Training staff, offered a short modular pre-release programme, Ready for the Road, covering topics such as CV and application letter writing, interview techniques and disclosure

of offences. Staff were notified of prisoners due for release in order to invite them to participate for three half-day sessions eight weeks before release.

- 9.45 There was use of release on temporary licence (ROTL) for work placements, community work, work and training interviews and Duke of Edinburgh's award activities. However, ROTL had been used by a very small number of prisoners (see recommendation 9.34).

Mental and physical health

- 9.46 Pre-release clinics were held every Sunday and all prisoners were offered an appointment. Their height and weight were checked and they were asked if they had any health concerns. Medication was arranged where appropriate, and, if requested, prisoners were given a letter outlining their care while in prison. Help with contacting health services in the community was also offered. Young adults under the care of the mental health in-reach team were referred to community teams, who were invited into the prison for pre-release meetings.

Finance, benefit and debt

- 9.47 Work on this pathway remained underdeveloped. The initial resettlement officer screening of new arrivals covered need in relation to finance, benefit and debt. They were able to offer some basic advice and guidance, including supporting prisoners in contacting organisations to whom they owed money, negotiating payment arrangements, and suspending debt until release. Neither resettlement officer was specifically trained in this area, although training was planned. There was no specialist debt counselling.
- 9.48 Despite initial screening, the number of prisoners who had significant debts remained unclear. In our survey, only 21% of respondents said they knew who to speak to at the prison regarding money and finance problems on release, significantly worse than the comparator of 26% and the 38% response in 2007. Although there had been some work on prisoner access to bank accounts upon release, this was still not available.
- 9.49 There was no specific money management programme, although aspects, including benefits on release, were covered in the general pre-release programme. In our survey, 29% of respondents, significantly more than the comparator of 24%, anticipated that they would have problems claiming benefits on release.

Recommendations

- 9.50 There should be increased links between resettlement and workshop staff to make best use of good practice in preparing prisoners for interviews for employment and/or further training.
- 9.51 Resettlement staff should receive specialist training in finance, benefit and debt advice.
- 9.52 Specialist provision for money and debt management should be increased to meet the needs of the population.
- 9.53 Prisoners should be able to open bank accounts before their release.
- 9.54 Prisoners should be able to access a money management programme during their sentence.

Drugs and alcohol

- 9.55 The substance misuse strategy was comprehensive, informed by a needs analysis and well managed. There was a wide range of interventions and support for prisoners with drug or drug and alcohol problems, but provision for those with primary alcohol problems was insufficient as this was excluded from the remit for the CARAT service.
- 9.56 The substance misuse strategy committee met bi-monthly and relevant departments and service providers were represented. A designated substance misuse manager was taking over the role of establishment drug coordinator.
- 9.57 The strategy policy was up to date, included drug and alcohol services, outlined care pathways, and had been informed by an annual needs analysis. The document was comprehensive, contained detailed action plans, and was supplemented by a resettlement pathway action plan that set out annual targets.
- 9.58 The 2009 needs assessment indicated an increase in the use of cocaine and anabolic steroids, and a decrease in the use of opiates. Alcohol and cannabis remained the most common substances used. In our survey, 81% of respondents said that they had received help with their drug or alcohol problem, against the comparator of 73%. Twenty-nine per cent reported that they had an alcohol problem on arrival, compared with only 14% in 2007 and the comparator of 20%. However, while significant resources were available to treat a decreasing population of opiate-dependent young adults, service provision for those with primary alcohol problems was still inadequate.
- 9.59 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by a manager, 5.5 workers from the Crime Reduction Initiative (CRI) and an officer, but the team had vacancies for 1.5 posts and one staff was on sick leave. A worker from the young people's substance misuse service had been temporarily seconded to help with the workload. Benchmarking in 2008 had resulted in a reduction of CARAT staff, not taking into account that the team dealt with both a local (over 20%) and a longer-term population. The remit did not include work with primary alcohol users.
- 9.60 CARAT staff saw all new arrivals on a one-to-one basis. By the end of March 2010, 417 triage assessments had been completed against a target of 200, and the active caseload was 165 clients with another 13 files suspended. The team also exceeded the local target for comprehensive assessments, but did not conduct as many formal care plan reviews as expected and found it difficult to balance assessments with ongoing work.
- 9.61 Prisoners could access a range of services. These included one-to-one work, supplemented by in-cell packs, and two-week groupwork modules focusing on enhancing motivation, harm reduction and relapse prevention. Prisoners on B-wing, the healthy living unit, could also participate in short integrated drug treatment system (IDTS) groupwork modules, which were also delivered to CARAT clients on other wings on a one-to-one basis.
- 9.62 The team contained a good skills mix, was well integrated into the prison, shared care plans with the OMU, and contributed to sentence planning meetings, ROTL and HDC boards. Biweekly multi-agency meetings, which included the OMU, health and psychology services, facilitated care coordination for clients.
- 9.63 CARAT clients could access additional support on the healthy living unit, which offered 67 places; this facility was also open to prisoners with primary alcohol problems. A five-week

rolling programme included health promotion, tackling drugs through PE sessions, auricular acupuncture, relaxation and stress management, and IDTS modules. Officers based on the wing co-facilitated or ran aspects of the programme and had undertaken the required training. The unit contained gym and recreational facilities, and there was a good level of engagement between staff and prisoners.

- 9.64 Prisoners requiring more structured intervention could undertake the P-ASRO programme, which was well managed by a treatment manager and four facilitators from the psychology department. Since April 2009, 80 had started and 54 completed the course, against a target of 80 starts and 52 completions. Prisoners stable on opiate-substitute regimes were no longer excluded from participating in the programme. A dedicated weekly gym session focused on team building, and participants received good support from their key workers, but a peer support/mentoring scheme had not yet been developed.
- 9.65 A locally validated alcohol and offending course was due to re-start, but this was insufficient to meet the need of prisoners with primary alcohol problems.
- 9.66 The healthy living unit was the establishment's voluntary drug-testing unit, where all prisoners had signed up to compact-based drug testing (CBDT), but this was also available to all prisoners whatever their location. Overall, 200 compacts were in operation, which met the target. Two designated, committed officers ran the scheme. CBDT was non-punitive, and there were well-documented case reviews on the rare occasions when a prisoner tested positive. The prison did not operate a compliance or incentive-based programme.

Recommendations

- 9.67 Service provision for young adults should be reviewed in light of the high prevalence of primary alcohol problems in this age group.
- 9.68 There should be a peer support scheme to offer ongoing support to prisoners who complete the P-ASRO programme.

Good practice

- 9.69 *Prisoners with drug and alcohol problems could access additional support on the healthy living unit, which offered a five-week programme facilitated by officers, CARAT workers, nurses and gym staff.*

Children and families of offenders

- 9.70 Visitors reported no difficulties accessing the telephone booking service. The visitors' centre was clean and reasonably well equipped. Visits sessions usually started on time, although visitors tended to arrive early to ensure they were admitted at the start. The visits environment was good, but tables were close together, the non-contact tables had no privacy, and prisoners were required to wear bibs. There was a range of services to enable prisoners to maintain family ties, but there was no qualified family support worker.

- 9.71 In our survey, 55% of respondents, significantly more than the 46% in 2007, said they had received information about visits on their day of arrival.

- 9.72 The head of operations was responsible for visits, and procedures were described in a policy document published in March 2010. Visits took place on Tuesday, Wednesday and Thursday afternoons, Saturday morning and weekend afternoons. There were no evening visits. The visits provision was good for those prisoners not on the basic level of the IEP scheme. Prisoners on the enhanced level could have two statutory and six privilege visiting orders a month, of which four could be taken at the weekend. Those on the standard level could have a maximum of six visits a month. Prisoners on the basic level could have two visits a month.
- 9.73 All visits had to be booked by telephone. Lines were open each weekday, and families we spoke to reported no problems in getting through. Booking staff were described as polite and helpful. We were able to get through to the line on our first attempt.
- 9.74 The visitors' centre was open from around 12.30pm to 4.15pm. The centre was well maintained, well equipped and clean. A range of local and national information was on display, including information about the assisted visits scheme. Most families we spoke to had travelled to the prison by car. The nearest public transport service stopped some distance from the prison. A coach service operated between the prison and Crewe railway station at weekends.
- 9.75 The visits session we observed started at the published time, and most visitors said this was generally the case. Visitors tended to arrive well in advance of the published start time to ensure they were among the first to be admitted. Visitors were admitted to the prison in groups and underwent an identification check and a search. Anyone indicated by the drug dog was offered the choice of leaving or having a closed visit with no further security information being required.
- 9.76 All prisoners were seated in the visits room irrespective of whether their visitors had arrived. Once the visits session was under way, those whose visitors had not yet arrived could return to the waiting area. Even though all prisoners were identified by a finger scan and photographs before entering the visits room, they were required to wear yellow bibs.
- 9.77 The visits environment was good with comfortable, clean, movable furniture. The 40 open visits tables were relatively close together limiting privacy, particularly when the room was busy. The four closed visits booths were appropriately screened from the main visits room but closed visits were limited to 30 minutes. The four non-contact tables offered no privacy. Staff supervision appeared appropriate and not obtrusive. There was a quiet room in the visits hall that families could request to use if they had difficult or sensitive news to share with prisoners.
- 9.78 A published contact policy limited physical contact during visits to an embrace at the start and end of sessions. In our focus groups, some prisoners said this policy was unnecessarily restrictive. Visitors told us that staff enforced the policy inconsistently, with some more flexible than others.
- 9.79 There was a small well-equipped play area, staffed by the Pre-School Learning Alliance. Although the area was not staffed for all visits sessions, children could use the facility when it was not supervised and take toys back to the table. A team of volunteers staffed a small refreshments bar, which offered a range of snacks and drinks and was open for most visits sessions. Visitors could give written feedback about visits sessions, and most said they found the staff approachable and friendly.
- 9.80 The coordinating chaplain was the children and families pathway lead. The chaplain had not consistently attended recent resettlement meetings, though a written report was usually submitted. There was a pathway action plan, which was out of date and identified actions were

not time-bound or allocated to named individuals. Resettlement staff asked new arrivals about family relationships during induction interviews, but there were no onward referrals to any pathway provision or services.

- 9.81 The prison did not collate data about the numbers of prisoners who did not receive visits, although chaplaincy staff routinely asked about this when they visited new arrivals. In our survey, only 35% of respondents, significantly worse than the 45% comparator, said they had received one or more visits in the previous week. There was no facility for prisoners to exchange unused visiting orders for additional telephone credit.
- 9.82 The prison did not have a dedicated family support worker, although prisoners had access to a range of services to help them maintain family ties. Chaplaincy staff worked in partnership with the Pre-School Learning Alliance to deliver the nine-week Being a Dad course. Sessions were delivered in the chapel and covered issues such as exploring parenting styles, dealing with bad behaviour, and ways of keeping in touch with children. There were two family visits sessions during the course, and around three courses a year were delivered with a maximum of 10 participants on each. The current course had ended during the week of the inspection, and both prisoners and their families who had participated spoke positively about it.
- 9.83 Prisoners who had completed the Being a Dad course became members of the dads' club and could have a family visit in the chapel once every six weeks. Visiting orders were not required for family visits. Family visits were also supervised by chaplaincy staff and the Pre-School Learning Alliance. The prison also had good links with Sure Start to give families advice about support services in the community.
- 9.84 Prisoners could also have a first-time visit with their newborn children in the chapel. There were three further family days a year aimed at prisoners with younger siblings. These were full-day events in which PE staff participated to offer a range of activities, alongside craft activities. Relate had provided relationship counselling taking referrals primarily from the chaplaincy team, but the prison had decided to withdraw funding for this service.
- 9.85 The education department offered a recently revised parenting course. The course was delivered for five and a half sessions a week and encompassed four National Open College Network units. Although intended specifically for fathers, one prisoner who was close to his sibling's children had taken part.

Recommendations

- 9.86 The prison should explore whether there would be sufficient demand from visitors for an evening visits session.
- 9.87 Visitors should be able to book a visit in person while they are at the prison or by email.
- 9.88 Visitors should be admitted to the visits hall in advance of the advertised start time to ensure that all visits start on time.
- 9.89 Closed visits should be authorised only when there is a risk justified by security intelligence in addition to a single drug dog indication.
- 9.90 Prisoners should not have to wear bibs in the visits room.

- 9.91 Tables in the visits room should offer an appropriate degree of privacy, and the non-contact tables should be removed.
- 9.92 Closed visits should not be limited to 30 minutes.
- 9.93 Prisoners should be able to have easy and appropriate contact with their visitors, and staff supervision should be consistent.
- 9.94 The children and families pathways action plan should be kept up to date, and identified actions should be time-bound and allocated to named staff.
- 9.95 Resettlement officers should refer new arrivals to children and families services where appropriate.
- 9.96 Prisoners should be allowed to exchange unused visiting orders for additional telephone credit.
- 9.97 The prison should have a qualified family support worker.
- 9.98 Prisoners should have the opportunity to undertake relationship counselling.

Attitudes, thinking and behaviour

- 9.99 Two nationally accredited offending behaviour programmes were delivered and both were appropriately resourced and managed. Other approved programmes had been provided but were currently suspended due to lack of staff. There had been no needs analysis. Sex offenders were not routinely assessed during their stay at Stoke Heath.
- 9.100 Two nationally accredited programmes were delivered at Stoke Heath – P-ASRO (see paragraph 9.64) and the thinking skills programme (TSP), which had recently replaced the enhanced thinking skills programme. Both programmes were appropriately resourced and delivered. In our survey, 60% of respondents, better than the comparator of 53%, said that they had been involved in an offending behaviour programme at the prison and 15%, against 10%, said they were currently on such a course.
- 9.101 Priority for both programmes was based on need, risk of reoffending and proximity to release. Although these were broadly appropriate criteria, given the number of prisoners without an OASys (see paragraph 9.13) the current relatively low waiting list of 55 for TSP might not have been an accurate reflection of need.
- 9.102 Up until January 2010, the prison had delivered three area-approved non-accredited offending behaviour programmes: 40 prisoners had completed the anger management course; 65 the victim awareness programme; and 11 had undertaken the alcohol and offending group. Due to staff shortages in the psychology department, these programmes had been suspended. Although new staff were being recruited, these courses were unlikely to run again until July 2010. The lack of an up-to-date needs analysis also meant that it was not clear if these programmes were the most appropriate for the current population.
- 9.103 The psychology department undertook a limited amount of one-to-one work with prisoners, and usually no more than five at any time.

