

Report on an announced inspection of

HMP Blundeston

31 January – 4 February 2011

by HM Chief Inspector of Prisons

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Introduction

Blundeston is a relatively small category C training prison in Suffolk which we have previously commended. However, it can be an unpopular destination for the many prisoners from outside East Anglia, who struggle to maintain family ties, and recently staff have become fearful for the prison's future at a time when some small prisons are being earmarked for closure. Whatever the reason, this full announced inspection found a prison that had drifted backwards in a number of important areas, notably safety, respect and resettlement. Blundeston was a prison badly in need of a new sense of direction.

Early days in custody required improvement. In particular the first night centre was too often used to house prisoners unable to live safely elsewhere in the prison, requiring some new arrivals to go straight on to normal location. Significant numbers of prisoners reported feeling unsafe and too many sought sanctuary in the segregation unit. There was scope to improve violence reduction and anti-bullying work, although those at risk of self-harm were well managed. Use of force was low, but there had been an increase in the use of special accommodation, governance for which needed improvement to ensure usage was justified. Commendably, drug use had been much reduced and treatment services were good.

Accommodation varied markedly: some new wings were very good but the sanitation arrangements in some older ones were unfit for the twenty-first century. Staff-prisoner relations also varied. Diversity arrangements were underdeveloped and services for substantial groups of prisoners, such as foreign nationals, were poor. However, race relations appeared good. There were also good chaplaincy and health care services.

Blundeston remained a purposeful prison, with an appropriately clear focus on its training function. Time out of cell was generally good. There was sufficient education and vocational provision, and some was of a very high standard. The library was well used and there was good PE provision.

The strategic management of resettlement was weak and the offender management unit was underdeveloped. Assessments were up to date but the number of available interventions had fallen and little use was made of release on temporary licence. There was an excellent resettlement resource centre, but visiting arrangements and support to maintain family ties required improvement. The therapeutic community provided an important resource, but it needed greater clarity of purpose and help to ensure only suitable prisoners were housed on the unit.

This is a disappointing report on a prison which appears to have gone backwards recently. However, it is also a prison with a number of assets, particularly its very good training provision, and we were pleased to hear of exciting regional plans to make Blundeston a centre for East Anglian prisoners which might ease a number of its current problems.

Nick Hardwick
HM Chief Inspector of Prisons

April 2011

Fact page

Task of the establishment

HMP Blundeston is a category C training prison.

Prison status (public or private, with name of contractor if private)

Public sector

Region/Department

Eastern area

Number held

454 (temporarily reduced operational capacity)

Certified normal accommodation

481

Operational capacity

526

Date of last full inspection

June 2006

Brief history

HMP Blundeston opened in 1963 with four single cell wings for 288 prisoners. Two multi-cell wings were added in 1975, and the new 40-bed unit houses the therapeutic community. HMP Blundeston was a category B training prison until May 2002. The average age (30) and sentence length (mostly over four years) of the population is higher than in most category C prisons.

Short description of residential units

Four wings of 72 single cells have no in-cell toilets, and night sanitation arrangements apply. Two wings contain a mixture of two- and four-prisoner cells with in-cell sanitation. The first night unit has eight two-prisoner cells and a modern building housing the therapeutic community. A new unit, J wing, opened on 20 April 2008. It has 62 cells with in-cell sanitation and showers but no adapted cells for older prisoners and/or those with disabilities.

Escort contractor

G4S

Health service commissioner and providers

Great Yarmouth and Waveney Primary Care Trust

Learning and skills providers

Action for Employment (A4E)

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 prisoners had lengthy journeys. Reception procedures were carried out well. The first night and induction wing had a multi-purpose function which undermined

consistent first night care and induction. Many prisoners felt unsafe and too many asked to be segregated for their own protection. Some safety processes were insufficiently robust. Prisoners at risk of self-harm were well managed. Security measures were effective. There were shortcomings in the application of adjudications and the use of force, although the use of both was low. Management of segregation required improvement. The use of special accommodation had increased and we were not assured that governance arrangements were sufficiently robust. The integrated drug treatment service was good. The mandatory drug testing positive rate was low and prisoners confirmed that it was not easy to get drugs in the prison. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP4 Our survey¹ indicated an increase in the number of prisoners who arrived at the establishment after long journeys, and fewer prisoners than at comparator prisons reported adequate toilet breaks.
- HP5 The recently refurbished reception area provided a pleasant environment, but there was little to occupy prisoners in the holding rooms. Reception procedures were efficient. Cell sharing risk assessments, health care interviews and strip-searching were carried out in private. Staff we observed in reception were respectful and friendly with new prisoners but in our survey only 59% of prisoners said that they were treated well or very well.
- HP6 First night and induction accommodation on H wing was frequently used for other purposes, including for prisoners seeking their own protection. Consequently, there were occasions when new receptions spent their first night locked up with other prisoners on the main residential wings and it could not be guaranteed that first night concerns were managed properly.
- HP7 Induction was not clearly structured or consistently delivered and prisoners on induction were not always usefully occupied. These shortcomings were exacerbated for prisoners needing induction who were not located on H wing. A number of specialists delivered useful sessions but prisoners were not provided with enough basic information about the prison.
- HP8 The safer custody committee was well attended and a good range of data relating to violent incidents and self-harm was collected, although data analysis was limited. The safer custody coordinator made efforts to ensure that all relevant incidents came to her attention but more needed to be done to find out from prisoners what their safety concerns were. In our survey, 40% of prisoners said that they had felt unsafe at the

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from the *Dictionary of Forensic Psychology*: HM Inspectorate of Prisons.)

establishment at some point and 20% that they felt unsafe at present. A large number of prisoners asked to be separated from others for their own protection but processes for investigating the reasons for own protection requests, as well as unexplained injuries, were weak. Interventions for perpetrators of violent behaviour and victims were not sufficiently robust.

- HP9 Prisoners who were subject to monitoring under assessment, care in custody and teamwork (ACCT) procedures received good care. Documentation associated with the process was of good quality and reviews were well attended by appropriate staff. Prisoners had free access to Listeners but there was no care suite and arrangements for them to meet prisoners at night were unsatisfactory. Not all staff had been trained in ACCT procedures.
- HP10 Prisoners' access to activities was not restricted by inappropriate security measures. However, there were some restrictive approaches around prisoners' property and prisoner movement around the establishment outside of free flow, resulting in difficulty in attending appointments. There was a good flow of security information, which was analysed well, and there were effective relationships between security and other departments, including safer custody. Security committee meetings were well attended by key staff and security issues were managed effectively.
- HP11 The number of adjudications was small, the main charge being disobeying a lawful order related to prisoners refusing to locate on the wings and refusing to work. Records did not always indicate that the reasons for refusals had been explored, to ascertain if there were underlying safety issues associated with such refusals, which were often associated with a request for a transfer. The recent introduction of quality assurance of all adjudications had identified some key areas for improvement which had begun to be addressed.
- HP12 There were few incidents involving use of force but associated documentation was not completed to a sufficiently good standard and incidents were not always accurately recorded. The monitoring and analysis of use of force data were deficient. The use of special accommodation had increased considerably. It was usually used for short periods, although we came across one example of a prisoner who had been inappropriately held overnight. All prisoners who were placed in special accommodation were strip-searched, some by force, and placed in strip clothing. Governance was insufficiently robust and managers had missed major shortcomings in the application of procedures.
- HP13 There was no policy setting out the role and function of the segregation unit. Prisoners did not stay in the unit for long periods but over the previous 12 months almost 40% of residents had been placed in segregation for their own protection, usually seeking a transfer. Staff and managers did not challenge or address underlying issues or behaviour or set meaningful targets at reviews. Staff on the unit knew their prisoners well but this was not reflected in the records.
- HP14 Prisoners transferred in on the integrated drug treatment system (IDTS) were met in reception by IDTS nurses and taken through a well-designed local clinical assessment process. The mandatory drug testing (MDT) positive rate was low and prisoners confirmed that it was not easy to get drugs in the prison. MDT confirmation reports indicated that large numbers of prisoners tested positive for prescribed opiates and the production of illicitly brewed alcohol had been identified as a security

issue, and both were being addressed. Medication times were not consistent, causing discomfort and frustration to prisoners.

Respect

- HP15 Standards of accommodation varied widely across the establishment, the worst had poor night sanitation arrangements. The quality of relationships was inconsistent. Personal officer work varied. Complaints were dealt with well, although the management of prisoners' monies was inefficient. Aspects of catering arrangements needed attention. The incentives and earned privileges policy did not operate effectively. There were no legal services. Chaplains provided good pastoral support. Diversity was underdeveloped, hampered by a lack of sufficiently good management information and strategic direction. Support for foreign nationals was limited. There was no evidence of racial tension and racist complaints were reducing. The quality of health care was good, even though there were some long waits. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP16 Cells were sufficiently furnished and equipped, mostly clean and well maintained. However, there was a stark contrast between the accommodation on the new I and J wings and that of several of the older wings, which were shabby. The night sanitation system was undignified, unhygienic and unacceptable. There was insufficient time for prisoners to use the communal facilities to get ready for work or access showers or telephones daily.
- HP17 The incentives and earned privileges (IEP) policy was applied inconsistently and prisoners complained that it was unfair. There was evidence that some prisoners had been given a chance to improve their behaviour before demotion. Prisoners on the basic level were not well managed. There were insufficient differentials between the levels. This had been recognised and consultation with prisoners had been undertaken as part of a review. There was no quality assurance of documentation or procedures such as review boards.
- HP18 The quality of relationships between staff and prisoners was mixed. In our survey, 78% of prisoners said that staff treated them with respect but a quarter said that they had felt threatened or intimidated by a member of staff. We observed some relaxed and helpful interaction between staff and prisoners but too many staff remained in their wing offices, avoiding contact with prisoners.
- HP19 Most prisoners said that they had a personal officer but in our survey only half said that they had met him or her in their first week and just under two-thirds said that they found their personal officer helpful. Personal officers did not always contribute to planning or meetings relating to their prisoners. The quality of personal officer entries in wing files was not consistent, with some displaying a good knowledge of the prisoner while other records were poor.
- HP20 The quantity of food served at the lunch and teatime meals was reasonable but the quality was affected by food being kept on serveries for long periods. Breakfast was inadequate in quantity and quality. There were few opportunities for dining in association.

- HP21 The prison shop was well managed but prisoners waited too long for a first order. Shop staff reported changes in prisoners' ordering patterns to the security staff as a safety check. Finance staff were proactive in ensuring that prisoners' monies were credited to their accounts promptly but there were many complaints about inaccuracies in prisoners' weekly pay and related hardship.
- HP22 The diversity policy was not being implemented or managed well by the equality action team (EAT). The policy did not adequately cover all aspects of diversity and there were no supporting action plans. Attendance at EAT meetings by prison staff was poor. There was no evidence of racial tension and the number of racist incident report forms had fallen by around 40% over the previous year. Investigations of racist complaints were thorough. Support for older, gay and bisexual prisoners and those with disabilities was inadequate. Facilities and support for foreign national prisoners were limited. There was a lack of diversity management information, including ethnic monitoring and the use of translation and interpreting services, compounded by limited prisoner consultation, to ensure that the needs of minority groups were being met.
- HP23 Complaint forms were freely available and there was a booklet explaining procedures in a range of languages. Systems to manage and monitor complaints were efficient. Prisoners expressed dissatisfaction about the way that complaints were handled but those we examined had been dealt with well.
- HP24 There were no trained legal services officers and there was limited information available in the library to help prisoners who needed legal advice.
- HP25 Faith provision was comprehensive and a good level of pastoral support was provided by the chaplaincy team. The team participated in a range of establishment-wide meetings and facilitated religious study groups and involvement from local community groups. Faith areas were well equipped, although the mosque was close to capacity. The location of the main chapel/multi-faith room on the second floor of the activities centre could make access difficult for some prisoners or visitors with restricted mobility.
- HP26 All prisoners received a comprehensive health screening on arrival, including a mental health screen. Health care facilities and the quality of primary and secondary health care were good and prisoners were positive about health care overall. The delivery of services was hampered by a lack of space in the health care facility. There was a good mix of staff, with appropriate skills, and a wide range of nurse-led and visiting specialist clinics, equivalent to community provision. Good attention was paid to health promotion. The appointments system was effective, although there were some inappropriate allocations to the GP, causing delay. Attendance at outside hospital appointments was well managed. There were no pharmacy-led clinics and the administration of medicines lacked privacy. There were long waiting lists for dental services but the standard of care received was excellent. Mental health services were good but prisoners had no access to professional counselling services.

Purposeful activity

- HP27 Most prisoners were engaged in full-time activity during the weekday. Association and exercise were rarely cancelled, although the time allowed for each was inadequate.

There were sufficient education and vocational training places to meet the needs of the population. In classrooms and workshops, prisoners behaved well, developed useful skills and gained some qualifications, although accreditation across all learning and skills areas was underdeveloped. Information, advice and guidance workers provided good support, and literacy and numeracy needs were addressed well, although there was a lack of trained support for prisoners with additional learning needs or learning disabilities. The quality of teaching was variable but satisfactory overall. Leadership and management were inadequate. The library was a satisfactory resource and well used. PE offered good provision. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP28 Most prisoners were in full-time employment or education. The prison recorded around 10 hours of time out of cell on weekdays but this was inaccurate. A small number of unemployed prisoners spent most of their time locked up and time out cell for all at the weekend was poor.
- HP29 There was some slippage in the regime, with some late unlock in the morning and early lock-up after evening association and lunchtimes. Association and exercise times were reliable, although the time allowed for each was too short. The exercise yards for most prisoners were clean and well equipped, except for that attached to H wing, which was stark.
- HP30 There was an adequate range of education and vocational provision, with full-time places available for the majority of prisoners. However, the range of education courses was too limited to meet the needs of long-term prisoners. Most prisoners who completed their accredited education programmes achieved their qualification, some at successive levels.
- HP31 Most prisoners on vocational training programmes developed good practical and personal skills and the standard of work in workshops was generally high. However, there were missed opportunities for accrediting prisoners' often good skills development in some workshops.
- HP32 Attendance and punctuality were satisfactory overall. Prisoners' behaviour was good in classrooms and workshops.
- HP33 There was good provision for literacy and numeracy support in workshops and in education but no staff from education and vocational programmes were trained in supporting prisoners with specific learning disabilities or with additional learning needs. The quality of teaching and learning was satisfactory overall but there was too much variation.
- HP34 Senior learning and skills staff had maintained effective operational delivery of education and vocational training programmes during a protracted and challenging period of transition and change. However, newly introduced arrangements for quality improvement, and for managing and coordinating all aspects of the programmes, were not having any impact and few data were available to monitor all aspects of the programmes.
- HP35 There were minimal links with employers and internal partnership arrangements were underdeveloped. Overall leadership and management of education and vocational training were inadequate.

- HP36 Access to the library was good and it was well used. Opening times were adequate, including two evening sessions and a Saturday morning, but there was no routine service to H wing. There was a good focus on the needs of prisoners, including titles for different reading abilities.
- HP37 PE programmes were well planned and managed and the environment was safe. Access to the gym was reasonable and it was used well but it was too small for the number of users, and the cardiovascular facility contained ageing equipment. The floodlit all-weather pitch was used well for team-sports. The gym provided too few vocationally relevant qualifications, although achievement on National Vocational Qualification courses was satisfactory. There were few links with the community.

Resettlement

- HP38 The resettlement policy was inadequate and the offender management unit was underdeveloped. All appropriate prisoners had a full offender assessment system (OASys) assessment but not all had an offender supervisor. There were deficiencies in some aspects of sentence planning and limited offending behaviour programme provision. The use of release on temporary licence was low. Public protection arrangements were sound. The resettlement resource centre was an excellent facility. The visitors centre provided valuable support to families but opportunities for visits had been reduced, take-up was low and provision for children and families was underdeveloped. The therapeutic community was an important resource but further work was needed to ensure that the resource was used appropriately. Substance use services were good but had insufficient alcohol interventions. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP39 A limited needs analysis had been completed in 2010 but had not been used to inform the revised resettlement policy and offender management policy, which were inadequate. The absence of an action plan made it difficult to provide sufficient governance, monitoring of progress or contingency actions.
- HP40 The offender management unit (OMU) was underdeveloped. Layered offender management was not in place and was needed in order to maximise the limited resources. Too many prisoners arrived at the prison without an up-to-date offender assessment system (OASys) assessment. In such cases, a full OASys assessment was completed, which was creditable but drained the OMU of valuable offender supervisor time. Not all prisoners had an allocated offender supervisor.
- HP41 Sentence planning was generally timely but objectives were inadequate. OMU staff reported good working relationships within the prison but this was not always reflected in case files. The majority of prisoners felt involved in the process. Indeterminate-sentenced prisoners suffered disproportionately from the suspension of some offending behaviour programmes and overall lack of capacity. Public protection arrangements were sound, with good reporting by the probation staff.
- HP42 The resettlement resource centre provided an excellent one-stop shop. A range of agencies was available and provided prisoners with immediate advice and guidance or referred them on for further support, including accommodation advice and finance, benefit and debt advice and support.

- HP43 There was minimal release on temporary licence for work experience and very little use of home detention curfew. The range of resettlement advice and practical support for prisoners seeking education, training and employment after release included some productive joint working with internal and external agencies. There were insufficient contacts or partnership working with employers locally or in the cities to which many prisoners were returning.
- HP44 Health services discharge planning was poor because of late identification of prisoners before their release. The care programme approach was not used for prisoners with enduring mental health problems.
- HP45 The drug strategy was out of date, although there was an excellent needs analysis. The counselling, assessment, referral, advice and throughcare (CARAT) team offered a wide range of services. There was a high demand for alcohol interventions but there were insufficient resources to meet the need. There was reasonably good contact with local drug intervention programmes but community links were difficult to establish and maintain for prisoners from London.
- HP46 The children and families of offenders pathway was underdeveloped. Visits booking arrangements were not easy to use and take-up of visits was low. The number of sessions for family visits had recently halved in view of the low take-up, without an investigation of the reasons for it. There was not sufficient visits capacity if all prisoners wished to use their standard entitlement. The visitors centre was excellent but the main hall was limited in space and had an institutionalised feel, in spite of attempts to brighten it up. Visitors were complimentary about the staff.
- HP47 The range of offending behaviour programmes was appropriate but capacity issues had impacted on delivery in the previous year and this was set to continue. The therapeutic community was an important resource but it was affected by the lack of the designated tripartite management team. Further work was needed to ensure that the resource was used appropriately, ensuring a steady flow of suitable referrals, and reducing the number of lodgers and those who had been deselected from residence on the unit.

Main concerns and recommendations

- HP48 Concern: The designated first night wing was often used for other purposes. New arrivals located on the first night wing shared with other prisoners who were vulnerable for a variety of reasons, and some new arrivals were located on the main residential wings. Consequently, proper first night care could not be guaranteed.

Recommendation: There should be a clear strategy for the management of prisoners on their first night which takes proper account of their particular needs and vulnerabilities.

- HP49 Concern: Some of the older residential units were not of a good standard and the night sanitation arrangements were not only an affront to dignity but also caused tension on the unit between prisoners.

Recommendation: There should be a long-term redevelopment plan to improve and/or replace all inadequate residential accommodation, in particular to remedy the problems associated with night sanitation.

HP50 Concern: Many prisoners said that they felt unsafe. Surveys of prisoner safety were not carried out with sufficient frequency. When they were, responses were poor, suggesting that consultation arrangements needed to be broader and greater efforts were required to encourage prisoners to engage with the process.

Recommendation: Prisoners should be consulted regularly about their perceptions of safety and appropriate action taken as a result.

HP51 Concern: The use of special accommodation had increased, conditions were poor and we were not assured that governance arrangements were sufficiently robust.

Recommendation: Robust governance arrangements should be introduced for the use of special accommodation, to ensure it is used for the minimum amount of time necessary and that strip-searching and use of strip clothing are only used as a result of risk assessment.

HP52 Concern: Prisoners who were identified as vulnerable for a variety of reasons, including through requests to be moved for their own protection, were located in different areas of the prison and managed in a variety of different ways. Many were transferred out of the prison without effort to identify their problems and help them to cope.

Recommendation: There should be a comprehensive policy for the management of vulnerable prisoners, including prisoners who ask to be moved from normal location for their own protection. The policy should include how problem behaviour and underlying causes will be investigated, options for suitable locations and how individual needs will be met.

HP53 Concern: The diversity policy was underdeveloped in all respects and minority groups did not receive appropriate attention. A limited amount of data analysis took place to inform managers of concerns and there was little strategic management of any of the diversity strands to ensure their effectiveness.

Recommendation: There should be a full revision of the diversity policy, to ensure that it clearly outlines how the diverse needs of prisoners will be met and effectively managed. The policy should be underpinned by an action plan covering all diversity strands (including foreign nationals) and overseen by a multidisciplinary management committee.

HP54 Concern: Prisoners received few visits and little was done to encourage family contact through visits or work with prisoners to strengthen family ties as part of reintegration planning.

Recommendation: The children and families pathway should be developed, supported by a clear action plan.

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 Some prisoners had long journeys to the prison and some prisoners reported not being offered toilet breaks and not being informed of their destination. Escort staff we observed were respectful and cellular vans were clean. Arrangements to get prisoners to court were efficient but prisoners who were transferred to other prisons were not always able to make contact with their families to let them know before they left.
- 1.2 Some prisoners coming from nearby establishments had been transported in the prison's own transport. Both G4S and prison transport which we examined was clean and hygienic. Prisoners we observed arriving at the establishment had come from prisons in the region and from HMP Woodhill, which involved a journey of three hours. The prisoner escort record (PER) indicated that comfort breaks had been offered during the journey, in accordance with G4S procedures, but declined and also that prisoners had been provided with sanitary bags. Prisoners told us that escort staff had provided food and drink, which was also recorded on the PER. The relationships we observed between escort staff and prisoners were polite and friendly, and prisoners we spoke to said that escort staff had treated them appropriately. However, in our survey, only 53% of respondents said that they had been treated well by escort staff, against a comparator of 67%. Survey responses about levels of satisfaction with court and transfer arrangements were worse than the comparator in several areas, such as frequency of toilet breaks, attention to health needs, the length of journeys, treatment by escort staff and having been informed of their destination.
- 1.3 Few prisoners left the prison to go to court but arrangements to get them to court on time were efficient. Prisoners going to court could have their own change of clothing stored in reception and there was a small selection of donated formal clothing available. Prisoners going out during the day had their breakfast provided the night before. There was no use of video link because of the small number of prisoners going to court and the wide geographical areas covered.
- 1.4 The property belonging to prisoners leaving the establishment for court was brought to reception, checked and placed in sealed bags. This was stored in reception until their return. Arrangements for storing property were sound.
- 1.5 In the six months before the inspection, 88 prisoners had been transferred to other prisons. Staff told us that it was policy to allow prisoners who transferred to other establishments the opportunity to inform their families on the night before their transfer, unless there were security reasons preventing them from doing so, in which case families were informed on the morning of the transfer. However, there was no evidence to indicate this policy was implemented in practice.

Recommendation

- 1.6 Subject to security considerations, prisoners should be given 24 hours' notice of planned transfers, so that they can make a telephone call to their families, and this should be documented.