- 9.104 Although the number of prisoners with a current or previous sex offence was low (13 at the time of the inspection), they were not routinely assessed for their treatment needs or willingness to attend sex offender treatment programmes.

Recommendations

- 9.105 Non-accredited offending behaviour programmes should be available to complement nationally accredited ones, and the range available should be based on an up-to-date needs analysis.
- 9.106 All sex offenders at Stoke Heath should be assessed for their treatment needs and willingness to participate in such treatment.

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

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- 10.1 Reception and first night procedures should be thoroughly revised to ensure that prisoners are located speedily to appropriate accommodation and that their risks and needs are immediately and effectively assessed. (HP47, see paragraph HP6)
 - 10.2 The prison should integrate all current safer custody strategies, policies and protocols into a single cohesive strategy for young adults. (HP48, see paragraph HP10)
 - 10.3 Systems for monitoring bullying and antisocial behaviour should be integrated and simplified, and should be appropriately publicised to staff. (HP49, see paragraph HP8)
 - 10.4 The levels of cleanliness on the wings should be improved and damaged infrastructure repaired. (HP50, see paragraph HP17)
 - 10.5 Monitoring of all diversity strands should be disaggregated to ensure the equality and diversity action team gives appropriate consideration to any discrepancies in key areas among young adult prisoners from minority groups. (HP51, see paragraph HP24)
 - 10.6 Disruption to learning by learners' poor behaviour and inappropriate language should be challenged and reduced. (HP52, see paragraph HP30)
 - 10.7 The activity places should be used more effectively and efficiently to meet the needs of the young adult prisoners. (HP53, see paragraph HP32)
 - 10.8 Young adult prisoners should be able to use PE facilities for recreation at least twice a week. (HP54, see paragraph HP34)
 - 10.9 Time out of cell arrangements should be improved for all prisoners. (HP55, see paragraph HP35)
 - 10.10 The offender management unit should be allocated the necessary staffing resources to meet its work objectives. (HP56, see paragraph HP38)
 - 10.11 Custody planning should be introduced for all prisoners. (HP57, see paragraph HP38)

Recommendation

To the Director of Offender Management

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- 10.12 Service provision for young adults should be reviewed in light of the high prevalence of primary alcohol problems in this age group. (9.67, see paragraph 9.58)

Courts, escorts and transfers

- 10.13 Prisoners due for escort should not be handcuffed when moving from the wing to reception. (1.8, see paragraph 1.5)
- 10.14 Prisoners should not spend a long time in reception before escort out of the prison. (1.9, see paragraph 1.6)
- 10.15 Prisoners due to leave for court should be offered food and hot drinks in reception. (1.10, see paragraph 1.6)
- 10.16 Information about Stoke Heath should be made available to prisoners before they arrive at the establishment. (1.11, see paragraph 1.7)

First days in custody

- 10.17 Reception should be staffed appropriately and stay open during meal breaks. (1.27, see paragraph 1.3)
- 10.18 Reception staff should always be courteous to prisoners. (1.28, see paragraph 1.15)
- 10.19 The reception process should take place out of sight and sound of other prisoners. (1.29, see paragraph 1.16)
- 10.20 Relevant information about new arrivals should be recorded on both their first night assessment and cell sharing risk assessment. (1.30, see paragraph 1.17)
- 10.21 There should be clear governance of the role of the Insider in reception. (1.31, see paragraph 1.18)
- 10.22 Listeners should be employed as part of the first night assessment process. (1.32, see paragraph 1.18)
- 10.23 New arrivals should be located from reception on to the first night wing as quickly as possible. (1.33, see paragraph 1.19)
- 10.24 First night interviews should have adequate time to assess the immediate needs of prisoners. (1.34, see paragraph 1.20)
- 10.25 Cells on E wing should be refurbished and maintained to an acceptable standard. (1.35, see paragraph 1.21)
- 10.26 All toilets on E wing should have adequate toilet seats. (1.36, see paragraph 1.21)
- 10.27 Prisoners should always be offered the opportunity to have a shower and something to eat on their day of arrival. (1.37, see paragraph 1.22)
- 10.28 A separate dedicated room should be used for the induction programme. (1.38, see paragraph 1.24)

- 10.29 Induction interviews should always take place in a private interview room. (1.39, see paragraph 1.24)
- 10.30 Multimedia should be used in the formal induction classes. (1.40, see paragraph 1.24)
- 10.31 The induction information booklet should be available in a range of languages. (1.41, see paragraph 1.25)
- 10.32 Prisoners should be moved off the first night assessment wing as soon as their induction is completed. (1.42, see paragraph 1.26)

Residential units

- 10.33 Cells on F and G wing should be single occupancy only. (2.18, see paragraph 2.3)
- 10.34 The single cells on B wing should have adequate screening for the in-cell toilet. (2.19, see paragraph 2.5)
- 10.35 The shower and toilet areas of cells on I wing should be screened off adequately. (2.20, see paragraph 2.6)
- 10.36 Communal showers should be repaired and privacy cubicles installed. (2.21, see paragraph 2.7)
- 10.37 Staff should respond to cell emergency bells immediately. (2.22, see paragraph 2.9)
- 10.38 All telephones should be fitted with privacy hoods. (2.23, see paragraph 2.12)
- 10.39 Weekly clothing exchange should ensure that prisoners receive suitable clothing that fits and is undamaged. (2.24, see paragraph 2.13)
- 10.40 All prisoners should be allowed to wear their own clothes. (2.25, see paragraph 2.13)
- 10.41 Prisoners transferring in from another establishment should be allowed to keep their in-possession music system. (2.26, see paragraph 2.14)
- 10.42 Prisoners should be given sufficient time and adequate materials to clean their cells. (2.27, see paragraph 2.15)

Personal officers

- 10.43 The personal officer scheme should be developed further to include improved awareness of prisoners' personal circumstances and links to offender management. (2.38, see paragraph 2.37)
- 10.44 Personal officers should introduce themselves to their charges within seven days of the young adult's arrival on the wing, and document this in their case notes. (2.39, see paragraph 2.37)
- 10.45 Personal officers should engage with their charges to understand their individual needs and personal circumstances, in order to complete meaningful weekly case notes. (2.40, see paragraph 2.37)

- 10.46 Quality assurance systems should be developed to ensure that managers can support and encourage good practice (2.41, see paragraph 2.37).

Bullying and violence reduction

- 10.47 Meetings where violence reduction data is presented should be streamlined to prevent duplication of work. (3.14, see paragraph 3.2)
- 10.48 Anti-bullying and/or violence reduction young adult representatives should be recruited and should attend the violence reduction committee. (3.15, see paragraph 3.3)
- 10.49 All items on the violence reduction standing agenda should be discussed and reported on at the meeting. (3.16, see paragraph 3.3)
- 10.50 Minutes of the violence reduction committee should record all relevant data, and information about young adults should be disaggregated. (3.17, see paragraph 3.3)
- 10.51 There should be further work to ensure that data on all violent and antisocial incidents is presented to the violence reduction committee. (3.18, see paragraph 3.4)
- 10.52 Exit questionnaires should be analysed for trends and patterns relating specifically to young adults. (3.19, see paragraph 3.5)
- 10.53 There should be further work to understand why a significant proportion of young adults feel unsafe.(3.20, see paragraph 3.5)
- 10.54 Violence reduction focus groups should be further developed, and findings should be properly analysed and appropriate action taken. (3.21, see paragraph 3.6)
- 10.55 Objectives set for young adults being monitored under anti-bullying/antisocial behaviour systems should be simple and easily understood, and should be given to them in writing. (3.22, see paragraph 3.9)
- 10.56 The effectiveness of the positive outcomes programme should be evaluated. (3.23, see paragraph 3.9)
- 10.57 Improvement objectives should be set at the first stage for individuals monitored under anti-bullying/antisocial behaviour systems to enable them to reflect on their behaviour. (3.24, see paragraph 3.10)
- 10.58 The quality of comments in anti-bullying/antisocial behaviour monitoring documents should be improved, be less observational and concentrate more on engaging with individuals. (3.25, see paragraph 3.11)
- 10.59 Staff should challenge abuse from windows and bad language robustly and consistently. (3.26, see paragraph 3.12)

Vulnerable prisoners

- 10.60 The management of vulnerable people policy should be more coherent and integrated with other safer custody strategies. (3.33, see paragraph 3.30)

- 10.61 The process for monitoring vulnerable people or victims of bullying should be clarified and should be fully integrated with other monitoring. (3.34, see paragraph 3.30)
- 10.62 Vulnerable young adults should be supported by appropriate risk assessments, and support, reintegration and exit plans. (3.35, see paragraph 3.32)
- 10.63 There should be a support group for vulnerable prisoners and/or those having difficulty coping. (3.36, see paragraph 3.32)

Self-harm and suicide

- 10.64 The strategic safeguarding meeting should have a clear focus on young adults and should not duplicate work from other meetings. (3.47, see paragraph 3.39)
- 10.65 There should be annual strategic objectives to develop self-harm and suicide prevention work. (3.48, see paragraph 3.39)
- 10.66 The young adults safeguards meeting should have agreed terms of reference, membership and standing agenda. (3.49, see paragraph 3.40)
- 10.67 Patterns and trends in self-harm among young adults should be more effectively analysed. (3.50, see paragraph 3.40)
- 10.68 Use of the constant watch facility should be recorded and monitored. (3.51, see paragraph 3.40)
- 10.69 The work of Listeners and Insiders should be monitored more effectively to ascertain how widely they are used. (3.52, see paragraph 3.41)
- 10.70 All acts of self-harm should be recorded on the incident reporting system. (3.53, see paragraph 3.42)
- 10.71 Investigations into serious acts of self-harm should draw on lessons learned to inform future strategy. (3.54, see paragraph 3.42)
- 10.72 Night staff should only elicit responses from prisoners for whom there are specific concerns. (3.55, see paragraph 3.43)
- 10.73 There should be consistent case management for individuals on open ACCTs. (3.56, see paragraph 3.44)
- 10.74 Frequency of observation for young adults on ACCTs should be appropriate to the level of support needed, and should be made clear to those responsible for managing them. (3.57, see paragraph 3.44)
- 10.75 All case managers should be trained to ensure they can appropriately identify and address all issues, and care maps should be reviewed and updated at each case review. (3.58, see paragraph 3.44)
- 10.76 ACCTs should not be closed until all issues in the care map have been dealt with. (3.59, see paragraph 3.44)
- 10.77 ACCT case reviews should be multidisciplinary. (3.60, see paragraph 3.44)

- 10.78 Residential staff and managers should ensure that all ACCTs are of sufficient quality to ensure that prisoners receive a consistent level of care. (3.61, see paragraph 3.45)
- 10.79 More Listeners and Insiders should be recruited and should be located where they are most needed to support other prisoners. (3.62, see paragraph 3.46)
- 10.80 Care suites should be refurbished to ensure they are welcoming, clean and well equipped, and their usage should be recorded. (3.63, see paragraph 3.46)

Applications and complaints

- 10.81 Application forms and all types of complaint forms should be readily available across all residential units. (3.69, see paragraph 3.65)
- 10.82 Applications procedures should be clarified and publicised to all staff and prisoners to ensure that applications are dealt with properly and promptly. (3.70, see paragraph 3.66)
- 10.83 The prison should investigate young adults' negative perceptions of application and complaint procedures, and act on them to increase confidence in the system. (3.71, see paragraph 3.67)
- 10.84 The senior management team should formally monitor trends and patterns in complaints to address the issues raised and reduce the number of complaints received. (3.72, see paragraph 3.68)

Legal rights

- 10.85 There should be trained legal rights officers to assist prisoners. (3.80, see paragraph 3.75)
- 10.86 Prisoners should be able to contact their legal representative during the core working day. (3.81, see paragraph 3.76)
- 10.87 Prisoners' access to legal representatives should be improved. (3.82, see paragraph 3.77)
- 10.88 Staff should not open legal correspondence without the prisoner being present. (3.83, see paragraph 3.79)

Faith and religious activity

- 10.89 Prisoners should not have to apply to attend religious services and all prisoners who wish to attend should be able to do so. (3.93, see paragraph 3.87)

Substance use

- 10.90 Treatment regimes for young adults dependent on opiates should be flexible and based on individual need, and should include lofexidine as well as opiate substitutes. (3.102, see paragraph 3.95)

- 10.91 The prison should monitor the number of suspicion mandatory drug tests (MDTs) not conducted within the required time frame. (3.103, see paragraph 3.100)
- 10.92 Conditions in the MDT suite should be improved. (3.104, see paragraph 3.100)

Diversity

- 10.93 Each strand of diversity should be covered by an up-to-date policy with comprehensive information on how key responsibilities will be delivered and support for prisoners with identified needs will be provided. (4.11, see paragraph 4.2)
- 10.94 The equality and diversity action plan should be a proactive document identifying strategic action points to take forward diversity work across each of the strands. (4.12, see paragraph 4.3)
- 10.95 The equality and diversity action team should include community representatives at all meetings. (4.13, see paragraph 4.4)
- 10.96 The prison should identify an overarching diversity manager. (4.14, see paragraph 4.5)
- 10.97 There should be monitoring of prisoners' access to the regime by religion, disability, sexual orientation and/or foreign national status. (4.15, see paragraph 4.5)
- 10.98 All prisoner diversity representatives should undertake diversity training. (4.16, see paragraph 4.7)
- 10.99 All staff should receive formal diversity training. (4.17, see paragraph 4.10)