First days in custody

Expected outcomes:

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

- 1.7 Reception staff we observed were respectful and dealt with prisoners' immediate needs efficiently, although there were sometimes problems with the transfer of medication. The dedicated first night accommodation was not used for a large proportion of newly arrived prisoners but instead served many functions. Consequently, first night procedures, including a confidential interview, intended to be carried out by dedicated first night staff, were not reliable if prisoners were located on general residential units. The induction programme was not well structured or delivered consistently. Prisoners spent too long on induction and spent much of their time locked up.

Reception

- 1.8 The reception area was clean and tidy and had recently been redecorated. An average of 15 new prisoners arrived every week and similar numbers went out as transfers, discharges or to court appearances. We were told by reception staff that only rarely did prisoners arrive later than 4pm, and that in those circumstances arrangements were always made with residential staff to ensure that their immediate needs were met.
- 1.9 Although, in our survey, only 59% of prisoners, against a comparator of 70%, said that they were treated well in reception, prisoners we observed arriving were treated respectfully by reception staff and were addressed by their first names. They were provided with a hot drink and those that arrived at lunchtime were offered a sandwich meal. We observed two groups of prisoners who arrived during the lunch period. Staff had received advance warning of their arrival and worked through their lunch break so that they could be admitted without delay.
- 1.10 The prisoners we observed arriving at the establishment had full documentation, and a member of staff from the first night team checked this. On arrival, prisoners waited in a small holding area, which was little more than a gated corridor, but they did not wait there long. They were then taken to a private room for examination with a scanning wand and for a strip-search. Although, in our survey, only 66% of respondents, against a comparator of 77%, said that they had been searched respectfully, the processes we observed were carried out correctly. Prisoners were offered an amnesty for any contraband items and this had been successful in reducing the number of illicit items entering the establishment (see section on security and rules).

- 1.11 After being searched, prisoners were held in a basic holding room before the cell sharing risk assessment and health care interviews, which were conducted privately and thoroughly. There were some informative notices in the holding room, some in languages other than English, but no reading material or anything to keep prisoners occupied, other than a small television with the sound turned off.
- 1.12 Two of the prisoners we observed arriving said that they felt that they would not be safe and, following an interview with the duty governor, were allocated accommodation on the small first night unit until they had been fully assessed.
- 1.13 The health care nurse told us that the transfer of medication and related information from previous establishments was not reliable and we observed this during the inspection. This was unsatisfactory, since the availability of the pharmacist could not be guaranteed.
- 1.14 Once their property had been checked, prisoners were taken to their first night accommodation. For most prisoners, reception processes were completed within two hours.

Recommendation

- 1.15 Prisons transfer arrangements should ensure that medical records and medication arrive with prisoners.

Housekeeping point

- 1.16 Prisoners should be provided with appropriate resources to occupy them while they wait in holding areas.

First night

- 1.17 The prison had a small unit of nine cells on H wing, which was designated as the first night centre and was staffed by dedicated induction staff. However, during the inspection most new arrivals were located on other residential units on their first night because space on H wing was taken up with prisoners with other particular needs. For example, during the inspection, there were two cells which were being used for prisoners requiring frequent observation, one for a prisoner waiting for a transfer who was not suitable for main location and another for a prisoner who refused to go to main location. Prisoners seeking own protection were often located on H wing. In the four months before the inspection, 45 prisoners (approximately 20% of the prisoners received) had been located for their first night on other residential units.
- 1.18 H wing staff took responsibility for first night procedures and held a private interview with newly arrived prisoners to inform them of the basic rules and procedures in the prison, ensure that they received a free telephone call and check if they had any concerns. They were told about the sources of help available to them, such as the Samaritans telephone and the Listener scheme. An information pack was provided containing prison rules, a menu sheet, a shop order form, compacts to be signed and a visiting order. Information was not available in languages other than English.
- 1.19 All of these procedures were recorded in a document known as the prisoner's passport. These procedures reliably took place on the first night on H wing and although H wing staff went to see new arrivals located elsewhere in the prison when they could, this was not consistent. We

came across documentation which had not been completed or had been completed late on other wings.

- 1.20 Prisoners we spoke to did not feel that the first night arrangements were sufficiently informative. Although they were told about the Listener scheme, they were not introduced to a Listener or other peer supporter in reception or during the first night.
- 1.21 First night accommodation on H wing was prepared by a residential orderly, who looked for any graffiti to paint out, cleaned the cell and provided toiletries, bedding, eating utensils and a tea pack. Prisoners who went to accommodation on other wings told us that their cells had been prepared and that they had been provided with their essential requirements. During the inspection, all newly arrived prisoners took a shower and had a meal on their first night, and in our survey prisoners reported more favourably than the comparators about being given a meal and the opportunity for a shower on their day of arrival.
- 1.22 Newly arrived prisoners were offered a free telephone call, and a smoker's and a grocery pack on their first night, and those without funds were advanced £5, which they paid back at 50 pence per week. If they had to wait a long time for their first shop order, a second pack was available.
- 1.23 We observed evening handovers, and night staff were informed of the location of new arrivals, but there were no systems in the wing office to identify them readily or procedures to manage potential increased vulnerability on prisoners' first night in custody.

Recommendations

- 1.24 **The essential first night information provided should be available in languages other than English.**
- 1.25 **Prisoners should have access to a Listener in reception and on their first night.**

Induction

- 1.26 The induction procedures were not well structured or predictable. In our survey, 74% of respondents said that they had been on an induction course, against the comparator of 92%.
- 1.27 Prisoners we spoke to were negative about the effectiveness of induction, and in our survey only 56% said that induction covered everything they needed to know, against a comparator of 65%.
- 1.28 We observed a number of induction sessions and not all prisoners received the same induction process, which seemed largely dependent on the availability of staff. A checklist was completed, showing which parts of induction a prisoner had received, but it was not monitored to ensure that all elements of induction were delivered to each prisoner and it was even more difficult to keep track of prisoners who were located in other areas of the prison.
- 1.29 The most reliable elements were visits from the counselling, assessment, referral, advice and throughcare (CARAT) drug workers, offender managers and a member of the chaplaincy team. A recent development had been the attendance of a Listener at the Thursday induction session. A number of the prisoners arriving during the inspection went to the resettlement unit on their first morning, where they had an interview concerning work placement, although they had to return the following day to receive other induction information and an assessment of

their resettlement needs because the relevant staff were not there. While the assessments took place, a prisoner orderly showed a DVD presentation about the establishment.

- 1.30 Prisoners usually spent two weeks on induction before moving on to their activity. The induction process did not keep them fully occupied during this time, and the main reason for staying on induction seemed to be to await security clearance and thereafter for the weekly allocation board to meet. Consequently, prisoners spent much of this time locked up.

Recommendation

- 1.31 A comprehensive, structured and multidisciplinary induction programme, which fully occupies prisoners, should be designed and properly coordinated.

Housekeeping point

- 1.32 A full record of each prisoner's progress through induction should be maintained to ensure that all elements are completed.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The quality of accommodation was variable across the establishment. The two newest wings were good but the remaining six residential units did not provide appropriate facilities or a good enough standard of accommodation, despite efforts to keep them clean and maintain a reasonable level of decoration. Four wings used an inadequate night sanitation system. Prisoners had the option of wearing their own clothes or prison kit but had problems accessing their own clothing. Laundry arrangements were efficient but prisoners did not have access to showers every day. The cells and communal areas were kept clean and there were no offensive materials on display. Access to telephones was reasonable and arrangements for mail were efficient. Regular prisoner forums took place and had tangible results. Staff were not always visible on the wings and prisoners' perceptions of safety were poor.

Accommodation and facilities

- 2.2 One of the eight residential wings (A wing) was being refurbished during the inspection and no prisoners were accommodated there. The two newest wings, I and J, contained only single cells and provided in-cell sanitation and a good standard of accommodation. J wing housed indeterminate-sentenced prisoners and some enhanced prisoners. I wing was the therapeutic community. E wing was the segregation unit and H wing was the first night/induction unit. The older wings, A to D and F and G housed all other prisoners.
- 2.3 The night sanitation system on four wings (A to D) was unacceptable (see section on hygiene) on safety and decency grounds. Replacement of the night sanitation system was not included in the refurbishment programme currently under way.
- 2.4 Each cell had sufficient beds, tables, chairs and lockers for the number of men accommodated in it. A lockable cupboard was provided for each prisoner in a shared cell, with the exception of the double cells on H wing, which rarely held more than one prisoner. In-cell sanitation in the shared cells was appropriately screened and the in-cell toilets we checked were clean and well maintained. Double cells had one sink and the four-person cells had two sinks. All prisoners on the standard or enhanced levels of the incentives and earned privileges (IEP) scheme had access to a television and all cells contained a kettle. Prisoners in cells without in-cell water also had a jug, which they could fill before they were locked up. Curtains were provided and prisoners on the enhanced regime could have a duvet rather than blankets. The offensive display policy had been reissued a few months before the inspection and was properly adhered to.
- 2.5 The older wings showed signs of wear and tear but were cleaned regularly and painted to maintain a reasonable standard. All of the cells we inspected were being kept clean. The outside areas were mostly free of litter and grilles had been fitted to the outside of cell windows, to prevent litter being thrown out. This had improved the exterior appearance, and the smell of urine in exercise yards reported at the previous inspection was no longer evident.

- 2.6 Cell sharing risk assessments were completed to a reasonable standard and reviewed regularly. Wings with shared accommodation kept waiting lists of men who had requested a move to a single cell when one became available, although few asked to be added to this list. None of the wings had adapted accommodation suitable for prisoners with disabilities or mobility problems (see section on diversity). Cell call bells were checked by staff each day as part of the fabric checks but there was no means of monitoring the speed with which they were responded to. Prisoners had privacy keys for their cells. Observation panels were mostly kept free from obstruction, and when they were obscured this was dealt with by staff.
- 2.7 Most of the residential areas were on upper landings and out of sight of staff, who spent most of their time in the office on the ground floor. We saw some prisoners with black eyes during the inspection. One prisoner told us that he had been threatened by other prisoners after causing a problem with the night sanitation system. He said that he had consequently broken the prison rules deliberately, to obtain a speedy transfer out, since he was afraid of reprisals.
- 2.8 Notices were up to date but there was little information available in languages other than English. A monthly prisoner forum took place, to which each wing sent one representative. The minutes we checked showed that some changes had been made as a result of this consultation; for example, a decision to serve a cold evening meal and a hot lunch had been rescinded following discussion with prisoners. A separate wing forum meeting had started on one wing shortly before the inspection, as a pilot exercise.
- 2.9 Prisoners could send one free letter each week and buy stamps to send as many letters as they could afford. There were no restrictions on the number of letters that a prisoner could receive. Processes in the mail room were good, with two staff present at all times. It was rare for prisoners not to receive their mail on the day it arrived. Recorded delivery items were handled effectively. They were logged and sent to the resettlement resource centre for collection. The 'email a prisoner' scheme was in operation and processed by an operational support grade. However, two prisoners reported receiving another person's email by mistake.
- 2.10 Monitoring of mail was authorised appropriately. A minimum of 10% of mail was read and legal mail was checked by the drug dog. In our survey, 46% of prisoners, against a comparator of 39%, said that they had had problems in sending and receiving mail. Prisoners told us that their legal mail was often opened. We ascertained that the window in the envelopes was removed, to improve the drug dog search, but the mail was not opened or read.
- 2.11 Prisoners could make telephone calls at a range of times when on association. On A, B, C and D wings, calls could be made during the night, as prisoners left their cells to access the toilet facilities. While of benefit to those prisoners and condoned by staff, this also caused tensions between prisoners when delays affected the night sanitation system. Not all telephone booths had a hood, which limited privacy. Foreign national prisoners could not exchange visiting orders for telephone credit (see section on foreign nationals). Notices had been placed near the telephones to remind prisoners that their calls might be monitored. Prisoners were given £1 PIN telephone credit on arrival. Each prisoner could register up to 20 private telephone numbers and five legal numbers. 'Emergency call' credit was facilitated at the discretion of a governor.

Recommendations

- 2.12 **Managers should ensure that staff are visible and available to prisoners on the landings and supervise all areas of the residential units effectively.**

- 2.13 All telephones should have privacy hoods installed.

Clothing and possessions

- 2.14 Prisoners on the standard and enhanced levels of the IEP scheme were able to wear their own clothes, and many did so. Many prisoners chose to wear prison-issue clothing for work. Laundries were available on all wings, run by laundry orderlies. There was a wing rota for access to the laundries and all personal clothing was washed in a sealed net bag, to reduce the risk of loss. Weekly kit exchanges took place, with the days advertised on unit noticeboards. It was not possible to have any property, including clothing, handed or sent in; it all had to be bought from approved catalogues. Some men complained that the prices in these catalogues were more expensive than those they had had access to in other prisons.
- 2.15 The facilities list of items that prisoners were allowed to have in their possession had been updated in November 2008 and a further update was imminent following a review of the IEP scheme. The current list was comprehensive but access to stored property was raised by prisoners as a problem. In our survey, 24% said that they could access their stored property if they needed to, against the comparator of 30%. Several men told us that items that they had been able to have in possession in a previous prison were not allowed at Blundeston and they had to buy a replacement item from the approved supplier.

Recommendations

- 2.16 Prisoners should be able to have their own clothes sent in to the prison, or exchanged during visits.
- 2.17 Prisoners who have saved for items at another establishment should be allowed to have them in possession.

Hygiene

- 2.18 Four of the units did not have in-cell sanitation and prisoners were reliant on a night sanitation system which allowed one man out on each of the three wing landings at any one time. Prisoners joined a queue (which could hold a maximum of eight waiting) to get out of their cell and each prisoner could be out for up to eight minutes, which meant that once a prisoner had managed to get a place on the queue, he could still wait over an hour to use a toilet. If a prisoner overstayed on the landing, he was automatically locked off the roster for the remainder of that night. When staff came onto the landings, for example as part of a night patrol, the system was tripped and the queuing had to start again.
- 2.19 It was widely accepted that prisoners used their eight minutes to make telephone calls or have a shower as well as, or instead of, using the toilet, as there were limited opportunities during the core day to carry out these activities. Those who stayed out longer than eight minutes received IEP warnings.
- 2.20 Sometimes men were not able to get into the queue in time and some told us that they urinated into bottles and some *in extremis* defecated into bags. Pots were available for when the sanitation arrangements were broken and some prisoners chose to keep one in their cells. Although lidded, using a pot was not sanitary in a small cell, and, with no in-cell water, prisoners had no opportunity to wash their hands after using the pots or bottles. There was no

screened area where prisoners could use their pots without being in view of the observation panel.

- 2.21 The need to reset the night sanitation system each time a member of staff went onto a landing meant that prisoners requiring regular observations during lock-up periods, particularly those on open assessment, care in custody and teamwork (ACCT) documentation, were usually moved to H wing, to facilitate proper observations.
- 2.22 The toilets in the recess areas on the landings with night sanitation had fixed wooden seats. Prisoners told us that these were often soiled by men who used the toilets in a hurry and there was no means of sanitising them before they were next used. Urinals had been removed, which increased the pressure on the toilets available.
- 2.23 Preparing for work in the mornings was also an issue for men without in-cell sanitation. They had limited time to carry out their ablutions and get their breakfast, and had to queue for toilets, showers and sinks, and in the servery to make toast. Many told us that they had to make a choice between washing and shaving, or having breakfast (see section on time out of cell).
- 2.24 F and G wings did not have satisfactory facilities for prisoners to wash their eating utensils. They had to clean their plates and cutlery in the basin where they washed, or in a sink next to the communal toilets.
- 2.25 The communal showers were generally kept clean but, despite having windows for ventilation, there were ongoing problems with peeling paint. There were no doors or curtains on the showers for privacy and we found one window pane that had been replaced with unfrosted glass and could give a view of the prisoners using the showers from the building opposite. In our survey, 89% of respondents, worse than the 93% comparator and than at the time of the previous inspection (98%), said that they were normally able to have a shower every day.

Recommendation

- 2.26 Prisoners should have the opportunity to shower every day.

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.

- 2.27 The survey results for staff–prisoner relationships were mixed, but 78% of prisoners reported that staff treated them with respect. Although the atmosphere on residential wings was generally relaxed, the levels of interaction between staff and prisoners were variable across the establishment. Some prisoners complained about their treatment by staff. The layout of the wings was not conducive to ongoing contact between staff and prisoners. Some staff demonstrated a good deal of knowledge about prisoners on the wing and we observed examples of their helpfulness.

- 2.28 In our survey, 29% of prisoners, worse than the 22% comparator, said that they had been victimised by a member of staff, although 78%, better than the 74% comparator, said that most staff treated them with respect. The staff–prisoner relationships we observed were variable across the establishment. The layout of the wings did not lend itself to ongoing contact between staff and prisoners without effort (see section on residential units). One prisoner wrote in his survey, ‘I have not once had an officer come and talk to me to see how I am’. While we observed examples of relaxed and positive interaction between staff and prisoners, we also observed staff in wing offices waiting for prisoners to come to them, rather than initiating contact. During association, staff involvement with prisoners was similarly varied (see also section on time out of cell). Some prisoners expressed dissatisfaction with what they saw as a lack of interest by staff but in all the dealings with prisoners that we observed, staff were courteous and helpful.
- 2.29 We saw staff knocking on cell doors before entering but this was not consistently the case. Many entries on wing history sheets referred to prisoners by their surname alone but this was not the case in face-to-face conversations. Staff we spoke to knew the prisoners on their wings and often showed a lot of knowledge of their circumstances and the support they might need, and this was reflected in some entries in wing observation books. We observed staff on one wing trying to find an appropriate shared cell for a newly arrived prisoner to move into, taking into account the factors he had identified as important to him when sharing a cell.

Housekeeping point

- 2.30 Staff should routinely knock before entering cells.

Personal officers

Expected outcomes:

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

- 2.31 Prisoners located on the first night/induction wing and in the segregation unit did not have the support of a personal officer. The personal officer policy was not being implemented properly and the degree to which prisoners found their personal officer helpful varied. The quality and quantity of personal officer entries in prisoners’ files varied and some displayed very good knowledge of the prisoners in their care, while other records were poor. Quality checks had been introduced but were not carried out consistently. Personal officers did not always contribute to sentence planning arrangements.
- 2.32 Prisoners were allocated a personal officer when they were located on the residential wings. Prisoners on the first night/induction unit did not have a personal officer, irrespective of how long they stayed there or their reason for being located there. In our survey, only half of respondents said that they had met their personal officer within the first week at Blundeston.
- 2.33 In general, each member of residential staff was the personal officer for between six and eight prisoners. Back-up officers were also identified to provide cover when the personal officer was absent. The names of officers and the prisoners they were allocated to were on wing noticeboards, and in our survey 84% of prisoners said that they had a personal officer, which was better than the 74% comparator. Just under two-thirds of prisoners in our survey said that

their personal officer was helpful or very helpful. Officers we spoke to knew which prisoners they were responsible for.

- 2.34 Prisoners located in the segregation unit retained their personal officer from their previous wing but they did not visit them to support them or engage in their care plan while they were there.
- 2.35 The policy document governing the personal officer scheme had been introduced in July 2009. It required that personal officers made good-quality entries on P-Nomis at least weekly, although we were told by staff and managers that this had been changed to fortnightly. Management checks had been introduced, carried out both by senior officers and residential managers. The policy required senior officers to check 25% of records each month; in some records we viewed, the management checks had been clearly recorded and provided useful feedback but in others no management checks had been recorded for several months. A decision had been taken locally to provide feedback to personal officers.
- 2.36 In the entries we sampled on P-Nomis, most personal officers had made weekly, and then fortnightly, entries on prisoners' history sheets but others had left longer gaps between the entries. One record we sampled had not had any personal officer entries made for the previous three months and there was also no record of any management checks. The quality of some entries demonstrated the personal officer's good knowledge of the prisoner and the targets he was working towards. Others were less informative and provided little evidence of interaction with the prisoner.
- 2.37 Personal officers were encouraged to make contributions to offender assessment system (OASys) reports to inform sentence planning boards, although it was not clear from the records we sampled how often this happened. There were several entries recording that personal officers had completed paperwork for category D reviews and what the prisoner anticipated that the outcome would be. In our survey, foreign national prisoners were the minority group least likely to say that they had a personal officer. One entry we came across for a foreign national prisoner read, '...The only real problem is his poor understanding of English but a bit of shouting and pointing usually works'.

Recommendations

- 2.38 Prisoners located on the first night/induction unit should have a named officer based there, to support them until they are allocated a personal officer on their residential unit.
- 2.39 Managers should ensure that personal officers make regular contact with prisoners, support the achievement of sentence plans and properly record their interactions.

Housekeeping point

- 2.40 Management checks of the personal officer scheme should take place as outlined in the policy document.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Our survey results indicated that a substantial number of prisoners felt unsafe. There was a newly revised violence reduction strategy, managed by a well-attended safer custody committee. There was good information gathering but it was not analysed in sufficient depth. Investigations were thorough and the monitoring of prisoners involved in violent behaviour was well established, although it was not sufficiently interactive. Behaviour targets for perpetrators of bullying or other violent behaviour were inadequate. Support plans for victims were drawn up during investigations but they were not checked to ensure that the support on offer was helpful. The investigation of unexplained injuries was not sufficiently rigorous. The safer custody coordinator had introduced a range of measures to check that all violent incidents came to her attention but a prisoner survey had not been conducted for two years. Many prisoners sought protection from others but this was not dealt with well.
- 3.2 In our survey, 40% of prisoners, against the 30% comparator, said that they had felt unsafe at some point at the prison, and 20%, against the 14% comparator, said that they currently felt unsafe.
- 3.3 Violence reduction was overseen by monthly meetings of the safer custody committee. Attendance was good and included prisoner Listener representatives, who contributed to anti-bullying discussions, and representatives from the local Samaritans group, health care, security, residential units, probation, psychology, the counselling, assessment, referral, advice and throughcare (CARAT) team and the Independent Monitoring Board (IMB). Attempts to recruit prisoner anti-bullying representatives had been unsuccessful, so none were in place. Information gathering, including the range of information sources about violent incidents, had recently improved and monthly reports were provided to the committee. The format of these reports was developing but did not yet provide an analysis of trends and patterns over a sustained period.
- 3.4 Safer custody, both anti-bullying and self-harm and suicide, was managed by a single senior officer with part-time administrative support, which was not sufficient to cover the range of the task or to provide adequate cover for absence.
- 3.5 The violence reduction strategy had been revised in 2010 and staff had been briefed in its operation. The strategy included a comprehensive reporting and investigation process. Staff we spoke to were aware of the reporting system and reports we looked at covered a range of prisoner behaviour, including arguments and threats short of actual violence, which demonstrated a reasonable awareness of potentially violent behaviour.
- 3.6 Investigations were carried out by the safer custody coordinator or by residential managers. The investigations were thorough and included the accounts of the prisoners involved and

outlined plans for dealing with perpetrators and supporting victims. In the six months before the inspection, 15 prisoners had been subject to monitoring, arising from 28 reported bullying incidents. Most prisoners started on the first stage and monitoring ended after two weeks of satisfactory behaviour. If the prisoner's behaviour was still not acceptable, a second stage of monitoring was imposed and at the same time the prisoner was put onto the basic level of the incentives and earned privileges (IEP) scheme. The third stage, after continued bullying or violent behaviour, involved a period of segregation and this could also be imposed immediately for serious incidents.

- 3.7 At the time of the inspection, there were seven prisoners on stage one monitoring. Monitoring records we saw were up to date but entries were mainly observational and did not indicate much interaction with the prisoner. Prisoners had been informed that their behaviour had led to monitoring being imposed and their reaction had been recorded. Prisoners on monitoring were provided with behaviour targets which were not sufficiently detailed to challenge the behaviour of the individual involved.
- 3.8 The plans to support victims lacked sufficient detail to ensure their safety. Action points mainly centred on keeping the victim from the perpetrator. Agreed actions were not monitored or the outcome recorded. Prisoners were asked if they wished to have their families informed or involved when they were victims of violence. There were notices around the prison and in the visits area informing prisoners and visitors of the telephone hotline to report bullying. The hotline recorded messages and provided the control room number for urgent calls, which provided a response within a few hours when we tested it.
- 3.9 The safer custody coordinator checked residential records weekly to cross-check that violent incidents were reported and she was provided with security information reports, adjudication sheets and reports of injuries to prisoners. The prison had recorded 17 assaults on prisoners in the previous six months but there was no effective system for identifying and investigating unexplained injuries. Injuries were reported to health and safety staff but they did not complete violent incident reporting paperwork. They passed on reports of fighting or assaults which they deemed to be of interest to the safer custody department but the procedure was not sufficiently robust to ensure that injuries explained as accidental were not missed.
- 3.10 A large number of prisoners sought separation from other prisoners for their own protection. Prisoners were sometimes held on H wing but more usually in the segregation unit. We were told that prisoners who sought protection and refused to be located on the residential wings were usually transferred out. There was no systematic investigation of own protection requests (see also section on segregation).
- 3.11 There had been a violence reduction survey of prisoners in 2009 and one was being conducted during the inspection. It was not clear what the outcomes of the earlier survey had been and what action had been taken as a result.

Recommendations

- 3.12 **Prisoners who have been identified as perpetrators of bullying or other violent behaviour should have clear individual behaviour targets that address the specific problematic behaviour.**
- 3.13 **Anti-bullying prisoner representatives should be recruited.**

- 3.14 There should be planned support for victims of violence or bullying which should be properly recorded, monitored and reviewed to ensure that they are effective and that victims feel safe.
- 3.15 All unexplained injuries should be investigated and the safer custody committee should have oversight of the extent of unexplained injuries and issues that arise from investigations.
- 3.16 A violence reduction prisoner survey should be conducted every year and an action plan devised to address identified concerns.

Housekeeping points

- 3.17 Safer custody data should be routinely analysed to identify any patterns and trends for oversight by the safer custody committee.
- 3.18 Monitoring of prisoners who have perpetrated violent incidents should record daily interaction with the prisoner.

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.

3.19 There was a comprehensive self-harm and suicide prevention policy. Governance of self-harm and suicide prevention was carried out by the safer custody committee but there was insufficient analysis of data to inform strategy and the committee carried out a mostly operational, rather than strategic, role. Assessment, care in custody and teamwork (ACCT) documentation and care for prisoners were good but not all staff had been trained in the ACCT processes. There was a safer cell but its use was not regularised. Prisoners had good access to Listeners during the day and could use the Samaritans telephone at night but there was no Listener care suite for use at night. Listeners were well supported by regular contact with the Samaritans.

- 3.20 The self-harm and suicide prevention policy had been revised in 2010. It laid out the assessment, care in custody and teamwork (ACCT) procedures and responsibilities for the management of prisoners at risk of self-harm. It also included the particular needs of prisoners at crucial stages, such as on arrival, and with substance misuse issues.
- 3.21 Governance of self-harm and suicide prevention was through the safer custody committee, which received information from the safer custody coordinator about self-harm incidents. However, there was no evidence of an analysis of patterns and trends informing strategy (see section on bullying and violence reduction). There had not been a death in custody since 2000

but near-death incidents were reviewed by the committee. There was a continuous improvement plan, which addressed operational rather than strategic issues.

- 3.22 In 2010, 86 ACCT files had been opened. At the time of the inspection, there were four open ACCT documents and there was one awaiting a post-closure review. The prisoner who had been on an open ACCT document for the longest time had been monitored for four months and was located on H wing, where he could be closely observed and supported. He had regular contact with the mental health team but his access to activities was limited (see section on first night).
- 3.23 The quality of ACCT documentation was good. Care plans were relevant and contained meaningful targets related to the prisoner's needs; reviews included residential and health services staff and the prisoner as a minimum, and contacts recorded showed that there had been interaction with the prisoner every day. The quality of documentation was checked weekly by the safer custody coordinator and a duty governor. There was some valuable communication about prisoners at risk of self-harm. Information received from previous establishments was collated by the first night officer and reported to the safer custody coordinator, and we came across an example of ACCT information on a prisoner due for release which had been shared with the community offender manager.
- 3.24 There was a continuing programme of ACCT foundation and assessor training and 78 members of staff from a number of departments had received foundation training during 2010. However, not all staff had been suitably trained in self-harm and suicide prevention, which was an ongoing component of the safer custody continuing development plan.
- 3.25 There was a safer cell on H wing, which had had the ligature points removed and could be used for constant observation, but staff told us that it had not been used for this purpose in some time. There was no record of its use but neither was there a procedure to record and monitor its use.
- 3.26 A group of eight Listeners operated across the prison and recruitment was under way during the inspection because some had been discharged or moved to open conditions. Listeners we spoke to told us that they were well supported by weekly meetings with the Samaritans group but were frustrated by the security vetting holding up recruitment. There was no Listener suite available during the night but an attractively furnished and decorated Listener room had been allocated on the main corridor, for use during the day. A rota ensured that Listeners were available 24 hours a day, and during the night they saw prisoners in their cells or in rooms provided near the wing offices. On all residential units there were Samaritans telephones which prisoners could take to their cells. In our survey, 57% of respondents, in line with the comparator, said that they could speak to a Listener at any time. We observed Listeners attending induction to speak to newly arrived prisoners but this was a recent development and they were not present on new prisoners' first night (see section on arrival in custody).

Recommendations

- 3.27 **All staff with prisoner contact should be trained in assessment, care in custody and teamwork (ACCT) procedures.**
- 3.28 **A care suite should be available to support the work of Listeners.**

Housekeeping points

- 3.29 A protocol should be developed to manage the use of the safer cell on H wing and its use should be logged.
- 3.30 The safer custody committee should routinely consider analyses of self-harm and suicide prevention data, so that it can carry out its strategic function properly.

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.

- 3.31 Applications were logged and a copy provided for prisoners but replies were not monitored. The complaints system was well managed. Complaints were routinely analysed and the quality of responses was monitored. Responses to complaints that we examined addressed the complaint fairly and politely and were mostly prompt, although prisoners expressed dissatisfaction about the way that complaints were handled.
- 3.32 Responses to questions in our survey about the fairness and timeliness of applications were broadly in line with the comparator. The proportion of respondents who said that applications were dealt with fairly (60%) had improved since the previous inspection (50%).
- 3.33 The most frequently used application forms were available to prisoners outside wing offices on residential units and there were application post boxes which were emptied daily. Applications to see a representative of the IMB were unhelpfully kept in wing offices and in our survey fewer respondents (25%) than the comparator (37%) said that it was easy to see the IMB.
- 3.34 Application forms had a carbon copy which could be retained by the prisoner, and each wing kept a log of applications submitted and those that had been sent for a response. Prisoners could check that an application had been forwarded for a response but no log was kept of when replies were received, so there was no check that applications had been dealt with or their timeliness.
- 3.35 In the six months before the inspection, a large number of complaints had been recorded (995). Prisoners in our groups were critical of the complaints system; they told us that they were often ignored or brushed aside and that it was not worth making a complaint. This was reflected in our survey, in which only 27% of respondents, worse than the 34% comparator and than at the time of the previous inspection (46%), said that complaints were dealt with fairly.
- 3.36 Complaint forms were freely available on residential wings, with a supply of envelopes for confidential access. A booklet explaining the complaints process in several languages was available alongside the complaints forms and posting box.
- 3.37 Complaints were collected by the night orderly officer and delivered to the complaints clerk, who logged and tracked each one. In the year before the inspection, more than 96% of complaints had received a response within the permitted timescale. Although prisoners

reported a high level of dissatisfaction with responses, only 193 out of 1,794 complaints received had progressed to an appeal at stage 2 or 3 in 2010.

- 3.38 The complaints clerk chased replies and contacted other establishments about complaints concerning a prisoner's time with them. Complaints from prisoners at other establishments were also tracked and at the time of the inspection there was one being dealt with.
- 3.39 The subject of the complaints and the ethnicity and location of complainants were recorded and analysed. The greatest number each month concerned property (21%), followed by recategorisation (10%).
- 3.40 A check of 10% of responses was made each month by the residential governor and his comments were sent to the member of staff who had dealt with the complaint. In the sample of complaints we examined, most replies dealt with the issue fairly and gave reasonable responses. The style of responses varied; some were impersonal, which was an issue criticised in the governor's monitoring.
- 3.41 The governor responsible could not explain the contradictory evidence of a poor prisoner view of complaints against our assessment of a good standard of timeliness and quality of replies.

Recommendation

- 3.42 The prison should investigate the reasons for the high level of prisoner dissatisfaction with the complaints system.

Housekeeping points

- 3.43 Applications to see the Independent Monitoring Board should be freely available.
- 3.44 A record should be kept of responses received to applications and the timeliness monitored.

Legal rights

Expected outcomes:

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

- 3.45 There was no trained legal services officer and limited information available to prisoners seeking assistance with legal matters.
- 3.46 Prisoners were not well served in relation to seeking advice for legal matters. There was no trained legal services officer, and managers told us that prisoners in category C conditions had little call for needing legal advice or support. We came across one prisoner who was attempting to represent himself in legal proceedings relating to his children and who did not know how to get assistance with this.
- 3.47 Prisoners could access lists of legal representatives in the library and an independent advice service was available to foreign national prisoners (see section on foreign nationals). Telephone calls to legal advisers were made using the PIN telephone system but prisoners

could apply for free calls if they had insufficient credit to make contact with legal representatives through this system.

- 3.48 Legal visits took place on Wednesday afternoons in the main visits hall.

Recommendation

- 3.49 Effective advice from trained legal services staff should be readily accessible to prisoners.

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.

- 3.50 All faiths represented in the prison were catered for and a good level of pastoral care and support was offered. Prisoners had easy access to religious services but there were some regime clashes. The main chapel/multi-faith room was on the third floor and inaccessible to prisoners who could not negotiate stairs, and the mosque was approaching capacity. The chaplaincy team participated in a range of establishment-wide meetings and facilitated religious study groups and involvement from local community groups.
- 3.51 Access to worship for all faiths was good. There were two main areas for worship: a traditional chapel/multi-faith room and a dedicated mosque. Both were of adequate size and were well equipped but the mosque was approaching capacity and a contingency of using an additional room as an overflow had been put in place.
- 3.52 The main chapel/multi-faith room was on the third floor of the activities building, with no lift or any aids for less able prisoners and visitors. A small ante-room was used for worship by some of the smaller faith groups but this was adequate in size and facilities to meet their needs. There was no restriction on the number of prisoners who could go to worship and they did not have to submit an application to attend. We were told that segregated prisoners were allowed to attend, subject to a risk assessment, but we were unable to find any evidence of this happening. We were satisfied that prisoners deemed unable to attend worship were seen by the duty chaplain in the segregation unit.
- 3.53 All members of the core team undertook statutory duties and prisoners told us that access to a member of the team was always good and that they were comfortable in approaching any of the team, regardless of denomination, either for direct support or for referral to their own minister. The chaplaincy timetable was well publicised on residential units and also in the main thoroughfare to activities. All prisoners were seen shortly after arrival at the prison and there was a good recording system. The team was also included in the attendee lists for a wide range of establishment-wide meetings, including safer custody, race and equalities, security and resettlement.
- 3.54 The coordinating chaplain was a member of the prison care team and was included in contingency plans for managing seriously ill prisoners and in the event of a death in custody.

The team also provided support to prisoners following the receipt of news of serious illness or death of friends and/or relatives.

- 3.55 There were some clashes with regime activities at times of main services; the popular gym sessions took place at the same time as Friday prayers and Saturday and Sunday morning Anglican and Catholic services.
- 3.56 The chaplaincy team provided a range of additional religious activity and study groups throughout the week, including during the limited evening period. A local Baptist church group attended weekend services regularly and there had been some visits during the previous year from a London-based faith group. A wide range of religious festivals had been celebrated, with good prison-wide promotion, including the use of the prison's dedicated television channel.

Recommendations

- 3.57 The mosque should be a facility suitable to accommodate all Muslim prisoners who wish to use it.
- 3.58 The necessary changes should be made to the main chapel/multi-faith room on the third floor so that it is accessible to all prisoners and visitors and compliant with the Disability Discrimination Act.
- 3.59 Regime activities should be scheduled so that prisoners are able to attend religious services as well as any other activities they wish to participate in.

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.

Clinical management

3.60 Integrated drug treatment system (IDTS) nursing care and the integration of services were both good but facilities for the administration of medication were poorly sited. Medication times were not consistent, causing discomfort and frustration to prisoners. The mandatory drug testing (MDT) rate was low and in our survey only 14% of prisoners said that it was easy to get drugs into the prison. Illicitly brewed alcohol had been identified as a problem and MDT confirmation reports indicated that many prisoners were testing positive for prescribed opiates. Both issues were being tackled by the prison.

3.61 Prisoners who were transferred into the prison already stabilised and receiving treatment through the integrated drug treatment system (IDTS) were met in reception by IDTS nurses and taken through a well-designed local clinical assessment process. At the time of the inspection, 29 prisoners were on IDTS: 12 were receiving methadone maintenance, 12 were on reducing (detoxification) doses of methadone and five were on Subutex maintenance. All Subutex was crushed for administration, to minimise the risk of diversion. Two IDTS patients were also on diazepam reduction and one further prisoner was on a diazepam detoxification

programme without any other treatment. A further two prisoners were on the IDTS caseload, receiving extra support following their recent completion of detoxification programmes. This extra provision of post-clinical care was welcomed by prisoners.

- 3.62 The IDTS staff team comprised a manager (band 7), a band 5 and a band 3 nurse, and one full-time and one part-time pharmacy technician. A GP specialist prescriber provided two sessions a week, supported by a rota of six other GPs, all of whom were trained to the Royal College of General Practitioners certificate level (RCGP 1) one in substance misuse prescribing.
- 3.63 Medication was administered from a pharmacy room on the main corridor between B and D wings, outside the entrance to the segregation unit. This area and the adjacent waiting area were open and part of a busy thoroughfare corridor. Virtually all the prisoners we spoke to said that they were uncomfortable with this arrangement, as it gave them no privacy when waiting for or receiving their medication. We also heard wing officers shouting to upper landings for IDTS patients to assemble for medication time.
- 3.64 Although the need was rare, we were told that the delivery of secondary detoxification services would not be possible because of the inadequate sanitation arrangements in the prison.
- 3.65 There was good integration between IDTS clinical staff and the psychosocial teams, including the CARAT service and the prison addressing substance related offending (P-ASRO) team. Prisoners told us that they welcomed the involvement of IDTS nurses in the co-facilitation of a relapse prevention course with CARAT workers. The P-ASRO course would soon be available to IDTS prisoners. Co-working was facilitated by the CARAT and IDTS workers sharing an office, although we were told that this was likely to change with the establishment of D wing as a drug support unit, as the new build would not have sufficient space to co-locate the two teams. All IDTS 13-week clinical reviews involved both the prisoner's CARAT worker and their named clinical treatment IDTS nurse.
- 3.66 The IDTS service user forum had been restarted in January 2011 after a long break. The forum was co-facilitated by IDTS nurses and an independent, external service user advocate. IDTS care plans were stored on the SystemOne medical database but CARAT workers had no access to these; however, hard copies were shared with CARAT staff.

Recommendations

- 3.67 The integrated drug treatment system (IDTS) waiting area and the medication administration hatch should be located in a place that allows for patient confidentiality.
- 3.68 Opiate substitution medication should be administered at a consistent time and as soon as possible in the morning, to allow for prisoners to take part in other purposeful activities.

Housekeeping points

- 3.69 Counselling, assessment, referral, advice and throughcare (CARAT) workers should be granted sufficient access to SystemOne to facilitate the sharing of IDTS clinical care plans.
- 3.70 All prison staff should be made aware of the need to respect prisoners' medical confidentiality.

Good practice

- 3.71 *All IDTS 13-week clinical reviews involved both the prisoner's named CARAT worker and their named clinical treatment IDTS nurse.*

Drug testing

- 3.72 In our survey, only 14% of prisoners said that it was easy or very easy to get illegal drugs in this prison, against the 34% comparator. This was echoed by the random mandatory drug testing (MDT) positive rate, which for the six months from July to December 2010 had been a relatively low 3.9%, against a key performance target of 6%. Thirty-five per cent of these random tests were conducted at weekends, which was well ahead of the 14% required statutory minimum.
- 3.73 Illicitly brewed alcohol, known as 'hooch', had been reported as a regular issue in security meeting minutes and as an issue that was potentially exacerbated by night sanitation, which gave prisoners greater opportunities to swap paraphernalia and materials.
- 3.74 Our discussions with prisoners and the examination of MDT confirmation reports indicated that a high number of prisoners misused prescribed medication. Further investigations showed that many tradable and abusable drugs (including dihydrocodeine, tramadol, gabapentin, pregabalin, mirtazapine and olanzapine) were given in-possession, sometimes up to seven days at a time (see section on health services).
- 3.75 While there had only been 12 illicit drug-related finds in the six months before the inspection, it was clear that there was still an active prescription drugs market operating in the prison. However, security staff were aware of these issues and one of the four resident drug dogs was due to undergo new training to detect hooch and its ingredients, as well as some prescription drugs.

Recommendation

- 3.76 There should be a joint review of the prescribing of potentially abusable drugs and the risk assessment of in-possession facilities relating to those drugs.

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 Application of the diversity policy was underdeveloped and data collection and analysis relating to diversity issues were inadequate. There was virtually no consultation with minority groups and there were significant deficiencies in the provision of support and services, and no subcommittees to deal with day-to-day issues, for these groups. Attendance at the bimonthly diversity meetings was poor.
- 4.2 Although the prison's diversity policy included sections for all diversity strands, there were few tangible actions to support prisoners in these groups, and for older prisoners and those with disabilities there was only reference to the liaison officer. The governor chaired the bimonthly equalities action team (EAT) meeting, which was poorly attended. Prisoner race representatives attended and were given the opportunity to contribute throughout, although there was no attendance from any community-based groups. The minutes indicated that a large proportion of the meetings involved reacting to operational issues raised, rather than discussing strategic management.
- 4.3 With the exception of a bimonthly foreign nationals forum, there was no consultation with minority groups and there were no subcommittees to deal with day-to-day operational issues for these groups. The race equality action plan had been withdrawn and was due to be reissued as a single equalities action plan.
- 4.4 Data analysis was limited to only a few areas of regime activity and disciplinary procedures. There was no ongoing monitoring and analysis to identify patterns or trends in order to identify and rectify emerging issues which indicated possible unfair treatment in any areas.
- 4.5 Diversity was overseen by a member of the senior management team, with a recently appointed full-time race equality officer (REO) and a deputy REO from the officer grades. Records showed that the deputy REO role was regularly dropped from the staffing list.

Recommendations

- 4.6 Efforts should be made to engage with community groups to encourage them to become members of the diversity management committee.
- 4.7 There should be regular consultation with prisoners from minority groups and their feedback should be used to inform ongoing development of the diversity policy. .
- 4.8 Equality of treatment in relation to all diversity strands should be monitored effectively and appropriate action taken where necessary.

Race equality

- 4.9 There was no evidence of racial tension in the prison. The number of racist incident complaints had fallen over the previous two years and they generally related to low-level incidents such as name calling. Investigations were thorough. In our survey, fewer prisoners from black and minority ethnic groups than their white counterparts said that staff treated them with respect but in the absence of detailed ethnic monitoring or regular consultation with black and minority ethnic prisoners, the prison was unable to respond to such perceptions. A number of cultural and religious events were celebrated throughout the year.
- 4.10 At the time of the inspection, around 45% of the prison's population were from black and minority ethnic backgrounds. In our survey, fewer black and minority ethnic prisoners than their white counterparts said that staff treated them with respect (72% versus 83%) and only 59%, against the 73% comparator, said that they had been searched in a respectful way in reception. In the absence of detailed ethnic monitoring, we could not be confident that unfair treatment was being identified or addressed. There was little evidence of racial tension either in security information reports (SIRs) or in the analysis of racist incident report forms (RIRFs). Prisoners in our black and minority ethnic focus groups told us that they were generally treated respectfully by staff and other prisoners.
- 4.11 A Gypsy Traveller group had been held bimonthly but this had lapsed following the transfer of the prisoner representative. The prison reported having no Gypsy Travellers at the time of the inspection, although eight prisoners declared themselves as such in our survey. Reception screening did not include Gypsy/Travellers as a specific ethnic group.
- 4.12 There had not been any specific race or cultural awareness training for staff since the implementation of the 'Challenge it, Change it' training, which was targeted more at equality in the workplace than general diversity. Training for prisoners was similarly limited. There was an induction package, which had been created by one of the prisoner representatives, but despite this being advertised on the induction wing, it had been presented to only two prisoners to date.

Managing racist incidents

- 4.13 The number of RIRFs had fallen by around 40% against the figures from the previous year. There was good access to RIRFs in all areas of the prison and investigations into racist incident complaints were rigorous, with effective communication with complainants maintained at each stage. Most of the RIRFs we examined were appropriately completed and related to name calling and perceived disadvantage to particular groups. There were no interventions to challenge racist behaviour, other than by the use of incentives and earned privileges (IEP) sanctions or disciplinary reports.
- 4.14 There was no external scrutiny of RIRFs, although the Independent Monitoring Board reviewed them.

Race equality duty

- 4.15 Impact assessments had been completed under the previous system, which had recently been superseded by the National Offender Management Service Equality Impact Assessment Tool

(NEAT). Three new assessments under the revised format had been commissioned, covering IEP, the prison shop and recategorisation, although at the time of the inspection none had been completed.

- 4.16 There were links to the custody department to identify prisoners with previous convictions for racist offences and there was also input from the security department to maintain the database of these prisoners. All wings we visited were aware of, and could show us, the list of these prisoners.
- 4.17 The prison had celebrated a number of cultural and religious events throughout the previous year, in conjunction with the chaplaincy, including Black History Month, Ramadan and the associated celebrations, Christian and other faith celebrations and a Traveller week, with displays and articles collated and published by the prison's writer in residence.

Recommendations

- 4.18 All staff should be trained in race and cultural awareness.
- 4.19 The diversity induction package should be delivered to all new prisoners.
- 4.20 Interventions should be introduced to challenge racist behaviour.
- 4.21 Racist incident report investigations should be quality assured by an external organisation.
- 4.22 Impact assessments of all locally implemented policies and functions should be undertaken to assess their relevance to race equality.