Diversity: race equality

- 10.100 The race equality officer (REO) should attend investigation training. (4.32, see paragraph 4.23)
- 10.101 Staff should consistently take appropriate action to challenge prisoners perceived to have engaged in racist behaviour or language. (4.33, see paragraph 4.24)
- 10.102 The REO should use a greater range of responses for prisoners found to have behaved in a racist or discriminatory manner, including use of the incentives and earned privileges scheme and antisocial behaviour policies. (4.34, see paragraph 4.24)
- 10.103 Investigations into RIRFs should deal in full with all issues raised in the complaint, and should include interviews with all those allegedly involved, including all reported witnesses. (4.35, see paragraph 4.25)
- 10.104 Completed RIRFs should be subject to regular external scrutiny. (4.36, see paragraph 4.26)
- 10.105 The EDAT should develop its analysis of RIRFs to enable it to identify and respond to any trends over time. (4.37, see paragraph 4.27)

10.106 The prison should conduct frequent consultation with black and minority young adults to explore and address the negative perceptions in our survey. (4.38, see paragraph 4.31)

10.107 There should be more frequent events to celebrate cultural, racial and ethnic diversity. (4.39, see paragraph 4.32)

Diversity: religion

10.108 Separate data on the range of religions practised by young adults should be collated and presented to the EDAT. (4.45, see paragraph 4.43)

Diversity: foreign nationals

10.109 Foreign national prisoners should have regular access to UK Border Agency representatives who are familiar with their individual case and circumstances. (4.54, see paragraph 4.51)

Diversity: disability

10.110 The prison should increase the resources allocated to disability work. (4.63, see paragraph 4.58)

10.111 The prison should have a published procedure to ensure prompt information-sharing and enable prisoners to disclose disabilities during their time in custody. (4.64, see paragraph 4.59)

10.112 There should be follow-up assessments of all prisoners who disclose disabilities at reception. (4.65, see paragraph 4.60)

10.113 Prisoners with disabilities should have a multidisciplinary care plan drawn up and reviewed regularly. (4.66, see paragraph 4.60)

10.114 Adapted cells should be provided on young adult wings. (4.67, see paragraph 4.61)

10.115 The prison should conduct ongoing consultation with prisoners with disabilities to address their negative perceptions. (4.68, see paragraph 4.62)

Diversity: sexual orientation

10.116 Information about sources of support and help for gay and bisexual prisoners should be published for prisoners. (4.72, see paragraph 4.71)

10.117 New arrivals should be asked during induction if they require support with sexuality issues, and referrals made to the strand lead if required. (4.73, see paragraph 4.71)

Health services

- 10.118 A regular cleaning schedule for all areas where health care is delivered should be maintained, and rooms should be in a reasonable state of decoration. (5.8, see paragraph 5.4)
- 10.119 The head of health care should review the medication distribution point on F wing to ensure medicines are administered in a safe and confidential setting. (5.9, see paragraph 5.4)
- 10.120 There should be a washer/disinfector in the dental surgery. (5.10, see paragraph 5.5)
- 10.121 Dedicated resuscitation equipment should be held in the dental surgery. (5.11, see paragraph 5.5)
- 10.122 Inpatients should dine out of their cells. (5.12, see paragraph 5.6)
- 10.123 The inpatient association areas should be reviewed to maximise accommodation for therapeutic activity. (5.13, see paragraph 5.6)
- 10.124 The prison should allocate dedicated discipline support to the health care department. (5.27, see paragraph 5.19)
- 10.125 The prison partnership board should ensure an equity in the provision of clinical services. (5.28, see paragraph 5.20)
- 10.126 A dedicated health forum for young adults should be introduced. (5.29, see paragraph 5.24)
- 10.127 All new arrivals directly admitted from the courts should undergo a secondary health screening. (5.37, see paragraph 5.30)
- 10.128 A confidential and efficient health care application system should be introduced. (5.38, see paragraph 5.32)
- 10.129 Administrative staff should gather separate data for young adults and juveniles. (5.39, see paragraph 5.32)
- 10.130 The need for the GP to make a daily visit to see all prisoners in the segregation unit should be reviewed. (5.40, see paragraph 5.35)
- 10.131 The pharmacist should make regular visits to the prison to provide a complete pharmaceutical service, including access to young adults and checks of the systems in operation, and young adults should be made aware of the opportunity to see a pharmacist. (5.49, see paragraph 5.42)
- 10.132 The pharmacy room should be relocated to a quieter location and should include a sink. (5.50, see paragraph 5.43)
- 10.133 Nursing staff should be trained to use medicine refrigerators. Fridge temperatures should be checked and recorded daily to ensure they are within the 2- 8°C range, and corrective action should be taken where necessary. (5.51, see paragraph 5.43)

- 10.134 There should be regular security reviews to risk assess the transportation of medicines from the pharmacy room to the wings. (5.52, see paragraph 5.44)
- 10.135 The medicines and therapeutics committee should regularly review and adopt all procedures and policies, including special sick and in-possession medication, and all staff should read and sign the agreed procedures. (5.53, see paragraph 5.46)
- 10.136 All dispensed medicines should be professionally checked by a doctor or pharmacist, and there should be a process, such as use of dual-labelled pre-packs, to ensure professional control of any medicines that need to be dispensed in the absence of a doctor. (5.54, see paragraph 5.47)
- 10.137 Prescriptions should be faxed through to the pharmacy to ensure that full medication records can be kept. (5.55, see paragraph 5.48)
- 10.138 Aggregated prescribing data should be made available to the medicines and therapeutics committee. (5.56, see paragraph 5.48)
- 10.139 Additional dental sessions should be provided by a dentist, hygienist or therapist to reduce waiting time for young adults. (5.62, see paragraph 5.58)
- 10.140 All dental patients should be triaged. (5.63, see paragraph 5.58)
- 10.141 The dentist should be able to access computer records from the dental surgery when the new electronic patient management system is introduced, and should make dental records directly on to the new system. (5.64, see paragraph 5.60)
- 10.142 The dental clinic failure to attend rate should be scrutinised, and there should be processes to ensure that young adults attend for treatment. (5.65, see paragraph 5.61)
- 10.143 Discipline staff should provide support to inpatients. (5.73, see paragraph 5.70)
- 10.144 Nurses should not be responsible for undertaking constant watches unless there is a diagnosed clinical need. (5.74, see paragraph 5.70)
- 10.145 Inpatients due to be discharged back to the wings should be returned as soon as possible. (5.75, see paragraph 5.72)
- 10.146 The number of counselling sessions should be increased to meet the needs of the population. (5.84, see paragraph 5.81)
- 10.147 There should be interview rooms on the wings for mental health specialists to see their clients. (5.85, see paragraph 5.82)
- 10.148 There should be regular mental health awareness training for prison staff. (5.86, see paragraph 5.83)

Learning and skills and work activities

- 10.149 The management targets for achievement of qualifications should be revised to reflect the current population. (6.14, see paragraph 6.5)

- 10.150 Learning and skills data should be analysed to evaluate the provision. (6.15, see paragraph 6.5)
- 10.151 Young adults' awareness of equality and diversity should be improved. (6.16, see paragraph 6.9)
- 10.152 Young adults who are willing to work, but not allocated to any activity, should be paid at the basic rate, not the unemployment rate. (6.17, see paragraph 6.11)
- 10.153 There should be robust quality assurance arrangements to provide senior managers with adequate information to make improvements. (6.18, see paragraph 6.12)
- 10.154 The initial assessment system should be able to identify prisoners with higher literacy and numeracy abilities. (6.22, see paragraph 6.19)
- 10.155 The induction process should make better use of group places, more efficient use of staff and young adults' time, and reduce the delays in allocation to activity places. (6.23, see paragraph 6.20)
- 10.156 There should be a greater take-up of qualifications by young adults in work. (6.32, see paragraph 6.28)
- 10.157 The non-accredited skills developed in work should be recognised and recorded. (6.33, see paragraph 6.29)
- 10.158 There should be accreditation of welding and grinding skills gained in prison industries. (6.34, see paragraph 6.29)
- 10.159 The work ethic in the tailoring workshop should be improved. (6.35, see paragraph 6.30)
- 10.160 The use of places in industry workshops should be monitored and reviewed to ensure capacity is used effectively. (6.36, see paragraph 6.31)
- 10.161 The staffing in prison industries should be maintained to make full use of places and ensure there is sufficient supervision. (6.37, see paragraph 6.31)
- 10.162 The low pass rates on some accredited vocational courses should be improved. (6.46, see paragraph 6.40)
- 10.163 Vocational trainers should plan more effectively for the use of learning assistants in sessions. (6.47, see paragraph 6.43)
- 10.164 Young adults should be encouraged to recognise and record the development of their interpersonal and communication skills. (6.48, see paragraph 6.44)
- 10.165 Allocations to vocational training courses should be reviewed to reduce the long waiting lists. (6.49, see paragraph 6.44)
- 10.166 The low pass rates on some accredited educational courses should be improved. (6.64, see paragraph 6.51)

- 10.167 Punctuality, attendance and the duration of education classes should be reviewed to make better use of learning time. (6.65, see paragraph 6.52)
- 10.168 Teaching and learning strategies in education and vocational training should be improved to ensure that all young adults are fully engaged in learning. (6.66, see paragraph 6.56)
- 10.169 Individual learning plans should set overall learning targets, as well as specific goals, and be based on full information about the individual learner. (6.67, see paragraph 6.59)
- 10.170 There should be sufficient learning support to meet the identified needs of young adults. (6.68, see paragraph 6.62)
- 10.171 Education management targets should be reviewed at least annually to ensure they reflect the abilities of the population, and are ambitious and challenging. (6.69, see paragraph 6.63)
- 10.172 The allocated library sessions should ensure that young adults from all wings have equality of access. (6.77, see paragraph 6.72)
- 10.173 Library opening hours should be increased to include weekends. (6.78, see paragraph 6.72)
- 10.174 The library should hold more non-fiction books. (6.79, see paragraph 6.74)
- 10.175 There should be an adequate range of age-appropriate books in foreign languages. (6.80, see paragraph 6.74)

Physical education and health promotion

- 10.176 Health care staff should routinely provide PE staff with health assessment information on all prisoners. (6.93, see paragraph 6.84)
- 10.177 Staff should ensure that young adults attending the early-bird PE sessions can make full use of the allocated time. (6.94, see paragraph 6.85)
- 10.178 All young adults should regularly participate in outdoor exercise. (6.95, see paragraph 6.85)
- 10.179 There should be effective quality assurance procedures to enable staff to identify improvements required in the PE provision. (6.96, see paragraph 6.87)
- 10.180 Staff should investigate the inconsistent attendance patterns at evening PE sessions. (6.97, see paragraph 6.88)
- 10.181 Data on accredited PE courses should be collected, monitored and to provide an effective profile of course completions and achievements. (6.98, see paragraph 6.89)
- 10.182 There should be rigorous and strict application of assessment criteria for all young adults joining accredited PE courses. (6.99, see paragraph 6.89)

10.183 There should be a further teaching area, of sufficient size, for accredited PE course delivery. (6.100, see paragraph 6.89)

10.184 Suitable clothing should be provided for young adults using the wing gyms. (6.101, see paragraph 6.92)

10.185 PE staff should monitor use of the wing gyms. (6.102, see paragraph 6.92)

Time out of cell

10.186 Young adults should be offered time to exercise in the open air daily. (6.107, see paragraph 6.105)

10.187 Association should last for the full one-hour period. (6.108, see paragraph 6.106)

Security and rules

10.188 Security measures and practices should be proportionate and regularly assessed. (7.11, see paragraph 7.2)

Discipline

10.189 Data on adjudications should be collated and routinely analysed to identify and respond to emerging patterns and trends. (7.32, see paragraph 7.14)

10.190 The minor reports system should be monitored and reported on in line with governor's adjudications. (7.33, see paragraph 7.16)

10.191 All periods of segregation should be monitored in line with Prison Service Order 1700. (7.34, see paragraph 7.22)

10.192 Toilets in segregation unit cells should be regularly cleaned with appropriate cleaning products. (7.35, see paragraph 7.24)

10.193 The segregation unit log for strip searches should record a full explanation of the reason for strip search. (7.36, see paragraph 7.27)

10.194 Segregated prisoners should attend activities when risk assessed to do so. (7.37, see paragraph 7.28)

10.195 Visits to the segregation unit should be recorded in unit records. (7.38, see paragraph 7.31)

Incentives and earned privileges

10.196 The weekly diary for basic level prisoners should be well produced and aim to motivate them to aspire to higher levels. (7.48, see paragraph 7.43)

10.197 There should be additional strategies to improve and motivate young adults on the basic regime. (7.49, see paragraph 7.43)

- 10.198 Young adults on basic level should have appropriate access to regime activities. (7.50, see paragraph 7.44)
- 10.199 Privileges available on I wing should be extended, wherever possible, to enhanced level prisoners on other wings. (7.51, see paragraph 7.46)
- 10.200 Young adults should not receive a punishment on adjudication and be demoted to basic for the same single incident. (7.52, see paragraph 7.47)
- 10.201 Demotion under the IEP scheme should reflect an assessment of a pattern of behaviour rather than be the consequence of a single incident. (7.53, see paragraph 7.47)

Catering

- 10.202 The flooring in the kitchen should be repaired or replaced where necessary. (8.14, see paragraph 8.2)
- 10.203 There should be more opportunities for young adults working in the kitchen to engage meaningfully in the preparation of meals. (8.15, see paragraph 8.3)
- 10.204 The catering national vocational qualifications programme should be expanded. (8.16, see paragraph 8.4)
- 10.205 All faiths and cultural groups represented in the prison should be catered for. (8.17, see paragraph 8.6)
- 10.206 Young adults should receive a hot meal within a 24-hour period. (8.18, see paragraph 8.7)
- 10.207 Breakfast packs should be issued on the day they are to be eaten. (8.19, see paragraph 8.7)
- 10.208 Main meals should not be served before 12 noon and 5pm. (8.20, see paragraph 8.8)
- 10.209 Additional food should be distributed equitably and reported accurately. (8.21, see paragraph 8.9)
- 10.210 Food trolleys should be cleaned and inspected before return to the kitchen. (8.22, see paragraph 8.10)
- 10.211 Cleaning schedules for wing serveries should be revised, displayed and put into operation. (8.23, see paragraph 8.11)
- 10.212 There should be a clear policy for the storage of food in fridges. (8.24, see paragraph 8.11)
- 10.213 Food comments books should be freely available to young adults, who should be advised how to use them and make entries. (8.25, see paragraph 8.13)
- 10.214 There should be a separate prisoner catering committee meeting. (8.26, see paragraph 8.13)