Housekeeping point

- 4.23 There should be an appropriate level of screening to ensure the accuracy of recording processes. Gypsy/Travellers should be included as a specific ethnic group in all screening and recording procedures.

Religion

- 4.24 Prisoners in our survey, particularly black and minority ethnic and Muslim prisoners, responded positively about respect for their religious beliefs. There was no monitoring of treatment or access to regime activities by religion and no specific policy or action plan.
- 4.25 All groups of prisoners responded positively in our survey in relation to their religious beliefs being respected; this was better for black and minority ethnic (62% versus 49%) and Muslim (85% versus 50%) prisoners than for their white and non-Muslim counterparts, respectively. There was no monitoring of treatment or access to regime activities by religion and no specific policy or action plan to develop the overall diversity strategy in this area.

Foreign nationals

- 4.26 Support for foreign nationals was limited to the services of a liaison officer. There was no management committee or action plan overseeing strategic issues. The UK Border Agency held bimonthly surgeries and the Immigration Advisory Service (IAS) also attended. Access to telephone cards for foreign nationals was dependent on receiving no visits, which was unfair. Use of interpreting services was not monitored.
- 4.27 There was no record of any previous committee meetings in relation to the management of foreign nationals, who comprised around 16% of the population, but a meeting took place during the inspection.
- 4.28 Bimonthly forums for foreign nationals were held by the foreign nationals liaison officer, who used these meetings to pass on any legislative changes and to try to deal with any issues that the prisoner representatives brought to the meeting. Despite the policy stating that senior managers would attend the forums, this had not happened in any of the minutes that we examined. Staffing records showed that the liaison officer was often redeployed, leaving no one to support this group. The liaison officer had not undergone training for his role.
- 4.29 The custody office maintained an effective database on all foreign nationals at the prison, showing the individual's status and any significant information in relation to deportation hearings or meetings with the UK Border Agency (UKBA). There was a perception among foreign nationals that they would not be eligible for recategorisation to open conditions, although the prison disputed this. Management information on the number of applications for, and subsequent results of, recategorisation were difficult to obtain for these prisoners and we could not be assured that any foreign nationals had been transferred to open conditions. We were given a list of foreign national prisoners whom we were told had been recently cleared for category D at the end of the inspection but were unable to follow this up.
- 4.30 UKBA held bimonthly surgeries, with interviews being conducted at the request of both the agency and individual prisoners. The Immigration Advisory Service (IAS) also attended the prison at this time to offer support to prisoners.
- 4.31 A language assessment of each prisoner was made during the reception process and logged on the computerised record system. The liaison officer held a list of prisoners who were multilingual and they were used to interpret occasionally for 'non-sensitive issues'. Professional translation and interpreting services were available but there was no accurate record or monitoring of their use by department and we were unable to form a view about whether such services were used appropriately, and, of more concern, nor could prison managers.
- 4.32 International telephone cards were available for purchase from the prison shop and those prisoners who did not receive any visits were given a free monthly 'five minute to anywhere' telephone card. Foreign national prisoners told us that they would forgo visits from friends in order to qualify for the free telephone cards to contact family abroad, which was an unreasonable choice for them to have to make.

Recommendations

- 4.33 There should be a multidisciplinary foreign nationals committee, or equivalent, to ensure that it takes full account of the views of the foreign national prisoner forum, and that the foreign national action plan is implemented.
- 4.34 All foreign national prisoners should be entitled to a free telephone call to contact family abroad.

Housekeeping points

- 4.35 Appropriate training should be provided for the foreign nationals liaison officer.
- 4.36 The use of professional interpreting services should be monitored to ensure that prisoners have access to them whenever matters of accuracy and/or confidentiality are a factor.

Disability and older prisoners

- 4.37 Support for older prisoners and those with disabilities was minimal and there were many areas potentially inaccessible to prisoners with limited mobility. Staff were not familiar with personal evacuation plans.
- 4.38 There were no adapted cells on any of the residential units, including the recently built J wing. We came across prisoners who had inappropriately had necessary aids removed, either by reception staff (mobile hearing loop) or security staff (television viewer and headphones) during a cell search. The general layout of the prison made access for prisoners with mobility problems difficult; the treatment rooms in the health care department were up a flight of stairs, educational activities were on the first floor of the activities centre and the chapel was on the floor above the education department (see sections on health services and faith and religious activity).
- 4.39 There was no current policy or action plan for the management of either older prisoners or those with disabilities and no consultation to identify the levels of ongoing support required. At the time of the inspection there were 12 prisoners over the age of 60 and one who had been offered work but had declined and was classed as retired. The diversity policy made some reference to retired prisoners, in terms of meeting their needs and not paying for televisions, but at the time of the inspection there were no care plans for any of the older prisoners, and those past the age of retirement continued to pay for their televisions.
- 4.40 There was an identified older prisoners liaison officer but he had been temporarily promoted to manage the therapeutic community and had been afforded no time to carry out his liaison officer duties for over 12 months. There was no record of how many prisoners had been identified as having a disability. An annual survey had been undertaken, the outcomes of which were due to be included in the yet-to-be published equalities action plan.
- 4.41 Time out of cell was limited for retired prisoners to two hours in the morning (10.30am to 12.30pm) and three hours in an afternoon (3.45–6.45pm). There was little regime activity for this group, with the exception of 'older prisoners' gym sessions, which ran twice weekly;

attendance at these sessions was on request and there was no proactive engagement of prisoners.

- 4.42 Personal emergency evacuation plans (PEEPS) had been drawn up the week before the inspection and placed on some wings. Night staff we spoke to were unaware of these, and the establishment's fire safety officer had not been informed of the location and needs of identified prisoners.
- 4.43 There were no impact assessments for older prisoners or those with disabilities and there was no monitoring of access to regime activities by these groups.

Recommendations

- 4.44 There should be a policy for the management and support of older prisoners and those with disabilities and reasonable adjustments made to allow prisoners with disabilities full access to the regime and facilities.
- 4.45 There should be regular focus groups with older prisoners and those with disabilities to identify emerging issues and offer support.
- 4.46 Prisoners' disabilities should be identified as soon as possible after arrival and information relating to their needs, including personal evacuation plans, shared with relevant staff. They should have individual care plans which are subject to ongoing multidisciplinary review so that their changing needs are met.
- 4.47 Prisoners over the age of retirement should not have to pay for their televisions.
- 4.48 Impact assessments of all locally implemented policies and functions should be undertaken to assess their relevance to older prisoners and those with disabilities.

Housekeeping point

- 4.49 A central record should be maintained of prisoners with disabilities.

Gender and sexual orientation

- 4.50 There was little support for gay or bisexual prisoners and no publicised support.
- 4.51 Only one prisoner had identified himself as gay. There was little information or support for gay or bisexual prisoners. There was a single poster in the main activities thoroughfare.
- 4.52 There was a section in the diversity policy relating to the management of transgender prisoners and there was a supporting process document held by the REO.

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 Prisoners had access to good-quality primary and secondary health services and generally spoke highly of the standard of health care that they had received and their treatment by health services staff. All prisoners received a comprehensive screening on arrival, including a mental health screen. The range of primary care clinics provided was good and equivalent to that provided in the community. The appointments system was effective, although there were some inappropriate allocations to the GP, leading to delays. The health care department provided a satisfactory facility but increases to staff and services meant that the available space was insufficient. Good attention was paid to health promotion. The health services team comprised a stable workforce but there were no regular clinical governance meetings. Prisoners did not have access to a dedicated health care forum. There were no pharmacy-led clinics and the administration of medicines lacked privacy. There were high levels of opiate prescribing. The standard of dental treatment was good and a full range of treatment was provided. Mental health services had improved but there were no counselling services. Staff had not received mental health awareness training.

General

- 5.2 Health services were commissioned by Great Yarmouth and Waveney Primary Care Trust (PCT), the provider arm of which delivered the primary care services. Mental health services were provided by Norfolk and Waveney Mental Health Foundation NHS Trust.
- 5.3 A health needs assessment completed in July 2008 had resulted in an increase in the number of services provided, including for prisoners with mental health care needs. The prison partnership board met bimonthly, with representation from the governor and head of health care. Minutes of the meetings indicated support for moving the health care delivery plan forward. The head of health care was a band 8 clinical nurse manager, who managed health services effectively. He had been in post for over eight years and overseen many of the developments of the services. He had a good working relationship with the governor but was not a member of the senior management team.
- 5.4 Prisoners had access to good-quality primary and secondary health services. In our survey, more prisoners than at the time of the previous inspection rated the quality of the service from both the doctor and the nurse, and also the overall quality of health services, as good (58% versus 40%, 71% versus 52%, and 50% versus 38%, respectively). The health care centre was sited in a single-storey building on two levels, with a few stairs to some of the offices and treatment areas, including the dental suite. The facility did not provide sufficient space to deliver the full range of services and rooms were constantly in demand for the sharing of clinics, although there were plans for a refurbishment following the completion of the new IDTS suite. A treatment room in the main prison provided an additional facility for the administration of supervised medication, including the delivery of the integrated drug treatment service. There were no discipline staff employed in the health care centre, with all patients arriving separately

during free flow, which was appropriate. All areas in which patients were treated appeared clean but there was a shortage of space for equipment.

- 5.5 Four rooms were available for the consultation and treatment of patients, two of which were well equipped, bright and clean. The other two rooms provided facilities for interviewing patients. A large waiting area was available at the main entrance to the building. This provided some bench seating and was well supplied with a range of written information, with a limited amount in languages other than English. The appointment system ensured that there were never a large number of prisoners in the waiting room.
- 5.6 The reception area included a separate health care room for the screening of new arrivals but this was shared by some of the discipline staff. The room was adequately equipped for health care screening, including access to the SystmOne electronic record.

Recommendation

- 5.7 The prison should liaise with Great Yarmouth and Waveney Primary Care Trust (PCT) to ensure the commissioning of an annual health needs assessment, to provide accurate data on which to base the services required for prisoners, including work force development and administrative support.

Housekeeping point

- 5.8 The health care room in reception should be available only to health services staff and accessed with a health care suite key.

Clinical governance

- 5.9 Clinical governance issues were reported to the PCT quarterly and findings were added to the prison health delivery plan. We found evidence of actions being taken to resolve clinical governance issues but there were no regular clinical governance meetings for key health services staff, apart from an operational meeting between the head of health care and his line manager from the PCT. The health services team comprised a stable workforce, some of whom had worked at the prison for over five years. There were no vacancies at the time of the inspection. There was a small team of nursing staff, who were trained sufficiently to meet the varied needs of the prison population.
- 5.10 The head of health care was employed in a clinical and managerial role. He was well respected by the health services team, all of whom reflected his enthusiasm for developing the services. The team was supported by only one full-time administrator.
- 5.11 Health services were available during the day, including weekends, with specialist and GP clinics provided on weekdays. A range of nurse-led and specialist clinics was provided, including for older prisoners. Links had been made with the local community for the loan of specialist and occupational therapy equipment when required.
- 5.12 Health services staff received support for their professional development and a senior nurse managed a programme of training which ensured that all staff remained in date for the mandatory elements. Clinical supervision was made available to all staff informally, with group and one-to-one supervision delivered periodically.

- 5.13 The contract for GP services had been established with a local practice, with six GPs rostered to provide a clinic each weekday morning. Out-of-hours cover was provided by the same service as in the local community. Pharmacy services were provided by the local hospital. The pharmacy department was staffed by one full-time and three part-time technicians. A pharmacist visited the prison twice a month to attend meetings or review pharmacy procedures. Dental care was arranged through a fixed-price contract with Great Yarmouth and Waveney PCT, which provided a dentist and a dental surgery assistant for four sessions a week. About six patients were seen at each session. Annual leave cover was arranged through the PCT and out-of-hours and emergency cover protocols were appropriate.
- 5.14 Emergency resuscitation equipment, including an automated emergency defibrillator and portable oxygen supply, were available in the health care department. Two further defibrillators were available in the main prison. The resuscitation kit was checked weekly, with daily checks recorded for the defibrillator battery. All nursing staff were in date for annual basic life support training, including the use of defibrillators.
- 5.15 Clinical records were maintained using the SystmOne electronic record, with current paper records secured appropriately in the health care department and available only to health services staff. Archived clinical records were stored with prisoners' general record and this did not meet the requirements for medical confidentiality. National Institute for Health and Clinical Excellence (NICE) guidelines and relevant National Service Frameworks were available to staff and incorporated into appropriate policies and protocols.
- 5.16 Prisoners did not have access to a dedicated health care forum. There were about five complaints each month relating to health care and those that we saw had been dealt with sensitively and quickly. A representative from the PCT was involved in developing the patient advice and liaison service for prisoners.
- 5.17 Communicable diseases were monitored, with appropriate plans and policies to achieve their control and reduce the spread. These included the management of pandemic influenza and more recent work on the development of screening for tuberculosis. A range of other screening and vaccination programmes was available. Information-sharing protocols were managed separately for mental health, substance use and general patients on an individual basis.

Recommendations

- 5.18 **The prison should liaise with Great Yarmouth and Waveney PCT to ensure that clinical governance arrangements are reviewed by regular meetings, including representation from health services staff.**
- 5.19 **Prisoners should have access to a dedicated health care forum.**

Housekeeping point

- 5.20 Archived clinical records should be secured effectively, to meet the requirements of Caldicott guidelines and the Data Protection Act.

Primary care

- 5.21 All prisoners received a comprehensive screening on arrival, including a mental health screen from one of the mental health nurses. Prisoners were given the opportunity to see a GP on the

following day if required but they did not routinely receive a secondary health screen. There was no written information on the health services available but we were shown a new leaflet that had been developed and we were told that this was awaiting final printing. The leaflet had not been produced in any language other than English.

- 5.22 Health promotion literature was available in the waiting area of the health care department. Health services staff had created links with the gym, enabling prisoners to consult staff and attend programmes to manage healthy lifestyles. Smoking cessation courses were available and high success rates were achieved. Sexual health advice was provided only via the genito-urinary medicine clinics and within some of the general written literature. Condoms were available in the health care department but there was no information on how to obtain them. The range of primary care clinics provided was good and equivalent to that provided in the community. Staff had been trained appropriately to deliver the services and waiting lists were generally short. One of the nursing staff was responsible for dealing with older prisoners but had not received any specialist training. Prisoners with lifelong conditions were managed by specialist staff.
- 5.23 The health care department operated an effective appointment system, which provided patients with a timed appointment, resulting in a well-managed through-flow for clinics. Prisoners submitted applications in a health care box located centrally in the prison and controlled by health services staff. All applications were triaged by nursing staff and patients were allocated to the most appropriate clinic. A triage clinic was also provided each morning in the prison treatment room, where minor treatments were conducted. Patients requiring routine appointments to see a GP could wait for up to two weeks. This delay was mainly due to the volume of patients and partly due to inappropriate allocation to the GP when an alternative nurse-led clinic would suffice. The attendance rate at the GP clinics was good. Prisoners located in the segregation unit were seen daily by nursing staff, and by specialist staff when required.

Recommendations

- 5.24 All prisoners should receive a secondary health screen within 72 hours after their reception.
- 5.25 Prisoners should be provided with written information about the health services available, and this should be available in a range of languages other than English.
- 5.26 The appointment system should be reviewed and efforts made to reduce the waiting time for routine GP consultations.
- 5.27 All nursing staff should have appropriate training to deliver specialist clinics.

Housekeeping point

- 5.28 Prisoners should be provided with appropriate sexual health advice and told how to obtain condoms from the health care department.

Pharmacy

- 5.29 Most medication was delivered directly to cells by pharmacy technicians, with only a few patients on supervised administration. Such administration was carried out by the pharmacy

technician and nursing staff. As most medication was for named patients, these were often supplied with patient medication leaflets. The delivery of medication to cells did not appear to allow patients to discuss their medication confidentially; this was particularly evident in multiple occupancy cells. There were no pharmacy-led clinics and no medicines use reviews, with the result that patients experienced difficulty in gaining advice about their medication.

- 5.30 A variety of medications, for a number of conditions, was available to prisoners reporting sick. These supplies were recorded on SystemOne and there were procedures to monitor and refer repeated requests. At the time of the inspection, paracetamol tablets had been added to the prison shop list and there were plans to issue them on reception. There were few patient group directions (PGDs), so only over-the-counter medication could be supplied without a prescription, although a number of PGDs were in development and it was planned to increase these according to local need.
- 5.31 The in-possession policy had last been reviewed in January 2009. There were procedures to carry out risk assessment for in-possession medication. Medicines were administered at 8.30am and 4.30pm, with night-time medication given as daily in-possession. There was no capacity to provide more frequent supervised administration. In-possession medication was delivered directly to cells at around 12.40pm each day.
- 5.32 There was evidence that the temperature of the refrigerators was checked and recorded regularly but there was no system to raise concerns if the temperature deviated from the acceptable range. While date checks appeared to be carried out on medications, a number of dressings and intravenous needles were found to be out of date. Some loose blisters of medication were found in the out-of-hours cupboard. The key to the controlled drugs cabinet was stored in a digital key safe, with the combination known to all health services staff. There was no audit trail to show who had been in possession of the controlled drugs key.
- 5.33 There were high levels of opiate prescribing (see section on substance use). There was no prescribing formulary and prescribing did not appear to follow a pain ladder, with patients being prescribed opioids before being tried on other therapies first. At the time of the inspection, steps were being taken to introduce a prescribing formulary and to challenge opioid prescribing in the prison.

Recommendations

- 5.34 The pharmacist and technicians should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population.
- 5.35 All procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. This should include the in-possession policy and an out-of-hours policy. All staff should read and sign the agreed adopted procedures.
- 5.36 A step-wise approach to pain management, such as the World Health Organization analgesic ladder, should be used, modified for the prison environment to reduce opiate usage.

Housekeeping points

- 5.37 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy, to ensure that heat-sensitive items are stored within the 2–

8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.

- 5.38 Regular out-of-date checks should be done on all medicines and testing strips.
- 5.39 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock.
- 5.40 The security of the controlled drugs cabinet key should be improved.

Dentistry

- 5.41 The dental surgery was sited in a separate, dedicated health care suite and the general environment was clean, airy and bright. Waiting and toilet facilities were adequate but wheelchair access could not be readily accommodated. The dental chair, cabinetry, and dental and radiographic equipment were old but well maintained and in good operational order. Clinical and hazardous waste was appropriately stored in the surgery and there was a suitable contract for the collection and disposal of such waste. Cross-infection control procedures were satisfactory. Decontamination and sterilisation of instruments was carried out off site and there were sufficient instruments, which were accounted for daily through a rigorous logging procedure.
- 5.42 The layout of the surgery, demarcation of clean and dirty areas, and possible replacement of worktops, sinks and taps were all under review by the PCT, in order to work towards compliance with the recent Department of Health publication, HTM: 01-05: Decontamination in Primary Care Dental Practices.
- 5.43 A formal surgery inspection had not been carried out on behalf of the PCT within the previous three years.
- 5.44 The dentist expressed concern that the waiting list was too long. At the time of the inspection, there were 221 names on the three dental waiting lists on SystemOne, with the longest waiting time currently up to 23 weeks. This included patients who had not yet been seen and those already under treatment, waiting for further appointments. Patients assessed as urgent following application and triage were normally seen within a week. Due to the high population turnover, the number of patients presenting with acute treatment needs remained at a constant high level and was estimated at about five to six urgent cases per treatment day. By accommodating these urgent cases, patients who were on the waiting list but with less urgent needs were constantly displaced and the waiting list could not be reduced. Failed appointments were estimated at about 15% and reasons had been investigated.
- 5.45 Although the prison had a large transient population, a full range of treatment was provided, comparable to that available under the NHS, including extended treatment plans where appropriate and when possible to complete. The standard of treatment and treatment planning were good, and patients were treated with care and courtesy. Oral health education was provided at the chair side, communication with patients was good and oral health promotion literature was available.

Recommendation

- 5.46 The prison should liaise with Great Yarmouth and Waveney PCT in order to ensure the commissioning of a dental surgery inspection and needs assessment, to take into account the pressure on appointments caused by a high population turnover with acute needs. If necessary, further dental treatment sessions should be provided.

Inpatient care

- 5.47 There was no facility to care for inpatients at the prison.

Secondary care

- 5.48 Outside hospital appointments were managed effectively by the health care administrator. Security staff provided nine escort opportunities each week and these were generally fully utilised. Good liaison had been established with the local hospital and there were few cancellations. The administrator maintained a diary and handwritten records of appointments. We were told that there was rarely a need for a medical hold to be applied.

Housekeeping point

- 5.49 An electronic system should be used to manage outside hospital appointments.

Mental health

- 5.50 The mental health team was based at the prison and comprised three full-time mental health nurses. The staff number had been increased following the most recent health needs assessment and this had improved the level of service offered. There was insufficient space to see patients. The team saw primary and secondary mental health patients, with an open referral system gaining about three new referrals each week. The average caseload for the team was 50 patients. At the time of the inspection, the care programme approach was not being used for secondary mental health care patients with enduring mental health problems (see also section on resettlement). We were told that there had been delays in transferring the care programme approach to SystemOne but this had been the case for the previous three years and had been noted in the previous health needs assessment.
- 5.51 A visiting clinical psychiatrist provided one session a week, seeing up to five patients at each clinic. The team had recently started monthly meetings, to consider cases and strategic issues. One member of the team also attended multidisciplinary meetings with other prison departments. Prisoners did not have access to professional counselling services and there were no day-care services available for those who were had difficulty in coping on the wings. Patients could be referred to a learning disabilities nurse and dementia specialist, who visited the prison when required.
- 5.52 Discipline staff had not received any recent mental health awareness training and there was no current programme. There were links with local community mental health services and also to such services for prisoners being discharged to other areas. There were few transfers of prisoners to secure mental health units but they were carried out expeditiously when required.

Recommendations

- 5.53 Prisoners should have access to professional counselling services.
- 5.54 Prisoners should have access to day-care services.
- 5.55 A rolling programme of mental health awareness training should be provided for all 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 Arrangements for assessing and inducting prisoners into learning and skills were satisfactory. Prisoners received adequate education and training provision but there were insufficient education courses to meet the needs of long-term prisoners. Teaching and learning were satisfactory overall but variable in quality. The range of education, vocational training and work programmes was satisfactory and 95% of prisoners were purposefully employed. Most prisoners completing accredited programmes achieved their qualification but in half the workshops prisoners were unable to gain qualifications. Attendance and punctuality were acceptable and prisoners behaved well in classrooms and workshops. The provision for literacy and numeracy support was good and there was support from information, advice and guidance workers. Prisoners undertaking Open University studies were not well supported. Access to the library was good. Although stocks were limited, the library catered for a range of reading abilities, and it was well used. The leadership and management of education and vocational training were unsatisfactory.

Leadership and management

6.2 Although the delivery of education and vocational training programmes had been sustained well during a protracted period of transition and change, newly developed arrangements for quality improvement and for coordinating and managing all elements of the programmes were not having an impact. Few reliable data were available to monitor any aspect of the programmes. The system for observing and evaluating the quality of teaching and learning was rudimentary. The terms of reference for the newly formed quality improvement group had not been approved, underestimated the scale and breadth of activity required and proposed insufficiently frequent review meetings.

6.3 The arrangements for the promotion and monitoring of equality and diversity in education and training were inadequate. No promotion of these themes routinely took place within the curriculum and there were no plans to do so. No data were available to identify the relative achievement of different groups of prisoners, for example by age or ethnicity, so the prison did not know whether there were any achievement gaps. No data were available to identify if any groups of prisoners were consistently over- or under-represented in any area of education, vocational training, work, PE or library usage. However, there was no evidence that any prisoners were being treated unfairly, either in their experience of, or access to, work, education and training.

6.4 The learning and skills department did not routinely or systematically coordinate the collection and analysis of prisoners' views across all aspects of the prison, including PE. However, some

prisoner surveys had been undertaken by some departments immediately before the inspection but the results had not been collated or analysed.

- 6.5 The arrangements for self-assessment were poor. No self-assessment of any aspects of education and training had been undertaken for 18 months before the inspection. An overall self-assessment had been completed shortly before the inspection, together with contributory self-assessments of related areas. The overall self-assessment was highly descriptive and insufficiently evaluative. The areas of strength frequently described expected practice and, along with areas for improvement, did not reflect the issues we identified. All but one of the contributory self-assessment reports from the vocational areas lacked sufficient evaluation and many were nearly identical. Data were not used well, if at all. The process had not included sufficient consultation with staff, some of whom were not aware that self-assessment reports had been produced for their area of activity.
- 6.6 Most prisoners improved their personal and employability skills, although not all of these were accredited. Those who remained on their accredited programmes generally achieved their qualifications. Resources were used adequately. Staffing levels were sufficient to ensure that education and training could be delivered with few cancellations. Overall, the leadership and management of education and vocational training were unsatisfactory.

Recommendations

- 6.7 Comprehensive and inclusive systems for coordinating and managing all aspects of learning and skills provision should be developed and implemented as a priority.
- 6.8 A system for observing teaching and learning, in order to evaluate their quality and promote the development of consistently good practice, should be devised and implemented.
- 6.9 The prison should promote equality and diversity routinely within the curriculum.
- 6.10 The prison should systematically and routinely undertake a coordinated collection and analysis of prisoners' views of education and training and PE in order to provide a comprehensive picture of the quality of provision and respond with practical solutions, where possible, to identified areas of concern.
- 6.11 The prison should develop highly evaluative self-assessment across education, training and work, as part of robust quality assessment and improvement arrangements.

Housekeeping point

- 6.12 The prison should generate and routinely analyse a wide range of data to identify prisoners' relative levels of achievements, attendance, punctuality and their involvement in education, training and work activities.

Induction

- 6.13 The prison offered a regular four-day learning and skills induction programme which introduced new prisoners to the learning and skills facilities and opportunities available. The induction process was supported by a comprehensive written guide to the prison. Induction to the gym was good.

- 6.14 Information, advice and guidance (IAG) were provided through a subcontracting arrangement with Tribal, delivered in a dedicated and well-resourced centre in the prison. The atmosphere in the centre was friendly and welcoming. The quality of IAG was generally satisfactory throughout prisoners' sentences. Prisoners were individually interviewed during induction, and IAG workers helped them to identify appropriate goals related to education, work and their personal and social development. Prisoners who did not have a record of achievement in literacy and numeracy were assessed by IAG staff using a standard test. The outcomes of these assessments were forwarded to the education department but prisoners who scored below entry level 1 were not always referred to attend literacy and numeracy classes. Those who joined classes were given further diagnostic assessments, for example to identify dyslexia. However, the education and vocational training departments had no staff trained to support prisoners with identified specific learning difficulties or additional learning needs.
- 6.15 IAG workers carried out reviews of prisoners' goals at appropriate times in their sentence and most prisoners had exit interviews. The prison provided effective drop-in sessions at the end of morning inductions, during which prisoners met key staff for detailed support and advice. Prisoners were able to resolve problems face to face and discuss changes to their programme.

Recommendation

- 6.16 **The prison should train sufficient education and vocational training staff to support prisoners with identified learning difficulties or learning needs and provide all education and training staff with appropriate awareness training, so that they can identify such prisoners and make appropriate referrals.**

Work

- 6.17 There were 373 full- and 108 part-time activity and work opportunities, which was sufficient for the needs of all prisoners. Ninety-five per cent of prisoners were engaged in full-time activity. Just over 300 attended work and education. There were 170 vocational training places. Rates of pay were equitable.
- 6.18 A wide range of work was provided. All the workshops were well equipped and produced high-quality products. In the printing shop, prisoners produced a range of printed matter to commercial standards for the Prison Service. The textile workshop manufactured prison clothing for many establishments. The large industrial laundry met the needs of the four nearest prisons, working to tight regimes and timetables. The welding and woodwork shops produced many items for other prisons, often in large quantities. The recycling facilities were comprehensive and included large-scale equipment to pulp, sterilise and compost food waste, make briquettes from waste paper and process plastic, cans, cardboard and textiles. Broken furniture was repaired and refurbished. Painting and decorating training was available as part of the provision delivered by the education subcontractor. Attendance at prison workshops was satisfactory, at around 80%. During the inspection, punctuality was also satisfactory.

Vocational training

- 6.19 Ten different vocational skills were taught in workshops. Training was delivered in the workplace, generally on an individual basis. Training in recycling, horticulture, industrial cleaning and catering took place in work teams providing services to the prison. Instructors had good technical skills, many with relevant industrial experience. Overall, prisoners' success rates in externally accredited qualifications were satisfactory. There were many examples of

prisoners growing in self-confidence and developing effective social skills as they became competent in a vocational skill, although there was little involvement or contact with wider community groups.

- 6.20 The range of accredited programmes was too limited and the qualification level too low. In half the workshops, prisoners were unable to take qualifications or gain formal credit for their learning and development, which frustrated them. Qualification programmes were not available to prisoners in the textile and printing workshop, prison kitchen, recycling and laundry, despite appropriate accreditation being available for the work being undertaken. In other workshops, such as painting and decorating and horticulture, no qualifications were offered above level 1.
- 6.21 The development of prisoners' personal and social skills was not recorded and, with the exception of painting and decorating, prisoners did not have individual learning plans.
- 6.22 The literacy and numeracy needs of prisoners in vocational training workshops were met effectively through strong links with the education department. In most workshops, education staff visited workshops twice weekly for individual or small group tuition, leading to appropriate qualifications. In other cases, prisoners attended part-time classes in the education department. Prisoners generally felt well supported by their instructors in personal and social matters.
- 6.23 There were minimal links with employers and internal partnership arrangements were underdeveloped. There were no links between the interactive media curriculum team in the education department, where incremental qualifications were offered successfully, and the instructor in the digital media section of the print workshop, where no qualifications were offered, despite the similarities in the digital media software used.
- 6.24 Overall health and safety practice was satisfactory. However, there was a lack of awareness by some prisoners working in recycling about the need to wear correct protective clothing. Some risk assessments in recycling were not up to date. In the laundry, 10 large containers of redundant caustic and corrosive chemicals had been stored for three months in a classroom. When the risk was identified to management, they were promptly removed to safe storage.

Recommendations

- 6.25 The prison should introduce a range of accredited courses, at different levels, in each workshop where qualifications are not currently available.
- 6.26 Links with employers and internal partnerships should be strengthened.

Housekeeping points

- 6.27 Risk assessments should be kept up to date in the workshops.
- 6.28 The correct protective clothing should be worn in the workshops.
- 6.29 The prison should introduce individual learning plans in workshops, so that personal and vocational skills development and achievement against set targets can be recorded.

Education

- 6.30 Education programmes were provided by a subcontractor, Action for Employment (A4E). Participation in education was satisfactory in the context of the falling roll in the prison and the closure of a wing for refurbishment. During the inspection, 112 of the 148 classroom places in the education department were filled. The department also provided outreach work in workshops and wings. Classroom accommodation was generally acceptable.
- 6.31 Attendance at education was satisfactory, at 83%, and tutors were adequately informed about absences. Punctuality was reasonable and classes usually started on time. Prisoners' behaviour was good in classrooms and workshops.
- 6.32 Prisoners who completed their programmes generally achieved their qualifications, some at successive levels. Achievement rates ranged from 100% for prisoners on the 'preparing for a business venture' programme, to only 59% of prisoners on the digital media studies course; the qualification framework for the latter course had recently been changed, in an attempt to improve this rate. Prisoners generally enjoyed their classes and the standard of work in classrooms varied, being good in areas such as information technology (IT) but weaker in others, such as English for speakers of other languages (ESOL). Some prisoners developed good personal and social skills; for example, prisoners who had trained as mentors provided support for the wider prison community.
- 6.33 Courses such as computing, digital media and business qualifications effectively developed prisoners' employment prospects and encouraged them to think positively about their future employment options.
- 6.34 The range of the curriculum was satisfactory but narrow. Courses in literacy, numeracy and IT met the needs of some prisoners and provided reasonable progression routes, including access to some higher-level programmes through learndirect. ESOL provision included courses at entry levels 1, 2 and 3 and covered all aspects of speaking, listening and writing. The education department offered business studies and social and life skills at level 1. However, there was little provision to meet the needs of the large number of prisoners with long-term, indeterminate and life sentences. There were no art, music or drama courses and no creative writing programmes, although the writer in residence gave support to groups and individuals who requested it and ran a Storybook Dads programme.
- 6.35 The quality of teaching and learning was satisfactory overall. Most lessons were soundly planned. Teachers managed classes effectively and supported prisoners well. In the better sessions, teachers used a variety of methods to meet the range of prisoners' needs and learning styles, motivating them and keeping them on task. Weaker sessions were dominated by the teacher and depended too much on written materials and worksheets. Information and communications technology was used well by some staff but others made insufficient use of interactive white boards. All teaching sessions lasted for three hours, which was too long to maintain prisoners' concentration and motivation. Some teachers used mentors effectively to support weaker prisoners or review and assess work. The partnerships between education, other prison departments and other providers were generally satisfactory.
- 6.36 Teachers in the education department used individual learning plans (ILPs) well to record prisoners' achievements and progress. However, ILPs did not always include clear links to sentence plans. Targets in ILPs were sometimes unclear and related principally to prisoners' planned classroom activities or the outcomes of their course. They did not always help prisoners to understand what they needed to do next to progress.

- 6.37 Toe by Toe provision was well managed and effective. In the month before the inspection, Toe by Toe mentors had delivered 267 hours of training. Mentors were well trained and enthusiastic about their work.
- 6.38 Sixteen prisoners were enrolled on Open University courses but at the time of the inspection no member of staff had designated responsibility for the management of the programme and prisoners did not feel well supported. The prison was planning to appoint a new member of staff to this role and was hoping in the near future to support prisoners through the development of a virtual campus.

Recommendations

- 6.39 The range of accredited education programmes should be expanded to include art, music, drama and creative writing.
- 6.40 Prisoners studying through Open University courses should be properly supported.

Housekeeping points

- 6.41 Sufficient breaks and refreshment should be provided during three-hour teaching sessions.
- 6.42 Targets in individual learning plans should be specific, measurable and timely, and have links to sentence plans.

Library

- 6.43 The small library was located in the education wing and run by Suffolk Library Service. The library was open for only around 20 hours a week and closed on Sundays and Mondays, but it was well used. Sessions took place at the same time as education classes and there were additional open drop-in sessions, two evening sessions and one on a Saturday morning. Staffing levels were adequate. Loan rates were good for the size of prison and facility, and the loss rate was low. The book stock catered for a range of reading abilities. There were few non-fiction, legal and foreign language publications but new titles had been researched well and were on order. There was no planned librarian service to H wing prisoners, who could not attend in person. No qualification programme was available for library orderlies.
- 6.44 The use of data and standard reporting on library usage was poor, with time-consuming reliance on manual evaluation of raw data. The library was not included in prisoners' induction and some were not aware of its existence. There was no stand-alone computer on which prisoners could view CD-ROM titles, such as the driving theory test.

Recommendations

- 6.45 Prisoners on H wing should have full access to library services.
- 6.46 The work carried out by library orderlies should lead to a qualification.

Housekeeping points

- 6.47 At least one stand-alone computer with a CD-ROM drive should be provided.
- 6.48 Lending data should be routinely input into the library management system and standard monitoring reports produced regularly.
- 6.49 Information about the library service should be included in the induction programme.

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.

- 6.50 Access to PE was satisfactory and the gym was well used. Programmes were well planned and managed and an adequate range of programmes was offered, including for groups with different needs. Induction to the gym was good. The cardiovascular facility had ageing equipment and was overcrowded and the gym was too small. There was no classroom. Few vocationally relevant qualifications were offered. Attention to health and safety was good and accidents in the gym were minimal.
- 6.51 PE programmes were well planned and managed and induction to the gym was good. The general environment was safe and individual health and safety issues were addressed appropriately. Prisoners had access to a minimum of two gym sessions a week, and in January 2011 around 80% of them had used it. They could also use the gym at weekends. Older prisoners could participate in over-50s sessions. Weight management sessions and well-designed provision for prisoners on the drug support unit was also offered.
- 6.52 Outside, a floodlit all-weather pitch was used for team-sports. Indoor PE resources included an overcrowded cardiovascular facility with ageing equipment. The gym was too small for the number of prisoners using it. The modular weight training and cardiovascular equipment was managed effectively, with repair work conducted quickly. There was no classroom for teaching underpinning knowledge or induction; a prefabricated building for teaching, located close to the gym, had been provided 20 months before the inspection but had never been used. Drinking water was provided in the gym but was not readily available in the cardiovascular room.
- 6.53 The gym provided an adequate range of programmes but few vocationally relevant qualifications, although prisoners on the National Vocational Qualification (NVQ) level 2 course were also able to achieve a level 2 qualification in customer service. Achievement of NVQ courses was satisfactory.
- 6.54 There were insufficient links between PE and sentence planning and few links with the community, except for a prison football team which played visiting teams from outside the prison.

- 6.55 Adequate shower facilities were available in the gym. Most prisoners wore their personal training clothing and footwear but sufficient additional supplies were available. Accidents in the gym were minimal, with few prisoner injuries. Appropriate records of incidents were maintained.

Recommendations

- 6.56 The size of the gym should be increased, to enable a wider range of activities to take place in an appropriate environment.
- 6.57 The prefabricated building should be commissioned for use to support learning.
- 6.58 A wider range of accredited training in health and PE instruction should be provided.

Housekeeping points

- 6.59 Drinking water should be provided in the cardiovascular room.
- 6.60 Better links should be developed between sentence planning and PE.

Time out of cell

Expected outcomes:

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

- 6.61 The recorded time unlocked was not accurate and it was not possible for prisoners to achieve the target of 10 hours a day unlocked in the published core day. Activities did not always start on time and meals were served earlier than advertised. Most prisoners were in full-time education or employment. Time out of cell varied according to incentives and earned privileges and employment status. At best, it was possible for prisoners to be unlocked for just under 10 hours a day but the relatively small number of prisoners without an allocated activity had less than three hours a day unlocked. Exercise and association were scheduled daily and rarely cancelled but exercise time was too short. Exercise areas, with the exception of H wing, were pleasant. Staff interaction with, and supervision of, prisoners during association was limited.
- 6.62 The prison recorded the average weekday time unlocked by entering data into a reporting system known as a central hub, which set a key performance target and calculated a monthly figure. Neither the key performance target of 10.2 hours nor the monthly reported figures were achievable in the published core day, which allowed up to nine hours and 55 minutes out of cell for a full-time employed, enhanced level prisoner. In our survey, only 10% of respondents said that they spent more than 10 hours out of their cells on a weekday, which was worse than the 15% comparator. There were only 28 prisoners listed as being without an allocated activity, although some were in part-time education or employment. Those without any activity had on average less than three hours a day unlocked; a full-time employed, standard level prisoner had nine hours and 35 minutes out of cell per day but a part-time employed prisoner would have had about six and a half hours unlocked. Time unlocked at weekends was more restricted for all prisoners, with morning unlock one hour later and evening lock-up between 4.30pm and 5pm.

- 6.63 During the week, prisoners were unlocked in the mornings at 7.55am and movements to activities started at 8.10am, which gave too little time for prisoners to eat breakfast and get ready for work (see section on residential units). We observed some regime slippage at evening lock-up, and the serving of meals started earlier than published (see section on catering).
- 6.64 Exercise and association were rarely cancelled. Exercise was for just 30 minutes before lunch was served, when employed prisoners had returned to the wing, giving all prisoners access. Some prisoners did not exercise because it was for such a short period and others because they wanted to spend more time on the wing. In our survey, only 34% of prisoners said that they went out for exercise three or more times a week, which was worse than the 52% comparator. Exercise areas were mostly well furnished and spacious, except for the H wing yard, which was bleak, unattractive and contained no furniture.
- 6.65 With the exception of H wing, all residential units had association areas with table games, including pool and table tennis. Evening association was not always actively supervised and we saw staff congregating in wing offices rather than mixing with prisoners. However, association was generally relaxed and prisoners were allowed to associate in their cells. Prisoners were locked in their cells before 7pm.

Recommendations

- 6.66 Prisoners should spend at least 10 hours out of their cells on a weekday.
- 6.67 Routines should comply with the published timetable.
- 6.68 Prisoners should be provided with the opportunity for at least one hour of exercise in the open air every day.
- 6.69 Prisoners should have sufficient time to access all required facilities to prepare for work in the morning.
- 6.70 Staff should supervise and interact with prisoners during association.
- 6.71 Adequate association and exercise facilities should be provided on H wing.

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 Security committee meetings were well attended by key staff and included appropriate discussions and the setting of objectives to address the main issues identified from the analysis of intelligence. There had been considerable success in reducing the supply of illicit drugs and the diversion of medications, and in identifying prisoners involved in illicit activity. A good flow of information was analysed well and the department had developed sound relationships with other departments, including safer custody. Prisoners' access to activities was not limited by inappropriate security measures but there were some restrictive approaches around prisoners' property and their movement around the establishment. There were few banned visitors or closed visits and those that were imposed were for valid security reasons. Prisoners did not stay under these restrictions for protracted periods.

Security

- 7.2 The security department was managed by a senior manager. Relationships with other departments were well developed and the safer custody manager had free access to intelligence relating to violence reduction and prisoner safety. An average of 260 security information reports (SIRs) was submitted monthly from all departments, the main issues relating to trading in and diversion of prescribed medications (see sections on health services and substance use) and threats to prisoners and staff.
- 7.3 The security committee met monthly and was well attended by staff from various departments and from the local hospital where prisoners regularly attended medical appointments. The discussions included security intelligence, closed visits, searching and drug-related matters, and intelligence objectives, and resulted in the setting of objectives to manage the prevention of escapes and reduction in drugs and mobile telephones. Recommendations were also set, based on the analysis of specific intelligence.
- 7.4 Actions arising from SIRs, such as searching and mandatory drug testing, were clearly assigned and were carried out quickly, and the results were recorded. There had been considerable success in reducing the supply of illicit drugs in the establishment and steps had been taken to decrease the amount of trading in prescribed medications. Prisoners involved in illicit activity were identified and appropriate steps taken either to relocate them in the prison or arrange for them to be transferred elsewhere.
- 7.5 The prison had a secure inner perimeter. Prisoner movement in the prison was over-restricted. They were required to obtain movement slips for appointments, such as in the health care department, and often were delayed in returning to and from them, if they needed to move outside general movement times. Allocation to activities was not over-restrictive and prisoner applications for work were only vetted by security staff if they were for work in high-risk areas.

- 7.6 All prisoners arriving at the establishment, and those located in the segregation unit and in special accommodation were strip-searched.
- 7.7 There were two prisoners subject to closed visits at the time of the inspection, as a result of illicit activity related to visits. The prison offered a one-off closed visit following a single indication on visitors by the drug dog, with no other supporting evidence. Eight visitors had been appropriately banned from visiting. Reviews about closed visits were held monthly and prisoners did not remain under these restrictions for protracted periods. While prisoners were able to contribute to these reviews, they were not given information on how to appeal against the initial decision.

Rules

- 7.8 The rules were listed in the incentives and earned privileges (IEP) policy, and prisoners signed compacts detailing the behaviour expected of them while in custody. However, the IEP scheme was not applied consistently and prisoners were treated differently after receiving behaviour warnings (see section on incentives and earned privileges).

Recommendations

- 7.9 Prisoner movement outside of free-flow times should be less restricted.
- 7.10 Strip-searching of prisoners should be carried out only after a thorough risk assessment.
- 7.11 Visitors should only be offered a closed visit after an indication by the drug dog if there is additional intelligence to support the imposition of such a measure.

Housekeeping point

- 7.12 Prisoners should be informed of the appeal arrangements for closed visits.

Discipline

Expected outcomes:

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

- 7.13 The number of adjudications was small. Those we observed were carried out respectfully. There were few uses of force. Governance had become complacent and major shortcomings in the application of procedures had been missed. Monitoring and analysis of statistics were deficient. Use of force documentation had not been completed sufficiently well and we were not assured that incidents were accurately recorded. The use of special accommodation had increased considerably. All prisoners placed there were strip-searched, some by force, and documentation in some cases was incomplete. The physical conditions of the segregation unit were reasonable but the regime was limited. Prisoners did not stay in segregation for long periods but just under half were placed there for their own protection, usually seeking a

transfer. Staff and managers did not challenge or address underlying issues or behaviour or set meaningful targets at reviews.

Disciplinary procedures

- 7.14 There had been only 314 adjudications in the previous six months. A large proportion of these (20%) had been dismissed but the reasons behind this had not been explored. An adjudications and segregation policy meeting had been formalised and two meetings had taken place in the previous two months. The independent adjudicator attended monthly and heard charges referred to him.
- 7.15 The adjudications we observed were carried out respectfully, in a designated room in the segregation unit. Prisoners' fitness to attend an adjudication was not routinely checked. Three adjudications relating to positive drug screening testing results had been opened and adjourned in the absence of the prisoners involved; this was common practice for adjudications relating to drug testing. This practice went against the considerations of natural justice and was stopped during the inspection. One such adjudication had been dismissed owing to delays in hearing the charge.
- 7.16 Adjudication records were generally well completed but some did not show that a full enquiry into the circumstances had been carried out, particularly when prisoners claimed to be under threat and refused to locate on certain wings.
- 7.17 The main charge was for disobeying a lawful order, relating to instances of prisoners refusing to attend work or to locate on a wing. There was a policy to deal with these matters using adjudications; this seemed harsh and could have resulted in a prisoner being charged three times for continuing to refuse to obey, with the ultimate punishment being a referral to the independent adjudicator and days added to his sentence. Prisoners told us that, for a variety of reasons, including the night sanitation and distance from home, they did not want to be at the establishment and appeared willing to accrue added days to effect a transfer out. This was supported by our findings in the use of the segregation unit and had not been fully investigated by managers (see below). Use of the new IEP scheme would have been a more appropriate way to deal with some prisoners' behaviour.
- 7.18 The deputy governor had started quality checking all adjudications and gave detailed feedback to adjudicating governors identifying key areas for improvement.

Housekeeping point

- 7.19 A full enquiry into the circumstances leading to an adjudication should be carried out and reflected in the adjudication records.