10.215 There should be efforts to encourage a better response to the food survey. (8.27, see paragraph 8.13)

Prison shop

10.216 New arrivals should be able to access the prison shop within 24 hours. (8.38, see paragraph 8.33)

10.217 Young adults should be allowed to buy tinned and glass products from the prison shop. (8.39, see paragraph 8.34)

10.218 The range of shop items for black and minority ethnic prisoners should be increased. (8.40, see paragraph 8.35)

10.219 Prisoners should not be charged a fee for catalogue purchases. (8.41, see paragraph 8.36)

10.220 Black and minority ethnic goods should be a standing agenda item at the shop consultation meeting, and black and minority ethnic representatives should be invited to attend. (8.42, see paragraph 8.37)

Strategic management of resettlement

10.221 The reducing reoffending policy and action plan should be updated annually and include the work of the offender management unit. (9.7, see paragraph 9.3)

10.222 There should be an annual needs analysis to assess the resettlement requirements of all young adults, and identified needs should be reflected in the policy and action plan. (9.8, see paragraph 9.4)

10.223 Objectives under each resettlement pathway should clearly identify timescales for achievement, and progress should be reviewed regularly. (9.9, see paragraph 9.5)

Offender management and planning

10.224 All prisoners should have timely pre-release planning, and meetings should review both custody/sentence plan objectives and arrangements for post-release progress to meet resettlement and offending behaviour needs. (9.28, see paragraph 9.12)

10.225 All OASys (offender assessment system) assessments should be completed within agreed timescales. (9.29, see paragraph 9.15)

10.226 Support and guidance, beyond the completion of OASys, should be available to all sentenced prisoners whether or not they are in scope. (9.30, see paragraph 9.15)

10.227 There should be clarification of the role of offender supervisor, and the level and frequency of their contact with prisoners should be increased. (9.31, see paragraph 9.16)

10.228 The role of personal officers in relation to work with offender management should be clarified and monitored. (9.32, see paragraph 9.17)

- 10.229 There should be a quality assurance scheme to cover all aspects of offender management work, along with OASys. (9.33, see paragraph 9.18)
- 10.230 The range of work placements available through release on temporary licence, and the number of prisoners accessing them, should be extended. (9.34, see paragraph 9.20)
- 10.231 Risk management meetings should include contributions from all departments involved with the prisoner, which should be clearly oriented to risk assessment and management. (9.35, see paragraph 9.24)
- 10.232 Risk-to-children cases should be formally reviewed through the monthly risk management meetings. (9.36, see paragraph 9.25)

Resettlement pathways

- 10.233 There should be increased links between resettlement and workshop staff to make best use of good practice in preparing prisoners for interviews for employment and/or further training. (9.50, see paragraph 9.43)
- 10.234 Resettlement staff should receive specialist training in finance, benefit and debt advice. (9.51, see paragraph 9.47)
- 10.235 Specialist provision for money and debt management should be increased to meet the needs of the population. (9.52, see paragraph 9.48)
- 10.236 Prisoners should be able to open bank accounts before their release. (9.53, see paragraph 9.48)
- 10.237 Prisoners should be able to access a money management programme during their sentence. (9.54, see paragraph 9.49)
- 10.238 There should be a peer support scheme to offer ongoing support to prisoners who complete the P-ASRO programme. (9.68, see paragraph 9.64)
- 10.239 The prison should explore whether there would be sufficient demand from visitors for an evening visits session. (9.86, see paragraph 9.72)
- 10.240 Visitors should be able to book a visit in person while they are at the prison or by email. (9.87, see paragraph 9.73)
- 10.241 Visitors should be admitted to the visits hall in advance of the advertised start time to ensure that all visits start on time. (9.88, see paragraph 9.75)
- 10.242 Closed visits should be authorised only when there is a risk justified by security intelligence in addition to a single drug dog indication. (9.89, see paragraph 9.75)
- 10.243 Prisoners should not have to wear bibs in the visits room. (9.90, see paragraph 9.76)
- 10.244 Tables in the visits room should offer an appropriate degree of privacy, and the non-contact tables should be removed. (9.91, see paragraph 9.77)
- 10.245 Closed visits should not be limited to 30 minutes. (9.92, see paragraph 9.77)

- 10.246 Prisoners should be able to have easy and appropriate contact with their visitors, and staff supervision should be consistent. (9.93, see paragraph 9.78)
- 10.247 The children and families pathways action plan should be kept up to date, and identified actions should be time-bound and allocated to named staff. (9.94, see paragraph 9.80)
- 10.248 Resettlement officers should refer new arrivals to children and families services where appropriate. (9.95, see paragraph 9.80)
- 10.249 Prisoners should be allowed to exchange unused visiting orders for additional telephone credit. (9.96, see paragraph 9.81)
- 10.250 The prison should have a qualified family support worker. (9.97, see paragraph 9.82)
- 10.251 Prisoners should have the opportunity to undertake relationship counselling. (9.98, see paragraph 9.84)
- 10.252 Non-accredited offending behaviour programmes should be available to complement nationally accredited ones, and the range available should be based on an up-to-date needs analysis. (9.105, see paragraph 9.102)
- 10.253 All sex offenders at Stoke Heath should be assessed for their treatment needs and willingness to participate in such treatment. (9.106, see paragraph 9.104)

Housekeeping points

Courts, escorts and transfers

- 10.254 Escort vehicles should be free from graffiti. (1.12, see paragraph 1.2)

First days in custody

- 10.255 Televisions in cells should be repositioned so that both prisoners can see them. (1.43, see paragraph 1.21)
- 10.256 All cells on E wing should have notices advising prisoners that the drinking water is unfit for consumption. (1.44, see paragraph 1.21)
- 10.257 The DVD of Stoke Heath information should be used as part of the induction programme. (1.45, see paragraph 1.25)

Residential units

- 10.258 The offensive displays policy should be strictly adhered to. (2.28, see paragraph 2.8)

Bullying and violence reduction

- 10.259 The types of bullying and antisocial behaviour and their consequences should be widely publicised to prisoners. (3.27, see paragraph 3.13)
- 10.260 The reasons for the underuse of the anti-bullying hotline should be investigated. (3.28, see paragraph 3.13)

Applications and complaints

- 10.261 Governor's applications logs should record the date that applications have been dealt with. (3.73, see paragraph 3.66)

Diversity: race equality

- 10.262 Envelopes should be provided for the confidential submission of racist incident report forms (RIRFs). (4.40, see paragraph 4.22)

Health services

- 10.263 There should be an aluminium foil lined spillage tray beneath the amalgamator. (5.14, see paragraph 5.5)
- 10.264 Dental staff should be aware of the compressor's maintenance details and draining requirements. (5.15, see paragraph 5.5)
- 10.265 Inpatient cell toilets should undergo regular thorough deep cleaning. (5.16, see paragraph 5.6)
- 10.266 The dental surgery door should be closed during treatment sessions. (5.66, see paragraph 5.59)
- 10.267 Clinical evaluation of radiographs should be consistently documented. (5.67, see paragraph 5.60)
- 10.268 Personal dental treatment plan forms should be used. (5.68, see paragraph 5.60)
- 10.269 Oral health promotion literature should be available in the dental surgery. (5.69, see paragraph 5.61)

Learning and skills and work activities

- 10.270 Records of internal verification undertaken by external contractors should be kept at the prison. (6.38, see paragraph 6.28)
- 10.271 The noise levels in the library and the adjacent classroom should be monitored to ensure they do not disrupt users. (6.81, see paragraph 6.76)

Security and rules

10.272 Rules of the establishment should be clearly displayed on all wings. (7.12, see paragraph 7.10)

Discipline

10.273 Injury report forms should be completed correctly. (7.39, see paragraph 7.20)

10.274 The checklist for use of force paperwork should include the name of the manager responsible for collating the forms. (7.40, see paragraph 7.20)

Catering

10.275 Food temperatures should be checked and recorded at the point of serving. (8.28, see paragraph 8.9)

10.276 All halal equipment should be of the same colour. (8.29, see paragraph 8.9)

10.277 Cooking facilities in reception and health care should be cleaned after use. (8.30, see paragraph 8.11)

10.278 Only appropriate colour-coded cleaning equipment should be used in food preparation and servery areas. (8.31, see paragraph 8.12)

Examples of good practice

10.279 Health promotion work by the senior nurse had a significant impact on the health awareness of young adults. (5.41, see paragraph 5.31)

10.280 There was a good system to ensure involvement of and consultation with wing staff about ongoing care of those being discharged from the in-patient unit. (5.76, see paragraph 5.72)

10.281 The hospital feedback form enabled hospital treatment and recommendations for future care to be transmitted back to the prison health care team to allow ongoing management to continue as soon as possible. (5.78, see paragraph 5.77)

10.282 Library staff had developed an innovative self-assessment for young adults to motivate their reading and select suitable books that matched their interests and ability. (6.82, see paragraph 6.73)

10.283 Prisoners with drug and alcohol problems could access additional support on the healthy living unit, which offered a five-week programme facilitated by officers, CARAT workers, nurses and gym staff. (9.69, see paragraph 9.63)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Paul Rowlands	Inspector
Andrea Walker	Inspector
Louise Falshaw	Head of Research and Thematics
Laura Nettleingham	Senior research officer
Adam Altoft	Research officer

Specialist inspectors

Sigrid Engelen	Drugs inspector
Bridget McEvilly	Health services inspector
Steve Gascoigne	Pharmacy inspector
Jennifer Davies	Dental inspector
Julia Horsman	Ofsted inspector team leader
Martin Hughes	Ofsted inspector
Maria Navarro	Ofsted inspector
Phil Romain	Ofsted inspector

Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	400	27	94.9
Recall	20	3	5.1
Total	420	30	100

Sentence	18-20 yr olds	21 and over	%
Less than 6 months	24		5.3
6 months to less than 12 months	35	3	8.4
12 months to less than 2 years	109	5	25.3
2 years to less than 4 years	214	15	50.9
4 years to less than 10 years	33	6	8.7
10 years and over (not life)	2	1	0.7
ISPP	2		0.4
Life	1		0.2
Total	420	30	

Age	Number of prisoners	%
Under 21 years	420	93.3
21 years to 29 years	30	6.7
Total	450	

Nationality	18-20 yr olds	21 and over	%
British	409	26	96.7
Foreign nationals	11	4	3.3
Total	420	30	

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	18	1	4.2
Uncategorised sentenced	19	2	4.7
Cat A			
Cat B (YOI Closed)	84	5	19.8
Cat C	2		0.4
Cat D (YOI Open)	4	2	1.3
Other (Unclassified)	293	20	69.5
Total	420	30	

Ethnicity	18-20 yr olds	21 and over	%
<i>White:</i>			
British	340	24	80.9
Irish	3		0.7
Other white	1	1	0.4
<i>Mixed:</i>			
White and black Caribbean	17		3.8
White and black African	2		0.4
Other mixed	1		0.2
<i>Asian or Asian British:</i>			
Indian	6	2	1.8
Pakistani	10	1	2.4
Bangladeshi	2		0.4
Other Asian	4		0.9
<i>Black or black British:</i>			
Caribbean	18	1	4.2

African	6	1	1.5
Other black	5		1.1
<i>Other ethnic group:</i>	1		0.2
Not stated	4		0.9
Total	420	30	

Religion	18–20 yr olds	21 and over	%
Baptist			
Church of England	39	3	9.3
Roman Catholic	120	9	28.7
Other Christian denominations	22		4.9
Muslim	39	3	9.3
Sikh	1		0.2
Hindu	1		0.2
Buddhist	1		0.2
Other	7		1.6
No religion	190	15	45.6
Total	420	30	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	125	29.76	2	6.7
1 month to 3 months	109	26	8	26.7
3 months to 6 months	99	23.6	6	20
6 months to 1 year	78	18.6	10	33.3
1 year to 2 years	8	1.9	4	13.3
2 years to 4 years	1	0.24	0	0
Total	420		30	

Main offence	18–20 yr olds	21 and over	%
Violence against the person	110	9	
Sexual offences	13	0	
Burglary	78	8	
Robbery	103	7	
Theft and handling	9	0	
Fraud and forgery	1	0	
Drugs offences	38	2	
Other offences	64	4	
Offence not recorded/holding warrant	4		
Total	420	30	

Appendix III: Summary of prisoner questionnaires and interviews

Young adult survey methodology

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

Choosing the sample size

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

At the time of the survey on 22 February 2010, the young adult population at HMYOI Stoke Heath was 417. The sample size was 168. Overall, this represented 40% of the young adult population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. No 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; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

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

Response rates

In total, 151 respondents completed and returned their questionnaires. This represented 36% of the young adult population. The response rate was 90%. In addition to the one respondent who refused to complete a questionnaire, 11 questionnaires were not returned and five were returned blank.

Comparisons

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

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation about 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 2010 against comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 20 young offender institutions since April 2005.
- The current survey responses in 2010 against the responses of young adults surveyed at HMYOI Stoke Heath in 2007.
- A comparison within the 2010 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

- The current survey responses against comparator figures for all (in-scope) young adults surveyed in young offender institutions. This comparator is based on all responses from offender management surveys carried out in three YOIs.
- The current survey responses against comparator figures for all (in-scope) respondents surveyed across all prisons. This comparator is based on all responses from surveys carried out in 34 prisons of varying functional type.

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys.