The use of force

- 7.20 Use of force was low, with only 13 incidents in the previous six months. We examined over 50 use of force reports and found some of them not to have been completed to a satisfactory standard. Most had been certified by the person who had authorised the use of force. Planned interventions were video-recorded. We viewed six of these recordings and found major deficiencies in the application of use of force procedures. When we checked the accompanying documentation, we were not assured that all incidents had been documented

accurately. One incident involving the use of extendable batons had not been investigated fully. Video recordings were not viewed by managers and the monitoring and analysis of incidents were deficient. We were unable to find a record of discussions about the use of force at any meetings, although there was cursory consideration at the security committee and senior management team meetings.

- 7.21 There were two special cells in the segregation unit and both were very cold. Strip clothing was laid out in each and staff confirmed that all prisoners were stripped on entry to the cells, some by force. Use of the cells had increased considerably and nine prisoners had been located in them in the previous 12 months. The average length of stay was one and a half hours, although we found one instance where a prisoner had been inappropriately kept there overnight. The decision for him to remain had been made at 5.20pm and he was recorded as having calmed down by 7.15pm. He had remained in the cell until 7.45am the next day.
- 7.22 Documentation relating to the use of special accommodation was not always fully completed. The records we examined showed that two prisoners had been forcibly strip-searched, with one having his clothing cut off with a ligature knife, despite him saying that he would remove it himself.

Recommendations

- 7.23 **Robust governance arrangements should be introduced to monitor use of force, ensure it is used as a last resort and supported by accurate documentation.**
- 7.24 **The temperature in the special accommodation should be improved.**

Segregation unit

- 7.25 There was no overarching policy to define the role and function of the segregation unit. The unit was dark, with little natural light. Cells were mostly clean but toilets were heavily soiled. There was some graffiti in the holding cell. The exercise yard was bleak, with some rubbish that had not been cleared.
- 7.26 A total of 214 prisoners had been held in the unit since January 2010, 85 of whom (40%) had been located there for their own protection. Records showed that few prisoners remained there for long periods, with only six remaining for longer than 30 days in the previous six months. The new governor had made efforts to reduce the number of prisoners held in segregation and the minutes of meetings showed that this had been achieved. There was one prisoner in the unit at the time of the inspection.
- 7.27 Documentation relating to segregated prisoners showed that, while reviews were timely, targets were either rudimentary or not set if the prisoner was to be transferred to another prison. Staff on the unit knew the prisoners in their care well but this was not reflected in the records.
- 7.28 Nothing was done to challenge or address the underlying issues or behaviour that had led to a prisoner being segregated. In cases where prisoners were segregated for their own safety, it was not clear what investigations had been carried out to ascertain the reason for the request. It appeared that many prisoners considered location on the unit as an easy way out of the prison (see section on adjudications). Eighty-eight per cent of segregated prisoners were transferred out of the prison. There was no formal policy for reintegrating such prisoners to

normal residential units in the establishment, although some recent successful efforts had been made on an ad hoc basis.

- 7.29 There were concerns about the procedures used to manage prisoners who requested segregation for their own protection who were located on H wing (the first night centre) either because the segregation unit was full, or because staff felt that H wing was a more appropriate location. This not only impinged on the function of the first night centre, but also gave concern for prisoners' well-being (see section on first night). Records showed that these prisoners did not always have the correct segregation documentation completed and some did not undergo a routine health screen to ascertain if segregation was safe. They had privileges removed in line with normal segregation procedures at a time when they were vulnerable. We found one case where a prisoner had been moved between H wing and the segregation unit at least five times, as space had not always been available on the segregation unit. He was a prolific self-harmer and this had occurred while he was being managed under assessment, care in custody and teamwork (ACCT) procedures.

Recommendations

- 7.30 The role and function of the segregation unit should be clearly defined and a policy developed to support prisoners' reintegration to normal residential accommodation at the earliest opportunity. Robust governance procedures should be applied to ensure that the use of the segregation unit is in accordance with the policy.
- 7.31 Prisoners located in the segregation unit should have a clear plan which identifies their underlying problems and addresses their individual needs. The plan should include a staged reintegration to normal location as soon as possible. The plan should be reviewed regularly.

Housekeeping points

- 7.32 The toilets in the segregation unit should be deep-cleaned.
- 7.33 Documentation relating to the use of the segregation unit should be fully completed.

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.

- 7.34 The incentives and earned privileges scheme had been reviewed but the new policy had not yet been implemented. It was applied inconsistently and many prisoners reported that they had not been fairly treated under the scheme. There were insufficient differentials between the different levels of the scheme and this had been recognised and consultation undertaken with prisoners. There was some evidence that prisoners were given a chance to improve their behaviour before being demoted. Prisoners on the basic regime were not well managed. There

was no quality assurance of the application of the policy overall or procedures, such as review boards.

- 7.35 The IEP scheme had been reviewed but the new policy had not yet been implemented. Both the existing and the new schemes did not take account of the different types of living accommodation and in particular did not specify how it would be applied to prisoners living in shared accommodation. The scheme was applied inconsistently across the residential units. Some prisoners were given a chance to improve their behaviour before being demoted and some prisoners accrued many more warnings than the existing scheme recommended should lead to a review of status. In our survey, only 51% of prisoners, against the 58% comparator, said that they had been treated fairly under the scheme, and 42%, against the 48% comparator, said that the scheme would not encourage them to change their behaviour.
- 7.36 The application of the scheme was closely integrated with the disciplinary system and use of segregation to deal with prisoners who refused to locate on normal residential units or to go to work (see section on discipline). In the sample of P-Nomis records we examined, we found that the warnings given were not always appropriate, particularly for prisoners whose motivation was to be moved from Blundeston. Management checks of entries relating to IEP reviews were not always evident and there was no management oversight of review boards.
- 7.37 The differentials between the different levels of the scheme were insufficient to encourage prisoners to aim for enhanced status. This had been recognised and consultation had taken place between managers and prisoners to inform the facilities list and differentials for the reviewed scheme.
- 7.38 Prisoners on the basic regime were not managed or supported in accordance with the policy and one prisoner who had expressed concerns for his safety had taken to hiding in the recesses to avoid going to work, where he was in conflict with other prisoners. His concerns had not been fully investigated.

Recommendation

- 7.39 **Robust governance procedures should be put in place to ensure that the incentives and earned privileges scheme is monitored for fairness and consistency of application.**

Housekeeping point

- 7.40 The IEP scheme should take into account the different types of living accommodation and should specify how it will be applied to those living in shared accommodation.

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 kitchen, serveries and trolleys were clean. A four-week menu cycle operated, and the range of choices was reasonable and contained healthy options. Prisoners in our survey were negative about the quality of the food and breakfast provision was poor. There was little dining in association and food was kept on serveries for too long before being served to prisoners returning from work. Meals were served too early and not in accordance with the times specified in the core day. Prisoners were consulted through prisoner forums and surveys.
- 8.2 The main kitchen was clean, well managed and in good order. Food was stored appropriately. Prisoners working in the kitchen and at serveries were trained in basic food hygiene and food handling but National Vocational Qualifications were not available for kitchen workers. Serveries were clean, as were the heated trolleys we observed.
- 8.3 Record books were held on all serveries and had space for the recording of food temperatures. These were sometimes completed but only recorded temperatures at the point of delivery onto the wings, and food was delivered to the wings more than 45 minutes before it was served to prisoners returning from some work areas.
- 8.4 The range of menu choices was reasonable and contained healthy options. The food we tasted was of acceptable quality if it was served soon after delivery to the wings. In our survey, only 15% of prisoners rated the food as good or very good, against the 29% comparator. Black and minority ethnic prisoners were more positive than white respondents about the food, with 21% saying that it was good or very good. Provision for breakfast was poor, comprising only a cereal bar and items for making hot drinks, and it was given out on the day before consumption. Meals were served too early, with lunch being served between 11.30am and 12.30pm and the evening meal between 4.20pm and 5.30pm, and we observed them being served earlier than advertised in the published core day.
- 8.5 There was a four-week menu cycle and prisoners chose their food on the day before it was served. There were limited opportunities for dining in association on only one wing.
- 8.6 Consultation with prisoners was developing and undertaken through the prisoner consultation meetings. A food survey, which included breakfast provision, had been carried out but the response rate had been poor, yet this had been deemed sufficient to make changes to breakfast, resulting in the issue of a small 'breakfast bar' instead of cereals. Many prisoners complained about this change during the inspection. This survey was due to be repeated. We saw evidence of prisoners' suggestions begin taken forward by catering staff.

Recommendations

- 8.7 The time span between delivery and service of meals on the wings should be minimised.

- 8.8 Provision for breakfast packs should be improved.
- 8.9 Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm.

Housekeeping points

- 8.10 Food temperatures should be taken and recorded at the point of loading, delivery to the wings and service at hotplates.
- 8.11 Efforts should be made to improve the response rate to the prisoner food survey.

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.

- 8.12 The shop was run on site and was well managed. Prisoners in our survey complained about the range of goods that was available. They had access to catalogues and specialist orders at no extra cost. Shop staff reported changes in prisoners' ordering patterns to the security department as a safety check. Finance staff ensured that prisoners' monies were credited to their accounts on or soon after their initial reception but many prisoners complained about inaccuracies in their weekly pay. Prisoners were consulted about the shop arrangements and the list of goods was amended if possible. Prisoners had access to a variety of shop packs on arrival but some waited up to two weeks before receiving a full order.
- 8.13 The prison shop was run on site. Staff supervised prisoners making up the orders and the system ran efficiently, with problems being addressed quickly by shop staff.
- 8.14 Deliveries were made over four days, on a rota basis to each wing. The shop list was updated regularly and took account of the popularity of items and feedback from prisoners via the prisoner forums.
- 8.15 Goods were sealed securely in plastic bags and staff supervised the inclusion of high-value items. Orders were delivered to cells during the lunch period and staff supervised the process at all times.
- 8.16 In our survey, only 27% of prisoners, against the 46% comparator, said that the range of goods available was wide enough to meet their needs. Black and minority ethnic, foreign national and Muslim prisoners were more positive about the range of goods offered.
- 8.17 Prisoners could buy newspapers and access a range of catalogues, including Argos. Orders were taken regularly and prisoners could submit a request for specialist items. No administrative charge was made for catalogue or specialist ordering.
- 8.18 Shop staff reported any changes to prisoners' spending patterns to the security department as a safety check. Finance staff ensured that prisoners' monies were credited to their accounts on or soon after their initial reception. Prisoners complained to us about inaccuracies in their

weekly pay and the resulting hardships this caused. Staff confirmed that they were experiencing difficulties with the system leading to problems.

- 8.19 Consultation about the prison shop took place through the prisoner consultation committee and we observed positive responses to prisoner requests.
- 8.20 Newly arrived prisoners were offered either a smoker's or non-smoker's pack (see section on first days in custody) but could wait up to two weeks for full access to the shop.

Recommendations

- 8.21 Managers should address the negative survey results surrounding the range of goods available in the shop.
- 8.22 Inaccuracies in prisoners' pay should be investigated and rectified promptly.
- 8.23 Newly arrived prisoners should be able to buy items from the prison shop within 24 hours of their arrival.

Good practice

- 8.24 *Staff reported changes in prisoners' spending patterns, to check on safety issues and possible instances of bullying.*

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 resettlement and the offender management policies were underdeveloped and provided little strategic direction. They were not based on a thorough needs analysis and there was no action plan. The resettlement resource centre provided a one-stop shop approach and the drop-in centre was well attended. Layered offender management had not yet been implemented and release on temporary licence was not used to promote effective resettlement.
- 9.2 Resettlement services were not based on a detailed resettlement strategy linked to the regional strategy. A limited needs analysis had been undertaken in 2010 but had not been used directly to determine the type and range of facilities provided. The resettlement and offender management policies were descriptive rather than planning the services that would be delivered. There was no action plan to drive forward resettlement and offender management work. The level of governance was therefore limited.
- 9.3 The offender management unit (OMU) included five offender supervisors, who were all prison staff. Other staff were not yet fully integrated into the OMU and managers had acknowledged the need to review and redesign the arrangements. This was planned for April 2011, when the OMU would move to new accommodation. The specialist skills of probation staff in supervising prisoners were not being utilised effectively.
- 9.4 The resettlement resource centre was an excellent facility, providing a one-stop shop approach to services and agencies. Prisoners were provided with access to a range of services and there was a well-attended drop in-centre. The resettlement officer interviewed prisoners on arrival at the prison and also sent out a needs questionnaire three months before release, to identify any further resettlement issues. A meeting was held to discuss the needs of those replying to the questionnaire and implement plans for their release.
- 9.5 The layered approach to offender management had not been implemented, so decisions on the prioritisation of resources were determined solely by national standards timescales. Not all prisoners had an offender supervisor. The lack of oversight of specific actions and milestones made it difficult to ascertain whether resettlement services were being delivered effectively. Little attention had been given to measuring outcomes for prisoners.
- 9.6 At the time of the inspection, release on temporary licence (ROTL) was not used to support resettlement plans.

Recommendations

- 9.7 There should be an up-to-date resettlement strategy, linked to the regional strategy, that is based on a recent assessment of the needs of all categories of prisoner represented at the prison.

- 9.8 The layered approach to offender management should be implemented and all prisoners should have an offender supervisor.
- 9.9 Senior managers should provide the strategic overview and direction necessary to ensure that the resettlement strategy is implemented, monitored and reviewed.

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 There was no backlog of offender assessment system (OASys) assessments and sentence plans but the number of prisoners arriving at the prison without these created workload pressures for the offender supervisors and impacted on the amount of one-to-one work they could do. Not all prisoners had offender supervisors. There were good relationships between offender management unit staff and other departments. The quality of assessments and plans had some deficiencies. Case recording did not reflect all the work done with prisoners, including one-to-one contact time with the offender supervisor. Sentence planning boards were timely. There was little use of home detention curfew. Recategorisation was managed effectively. Public protection arrangements were sound but attendance by security staff at the monthly meetings was poor. Although the strategy for life-sentenced prisoners and those serving an indeterminate sentence for public protection included criteria for escorted town visits, few took place.

Sentence planning and offender management

- 9.11 OMU staff had worked hard over the previous year to reduce the backlog of offender assessment system (OASys) assessments. Many prisoners arrived at the establishment without an up-to-date assessment and sentence plan; 13 such prisoners had arrived at the prison in January 2011. OMU staff had adopted the policy of conducting a full OASys assessment and plan on each one. While this was a valuable exercise, in terms of managing the risk of harm to others, it reduced the amount of time that they could spend on one-to-one work with their allocated prisoners. There was no guidance about contact levels between offender supervisors and prisoners, and there was limited recording of structured contact.
- 9.12 OMU staff reported good working relationships within the prison and with external partners but this was not always reflected in case files. They felt supported by managers and had access to relevant training. They appreciated the quality assurance of assessments and plans. Not all prisoners had an offender supervisor and some complained about insufficient and delayed communication.
- 9.13 We inspected 20 case files, 19 for prisoners subject to standard determinate custodial sentences and one for an indeterminate sentence. In all of the cases, the likelihood of reoffending sections had been completed and almost all had been completed on time. However, only 59% had been completed to a satisfactory standard. Only a third of files contained evidence that the methods most likely to be effective with the prisoner had been assessed. An evaluation of the prisoner's vulnerability had taken place in almost all of the cases, and in four of the five relevant cases there were plans to address these issues.

- 9.14 Sentence planning boards took place on time and with a good level of participation by offender managers in nine of the 10 relevant cases we inspected. We saw prompt, regular and standardised information exchanges with offender managers. In our survey, 71% of prisoners said that they had been involved in developing their sentence plan, against the 59% comparator and 62% at the time of the previous inspection. However, almost a third of prisoners said that they could not achieve all their sentence plan targets at the establishment. Only a quarter of sentence plans had outcome-focused objectives. A questionnaire to gather the views of immediate family about prisoners' needs and sentence plan was being introduced.
- 9.15 In 12 of the 20 cases we inspected there was evidence that interventions had been delivered in line with sentence plan requirements. In 12 cases there had been a need for an accredited programme but only five had completed it at the time of the inspection. The others had been assessed and were waiting for a start date. Less than a quarter of the files had evidence that any victim awareness work had been undertaken. In three-quarters of the cases, supporting factors had been identified for prisoners and steps had been taken to preserve employment, family ties or housing.
- 9.16 The home detention curfew (HDC) board met weekly and was multidisciplinary. There was no backlog of applications. HDC had been authorised in only 19 out of 128 cases over the previous year. Of 71 eligible white prisoners, 15 had been granted, and of the 54 eligible black and minority ethnic prisoners, only four had been granted (see recommendation 4.8).

Recommendations

- 9.17 All prisoners should arrive at the prison with an up-to-date offender assessment system (OASys) assessment and sentence plan.
- 9.18 Offender supervisor records should contain accurate and up-to-date information on the work being done with prisoners and the ongoing work with offender managers.
- 9.19 The quality of the likelihood of reoffending assessments and plans should be improved.
- 9.20 Sentence plans should contain outcome-focused objectives that are measurable, with a specific timescale for their achievement. Adequate attention should be paid to diversity

Housekeeping point

- 9.21 The case record contact diary should be kept electronically, to aid data entry and access.

Categorisation

- 9.22 A total of 123 prisoners had been recategorised to category D in 2010, with about 50 reviews undertaken each month. Reviews were completed by the head of the OMU, as there was no recategorisation board. They were based on an application from the prisoner and the review process was thorough, drawing on all relevant information from a range of departments. A contribution from the prisoner was also permitted. Reviews were carried out in accordance with the timescales set down nationally. Prisoners were informed about the decision in writing and could appeal through the complaints system or by attending the resettlement resource centre at lunchtime on Wednesdays. If recategorisation was declined, the offender supervisor contacted the prisoner to discuss the reasons and discuss sentence plan objectives for the future. At the time of the inspection, 10 prisoners were waiting for transfer; the lack of category

D prison places sometimes made it difficult to secure an immediate transfer, and most had been waiting for one to four weeks. Just under half of those recategorised were from black and minority ethnic backgrounds.

Public protection

- 9.23 Public protection work was undertaken by probation staff, who were located in a room behind the OMU. There was a system to prompt multi-agency public protection arrangements (MAPPA) notifications and OMU staff were routinely invited to MAPPA meetings. If they could not attend in person, they sent reports. Seven of the cases we inspected had MAPPA involvement. In all of these cases, we saw clear engagement of prison staff in the process. At the time of the inspection, there were 95 MAPPA prisoners: 43 at level 1, 51 at level 2 and one at level 3.
- 9.24 Public protection procedures were sound and the prisoner was informed of the level and type of monitoring in place. This was reviewed at monthly public protection meetings but there was no representation from the security department at these meetings.
- 9.25 There was a well-developed prolific or priority offenders scheme in operation, with one of the offender supervisors managing these cases.
- 9.26 Risk of serious harm screenings had been carried out in all the cases we inspected. Almost all had been done on time and all but three were accurate. All but two of the cases required a full risk of harm analysis, and these had all been performed, almost all in a timely fashion. However, the quality of risk of harm analysis was inadequate in seven cases. Four did not sufficiently address risk to children and the others did not reflect risk to the public, to known adults or to other prisoners. Only 45% of cases had evidence that the risk of harm to others had been reviewed thoroughly. In over two-thirds of cases, we found that all reasonable action had been taken to keep to a minimum the individual prisoner's risk of harm to others.
- 9.27 Risk management plans had been completed for all of the relevant cases but they were sufficiently comprehensive in only five, one of the main weaknesses being failing to specify how victims or potential victims would be protected.

Housekeeping points

- 9.28 A member of staff from the security department should attend every public protection meeting.
- 9.29 Risk of serious harm analysis and reviews and risk management plans should be subject to quality assurance to ensure that they are comprehensive and of a good standard.

Indeterminate-sentenced prisoners

- 9.30 At the time of the inspection, there were 59 prisoners serving life sentences and 53 serving indeterminate sentences for public protection (IPP). J wing mainly accommodated lifers and IPP prisoners but it was also used temporarily to accommodate other prisoners, which was seen as disruptive to the unit by some staff. Prisoners we spoke to who were serving indeterminate sentences complained about the lack of access to programmes, and others about the lack of cooking facilities on J wing. Managers recognised the need to review and enhance their work with indeterminate-sentenced prisoners, as it was underdeveloped; this included access to programmes and structured one-to-one offending behaviour work.

- 9.31 There was no backlog of parole reports but there were delays in receiving reports from community-based offender managers. Lifer days were held in months that had a fifth Friday, which meant that four had been held in 2010, compared with six in 2006.
- 9.32 A strategy dated January 2011 detailed the multidisciplinary team managing life-sentenced and IPP prisoners. It also outlined the processes from transfer in to transfer out, including escorted town visits. However, life-sentenced prisoners told us that there was little opportunity to access these, even though many of them had received them at their previous establishment. There had been only 15 escorted town visits in 2010, despite the strategy clearly setting out the suitability criteria.

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

- 9.33 Prisoners were assessed on arrival for their accommodation needs and referrals made, where relevant, to an accommodation officer, who was based in the resettlement resource centre and provided help and advice on a range of accommodation issues. Finance, benefit and debt advice was available but there was no facility for prisoners to open bank accounts. There was little involvement from health services staff in release planning meetings and no referral letters were provided for prisoners to present to their GPs. Internal employment services were adequate but there were insufficient contacts with external employers and the use of release on temporary licence was poor.

Accommodation

- 9.34 The resettlement resource centre provided help and support in relation to a range of issues, including accommodation. An accommodation officer from Nacro offered help, advice and support to prisoners with housing needs, including helping them to maintain a tenancy or put a repayment programme in place, and these services were clearly advertised around the prison. All new prisoners were interviewed by the resettlement officer to identify their immediate needs and referred as necessary to the accommodation officer. However, in our survey, only 21% of prisoners said that they had been asked about accommodation needs within 24 hours of arrival, 17% that they had had a problem with housing on arrival and 39% that they thought they would have a problem with accommodation on release.
- 9.35 Prisoners were interviewed 13 weeks before release, to identify problems and activate a plan to address them. Of nine prisoners receiving help from the accommodation officer in December 2010, three had been transferred to another prison, two had taken up accommodation with family, three had accessed supported accommodation and one had been released without suitable accommodation. The targets for the previous years had been exceeded, with 91% of prisoners going to appropriate accommodation. The accommodation officer received an average of 12 referrals a month and there was no backlog of work.

Education, training and employment

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

- 9.36 Nacro provided a wide range of resettlement advice and practical support for prisoners seeking education, training and employment after release, including some productive joint working with internal and external agencies. There was minimal release on temporary licence for work experience and there were insufficient contacts and a lack of partnership working with employers locally or in the cities to which many prisoners were returning, although such arrangements were in the process of being developed. Just under half of prisoners went to some form of employment on release, mostly full time, and around a third into training or education.

Recommendations

- 9.37 A release on temporary licence programme to provide prisoners with meaningful work experience should be developed.
- 9.38 Sustainable contacts and partnership working with specialist support and advice agencies and employers in the principal cities to which prisoners are returning should be developed.

Mental and physical health

- 9.39 Health care discharge planning for prisoners was poor. Health services staff, with the exception of some mental health staff, had little or no involvement in multidisciplinary assessments or meetings. Prisoners who were due for release were identified at a late stage by health services staff and there was little opportunity to provide continuity of care in the community when required. No contact was made with community GPs and no information was provided to prisoners about the NHS service available on their release.
- 9.40 The health services team had access to the range of palliative care services in the community but they were rarely needed. Prisoners with severe and enduring mental health problems were not managed using the care programme approach.