However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

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

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

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

Main survey responses

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	132 (89%)
	<i>21 - 29</i>	16 (11%)
	<i>30 - 39</i>	0 (0%)
	<i>40 - 49</i>	0 (0%)
	<i>50 - 59</i>	0 (0%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	131 (87%)
	<i>Yes - on recall</i>	19 (13%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	<i>Less than six months</i>	15 (10%)
	<i>Six months to less than one year</i>	12 (8%)
	<i>One year to less than two years</i>	26 (18%)
	<i>Two years to less than four years</i>	78 (53%)
	<i>Four years to less than 10 years</i>	13 (9%)
	<i>Ten years or more</i>	0 (0%)
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)
	<i>Life</i>	2 (1%)
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%)
	<i>Six months or less</i>	79 (60%)
	<i>More than six months</i>	53 (40%)
Q1.6	How long have you been in this prison?	
	<i>Less than one month</i>	25 (17%)
	<i>One to less than three months</i>	19 (13%)
	<i>Three to less than six months</i>	28 (19%)
	<i>Six to less than 12 months</i>	33 (22%)
	<i>Twelve months to less than two years</i>	35 (23%)
	<i>Two to less than four years</i>	8 (5%)
	<i>Four years or more</i>	2 (1%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	8 (6%)
	<i>No</i>	137 (94%)

Q1.8	Is English your first language?			
	Yes.....			143 (98%)
	No.....			3 (2%)
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	126 (84%)	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i>	0 (0%)
	<i>White - other</i>	0 (0%)	<i>Mixed heritage - white and black Caribbean</i> .	6 (4%)
	<i>Black or black British - Caribbean</i>	6 (4%)	<i>Mixed heritage - white and black African</i>	0 (0%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed heritage- white and Asian</i>	1 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed heritage - other</i>	1 (1%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Chinese</i>	1 (1%)
	<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i>	0 (0%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	Yes.....			6 (4%)
	No.....			139 (96%)
Q1.11	What is your religion?			
	<i>None</i>	62 (42%)	<i>Hindu</i>	0 (0%)
	<i>Church of England</i>	21 (14%)	<i>Jewish</i>	1 (1%)
	<i>Catholic</i>	42 (29%)	<i>Muslim</i>	8 (5%)
	<i>Protestant</i>	3 (2%)	<i>Sikh</i>	1 (1%)
	<i>Other Christian denomination</i>	7 (5%)	<i>Other</i>	1 (1%)
	<i>Buddhist</i>	0 (0%)		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>			143 (99%)
	<i>Homosexual/gay</i>			0 (0%)
	<i>Bisexual</i>			2 (1%)
	<i>Other</i>			0 (0%)
Q1.13	Do you consider yourself to have a disability?			
	Yes.....			24 (16%)
	No.....			124 (84%)
Q1.14	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	41 (28%)	18 (12%)	62 (42%)	27 (18%)
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	22 (15%)	115 (79%)	8 (6%)	
Q1.16	Do you have any children under the age of 18?			
	Yes.....			32 (22%)
	No.....			115 (78%)

Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	2 (1%)	47 (32%)	35 (24%)	37 (25%)	18 (12%)	8 (5%)	1 (1%)
Your personal safety during the journey?	9 (6%)	80 (56%)	23 (16%)	16 (11%)	9 (6%)	5 (3%)	1 (1%)
The comfort of the van?	1 (1%)	15 (10%)	14 (10%)	47 (32%)	66 (45%)	3 (2%)	1 (1%)
The attention paid to your health needs?	3 (2%)	44 (31%)	43 (30%)	20 (14%)	20 (14%)	5 (3%)	9 (6%)
The frequency of toilet breaks?	2 (1%)	10 (7%)	22 (15%)	29 (20%)	65 (45%)	4 (3%)	14 (10%)

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
12 (8%)	70 (48%)	55 (38%)	7 (5%)	1 (1%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
19 (13%)	58 (39%)	46 (31%)	20 (14%)	5 (3%)	0 (0%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	126 (85%)	20 (14%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	25 (17%)	113 (77%)	9 (6%)
When you first arrived here did your property arrive at the same time as you?	118 (81%)	23 (16%)	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.)

<i>Didn't ask about any of these</i>	27 (19%)	<i>Money worries</i>	25 (17%)
<i>Loss of property</i>	25 (17%)	<i>Feeling depressed or suicidal</i>	70 (49%)
<i>Housing problems</i>	35 (24%)	<i>Health problems</i>	81 (56%)
<i>Contacting employers</i>	17 (12%)	<i>Needing protection from other prisoners</i>	33 (23%)
<i>Contacting family</i>	87 (60%)	<i>Accessing phone numbers</i>	53 (37%)
<i>Ensuring dependants were being looked after</i>	15 (10%)	<i>Other</i>	10 (7%)

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

<i>Didn't have any problems</i>	53 (41%)	<i>Money worries</i>	27 (21%)
<i>Loss of property</i>	29 (22%)	<i>Feeling depressed or suicidal</i>	19 (15%)
<i>Housing problems</i>	26 (20%)	<i>Health problems</i>	17 (13%)
<i>Contacting employers</i>	7 (5%)	<i>Needing protection from other prisoners</i>	16 (12%)
<i>Contacting family</i>	23 (18%)	<i>Accessing phone numbers</i>	21 (16%)
<i>Ensuring dependants were looked after</i> ..	5 (4%)	<i>Other</i>	4 (3%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	139 (93%)	8 (5%)	2 (1%)
When you were searched, was this carried out in a respectful way?	122 (83%)	19 (13%)	6 (4%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
6 (4%)	79 (53%)	34 (23%)	20 (13%)	10 (7%)	0 (0%)

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

<i>Information about what was going to happen to you</i>	72 (51%)
<i>Information about what support was available for people feeling depressed or suicidal</i>	70 (50%)
<i>Information about how to make routine requests</i>	65 (46%)
<i>Information about your entitlement to visits</i>	78 (55%)
<i>Information about health services</i>	83 (59%)
<i>Information about the chaplaincy</i>	76 (54%)
<i>Not offered anything</i>	31 (22%)

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

<i>A smokers/non-smokers pack</i>	128 (86%)
<i>The opportunity to have a shower</i>	33 (22%)
<i>The opportunity to make a free telephone call</i>	126 (85%)
<i>Something to eat</i>	103 (70%)
<i>Did not receive anything</i>	6 (4%)

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

<i>Chaplain or religious leader</i>	63 (44%)
<i>Someone from health services</i>	115 (80%)
<i>A Listener/Samaritans</i>	18 (13%)
<i>Did not meet any of these people</i>	21 (15%)

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

<i>Yes</i>	3 (2%)
<i>No</i>	143 (98%)

Q3.9 Did you feel safe on your first night here?
 Yes..... 120 (82%)
 No 20 (14%)
 Don't remember 7 (5%)

Q3.10 How soon after your arrival did you go on an induction course?
Have not been on an induction course..... 15 (10%)
 Within the first week..... 73 (49%)
 More than a week..... 52 (35%)
 Don't remember 9 (6%)

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 15 (10%)
 Yes..... 63 (43%)
 No 47 (32%)
 Don't remember 23 (16%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	11 (8%)	42 (30%)	28 (20%)	38 (27%)	12 (8%)	11 (8%)
Attend legal visits?	14 (10%)	54 (39%)	27 (20%)	17 (12%)	6 (4%)	20 (14%)
Obtain bail information?	5 (4%)	20 (15%)	43 (32%)	22 (17%)	14 (11%)	29 (22%)

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..... 26 (18%)
 Yes..... 63 (43%)
 No 57 (39%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
Are you normally offered enough clean, suitable clothes for the week?	57 (39%)	82 (56%)	6 (4%)	1 (1%)
Are you normally able to have a shower every day?	127 (86%)	18 (12%)	1 (1%)	1 (1%)
Do you normally receive clean sheets every week?	128 (88%)	15 (10%)	2 (1%)	1 (1%)
Do you normally get cell cleaning materials every week?	59 (40%)	88 (59%)	2 (1%)	0 (0%)
Is your cell call bell normally answered within five minutes?	32 (22%)	90 (63%)	19 (13%)	3 (2%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73 (50%)	70 (48%)	1 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	56 (39%)	52 (36%)	30 (21%)	7 (5%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
0 (0%)	20 (14%)	29 (20%)	49 (34%)	48 (33%)

Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet</i>					2 (1%)
	Yes.....					58 (40%)
	No.....					85 (59%)
Q4.6	Is it easy or difficult to get:					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form?	46 (31%)	61 (41%)	13 (9%)	11 (7%)	7 (5%)	11 (7%)
An application form?	46 (32%)	68 (48%)	11 (8%)	10 (7%)	5 (3%)	3 (2%)
Q4.7	Have you made an application?					
	Yes.....					120 (82%)
	No.....					27 (18%)
Q4.8	Please answer the following questions concerning applications:					
	<i>(If you have not made an application please tick the 'not made one' option.)</i>					
		Not made one	Yes	No		
Do you feel <i>applications</i> are dealt with fairly?		27 (19%)	64 (44%)	53 (37%)		
Do you feel <i>applications</i> are dealt with promptly? (within seven days)		27 (19%)	56 (39%)	62 (43%)		
Q4.9	Have you made a complaint?					
	Yes.....					56 (38%)
	No.....					92 (62%)
Q4.10	Please answer the following questions concerning complaints:					
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>					
		Not made one	Yes	No		
Do you feel <i>complaints</i> are dealt with fairly?		92 (63%)	12 (8%)	42 (29%)		
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?		92 (62%)	18 (12%)	39 (26%)		
Were you given information about how to make an appeal?		62 (46%)	34 (25%)	39 (29%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	<i>Not made a complaint</i>					92 (63%)
	Yes.....					11 (7%)
	No.....					44 (30%)
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	42 (29%)	6 (4%)	29 (20%)	37 (26%)	21 (15%)	9 (6%)
Q4.13	What level of the IEP scheme are you on now?					
	<i>Don't know what the IEP scheme is</i>					3 (2%)
	<i>Enhanced</i>					42 (28%)
	<i>Standard</i>					90 (61%)
	<i>Basic</i>					13 (9%)
	<i>Don't know</i>					0 (0%)

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 69 (48%)
 No 61 (42%)
 Don't know..... 11 (8%)

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..... 71 (51%)
 No 52 (37%)
 Don't know..... 13 (9%)

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)?	27 (18%)	120 (82%)
In the last six months have you spent a night in the segregation/care and separation unit?	30 (20%)	117 (80%)

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?	68 (48%)	15 (10%)	60 (42%)
Are you able to speak to a religious leader of your faith in private if you want to?	80 (56%)	13 (9%)	51 (35%)

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

Yes	No	Don't know
41 (28%)	20 (14%)	86 (59%)

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?	99 (69%)	44 (31%)
Do most staff treat you with respect?	91 (64%)	52 (36%)

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?
 Yes..... 58 (39%)
 No 91 (61%)

Q5.2 Do you feel unsafe in this prison at the moment?
 Yes..... 26 (18%)
 No 120 (82%)

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

<i>Never felt unsafe</i> 91 (62%)	<i>At mealtimes</i> 12 (8%)
<i>Everywhere</i> 14 (10%)	<i>At health services</i> 8 (5%)
<i>Segregation unit</i> 9 (6%)	<i>Visits area</i> 10 (7%)
<i>Association areas</i> 14 (10%)	<i>In wing showers</i> 21 (14%)
<i>Reception area</i> 3 (2%)	<i>In gym showers</i> 15 (10%)
<i>At the gym</i> 15 (10%)	<i>In corridors/stairwells</i> 10 (7%)
<i>In an exercise yard</i> 16 (11%)	<i>On your landing/wing</i> 12 (8%)
<i>At work</i> 16 (11%)	<i>In your cell</i> 9 (6%)

During movement 24 (16%) At religious services 5 (3%)
 At education 17 (12%)

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

Yes..... 27 (18%)
 No 121 (82%) **If No, go to question 5.6**

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

<i>Insulting remarks (about you or your family or friends).....</i>	17 (11%)	<i>Because of your sexuality.....</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	14 (9%)	<i>Because you have a disability.....</i>	4 (3%)
<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your religion/religious beliefs.....</i>	4 (3%)
<i>Because of your race or ethnic origin.....</i>	6 (4%)	<i>Because of your age.....</i>	4 (3%)
<i>Because of drugs.....</i>	5 (3%)	<i>Being from a different part of the country than others.....</i>	12 (8%)
<i>Having your canteen/property taken.....</i>	8 (5%)	<i>Because of your offence/crime.....</i>	4 (3%)
<i>Because you were new here.....</i>	12 (8%)	<i>Because of gang related issues.....</i>	9 (6%)

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

Yes..... 32 (22%)
 No 114 (78%) **If No, go to question 5.8**

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

<i>Insulting remarks (about you or your family or friends).....</i>	15 (10%)	<i>Because you have a disability.....</i>	4 (3%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	7 (5%)	<i>Because of your religion/religious beliefs.....</i>	3 (2%)
<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of your race or ethnic origin.....</i>	5 (3%)	<i>Being from a different part of the country than others.....</i>	10 (7%)
<i>Because of drugs.....</i>	3 (2%)	<i>Because of your offence/crime.....</i>	4 (3%)
<i>Because you were new here.....</i>	7 (5%)	<i>Because of gang related issues.....</i>	6 (4%)
<i>Because of your sexuality.....</i>	2 (1%)		

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

Not been victimised 102 (69%)
 Yes..... 16 (11%)
 No 29 (20%)

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

Yes..... 41 (28%)
 No 108 (72%)

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

Yes..... 29 (20%)
 No 119 (80%)

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

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
15 (10%)	20 (14%)	19 (13%)	5 (3%)	13 (9%)	76 (51%)

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	24 (16%)	13 (9%)	51 (34%)	21 (14%)	24 (16%)	16 (11%)
The nurse	18 (12%)	16 (11%)	70 (48%)	17 (12%)	13 (9%)	12 (8%)
The dentist	32 (22%)	3 (2%)	15 (10%)	15 (10%)	42 (29%)	37 (26%)
The optician	42 (29%)	5 (3%)	19 (13%)	25 (17%)	30 (21%)	23 (16%)
Q6.2	Are you able to see a pharmacist?					
	Yes.....					43 (33%)
	No.....					88 (67%)
Q6.3	What do you think of the quality of the health service from the following people?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	35 (24%)	21 (14%)	55 (37%)	11 (7%)	15 (10%)	10 (7%)
The nurse	26 (18%)	25 (17%)	63 (43%)	11 (8%)	9 (6%)	12 (8%)
The dentist	66 (45%)	7 (5%)	23 (16%)	17 (12%)	17 (12%)	16 (11%)
The optician	76 (54%)	8 (6%)	17 (12%)	19 (13%)	11 (8%)	11 (8%)
Q6.4	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	18 (12%)	12 (8%)	56 (38%)	27 (18%)	19 (13%)	17 (11%)
Q6.5	Are you currently taking medication?					
	Yes.....					29 (20%)
	No.....					118 (80%)
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
	<i>Not taking medication</i>					118 (80%)
	Yes.....					20 (14%)
	No.....					9 (6%)
Q6.7	Do you feel you have any emotional well-being/mental health issues?					
	Yes.....					28 (19%)
	No.....					121 (81%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)					
	<i>Do not have any issues/Not receiving any help</i>					129 (90%)
	<i>Doctor</i>					4 (3%)
	<i>Nurse</i>					4 (3%)
	<i>Psychiatrist</i>					5 (3%)
	<i>Mental health in-reach team</i>					8 (6%)
	<i>Counsellor</i>					6 (4%)
	<i>Other</i>					0 (0%)
Q6.9	Did you have a problem with either of the following when you came into this prison?					
		<i>Yes</i>		<i>No</i>		
Drugs		51 (36%)		89 (64%)		
Alcohol		39 (29%)		94 (71%)		

Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes.....			13 (9%)
	No.....			132 (91%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....			51 (35%)
	No.....			15 (10%)
	Did not/do not have a drug or alcohol problem.....			80 (55%)
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?			
	Yes.....			54 (37%)
	No.....			13 (9%)
	Did not / do not have a drug or alcohol problem.....			80 (54%)
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes.....			47 (32%)
	No.....			8 (5%)
	Did not have a problem/have not received help.....			92 (63%)
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	22 (15%)	100 (66%)	29 (19%)
	Alcohol	11 (8%)	103 (71%)	31 (21%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....			22 (15%)
	No.....			24 (16%)
	N/A.....			101 (69%)

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.....			76 (52%)	
	Vocational or skills training.....			19 (13%)	
	Education (including basic skills).....			33 (23%)	
	Offending behaviour programmes.....			22 (15%)	
	Not involved in any of these.....			37 (25%)	
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	No	Don't know
	Prison job	29 (23%)	45 (36%)	44 (35%)	8 (6%)
	Vocational or skills training	41 (39%)	41 (39%)	20 (19%)	4 (4%)
	Education (including basic skills)	33 (31%)	41 (38%)	27 (25%)	6 (6%)
	Offending behaviour programmes	38 (40%)	32 (34%)	18 (19%)	7 (7%)

Q7.3	How often do you go to the library?						
	<i>Don't want to go</i>						23 (16%)
	<i>Never</i>						49 (35%)
	<i>Less than once a week</i>						43 (30%)
	<i>About once a week</i>						12 (8%)
	<i>More than once a week</i>						2 (1%)
	<i>Don't know</i>						13 (9%)
Q7.4	On average how many times do you go to the gym each week?						
	<i>Don't want to go</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
	13 (9%)	29 (20%)	46 (31%)	29 (20%)	20 (14%)	2 (1%)	8 (5%)
Q7.5	On average how many times do you go outside for exercise each week?						
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>	
	9 (6%)	43 (29%)	64 (43%)	22 (15%)	4 (3%)	6 (4%)	
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)						
	<i>Less than two hours</i>						48 (33%)
	<i>Two to less than four hours</i>						23 (16%)
	<i>Four to less than six hours</i>						24 (16%)
	<i>Six to less than eight hours</i>						29 (20%)
	<i>Eight to less than 10 hours</i>						10 (7%)
	<i>Ten hours or more</i>						6 (4%)
	<i>Don't know</i>						7 (5%)
Q7.7	On average, how many times do you have association each week?						
	<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>	
	2 (1%)	2 (1%)	4 (3%)	8 (5%)	126 (86%)	5 (3%)	
Q7.8	How often do staff normally speak to you during association time?						
	<i>Do not go on association</i>						2 (1%)
	<i>Never</i>						16 (11%)
	<i>Rarely</i>						41 (28%)
	<i>Some of the time</i>						54 (37%)
	<i>Most of the time</i>						19 (13%)
	<i>All of the time</i>						15 (10%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	35 (24%)
	<i>In the first week</i>	65 (44%)
	<i>More than a week</i>	29 (20%)
	<i>Don't remember</i>	18 (12%)

Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	35 (24%)	25 (17%)	47 (32%)	17 (12%)	10 (7%)	13 (9%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					0 (0%)
	Yes.....					50 (35%)
	No					94 (65%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					93 (65%)
	<i>Very involved</i>					11 (8%)
	<i>Involved</i>					21 (15%)
	<i>Neither</i>					9 (6%)
	<i>Not very involved</i>					4 (3%)
	<i>Not at all involved</i>					6 (4%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					93 (65%)
	Yes.....					41 (29%)
	No					8 (6%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					93 (66%)
	Yes.....					20 (14%)
	No					28 (20%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>					0 (0%)
	Yes.....					43 (31%)
	No					96 (69%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	Yes.....					33 (23%)
	No					108 (77%)
Q8.9	Have you had any problems with sending or receiving mail?					
	Yes.....					67 (48%)
	No					65 (46%)
	<i>Don't know</i>					9 (6%)

- Q8.10 Have you had any problems getting access to the telephones?**
 Yes..... 35 (25%)
 No 102 (73%)
 Don't know..... 2 (1%)
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 10 (7%)
 Yes..... 47 (33%)
 No 81 (57%)
 Don't remember 4 (3%)
- Q8.12 How many visits did you receive in the last week?**
Not been in a week 0 1 to 2 3 to 4 5 or more
 10 (7%) 81 (58%) 48 (34%) 1 (1%) 0 (0%)
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 35 (25%)
 Very well 6 (4%)
 Well..... 43 (31%)
 Neither..... 22 (16%)
 Badly..... 7 (5%)
 Very badly..... 6 (4%)
 Don't know 19 (14%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes..... 56 (41%)
 No 81 (59%)
- Q8.15 Do you know who to contact to get help with the following in this prison? (Please tick all that apply to you.)**
- | | |
|--|--|
| <i>Don't know who to contact</i> 66 (49%) | <i>Help with your finances in preparation for release</i> 28 (21%) |
| <i>Maintaining good relationships</i> 19 (14%) | <i>Claiming benefits on release</i> 45 (33%) |
| <i>Avoiding bad relationships</i> 16 (12%) | <i>Arranging a place at college/continuing education on release</i> 31 (23%) |
| <i>Finding a job on release</i> 41 (30%) | <i>Continuity of health services on release</i> 20 (15%) |
| <i>Finding accommodation on release</i> 34 (25%) | <i>Opening a bank account</i> 17 (13%) |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**
- | | |
|--|--|
| <i>No problems</i> 47 (34%) | <i>Help with your finances in preparation for release</i> 37 (27%) |
| <i>Maintaining good relationships</i> 18 (13%) | <i>Claiming benefits on release</i> 40 (29%) |
| <i>Avoiding bad relationships</i> 25 (18%) | <i>Arranging a place at college/continuing education on release</i> 40 (29%) |
| <i>Finding a job on release</i> 72 (53%) | <i>Continuity of health services on release</i> 17 (12%) |
| <i>Finding accommodation on release</i> 38 (28%) | <i>Opening a bank account</i> 24 (18%) |
- 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..... 65 (47%)
 No 73 (53%)

Offender management survey responses

Section 1: About you

Q1	How old are you?	
	<i>Under 21</i>	20
	<i>21 - 29</i>	0
	<i>30 - 39</i>	0
	<i>40 - 49</i>	0
	<i>50 - 59</i>	0
	<i>60 - 69</i>	0
	<i>70 and over</i>	0
Q2	Are you a foreign national? (i.e., do not hold UK citizenship)	
	<i>Yes</i>	2
	<i>No</i>	18
Q3	What is your ethnic origin?	
	<i>White - British</i>	17
	<i>White - Irish</i>	0
	<i>White - other</i>	0
	<i>Black or black British - Caribbean</i>	1
	<i>Black or black British - African</i>	0
	<i>Black or black British - other</i>	0
	<i>Asian or Asian British - Indian</i>	0
	<i>Asian or Asian British - Pakistani</i>	0
	<i>Asian or Asian British - Bangladeshi</i>	0
	<i>Asian or Asian British - other</i>	0
	<i>Mixed heritage - white and black Caribbean</i>	0
	<i>Mixed heritage - white and black African</i>	1
	<i>Mixed heritage - white and Asian</i>	0
	<i>Mixed heritage - other</i>	1
	<i>Chinese</i>	0
	<i>Other ethnic group</i>	0
Q4	Do you consider yourself to have a disability?	
	<i>Yes</i>	3
	<i>No</i>	17
Q5	Which town did you live in before coming into prison on this sentence?	20
Q6	Are you on recall?	
	<i>Yes</i>	7
	<i>No</i>	13
Q7	If yes, have you been told why you have been recalled?	
	<i>Yes</i>	7
	<i>No</i>	1

Q8	What is the length of your sentence?	
	<i>One year to less than two years</i>	5
	<i>Two years to less than four years</i>	10
	<i>Four years to less than 10 years</i>	3
	<i>Ten years or more</i>	2
	<i>IPP</i>	0
Q9	Approximately, how long do you have left to serve (if you are serving an IPP sentence, please use the date of your next review board)?	
	<i>Six months or less</i>	12
	<i>More than six months</i>	8

Section 2: Reception and induction

Q10	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Housing problems</i>	4
	<i>Contacting employers</i>	1
	<i>Contacting family</i>	3
	<i>Feeling depressed or suicidal</i>	2
	<i>None of the above problems</i>	14

Q11 If you have answered yes to any of the above, were you helped with that problem within the first 24 hours?

	Yes	No
Housing problems	3	1
Contacting employers	0	1
Contacting family	2	1
Feeling depressed or suicidal	2	0

Q12	How soon after your arrival did you receive an induction?	
	<i>Did not receive an induction</i>	1
	<i>Within the first week</i>	13
	<i>More than a week</i>	6

Q13	If you have been on an induction, did it cover everything you needed to know about the prison?	
	<i>Yes</i>	11
	<i>No</i>	7

Q14	How soon after your arrival did you receive a 'skills for life' assessment (education assessment?)	
	<i>Did not receive a skills for life assessment</i>	9
	<i>Within the first week</i>	5
	<i>More than a week</i>	6

Q15	How soon after your arrival did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed of suicidal)?	
	<i>Did not receive an interview</i>	12
	<i>Within the first week</i>	4
	<i>More than a week</i>	4

Section 3: Sentence planning

Q16	Do you have a sentence plan?	
	Yes.....	8
	No.....	12
Q17	Were you involved in the development of your sentence plan?	
	Yes.....	6
	No.....	1
Q18	Has your sentence plan taken into account your individual needs?	
	Yes.....	6
	No.....	1
Q19	Can you achieve all or some of your sentence plan targets in this prison?	
	Yes.....	6
	No.....	1
Q20	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	Yes.....	1
	No.....	6
Q21	Are there plans for you to achieve all/some of your sentence plan targets while on licence in the community?	
	Yes.....	4
	No.....	2
Q22	Have you had any meetings to discuss your sentence plan while in custody?	
	Yes.....	6
	No.....	1
Q23	If yes, who has attended these meetings? (Please tick all that apply to you.)	
	<i>Offender supervisor</i>	3
	<i>Prison staff from other departments</i>	1
	<i>Offender manager</i>	5
	<i>Other agencies</i>	2
	<i>Please specify</i>	
Q24	If you have had meetings, were these meetings useful to you?	
	Yes	5
	No.....	1

Section 4: Offender manager

Q25	Do you have a named offender manager (home probation officer) in the Probation Service?	
	Yes.....	18
	No.....	2
Q26	Has your offender manager been in contact with you since you have been in custody?	
	Yes.....	12
	No.....	4

Q27	If yes, what type of contact have you had with your offender manager?	
	<i>Letter</i>	3
	<i>Phone</i>	2
	<i>Visit</i>	11
Q28	Has your offender manager changed since you have been in custody?	
	<i>Yes</i>	4
	<i>No</i>	13
Q29	Has your offender manager discussed your sentence plan with you?	
	<i>Do not have a sentence plan</i>	5
	<i>Yes</i>	8
	<i>No</i>	4
Q30	Do you think you have been supported by your offender manager while in custody?	
	<i>Yes</i>	5
	<i>No</i>	12

Section 5: Offender supervisor

Q31	Do you have an offender supervisor in this prison?	
	<i>Yes</i>	10
	<i>No</i>	9
Q32	How often have you met with your offender supervisor?	
	<i>About every week</i>	0
	<i>About every month or less</i>	9
	<i>Never</i>	1
Q33	Do you think you have been supported by your offender supervisor in this prison?	
	<i>Yes</i>	5
	<i>No</i>	4

Section 6: Your time in custody

Q34	Do any of the below issues need to be considered so that you can take full part in activities in this prison? (Please tick all that apply to you.)	
	<i>No issues</i>	13
	<i>Religion</i>	1
	<i>Race</i>	0
	<i>Disability</i>	2
	<i>Language</i>	1
	<i>Reading/writing skills</i>	1
	<i>Other</i>	3
	<i>Please specify</i>	
Q35	If you have answered yes to any of the above, were these difficulties dealt with?	
		Yes No
	Religion	1 0

Race	0	0
Disability	1	1
Language	0	1
Reading/ writing skills	1	0
Other	0	3

Q36	While in custody which of the following have you been helped with? (Please tick all that apply to you.)	
	<i>Housing</i>	2
	<i>Education/training/employment</i>	11
	<i>Money and debt</i>	0
	<i>Relationships (e.g. family/partner)</i>	2
	<i>Lifestyle (e.g. friendships)</i>	1
	<i>Drug use</i>	8
	<i>Alcohol use</i>	8
	<i>Emotional well-being (e.g. stress, feeling low)</i>	2
	<i>Thinking skills (e.g. acting on impulse)</i>	4
	<i>Attitude to offending</i>	4
	<i>Health</i>	6
	Not had any help	4
Q37	Has anyone done any work with you on basic skills?	
	<i>Yes</i>	4
	<i>No</i>	6
	<i>Don't need it</i>	10
Q38	Has anyone done any work with you on victim awareness?	
	<i>Yes</i>	5
	<i>No</i>	15
Q39	If yes, how useful was the work you received on victim awareness?	
	<i>Very useful</i>	1
	<i>Useful</i>	1
	<i>Neither</i>	1
	<i>Not very useful</i>	0
	<i>Not at all useful</i>	1
Q40	Has any member of staff helped you to address your offending behaviour while in custody?	
	<i>Yes</i>	5
	<i>No</i>	15

Section 7: Resettlement

Q41	Has any member of staff helped you to prepare for your release while in custody?	
	<i>Yes</i>	3
	<i>No</i>	16
Q42	Do you think you will have a problem with the following on release from custody? (Please tick all that apply to you.)	
	<i>Maintaining avoiding relationships</i>	2
	<i>Finding a job</i>	15
	<i>Finding accommodation</i>	6
	<i>Money/finances</i>	11

<i>Claiming benefits</i>	6
<i>Arranging a place at college/continuing education</i>	4
<i>Contacting external drug or alcohol agencies</i>	0
<i>Accessing health care services</i>	3
<i>Opening a bank account</i>	4
<i>None of the above problems</i>	2

Q43 If you have answered yes to any of the above, have you had help with any of the following while in custody?