Recommendations

- 9.41 Prisoners due to be released should be identified to health care staff and provided with information about health services in the community and a letter for their GP outlining any care and treatment given during their time in the prison.
- 9.42 Patients with severe and enduring mental health problems should be managed using the care programme approach.

Finance, benefit and debt

- 9.43 The Citizen's Advice contract had ended in summer 2010 but advice about finance, benefits and debt was available through the resettlement resource centre. Prisoners' needs were assessed on arrival through an interview with the resettlement officer and referrals made

where relevant. Benefits advice and help was available through staff from the Jobcentre Plus and Tribal, who attended the prison each week.

- 9.44 At the time of the inspection, prisoners were not able to open a bank account, pending the development and introduction of an area-wide model. In our survey, fewer prisoners than at comparator prisons (27% versus 34%) said that they would have problems with money on release, and fewer (23% versus 28%) that they would have problems claiming benefits on release.

Recommendation

- 9.45 Access to banking facilities should be expedited.

Drugs and alcohol

- 9.46 The drug strategy was out of date, although there was an excellent needs analysis in place. Attendance at the drug strategy meetings was poor. There was a high demand for alcohol interventions delivered by integrated drug treatment system (IDTS) nurses and counselling, assessment, referral, advice and throughcare (CARAT) staff but there were insufficient resources to meet need. There was reasonably good contact with local drug intervention programmes but community links were difficult to establish and maintain for prisoners from London.
- 9.47 The drug strategy document was out of date but an excellent needs analysis, which included alcohol, had been conducted by an external consultant in October 2010. The multidisciplinary drug strategy team met bimonthly, with poor attendance at the meetings from key stakeholders across the establishment.
- 9.48 Counselling, assessment, referral, advice and throughcare (CARAT) services were delivered by Phoenix Futures, with a staff team comprising a manager, two full-time workers and a full-time administrative worker; there was one worker vacancy. The caseload was made up of 89 open active, 87 suspended and 127 triaged cases. Fourteen integrated drug treatment system (IDTS) clients were on the active CARAT caseload, nine had completed their care plans and six were not engaged with the CARAT service.
- 9.49 Group work modules delivered by CARAT workers covered basic drugs awareness, harm minimisation, relapse prevention and alcohol awareness. Demand for the alcohol awareness module had been so great in the past that it had been decided to restrict access to the course, allowing only prisoners with the most problematic alcohol use, according to the alcohol use disorders identification test (AUDIT), to participate.
- 9.50 Since January 2011, one-to-one alcohol brief interventions had been delivered by one of the IDTS nurses, with nine referrals having been received since the intervention had been made available. Alcoholics Anonymous and Narcotics Anonymous meetings were also available, although these were run by prisoners, with no outside facilitation. These meetings were therefore based more on giving support than being fully structured around the 12 steps.
- 9.51 The prison addressing substance related offending (P-ASRO) medium intensity programme was run, although staff shortages had caused the cancellation of the courses for September 2010 and January 2011. Two new facilitators had been recruited at the time of the inspection

but they were still in training, which meant that the February 2011 course might also have to be cancelled. Difficulties in finding a sufficient number of prisoners to fill courses had also caused problems, partly because of the closure of A wing for renovations.

- 9.52 Trained peer supporters conducted induction presentations on behalf of the CARAT service and the P-ASRO programme and were available for one-to-one support for CARAT clients and P-ASRO participants but not yet for IDTS patients.
- 9.53 Links with local drug intervention programmes (DIPs) were good, although, as many Blundeston prisoners were originally from the London area, they were unlikely to be visited by a DIP worker before their release. In our survey, only 15% of prisoners said that they thought they would have a drug problem on release, which was better than the 22% comparator, and 13%, similar to the comparator, that they thought they would have a problem with alcohol on release.
- 9.54 Compact-based drug testing (CBDT) was in place, with a key performance target of 420 compacts. Each wing had a dedicated testing suite. During the inspection, the D wing CBDT suite contained several bags of foul-smelling waste waiting for disposal, which rendered the suite unsuitable as a forensic testing environment.

Recommendations

- 9.55 Alcohol awareness group sessions should be made available to more prisoners, regardless of their alcohol use disorders identification test (AUDIT) score, as a preventative measure as well as an intervention.
- 9.56 A strategy should be developed to ensure that prison addressing substance related offending (P-ASRO) courses are delivered as planned.
- 9.57 External Alcoholics Anonymous and Narcotics Anonymous facilitators should be engaged to lead at least some of the meetings, to enhance their therapeutic value.

Housekeeping points

- 9.58 Designated members of the drug strategy team should attend the meetings regularly.
- 9.59 The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures.
- 9.60 The peer support programme should be extended to include IDTS patients.
- 9.61 All drug testing suites should be kept clean and tidy, to maintain an adequately forensic testing environment.

Children and families of offenders

- 9.62 Visits provision was limited, as the number of sessions had been reduced by 50%. Take-up of visits was low. The need for two visiting orders to get a two-hour visit was a cause of frustration for prisoners and their visitors. The visits booking line had limited opening hours. The visitors centre was an excellent resource and visitors were complimentary about the help

they received from visits staff but the visits hall was stark and institutional. Security and searching procedures were applied respectfully and visits started on time. Provision for the children and families of offenders pathway was underdeveloped. There was little involvement of families in key aspects of prisoners' sentence. Release on temporary licence was not used to promote family ties. Family days had also been halved in length.

- 9.63 The number of visiting sessions had recently been halved, with morning sessions being stopped because of low take-up. Two sessions of one hour each were now provided on a Friday, Saturday and Sunday afternoon. This reduced the amount of staff time needed to supervise and process visits. One visiting order per one-hour session was required, so two were needed for a two-hour visit. Visitors and prisoners told us that they were unhappy about this, as it impacted on their contact time and made the long journey from London for many visitors a disproportionate investment in time and money for just one hour of visiting time. Most visitors therefore took up the opportunity to have a two-hour visit. Visits were not available in the evenings.
- 9.64 Prisoners on the basic incentives and earned privileges (IEP) regime were entitled to one visit per month for one hour. Those on the standard level could have two visits and those on enhanced could add to this through using two privileged visiting orders. Visitors arriving late were allowed to continue with their visit, unless the time was so short that it was not possible to get them into the visits hall in time. The main hall accommodated 32 tables, seating up to three visitors per table. During the Sunday visit session that we observed, 20 visitors attended, leaving a large number of tables unoccupied. The number of visits available would not meet the entitlement of the whole population if all prisoners decided to take it up but take-up was low generally. Just over half of the available visits had been used in January 2011.
- 9.65 A volunteer prison visitors scheme (coordinated by a member of the chaplaincy team) was available and three volunteers were in place.
- 9.66 The induction pack included information about visits entitlements. However, in our survey, fewer prisoners (43%) than at the time of the previous inspection (54%) said that they remembered being told about these entitlements within 24 hours of arrival. In our survey, few prisoners (13%) said they had received their first visit within the first week at the establishment, against the 23% comparator and 19% at the time of the previous inspection. Only 11% said that they had received a visit in the previous week, against the 31% comparator.
- 9.67 Vulnerable prisoners could access the normal visits processes. Visits staff had information about vulnerable prisoners and those who presented child protection concerns, which included the level of monitoring in place but did not give sufficient detail about the nature of the offence. During our observation of a visits session, a prisoner who should not have had contact with any children was seated on the next table to visitors with a young child.
- 9.68 The visits telephone booking system was staffed by the prison but was only open at limited times during the week and was closed at weekends. People calling outside opening hours received an engaged tone; there was no facility to leave a message. Visitors could not book their next visit before leaving the prison. Some visitors said that it was difficult to access the telephone booking system, causing them unnecessary frustration and anxiety.
- 9.69 Good-quality information was available in the visitors centre and, on request, via the booking line. However, some of the information on the website was out of date. Visitors we spoke to felt adequately informed about what was required and what to expect.

- 9.70 The visitors centre was run by the Ormiston Children and Families Trust and was an excellent facility, well furnished and clean, with a range of refreshments on sale. It was bright and welcoming and one visitor said that staff made it feel 'as if you were not visiting a prison'. Staff were helpful and we observed friendly and supportive interaction between them and visitors. A comments book was available, and we saw a large number of thank-you cards and letters of appreciation. A crèche with trained staff was available that provided a safe and secure play area. A minibus was available, on request, to transport visitors from and to the train station.
- 9.71 Processes for checking-in and searching visitors had been reviewed since the previous inspection and were handled efficiently. Some of the initial checks on documents were done in the visitors centre, to speed up the process. This resulted in fewer delays and prompt starts to the sessions. The session we observed started on time and some prisoners were in the hall well before the published start time.
- 9.72 Visitors we spoke to were positive about the checking-in and searching procedures but one Muslim young man had not been asked if he would prefer to be searched by a male officer as opposed to a female officer. Drug dogs were used effectively to search visitors on whom intelligence was available and it was done in culturally sensitive ways.
- 9.73 Two closed visit rooms were available and one was used during the inspection. Refreshments were accessible to prisoners and visitors using these booths.
- 9.74 Visitor centre staff supported mothers and babies, first time visitors and those with disabilities by offering to escort them across to the main hall. They provided further support by taking children back to the crèche if both parents requested it, as these facilities were not available in the main visits hall.
- 9.75 The main visits hall was small and cramped. Despite attempts to brighten up the environment, it remained institutional. The chairs were not fixed to the floor but were placed back to back. While this proximity maximised the number of visits that could be accommodated, it was not conducive to privacy and was unnecessary. Refreshments were sold in a café, run by volunteers.
- 9.76 The level of staff supervision in the main hall was adequate and staff engaged with visitors and prisoners when requested. The comments book in the visitors centre contained positive comments and visitors were complimentary about the staff and the relaxed atmosphere they created.
- 9.77 Legal visits were held on a Wednesday afternoon in the main visits hall. Records of visits showed that the facility for legal visits more than met demand.
- 9.78 Provision for the children and families of offenders pathway was underdeveloped. The Ormiston Children and Families Trust had not had a project manager for most of 2010, which had impacted on this area. The resettlement policy did not provide direction or details of the priorities in the coming year, and was not informed by a needs analysis or consultation with prisoners and families.
- 9.79 Family involvement in key aspects of a prisoner's sentence was limited but consultation with families about sentence planning had begun through the use of a postal questionnaire.
- 9.80 Information provided by the Ormiston Children and Families Trust was well designed and user friendly. It included information about national helplines and other sources of support. Family days ran once a month; these had also been halved in length, and visitors and prisoners were

very negative about this change. A recent Christmas family day had been well received. ROTL was not used to support contact with children and families. Given the distance from home for many of the prisoners, this was an important gap. This had been recognised by the new governor and the first ROTL to promote family ties had just been granted for the week after the inspection, with other applications being considered.

- 9.81 Two courses aimed at parenting were on offer through the education department. The Ormiston Trust visits centre manager provided supervised contact with children and offered support to those undergoing separation, although little of this had been provided in the previous few months. The outreach support provided by the Ormiston Trust was not well publicised or used.
- 9.82 The visits centre manager had recently begun to attend the resettlement meetings and she was about to begin providing advice at the resettlement resource centre each week.

Recommendations

- 9.83 Prisoners should not have to use two visiting orders to have a two-hour visit on the same afternoon.
- 9.84 There should be rigorous enforcement of child protection procedures and seating arrangements in the visits hall should minimise the potential for prisoners subject to public protection arrangements having contact with children.
- 9.85 Visitors should be able to book their next visit before leaving the prison.
- 9.86 Seating in the main hall should be adequately spaced to maximise privacy.

Housekeeping points

- 9.87 The information on the prison's website should be kept up to date.
- 9.88 The facilities provided by the Ormiston Trust should be well publicised to prisoners.

Attitudes, thinking and behaviour

- 9.89 An appropriate range of offending behaviour programmes was offered and programme facilitators provided good individual support but staff shortages had hindered timely access, and had a particular impact on some prisoners serving life and indeterminate sentences for public protection. Communication between programme staff and others was good and two-thirds of prisoners who had completed a programme said that it would help them on release. Little one-to-one work was provided. The role and purpose of the therapeutic community was not well defined and staff shortages had affected the ability to maintain the specialised regime. The unit was inappropriately used to accommodate prisoners not on the programme and not all the necessary assessment tools were being administered.
- 9.90 Four accredited offending behaviour programmes were provided: controlling anger and learning to manage it (CALM), the thinking skills programme (TSP), P-ASRO and the healthy relationships programme (HRP). Staff shortages had hindered delivery of these programmes in 2010/11 and this was set to continue in to 2011/12.

- 9.91 The CALM course had had a completion target of 28 in 2010/11 but only 15 had completed by the time of the inspection. Groups had been cancelled in 2010 and the next course was scheduled for July 2011. For the first time in the previous few years, TSP would not achieve its completion target in 2011, again because of staff shortages, and there were 20 prisoners on the waiting list. HRP, a domestic violence programme, ran only twice a year, providing a maximum of 16 places, which was considerably lower than the number of prisoners requiring it; this was having a serious impact on the progression of some IPP and life-sentenced prisoners. The P-ASRO programme had achieved 45 completions to date in 2010/11, against a target of 62 completions, and would achieve a maximum of 57 completions by the end of March 2011.
- 9.92 Information about the programmes was given during induction and enquiries could be made by prisoners at the drop-in session held in the resettlement resource centre. Two-thirds of prisoners responding to our survey who had completed a programme said that it would help them on release. The prioritising of places on a programme was based on sentence type and length of time to release. Programme facilitators were able to provide us with good examples of how they had responded to the individual needs of prisoners. In one case, a group member had received additional assistance with written work after each session and previous group members had been allocated to help him to complete work between sessions.
- 9.93 Programme facilitators reported improved communication between them and the OMU, and offender supervisors regularly attended post-programme review meetings. Awareness training for other staff in the prison was undertaken regularly.
- 9.94 Little one-to-one work was available because of the lack of staff. Many prisoners serving life sentences said that there was less support for them at Blundeston than at other establishments. Two probation staff delivered a small number of victim awareness programmes each year. Although these workers exceeded their contracted hours for this, prisoners serving life or IPP sentences still reported a lack of access to the work, again restricting their ability to progress with their sentence plans. A detailed post-programme report was prepared on each prisoner completing the sessions.
- 9.95 The 40-bed therapeutic community (TC) operated on I wing. The community approach particularly targeted those who were not suitable for the usual offending behaviour programmes. It aimed to address serious offending behaviour and the emotional and psychological needs of prisoners through a combination of therapy and community groups and through the experience of the community culture. The programme of interventions lasted a minimum of 18 months, during which the prisoner was expected to participate in and maintain the integrity of the community. Therapy sessions were held for one hour, three times a week, and community meetings were held twice a week.
- 9.96 Severe staff shortages had meant that for most of 2010 the community had lacked its tripartite management team of a therapy manager, psychologist and member of probation staff. The operational staff worked hard to keep the community full and keep it running but there had been detrimental effects on the regime and its integrity. A part-time therapy manager had since been appointed but the vacancies for a psychologist and probation member of staff continued.
- 9.97 At the time of the inspection, 11 of the 40 residents were not members of the community. Seven were 'lodgers,' prisoners who had not applied to the community but had nowhere else to be placed in the prison. Of the remaining four, one had already completed the programme and three had deselected themselves, yet were allowed to continue to benefit from the better quality conditions and environment. Community members we spoke to said that the high

number of lodgers and those who had deselected themselves adversely affected the environment.

- 9.98** The TC was not sufficiently well integrated into the wider resettlement work because of the absence of a clear policy. It was difficult to see how it aimed to address the resettlement needs of the participating prisoners. It was also not clearly integrated into a regional or national approach.
- 9.99** Prisoners in the TC had the same access to complaint forms, the IEP scheme and racist incident reporting systems as those on the other wings. Relationships between staff and prisoners in the community were positive and respectful. The standard of accommodation was high, with all rooms having en-suite shower rooms.
- 9.100** A review undertaken by the National Offender Management Service (NOMS) in 2010 had found serious deficiencies in some aspects of the TC. The lack of suitably qualified staff hindered the referral and assessment procedures, particularly for high risk of harm individuals with complex needs. Some of the required assessment tools were not being used. There was no clear statement of whom the TC was targeting and its role had not been defined. The reasons for non-completion of the programme had not been explored, despite a drop-out rate of 60%.

Recommendations

- 9.101** Staff shortages in offending behaviour programmes should be addressed, to ensure that the number of places provided meets demand.
- 9.102** The therapeutic community (TC) should not be used to accommodate lodgers or those who have deselected themselves from treatment.
- 9.103** The TC should have a clearly defined role and purpose, and this should be included in the establishment and area resettlement strategies.

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 recommendation

To NOMS

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- 10.1 There should be a long-term redevelopment plan to improve and/or replace all inadequate residential accommodation, in particular to remedy the problems associated with night sanitation. (HP49)

Main recommendations

To the governor

-
- 10.2 There should be a clear strategy for the management of prisoners on their first night which takes proper account of their particular needs and vulnerabilities. (HP48)
- 10.3 Prisoners should be consulted regularly about their perceptions of safety and appropriate action taken as a result. (HP50)
- 10.4 Robust governance arrangements should be introduced for the use of special accommodation, to ensure it is used for the minimum amount of time necessary and that strip-searching and use of strip clothing are only used as a result of risk assessment. (HP51)
- 10.5 There should be a comprehensive policy for the management of vulnerable prisoners, including prisoners who ask to be moved from normal location for their own protection. The policy should include how problem behaviour and underlying causes will be investigated, options for suitable locations and how individual needs will be met. (HP52)
- 10.6 There should be a full revision of the diversity policy, to ensure that it clearly outlines how the diverse needs of prisoners will be met and effectively managed. The policy should be underpinned by an action plan covering all diversity strands (including foreign nationals) and overseen by a multidisciplinary management committee. (HP53)
- 10.7 The children and families pathway should be developed, supported by a clear action plan. (HP54)

Recommendations

To NOMS

-
- 10.8 Prisons transfer arrangements should ensure that medical records and medication arrive with prisoners. (1.15)
- 10.9 The size of the gym should be increased, to enable a wider range of activities to take place in an appropriate environment. (6.56)
- 10.10 All prisoners should arrive at the prison with an up-to-date offender assessment system (OASys) assessment and sentence plan. (9.17)

Recommendations

To the governor and offender health

- 10.11 The prison should liaise with Great Yarmouth and Waveney Primary Care Trust (PCT) to ensure the commissioning of an annual health needs assessment, to provide accurate data on which to base the services required for prisoners, including work force development and administrative support. (5.7)
- 10.12 The prison should liaise with Great Yarmouth and Waveney PCT to ensure that clinical governance arrangements are reviewed by regular meetings, including representation from health services staff. (5.18)
- 10.13 The prison should liaise with Great Yarmouth and Waveney PCT in order to ensure the commissioning of a dental surgery inspection and needs assessment, to take into account the pressure on appointments caused by a high population turnover with acute needs. If necessary, further dental treatment sessions should be provided. (5.46)

Recommendations

To the governor

Courts, escorts and transfers

- 10.14 Subject to security considerations, prisoners should be given 24 hours' notice of planned transfers, so that they can make a telephone call to their families, and this should be documented. (1.6)

First days in custody: first night

- 10.15 The essential first night information provided should be available in languages other than English. (1.24)
- 10.16 Prisoners should have access to a Listener in reception and on their first night. (1.25)

First days in custody: induction

- 10.17 A comprehensive, structured and multidisciplinary induction programme, which fully occupies prisoners, should be designed and properly coordinated. (1.31)

Residential units: accommodation and facilities

- 10.18 Managers should ensure that staff are visible and available to prisoners on the landings and supervise all areas of the residential units effectively. (2.12)
- 10.19 All telephones should have privacy hoods installed. (2.13)

Residential units: clothing and possessions

- 10.20 Prisoners should be able to have their own clothes sent in to the prison, or exchanged during visits. (2.16)

- 10.21 Prisoners who have saved for items at another establishment should be allowed to have them in possession. (2.17)

Residential units: hygiene

- 10.22 Prisoners should have the opportunity to shower every day. (2.26)

Personal officers

- 10.23 Prisoners located on the first night/induction unit should have a named officer based there, to support them until they are allocated a personal officer on their residential unit. (2.38)
- 10.24 Managers should ensure that personal officers make regular contact with prisoners, support the achievement of sentence plans and properly record their interactions. (2.39)

Bullying and violence reduction

- 10.25 Prisoners who have been identified as perpetrators of bullying or other violent behaviour should have clear individual behaviour targets that address the specific problematic behaviour. (3.12)
- 10.26 Anti-bullying prisoner representatives should be recruited. (3.13)
- 10.27 There should be planned support for victims of violence or bullying which should be properly recorded, monitored and reviewed to ensure that they are effective and that victims feel safe. (3.14)
- 10.28 All unexplained injuries should be investigated and the safer custody committee should have oversight of the extent of unexplained injuries and issues that arise from investigations. (3.15)
- 10.29 A violence reduction prisoner survey should be conducted every year and an action plan devised to address identified concerns. (3.16)

Self-harm and suicide

- 10.30 All staff with prisoner contact should be trained in assessment, care in custody and teamwork (ACCT) procedures. (3.27)
- 10.31 A care suite should be available to support the work of Listeners. (3.28)

Applications and complaints

- 10.32 The prison should investigate the reasons for the high level of prisoner dissatisfaction with the complaints system. (3.42)

Legal rights

- 10.33 Effective advice from trained legal services staff should be readily accessible to prisoners. (3.49)

Faith and religious activity

- 10.34 The mosque should be a facility suitable to accommodate all Muslim prisoners who wish to use it. (3.57)
- 10.35 The necessary changes should be made to the main chapel/multi-faith room on the third floor so that it is accessible to all prisoners and visitors and compliant with the Disability Discrimination Act. (3.58)
- 10.36 Regime activities should be scheduled so that prisoners are able to attend religious services as well as any other activities they wish to participate in. (3.59)

Substance use: clinical management

- 10.37 The integrated drug treatment system (IDTS) waiting area and the medication administration hatch should be located in a place that allows for patient confidentiality. (3.67)
- 10.38 Opiate substitution medication should be administered at a consistent time and as soon as possible in the morning, to allow for prisoners to take part in other purposeful activities. (3.68)

Substance use: drug testing

- 10.39 There should be a joint review of the prescribing of potentially abusable drugs and the risk assessment of in-possession facilities relating to those drugs. (3.76)

Diversity

- 10.40 Efforts should be made to engage with community groups to encourage them to become members of the diversity management committee. (4.6)
- 10.41 There should be regular consultation with prisoners from minority groups and their feedback should be used to inform ongoing development of the diversity policy. (4.7)
- 10.42 Equality of treatment in relation to all diversity strands should be monitored effectively and appropriate action taken where necessary. (4.8)

Diversity: race equality

- 10.43 All staff should be trained in race and cultural awareness. (4.18)
- 10.44 The diversity induction package should be delivered to all new prisoners. (4.19)
- 10.45 Interventions should be introduced to challenge racist behaviour. (4.20)
- 10.46 Racist incident report investigations should be quality assured by an external organisation. (4.21)
- 10.47 Impact assessments of all locally implemented policies and functions should be undertaken to assess their relevance to race equality. (4.22)