	Yes	No
Maintaining/avoiding relationships	0	3
Finding a job on release	3	7
Finding accommodation on release	3	3
Help with your finances in preparation for release	4	3
Claiming benefits on release	2	2
Arranging a place at college/continuing education on release	2	2
Contacting external drug or alcohol agencies on release	0	0
Continuity of health care on release	1	2
Opening a bank account	1	2

Q44 Have you done anything or has anything happened to you during custody that you think will make you less likely to offend in the future?

<i>Yes</i>	6
<i>No</i>	12



Prisoner survey responses HMYOI Stoke Heath 2010

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

Key to tables

		HMYOI Stoke Heath	YOI comparator	HMYOI Stoke Heath 2010	HMYOI Stoke Heath 2007
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		151	1825	151	105
SECTION 1: General information					
2	Are you under 21 years of age?	89%	88%	89%	93%
3a	Are you sentenced?	100%	82%	100%	100%
3b	Are you on recall?	13%	4%	13%	15%
4a	Is your sentence less than 12 months?	18%	17%	18%	34%
4b	Are you here under an indeterminate sentence for public protection (IPP)?	1%	3%	1%	0%
5	Do you have six months or less to serve?	60%	36%	60%	66%
6	Have you been in this prison less than a month?	17%	17%	17%	
7	Are you a foreign national?	6%	11%	6%	12%
8	Is English your first language?	98%	92%	98%	95%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	15%	31%	15%	27%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	5%	4%	
11	Are you Muslim?	6%	16%	6%	13%
12	Are you homosexual/gay or bisexual?	1%	2%	1%	1%
13	Do you consider yourself to have a disability?	16%	11%	16%	9%
14	Is this your first time in prison?	28%	44%	28%	36%
15	Have you been in more than five prisons this time?	6%	2%	6%	
16	Do you have any children under the age of 18?	22%	24%	22%	21%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	33%	40%	33%	31%
1b	Was your personal safety during the journey good/very good?	62%	60%	62%	58%
1c	Was the comfort of the van good/very good?	11%	12%	11%	13%
1d	Was the attention paid to your health needs good/very good?	33%	34%	33%	28%
1e	Was the frequency of toilet breaks good/very good?	8%	14%	8%	10%
2	Did you spend more than four hours in the van?	5%	6%	5%	2%
3	Were you treated well/very well by the escort staff?	52%	66%	52%	54%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	82%	85%	71%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	24%	17%	19%
4c	When you first arrived here did your property arrive at the same time as you?	81%	85%	81%	87%

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		HMYOI Stoke Heath	YOI comparator	HMYOI Stoke Heath 2010	HMYOI Stoke Heath 2007
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	17%	13%	17%	
1c	Housing problems?	24%	31%	24%	
1d	Problems contacting employers?	12%	12%	12%	
1e	Problems contacting family?	60%	60%	60%	
1f	Problems ensuring dependants were looked after?	10%	12%	10%	
1g	Money problems?	17%	15%	17%	
1h	Problems of feeling depressed/suicidal?	49%	49%	49%	
1i	Health problems?	56%	61%	56%	
1j	Problems in needing protection from other prisoners?	23%	17%	23%	
1k	Problems accessing phone numbers?	37%	45%	37%	
2	When you first arrived:				
2a	Did you have any problems?	59%	56%	59%	62%
2b	Did you have any problems with loss of property?	23%	11%	23%	10%
2c	Did you have any housing problems?	20%	16%	20%	14%
2d	Did you have any problems contacting employers?	5%	5%	5%	2%
2e	Did you have any problems contacting family?	18%	21%	18%	19%
2f	Did you have any problems ensuring dependants were being looked after?	4%	3%	4%	2%
2g	Did you have any money worries?	21%	20%	21%	21%
2h	Did you have any problems with feeling depressed or suicidal?	15%	13%	15%	10%
2i	Did you have any health problems?	13%	10%	13%	6%
2j	Did you have any problems with needing protection from other prisoners?	12%	6%	12%	4%
2k	Did you have problems accessing phone numbers?	16%	17%	16%	
3a	Were you seen by a member of health services in reception?	93%	92%	93%	94%
3b	When you were searched in reception, was this carried out in a respectful way?	83%	76%	83%	71%
4	Were you treated well/very well in reception?	57%	63%	57%	46%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	51%	56%	51%	51%
5b	Information about what support was available for people feeling depressed or suicidal?	50%	55%	50%	49%
5c	Information about how to make routine requests?	46%	46%	46%	42%
5d	Information about your entitlement to visits?	55%	59%	55%	46%
5e	Information about health services?	59%	63%	59%	
5f	Information about the chaplaincy?	54%	56%	54%	

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		HM/Y OI Stoke Heath	YOI comparator	HM/Y OI Stoke Heath 2010	HM/Y OI Stoke Heath 2007
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	87%	90%	87%	80%
6b	The opportunity to have a shower?	22%	45%	22%	28%
6c	The opportunity to make a free telephone call?	85%	72%	85%	72%
6d	Something to eat?	70%	83%	70%	87%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	44%	47%	44%	45%
7b	Someone from health services?	80%	75%	80%	64%
7c	A Listener/Samaritans?	13%	19%	13%	23%
8	Did you have access to the prison shop/canteen within the first 24 hours?	2%	15%	2%	20%
9	Did you feel safe on your first night here?	82%	79%	82%	80%
10	Have you been on an induction course?	90%	89%	90%	90%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	47%	64%	47%	53%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	37%	51%	37%	41%
1b	Attend legal visits?	49%	60%	49%	50%
1c	Obtain bail information?	19%	34%	19%	24%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	37%	43%	42%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	39%	55%	39%	44%
3b	Are you normally able to have a shower every day?	86%	68%	86%	10%
3c	Do you normally receive clean sheets every week?	88%	81%	88%	90%
3d	Do you normally get cell cleaning materials every week?	40%	57%	40%	26%
3e	Is your cell call bell normally answered within five minutes?	22%	44%	22%	24%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	50%	58%	50%	49%
3g	Can you normally get your stored property, if you need to?	39%	34%	39%	35%
4	Is the food in this prison good/very good?	14%	27%	14%	18%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	46%	40%	45%
6a	Is it easy/very easy to get a complaints form?	72%	81%	72%	73%
6b	Is it easy/very easy to get an application form?	80%	85%	80%	72%
7	Have you made an application?	82%	81%	82%	71%

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?	55%	64%	55%	50%
8b	Do you feel applications are dealt with promptly (within seven days)?	48%	51%	48%	38%
9	Have you made a complaint?	38%	42%	38%	46%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	22%	39%	22%	39%
10b	Do you feel complaints are dealt with promptly (within seven days)?	32%	43%	32%	34%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	20%	23%	20%	22%
10c	Were you given information about how to make an appeal?	25%	29%	25%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	24%	24%	24%	16%
13	Are you on the enhanced (top) level of the IEP scheme?	28%	30%	28%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	48%	47%	48%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	57%	51%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	18%	15%	18%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	20%	12%	20%	
13a	Do you feel your religious beliefs are respected?	48%	50%	48%	46%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	55%	56%	52%
14	Are you able to speak to a Listener at any time if you want to?	28%	45%	28%	53%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	73%	69%	67%
15b	Do most staff in this prison treat you with respect?	64%	68%	64%	60%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	39%	34%	39%	33%
2	Do you feel unsafe in this prison at the moment?	18%	14%	18%	13%
4	Have you been victimised by another prisoner?	18%	22%	18%	25%
5	Since you have been here has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	12%	12%	12%	17%
5b	Hit, kicked or assaulted you?	10%	10%	10%	10%
5c	Sexually abused you?	1%	1%	1%	4%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	5%
5e	Victimised you because of drugs?	3%	2%	3%	2%
5f	Taken your canteen/property?	5%	5%	5%	5%
5g	Victimised you because you were new here?	8%	7%	8%	7%
5h	Victimised you because of your sexuality?	1%	1%	1%	4%
5i	Victimised you because you have a disability?	3%	1%	3%	2%
5j	Victimised you because of your religion/religious beliefs?	3%	2%	3%	2%
5k	Victimised you because of your age?	3%	2%	3%	
5l	Victimised you because you were from a different part of the country?	8%	6%	8%	8%
5m	Victimised you because of your offence/crime?	3%	4%	3%	
5n	Victimised you because of gang related issues?	6%	7%	6%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	22%	23%	22%	22%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	10%	12%	10%	11%
7b	Hit, kicked or assaulted you?	5%	4%	5%	6%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	3%	4%	3%	6%
7e	Victimised you because of drugs?	2%	1%	2%	2%
7f	Victimised you because you were new here?	5%	6%	5%	8%
7g	Victimised you because of your sexuality?	1%	1%	1%	1%
7h	Victimised you because you have a disability?	3%	2%	3%	4%
7i	Victimised you because of your religion/religious beliefs?	2%	3%	2%	3%
7j	Victimised you because of your age?	1%	2%	1%	
7k	Victimised you because you were from a different part of the country?	7%	5%	7%	5%
7l	Victimised you because of your offence/crime?	3%	4%	3%	
7m	Victimised you because of gang related issues?	4%	4%	4%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	36%	30%	36%	43%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	27%	28%	34%
10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	19%	20%	15%
11	Is it easy/very easy to get illegal drugs in this prison?	24%	19%	24%	22%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	43%	39%	43%	
1b	Is it easy/very easy to see the nurse?	59%	55%	59%	
1c	Is it easy/very easy to see the dentist?	13%	15%	13%	
1d	Is it easy/very easy to see the optician?	17%	15%	17%	
2	Are you able to see a pharmacist?	33%	51%	33%	
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?	68%	60%	68%	56%
3b	The nurse?	73%	66%	73%	61%
3c	The dentist?	38%	44%	38%	38%
3d	The optician?	38%	44%	38%	38%
4	The overall quality of health services?	52%	54%	52%	48%

Key to tables

		HMYOI Stoke Heath	YOI comparator	HMYOI Stoke Heath 2010	HMYOI Stoke Heath 2007
	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				
Health services continued					
5	Are you currently taking medication?	20%	21%	20%	21%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	69%	67%	69%	55%
7	Do you feel you have any emotional well-being/mental health issues?	19%	23%	19%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	35%	40%	35%	
8b	A doctor?	17%	26%	17%	
8c	A nurse?	17%	22%	17%	
8d	A psychiatrist?	22%	23%	22%	
8e	The mental health in-reach team?	35%	35%	35%	
8f	A counsellor?	26%	11%	26%	
9a	Did you have a drug problem when you came into this prison?	36%	22%	36%	13%
9b	Did you have an alcohol problem when you came into this prison?	29%	20%	29%	14%
10a	Have you developed a drug problem since you have been in this prison?	9%	5%	9%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	77%	80%	77%	
12	Have you received any help or intervention while in this prison?	81%	73%	81%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	86%	80%	86%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	34%	24%	34%	33%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	24%	29%	24%
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?	48%	51%	48%	50%

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				
		HMYOI Stoke Heath	YOI comparator	HMYOI Stoke Heath 2010	HMYOI Stoke Heath 2007
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	52%	37%	52%	
1b	Vocational or skills training?	13%	18%	13%	
1c	Education (including basic skills)?	23%	37%	23%	
1d	Offending behaviour programmes?	15%	10%	15%	
2ai	Have you had a job while in this prison?	77%	66%	77%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	46%	47%	46%	
2bi	Have you been involved in vocational or skills training while in this prison?	61%	57%	61%	
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?	63%	54%	63%	
2ci	Have you been involved in education while in this prison?	69%	74%	69%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	55%	62%	55%	
2di	Have you been involved in offending behaviour programmes while in this prison?	60%	53%	60%	
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?	56%	47%	56%	
3	Do you go to the library at least once a week?	10%	31%	10%	21%
4	On average, do you go to the gym at least twice a week?	35%	51%	35%	25%
5	On average, do you go outside for exercise three or more times a week?	18%	42%	18%	1%
6	On average, do you spend 10 or more hours out of your cell on a weekday?	4%	9%	4%	8%
7	On average, do you go on association more than five times each week?	86%	49%	86%	10%
8	Do staff normally speak to you most of the time/all of the time during association?	23%	24%	23%	22%
SECTION 8: Resettlement					
1	Do you have a personal officer?	76%	70%	76%	81%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	64%	64%	64%	51%
For those who are sentenced:					
3	Do you have a sentence plan?	35%	57%	35%	39%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	63%	67%	63%	66%
5	Can you achieve some/all of your sentence plan targets in this prison?	84%	81%	84%	73%
6	Are there plans for you to achieve some/all your targets in another prison?	42%	49%	42%	45%
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?	31%	35%	31%	
8	Do you feel that any member of staff has helped you to prepare for release?	23%	18%	23%	
9	Have you had any problems with sending or receiving mail?	48%	41%	48%	48%
10	Have you had any problems getting access to the telephones?	25%	32%	25%	38%
11	Did you have a visit in the first week that you were here?	33%	36%	33%	28%
12	Did you receive one or more visits in the last week?	35%	45%	35%	38%

Key to tables

		HMYOI Stoke Heath	YOI comparator	HMYOI Stoke Heath 2010	HMYOI Stoke Heath 2007
	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				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (very well/well)	48%	50%	48%	
14	Have you been helped to maintain contact with family/friends while in this prison?	41%	44%	41%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	14%	16%	14%	
15c	Avoiding bad relationships?	12%	11%	12%	
15d	Finding a job on release?	30%	38%	30%	54%
15e	Finding accommodation on release?	25%	41%	25%	54%
15f	With money/finances on release?	21%	26%	21%	38%
15g	Claiming benefits on release?	33%	34%	33%	52%
15h	Arranging a place at college/continuing education on release?	23%	32%	23%	48%
15i	Accessing health services on release?	15%	27%	15%	47%
15j	Opening a bank account on release?	13%	18%	13%	49%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	13%	14%	13%	
16c	Avoiding bad relationships?	18%	15%	18%	
16d	Finding a job?	53%	47%	53%	57%
16e	Finding accommodation?	28%	30%	28%	37%
16f	Money/finances?	27%	29%	27%	55%
16g	Claiming benefits?	29%	24%	29%	41%
16h	Arranging a place at college/continuing education?	29%	26%	29%	51%
16i	Accessing health services?	12%	11%	12%	19%
16j	Opening a bank account?	18%	18%	18%	25%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	47%	63%	47%	55%



Prisoner offender management survey responses HMYOI Stoke Heath 2010

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		HMYOI Stoke Heath	Functional type comparator	HMYOI Stoke Heath	Overall 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					
Number of completed questionnaires returned		20	37	20	623
SECTION 1: General information					
1	Are you under 21 years of age?	100%	65%	100%	9%
2	Are you a foreign national?	10%	6%	10%	9%
3	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	15%	56%	15%	24%
4	Do you consider yourself to have a disability?	15%	11%	15%	18%
5	Is this prison in your home probation area?	5%	54%	5%	31%
6	Are you on recall?	35%	25%	35%	18%
7	Were you sentenced to less than two years?	25%	14%	25%	12%
8	Do you have six months or less to serve?	60%	27%	60%	28%
SECTION 2: Reception and Induction					
9	Did you have any of the following problems when you first arrived here?:				
9a	Housing problems	20%	13%	20%	26%
9b	Problems contacting employers	5%	13%	5%	10%
9c	Problems contacting family	15%	9%	15%	16%
9d	Problems of feeling depressed/suicidal	10%	30%	10%	23%
9e	None of the above problems	70%	57%	70%	54%
For those who have been on an induction course:					
10	Did you go on an induction within the first week?	68%	84%	68%	77%
11	If you have been on an induction, did it cover everything you needed to know about the prison?	61%	65%	61%	66%
For those who have received a basic skills assessment:					
12	Did you receive a 'basic skills' assessment within the first week?	46%	41%	46%	45%
13	After arrival into this prison did you have an interview with staff to ask if you needed help (e.g. for housing problems, contacting family, feeling depressed or suicidal)?	40%	54%	40%	58%
SECTION 3: Sentence planning					
14	Do you have a sentence plan?	40%	54%	40%	70%
For those who have a sentence plan:					
15	Were you involved in the development of your sentence plan?	86%	90%	86%	75%
16	Has your sentence plan taken into account your individual needs?	86%	50%	86%	62%
17	Can you achieve all or some of your sentence plan targets in this prison?	86%	71%	86%	71%
18	Are there plans for you to achieve some/all your targets in another prison?	14%	39%	14%	34%
19	Are there plans for you to achieve some/all your targets while on licence in the community?	67%	45%	67%	43%
20	Have you had any meetings to discuss your sentence plan while in custody?	86%	75%	86%	82%
21	If you have had sentence planning meetings did any of the following attend?				
21a	Offender supervisor	50%	80%	50%	60%
21b	Prison staff from other departments	17%	20%	17%	29%
21c	Offender manager	83%	53%	83%	51%
21d	Anyone from other agencies	33%	33%	33%	19%
22	Were these meetings useful to you?	83%	40%	83%	66%

Key to tables

		HM YOI Stoke Heath	Functional type comparator	HM YOI Stoke Heath	Overall comparator
	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				
SECTION 4: Offender manager					
23	Do you have a named offender manager in the probation service?	90%	89%	90%	89%
For those who have an offender manager:					
24	Has your offender manager been in contact with you since you have been in custody?	75%	81%	75%	78%
25	If you have had contact from your offender manager, what type of contact was it?				
25a	Contact by letter	25%	42%	25%	48%
25b	Contact by phone	17%	12%	17%	24%
25c	A visit to the prison	92%	85%	92%	69%
26	Has your offender manager changed since you have been in custody?	24%	45%	24%	41%
For those who have a sentence plan:					
27	Has your offender manager discussed your sentence plan with you?	67%	44%	67%	70%
28	Do you think you have been supported by your offender manager while in prison?	29%	42%	29%	43%
SECTION 5: Offender supervisor					
29	Do you have an offender supervisor within this prison?	53%	75%	53%	71%
For those who have an offender supervisor:					
30	Do you meet with your offender supervisor every month?	90%	78%	90%	75%
31	Do you think you have been supported by your offender supervisor while in prison?	56%	44%	56%	52%
SECTION 6: Your time in custody					
32	Have any of the following made it more difficult to take full part in the activities in custody?				
32a	No issues	77%	60%	77%	67%
32b	Difficulties with religion	6%	10%	6%	8%
32b	Difficulties with race	0%	15%	0%	7%
32c	Difficulties with a disability	12%	10%	12%	9%
32d	Difficulties with language	6%	0%	6%	2%
32e	Difficulties with reading/writing skills	6%	15%	6%	12%
32f	Difficulties with other issues	18%	5%	18%	8%
33	Whilst in custody have you been helped with any of the following?:				
33a	Housing	11%	10%	11%	12%
33b	Educaion/training/employment	58%	58%	58%	54%
33c	Money and debt	0%	0%	0%	8%
33d	Relationships (e.g. family/partner)	11%	3%	11%	14%
33e	Lifestyle (e.g. friendships)	5%	10%	5%	14%
33f	Drug use	42%	52%	42%	37%
33g	Alcohol use	42%	32%	42%	25%
33h	Emotional well-being	11%	13%	11%	23%
33i	Thinking skills	21%	23%	21%	38%
33j	Attitude to offending	21%	29%	21%	32%
33k	Health	32%	42%	32%	34%
33l	Not had any help	21%	7%	21%	16%
34	Has anyone done any work with you on basic skills?	40%	30%	40%	51%
35	Has anyone done any work with you on victim awareness?	25%	43%	25%	32%
36	Has any member of staff helped you to address your offending behaviour while in custody?	25%	26%	25%	36%

Key to tables

Key to tables		HMYOI Stoke Heath	Functional type comparator	HMYOI Stoke Heath	Overall comparator
	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				
SECTION 7: Resettlement					
37	Has any member of staff helped to prepare for your release while in custody?	16%	6%	16%	15%
38	Do you think you will have a problem with the following on release from custody?:				
38a	Problems maintaining/avoiding good relationships	10%	22%	10%	22%
38b	Problems finding a job	75%	87%	75%	63%
38c	Finding accommodation	30%	44%	30%	47%
38d	Problems with money/finances	55%	61%	55%	38%
38e	Problems claiming benefits	30%	39%	30%	37%
38f	Problems arranging a place at college/continuing education	20%	52%	20%	24%
38g	Problems contacting external drug or alcohol agencies	0%	22%	0%	13%
38h	Problems accessing health services	15%	4%	15%	13%
38i	Problems opening a bank account	20%	30%	20%	33%
38j	None of the above problems	10%	4%	10%	20%
39	Have you done anything, or has anything happened to you during custody that you think will make you less likely to offend in future?	33%	47%	33%	65%



Key questions (disability analysis) HMYOI Stoke Heath 2010

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

		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		
Number of completed questionnaires returned		24	124
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	17%	3%
1.8	Is English your first language?	91%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	29%	11%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	18%	2%
1.11	Are you Muslim?	9%	4%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	25%	28%
2.1d	Was the attention paid to your health needs good/very good?	26%	33%
2.3	Were you treated well/very well by the escort staff?	58%	50%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	87%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	73%	60%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	55%	48%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	64%	55%
3.2a	Did you have any problems when you first arrived?	80%	54%
3.3a	Were you seen by a member of healthcare staff in reception?	88%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	83%	84%
3.4	Were you treated well/very well in reception?	63%	57%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	87%	79%
3.9	Did you feel safe on your first night here?	57%	86%
3.10	Have you been on an induction course?	88%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	39%

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	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		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	38%
4.3b	Are you normally able to have a shower every day?	67%	90%
4.3e	Is your cell call bell normally answered within five minutes?	26%	22%
4.4	Is the food in this prison good/very good?	38%	9%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	39%
4.6a	Is it easy/very easy to get a complaints form?	58%	75%
4.6b	Is it easy/very easy to get an application form?	68%	82%
4.9	Have you made a complaint?	33%	38%
4.13	Are you on the enhanced (top) level of the IEP scheme?	17%	31%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	48%	49%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	53%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	21%	18%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	25%	19%
4.17a	Do you feel your religious beliefs are respected?	50%	48%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	52%	56%
4.18	Are you able to speak to a Listener at any time, if you want to?	25%	29%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	72%
4.19b	Do most staff, in this prison, treat you with respect?	52%	67%
5.1	Have you ever felt unsafe in this prison?	46%	37%
5.2	Do you feel unsafe in this prison at the moment?	21%	17%
5.4	Have you been victimised by another prisoner?	22%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	3%
5.5i	Victimised you because you have a disability?	17%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	13%	1%
5.6	Have you been victimised by a member of staff?	32%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	2%
5.7h	Victimised you because you have a disability?	18%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	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?	29%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	25%	22%
6.1a	Is it easy/very easy to see the doctor?	42%	44%
6.1b	Is it easy/very easy to see the nurse?	52%	61%
6.2	Are you able to see a pharmacist?	25%	35%
6.5	Are you currently taking medication?	25%	19%
6.7	Do you feel you have any emotional well-being/mental health issues?	42%	15%
7.1a	Are you currently working in the prison?	44%	54%
7.1b	Are you currently undertaking vocational or skills training?	9%	14%
7.1c	Are you currently in education (including basic skills)?	39%	18%
7.1d	Are you currently taking part in an offending behaviour programme?	17%	15%
7.3	Do you go to the library at least once a week?	4%	11%
7.4	On average, do you go to the gym at least twice a week?	25%	37%
7.5	On average, do you go outside for exercise three or more times a week?	8%	19%
7.6	On average, do you spend 10 or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	13%	3%
7.7	On average, do you go on association more than five times each week?	54%	93%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	23%
8.1	Do you have a personal officer?	63%	78%
8.9	Have you had any problems sending or receiving mail?	35%	50%
8.10	Have you had any problems getting access to the telephones?	30%	25%



Key question responses (ethnicity) HMYOI Stoke Heath 2010

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

		Black and minority ethnic prisoners	White 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		
Number of completed questionnaires returned		23	127
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	17%	3%
1.8	Is English your first language?	96%	98%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	4%
1.11	Are you Muslim?	38%	0%
1.12	Do you consider yourself to have a disability?	33%	13%
1.13	Is this your first time in prison?	14%	30%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	24%	34%
2.3	Were you treated well/very well by the escort staff?	48%	52%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	82%	86%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	43%	64%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	38%	51%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	48%	57%
3.2a	Did you have any problems when you first arrived?	82%	54%
3.3a	Were you seen by a member of healthcare staff in reception?	77%	96%
3.3b	When you were searched in reception, was this carried out in a respectful way?	55%	89%
3.4	Were you treated well/very well in reception?	41%	60%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	45%	85%
3.9	Did you feel safe on your first night here?	57%	86%
3.10	Have you been on an induction course?	86%	91%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	53%	35%

Key to tables

		Black and minority ethnic prisoners	White 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?	29%	41%
4.3b	Are you normally able to have a shower every day?	62%	90%
4.3e	Is your cell call bell normally answered within five minutes?	10%	24%
4.4	Is the food in this prison good/very good?	9%	15%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	20%	44%
4.6a	Is it easy/very easy to get a complaints form?	68%	73%
4.6b	Is it easy/very easy to get an application form?	71%	82%
4.9	Have you made a complaint?	50%	35%
4.13	Are you on the enhanced (top) level of the IEP scheme?	22%	30%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	23%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	27%	56%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	32%	16%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	36%	18%
4.17a	Do you feel your religious beliefs are respected?	46%	48%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	46%	58%
4.18	Are you able to speak to a Listener at any time if you want to?	14%	31%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	73%
4.19b	Do most staff, in this prison, treat you with respect?	46%	68%
5.1	Have you ever felt unsafe in this prison?	48%	37%
5.2	Do you feel unsafe in this prison at the moment?	32%	15%
5.4	Have you been victimised by another prisoner?	39%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	22%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	13%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	17%	0%
5.6	Have you been victimised by a member of staff?	35%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	22%	0%

Key to tables

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5.7h	Have you been victimised because you have a disability? (By staff)	9%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	48%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	41%	16%
5.11	Is it easy/very easy to get illegal drugs in this prison?	27%	22%
6.1a	Is it easy/very easy to see the doctor?	26%	46%
6.1b	Is it easy/very easy to see the nurse?	46%	62%
6.2	Are you able to see a pharmacist?	21%	35%
6.5	Are you currently taking medication?	26%	19%
6.7	Do you feel you have any emotional well-being/mental health issues?	35%	16%
7.1a	Are you currently working in the prison?	41%	54%
7.1b	Are you currently undertaking vocational or skills training?	0%	15%
7.1c	Are you currently in education (including basic skills)?	46%	19%
7.1d	Are you currently taking part in an offending behaviour programme?	14%	15%
7.3	Do you go to the library at least once a week?	10%	10%
7.4	On average, do you go to the gym at least twice a week?	41%	34%
7.5	On average, do you go outside for exercise three or more times a week?	14%	18%
7.6	On average, do you spend 10 or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	4%
7.7	On average, do you go on association more than five times each week?	68%	89%
7.8	Do staff normally speak to you at least most of the time during association time (most/all of the time)?	5%	27%
8.1	Do you have a personal officer?	73%	77%
8.9	Have you had any problems sending or receiving mail?	67%	44%
8.10	Have you had any problems getting access to the telephones?	30%	24%