Diversity: foreign nationals

- 10.48 There should be a multidisciplinary foreign nationals committee, or equivalent, to ensure that it takes full account of the views of the foreign national prisoner forum, and that the foreign national action plan is implemented. (4.33)
- 10.49 All foreign national prisoners should be entitled to a free telephone call to contact family abroad. (4.34)

Diversity: disability and older prisoners

- 10.50 There should be a policy for the management and support of older prisoners and those with disabilities and reasonable adjustments made to allow prisoners with disabilities full access to the regime and facilities. (4.44)
- 10.51 There should be regular focus groups with older prisoners and those with disabilities to identify emerging issues and offer support. (4.45)
- 10.52 Prisoners' disabilities should be identified as soon as possible after arrival and information relating to their needs, including personal evacuation plans, shared with relevant staff. They should have individual care plans which are subject to ongoing multidisciplinary review so that their changing needs are met. (4.46)
- 10.53 Prisoners over the age of retirement should not have to pay for their televisions. (4.47)
- 10.54 Impact assessments of all locally implemented policies and functions should be undertaken to assess their relevance to older prisoners and those with disabilities. (4.48)

Health services: clinical governance

- 10.55 Prisoners should have access to a dedicated health care forum. (5.19)

Health services: primary care

- 10.56 All prisoners should receive a secondary health screen within 72 hours after their reception. (5.24)
- 10.57 Prisoners should be provided with written information about the health services available, and this should be available in a range of languages other than English. (5.25)
- 10.58 The appointment system should be reviewed and efforts made to reduce the waiting time for routine GP consultations. (5.26)
- 10.59 All nursing staff should have appropriate training to deliver specialist clinics. (5.27)

Health services: pharmacy

- 10.60 The pharmacist and technicians should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (5.34)

- 10.61 All procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. This should include the in-possession policy and an out-of-hours policy. All staff should read and sign the agreed adopted procedures. (5.35)
- 10.62 A step-wise approach to pain management, such as the World Health Organization analgesic ladder, should be used, modified for the prison environment to reduce opiate usage. (5.36)

Health services: mental health

- 10.63 Prisoners should have access to professional counselling services. (5.53)
- 10.64 Prisoners should have access to day-care services. (5.54)
- 10.65 A rolling programme of mental health awareness training should be provided for all prison staff. (5.55)

Learning and skills and work activities: leadership and management

- 10.66 Comprehensive and inclusive systems for coordinating and managing all aspects of learning and skills provision should be developed and implemented as a priority. (6.7)
- 10.67 A system for observing teaching and learning, in order to evaluate their quality and promote the development of consistently good practice, should be devised and implemented. (6.8)
- 10.68 The prison should promote equality and diversity routinely within the curriculum. (6.9)
- 10.69 The prison should systematically and routinely undertake a coordinated collection and analysis of prisoners' views of education and training and PE in order to provide a comprehensive picture of the quality of provision and respond with practical solutions, where possible, to identified areas of concern. (6.10)
- 10.70 The prison should develop highly evaluative self-assessment across education, training and work, as part of robust quality assessment and improvement arrangements. (6.11)

Learning and skills and work activities: induction

- 10.71 The prison should train sufficient education and vocational training staff to support prisoners with identified learning difficulties or learning needs and provide all education and training staff with appropriate awareness training, so that they can identify such prisoners and make appropriate referrals. (6.16)

Learning and skills and work activities: vocational training

- 10.72 The prison should introduce a range of accredited courses, at different levels, in each workshop where qualifications are not currently available. (6.25)
- 10.73 Links with employers and internal partnerships should be strengthened. (6.26)

Learning and skills and work activities: education

- 10.74 The range of accredited education programmes should be expanded to include art, music, drama and creative writing. (6.39)
- 10.75 Prisoners studying through Open University courses should be properly supported. (6.40)

Learning and skills and work activities: library

- 10.76 Prisoners on H wing should have full access to library services. (6.45)
- 10.77 The work carried out by library orderlies should lead to a qualification. (6.46)

Physical education and health promotion

- 10.78 The prefabricated building should be commissioned for use to support learning. (6.57)
- 10.79 A wider range of accredited training in health and PE instruction should be provided. (6.58)

Time out of cell

- 10.80 Prisoners should spend at least 10 hours out of their cells on a weekday. (6.66)
- 10.81 Routines should comply with the published timetable. (6.67)
- 10.82 Prisoners should be provided with the opportunity for at least one hour of exercise in the open air every day. (6.68)
- 10.83 Prisoners should have sufficient time to access all required facilities to prepare for work in the morning. (6.69)
- 10.84 Staff should supervise and interact with prisoners during association. (6.70)
- 10.85 Adequate association and exercise facilities should be provided on H wing. (6.71)

Security and rules

- 10.86 Prisoner movement outside of free-flow times should be less restricted. (7.9)
- 10.87 Strip-searching of prisoners should be carried out only after a thorough risk assessment. (7.10)
- 10.88 Visitors should only be offered a closed visit after an indication by the drug dog if there is additional intelligence to support the imposition of such a measure. (7.11)

Discipline: disciplinary procedures

- 10.89 Robust governance arrangements should be introduced to monitor use of force, ensure it is used as a last resort and supported by accurate documentation. (7.23)

10.90 The temperature in the special accommodation should be improved. (7.24)

Discipline: segregation unit

10.91 The role and function of the segregation unit should be clearly defined and a policy developed to support prisoners' reintegration to normal residential accommodation at the earliest opportunity. Robust governance procedures should be applied to ensure that the use of the segregation unit is in accordance with the policy. (7.30)

10.92 Prisoners located in the segregation unit should have a clear plan which identifies their underlying problems and addresses their individual needs. The plan should include a staged reintegration to normal location as soon as possible. The plan should be reviewed regularly. (7.31)

Incentives and earned privileges

10.93 Robust governance procedures should be put in place to ensure that the incentives and earned privileges scheme is monitored for fairness and consistency of application. (7.39)

Catering

10.94 The time span between delivery and service of meals on the wings should be minimised. (8.7)

10.95 Provision for breakfast packs should be improved. (8.8)

10.96 Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm. (8.9)

Prison shop

10.97 Managers should address the negative survey results surrounding the range of goods available in the shop. (8.21)

10.98 Inaccuracies in prisoners' pay should be investigated and rectified promptly. (8.22)

10.99 Newly arrived prisoners should be able to buy items from the prison shop within 24 hours of their arrival. (8.23)

Strategic management of resettlement

10.100 There should be an up-to-date resettlement strategy, linked to the regional strategy, that is based on a recent assessment of the needs of all categories of prisoner represented at the prison. (9.7)

10.101 The layered approach to offender management should be implemented and all prisoners should have an offender supervisor. (9.8)

10.102 Senior managers should provide the strategic overview and direction necessary to ensure that the resettlement strategy is implemented, monitored and reviewed. (9.9)

Offender management and planning: sentence planning and offender management

- 10.103 Offender supervisor records should contain accurate and up-to-date information on the work being done with prisoners and the ongoing work with offender managers. (9. 18)
- 10.104 The quality of the likelihood of reoffending assessments and plans should be improved. (9.19)
- 10.105 Sentence plans should contain outcome-focused objectives that are measurable, with a specific timescale for their achievement. Adequate attention should be paid to diversity issues to ensure that the needs of minority prisoners from minority groups are met. (9.20)

Resettlement pathways: education, training and employment

- 10.106 A release on temporary licence programme to provide prisoners with meaningful work experience should be developed. (9.37)
- 10.107 Sustainable contacts and partnership working with specialist support and advice agencies and employers in the principal cities to which prisoners are returning should be developed. (9.38)

Resettlement pathways: mental and physical health

- 10.108 Prisoners due to be released should be identified to health care staff and provided with information about health services in the community and a letter for their GP outlining any care and treatment given during their time in the prison. (9.41)
- 10.109 Patients with severe and enduring mental health problems should be managed using the care programme approach. (9.42)

Resettlement pathways: finance, benefit and debt

- 10.110 Access to banking facilities should be expedited. (9.45)

Resettlement pathways: drugs and alcohol

- 10.111 Alcohol awareness group sessions should be made available to more prisoners, regardless of their alcohol use disorders identification test (AUDIT) score, as a preventative measure as well as an intervention. (9.55)
- 10.112 A strategy should be developed to ensure that prison addressing substance related offending (P-ASRO) courses are delivered as planned. (9.56)
- 10.113 External Alcoholics Anonymous and Narcotics Anonymous facilitators should be engaged to lead at least some of the meetings, to enhance their therapeutic value. (9.57)

Resettlement pathways: children and families of offenders

- 10.114 Prisoners should not have to use two visiting orders to have a two-hour visit on the same afternoon. (9.83)
- 10.115 There should be rigorous enforcement of child protection procedures and seating arrangements in the visits hall should minimise the potential for prisoners subject to public protection arrangements having contact with children. (9.84)
- 10.116 Visitors should be able to book their next visit before leaving the prison. (9.85)
- 10.117 Seating in the main hall should be adequately spaced to maximise privacy. (9.86)

Resettlement pathways: attitudes, thinking and behaviour

- 10.118 Staff shortages in offending behaviour programmes should be addressed, to ensure that the number of places provided meets demand. (9.101)
- 10.119 The therapeutic community (TC) should not be used to accommodate lodgers or those who have deselected themselves from treatment. (9.102)
- 10.120 The TC should have a clearly defined role and purpose, and this should be included in the establishment and area resettlement strategies. (9.103)

Housekeeping points

First days in custody: reception

- 10.121 Prisoners should be provided with appropriate resources to occupy them while they wait in holding areas. (1.16)

First days in custody: induction

- 10.122 A full record of each prisoner's progress through induction should be maintained to ensure that all elements are completed. (1.32)

Staff-prisoner relationships

- 10.123 Staff should routinely knock before entering cells. (2.30)

Personal officers

- 10.124 Management checks of the personal officer scheme should take place as outlined in the policy document. (2.40)

Bullying and violence reduction

- 10.125 Safer custody data should be routinely analysed to identify any patterns and trends for oversight by the safer custody committee. (3.17)
- 10.126 Monitoring of prisoners who have perpetrated violent incidents should record daily interaction with the prisoner. (3.18)

Self-harm and suicide

- 10.127 A protocol should be developed to manage the use of the safer cell on H wing and its use should be logged. (3.29)
- 10.128 The safer custody committee should routinely consider analyses of self-harm and suicide prevention data, so that it can carry out its strategic function properly. (3.30)

Applications and complaints

- 10.129 Applications to see the Independent Monitoring Board should be freely available. (3.43)
- 10.130 A record should be kept of responses received to applications and the timeliness monitored. (3.44)

Substance use: clinical management

- 10.131 Counselling, assessment, referral, advice and throughcare (CARAT) workers should be granted sufficient access to SystmOne to facilitate the sharing of IDTS clinical care plans. (3.69)
- 10.132 All prison staff should be made aware of the need to respect prisoners' medical confidentiality. (3.70)

Diversity: race equality

- 10.133 There should be an appropriate level of screening to ensure the accuracy of recording processes. Gypsy/Travellers should be included as a specific ethnic group in all screening and recording procedures. (4.23)

Diversity: foreign nationals

- 10.134 Appropriate training should be provided for the foreign nationals liaison officer. (4.35)
- 10.135 The use of professional interpreting services should be monitored to ensure that prisoners have access to them whenever matters of accuracy and/or confidentiality are a factor. (4.36)

Diversity: disability and older prisoners

- 10.136 A central record should be maintained of prisoners with disabilities. (4.49)

Health services: general

- 10.137 The health care room in reception should be available only to health services staff and accessed with a health care suite key. (5.8)

Health services: clinical governance

- 10.138 Archived clinical records should be secured effectively, to meet the requirements of Caldicott guidelines and the Data Protection Act. (5.20)

Health services: primary care

- 10.139 Prisoners should be provided with appropriate sexual health advice and told how to obtain condoms from the health care department. (5.28)

Health services: pharmacy

- 10.140 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (5.37)
- 10.141 Regular out-of-date checks should be done on all medicines and testing strips. (5.38)
- 10.142 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock. (5.39)
- 10.143 The security of the controlled drugs cabinet key should be improved. (5.40)

Health services: secondary care

- 10.144 An electronic system should be used to manage outside hospital appointments. (5.49)

Learning and skills and work activities: leadership and management

- 10.145 The prison should generate and routinely analyse a wide range of data to identify prisoners' relative levels of achievements, attendance, punctuality and their involvement in education, training and work activities. (6.12)

Learning and skills and work activities: vocational training

- 10.146 Risk assessments should be kept up to date in the workshops. (6.27)
- 10.147 The correct protective clothing should be worn in the workshops. (6.28)
- 10.148 The prison should introduce individual learning plans in workshops, so that personal and vocational skills development and achievement against set targets can be recorded. (6.29)

Learning and skills and work activities: education

- 10.149 Sufficient breaks and refreshment should be provided during three-hour teaching sessions. (6.41)
- 10.150 Targets in individual learning plans should be specific, measurable and timely, and have links to sentence plans. (6.42)

Learning and skills and work activities: library

- 10.151 At least one stand-alone computer with a CD-ROM drive should be provided. (6.47)
- 10.152 Lending data should be routinely input into the library management system and standard monitoring reports produced regularly. (6.48)
- 10.153 Information about the library service should be included in the induction programme. (6.49)

Physical education and health promotion

- 10.154 Drinking water should be provided in the cardiovascular room. (6.59)
- 10.155 Better links should be developed between sentence planning and PE. (6.60)

Security and rules

- 10.156 Prisoners should be informed of the appeal arrangements for closed visits. (7.12)

Discipline: disciplinary procedures

- 10.157 A full enquiry into the circumstances leading to an adjudication should be carried out and reflected in the adjudication records. (7.19)

Discipline: segregation unit

- 10.158 The toilets in the segregation unit should be deep-cleaned. (7.32)
- 10.159 Documentation relating to the use of the segregation unit should be fully completed. (7.33)

Incentives and earned privileges

- 10.160 The IEP scheme should take into account the different types of living accommodation and should specify how it will be applied to those living in shared accommodation. (7.40)

Catering

- 10.161 Food temperatures should be taken and recorded at the point of loading, delivery to the wings and service at hotplates. (8.10)

10.162 Efforts should be made to improve the response rate to the prisoner food survey. (8.11)

Offender management and planning: sentence planning and offender management

10.163 The case record contact diary should be kept electronically, to aid data entry and access. (9.21)

Offender management and planning: public protection

10.164 A member of staff from the security department should attend every public protection meeting. (9.28)

10.165 Risk of serious harm analysis and reviews and risk management plans should be subject to quality assurance to ensure that they are comprehensive and of a good standard. (9.29)

Resettlement pathways: drugs and alcohol

10.166 Designated members of the drug strategy team should attend the meetings regularly. (9.58)

10.167 The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures. (9.59)

10.168 The peer support programme should be extended to include IDTS patients. (9.60)

10.169 All drug testing suites should be kept clean and tidy, to maintain an adequately forensic testing environment. (9.61)

Resettlement pathways: children and families of offenders

10.170 The information on the prison's website should be kept up to date. (9.87)

10.171 The facilities provided by the Ormiston Trust should be well publicised to prisoners. (9.88)

Examples of good practice

Substance use: clinical management

10.172 All IDTS 13-week clinical reviews involved both the prisoner's named CARAT worker and their named clinical treatment IDTS nurse. (3.71)

Prison shop

10.173 Staff reported changes in prisoners' spending patterns, to check on safety issues and possible instances of bullying. (8.24)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Fay Deadman	Team leader
Karen Dillon	Inspector
Sandra Fieldhouse	Inspector
Angela Johnson	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Gary Boughen	Inspector

Samantha Booth	Senior researcher
Rachel Murray	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Paul Roberts	Drugs inspector
Michael Bowen	Health services inspector
Peter Gibbs	Pharmacist
Martin Wedgwood	Dentist

Nick Crombie	Ofsted inspector
Sandra Summers	Ofsted inspector
Allan Shaw	Ofsted inspector

Joe Simpson	POMI Inspector
Eileen O'Sullivan	POMI 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-year-olds	21 and over	%
Sentenced	0	351	81.06
Recall	0	78	18.01
Convicted unsentenced	0	0	
Remand	0	0	
Civil prisoners	0	0	
Detainees	0	4	0.93
Total	0	433	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced	0	0	
Less than 6 months	0	2	0.46
6 months to less than 12 months	0	6	1.39
12 months to less than 2 years	0	21	4.85
2 years to less than 4 years	0	85	19.63
4 years to less than 10 years	0	206	47.58
10 years and over (not life)	0	12	2.77
ISPP	0	55	12.70
Life	0	46	10.62
Total	0	433	100

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years	0	
21 years to 29 years	189	43.64
30 years to 39 years	123	28.41
40 years to 49 years	81	18.70
50 years to 59 years	28	6.47
60 years to 69 years	10	2.31
70 plus years	2	0.46
Please state maximum age	72	
Total	433	100

Nationality	18-20-year-olds	21 and over	%
British	0	359	82.91
Foreign nationals	0	68	15.70
Not stated	0	6	1.39
Total	0	433	100

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	
Uncategorised sentenced	0	0	
Category A	0	0	
Category B	0	0	
Category C	0	427	98.61

Category D	0	6	1.39
Other	0	0	
Total	0	433	100

Ethnicity	18–20-year-olds	21 and over	%
White	0		
British	0	211	48.73
Irish	0	3	0.69
Other white	0	25	5.77
Mixed	0		
White and black Caribbean	0	8	1.85
White and black African	0	1	0.23
White and Asian	0	1	0.23
Other mixed	0	2	0.46
Asian or Asian British	0		
Indian	0	8	1.85
Pakistani	0	14	3.23
Bangladeshi	0	7	1.62
Other Asian	0	10	2.31
Black or black British	0		
Caribbean	0	63	14.55
African	0	43	9.93
Other black	0	20	4.62
Chinese or other ethnic group	0		
Chinese	0		
Other ethnic group	0	7	1.62
Not stated	0	10	2.30
Total	0	433	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.23
Church of England	0	102	23.56
Roman Catholic	0	56	12.93
Other Christian denominations	0		
Muslim	0	80	18.48
Sikh	0	5	1.15
Hindu	0	4	0.92
Buddhist	0	10	2.31
Jewish	0	2	0.46
Other	0	61	14.09
No religion	0	112	25.87
Total	0	433	100

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		0	
1 month to 3 months	0		0	
3 months to 6 months	0		2	0.46
6 months to 1 year	0		6	1.39
1 year to 2 years	0		21	4.85
2 years to 4 years	0		85	19.63
4 years or more	0		319	73.67
Total	0		433	100

Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		0	
1 month to 3 months	0		0	
3 months to 6 months	0		0	
6 months to 1 year	0		0	
1 year to 2 years	0		0	
2 years to 4 years	0		0	
4 years or more	0		0	
Total	0		0	

Main offence	18-20-year-olds	21 and over	%
Violence against the person	0	156	36.03
Sexual offences	0	18	4.16
Burglary	0	45	10.39
Robbery	0	79	18.24
Theft and handling	0	10	2.31
Fraud and forgery	0	9	2.08
Drugs offences	0	77	17.78
Other offences	0	31	7.16
Civil offences	0	0	
Offence not recorded/holding warrant	0	8	1.85
Total	0	433	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 5 January 2011, the prisoner population at HMP Blundeston was 449. The sample size was 180. Overall, this represented 40% of the prisoner population.

Selecting the sample

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

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

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

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- 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, 156 respondents completed and returned their questionnaires. This represented 35% of the prison population. The response rate was 87%. In addition to the seven respondents who refused to complete a questionnaire, 13 questionnaires were not returned and four were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Blundeston in 2006.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.

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

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

Summary

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

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

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

Summary of prisoner survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	1 (1%)
	<i>21 - 29</i>	71 (46%)
	<i>30 - 39</i>	40 (26%)
	<i>40 - 49</i>	24 (16%)
	<i>50 - 59</i>	13 (8%)
	<i>60 - 69</i>	3 (2%)
	<i>70 and over</i>	2 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	139 (91%)
	<i>Yes - on recall</i>	14 (9%)
	<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 6 months</i>	2 (1%)
	<i>6 months to less than 1 year</i>	3 (2%)
	<i>1 year to less than 2 years</i>	13 (9%)
	<i>2 years to less than 4 years</i>	32 (21%)
	<i>4 years to less than 10 years</i>	57 (38%)
	<i>10 years or more</i>	5 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	17 (11%)
	<i>Life</i>	23 (15%)
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>6 months or less</i>	44 (33%)
	<i>More than 6 months</i>	89 (67%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	7 (5%)
	<i>1 to less than 3 months</i>	13 (8%)
	<i>3 to less than 6 months</i>	23 (15%)
	<i>6 to less than 12 months</i>	39 (25%)
	<i>12 months to less than 2 years</i>	39 (25%)
	<i>2 to less than 4 years</i>	21 (14%)
	<i>4 years or more</i>	11 (7%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	25 (16%)
	<i>No</i>	128 (84%)

Q1.8 Is English your first language?
 Yes 126 (85%)
 No 23 (15%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	73 (48%)	<i>Asian or Asian British - Bangladeshi</i>	4 (3%)
<i>White - Irish</i>	6 (4%)	<i>Asian or Asian British - Other</i> ..	2 (1%)
<i>White - Other</i>	9 (6%)	<i>Mixed race - White and black Caribbean</i>	4 (3%)
<i>Black or black British - Caribbean</i>	21 (14%)	<i>Mixed race - White and black African</i>	2 (1%)
<i>Black or black British - African</i>	13 (9%)	<i>Mixed race - White and Asian</i>	2 (1%)
<i>Black or black British - Other..</i>	3 (2%)	<i>Mixed race - Other</i>	1 (1%)
<i>Asian or Asian British - Indian</i>	5 (3%)	<i>Chinese</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	6 (4%)	<i>Other ethnic group</i>	1 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?
 Yes 8 (5%)
 No 138 (95%)

Q1.11 What is your religion?

<i>None</i>	31 (21%)	<i>Hindu</i>	2 (1%)
<i>Church of England</i>	39 (26%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	25 (17%)	<i>Muslim</i>	25 (17%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	4 (3%)
<i>Other Christian denomination</i>	12 (8%)	<i>Other</i>	7 (5%)
<i>Buddhist</i>	3 (2%)		

Q1.12 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	146 (97%)
<i>Homosexual/gay</i>	1 (1%)
<i>Bisexual</i>	4 (3%)
<i>Other</i>	0 (0%)

Q1.13 Do you consider yourself to have a disability?
 Yes 18 (12%)
 No 134 (88%)

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>
57 (37%)	32 (21%)	35 (23%)	30 (19%)

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>
6 (4%)	116 (75%)	32 (21%)

Q1.16	Do you have any children under the age of 18?	
	Yes	82 (53%)
	No.....	72 (47%)

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van	10 (7%)	65 (43%)	24 (16%)	30 (20%)	11 (7%)	7 (5%)	4 (3%)
	Your personal safety during the journey	18 (13%)	66 (47%)	28 (20%)	14 (10%)	11 (8%)	1 (1%)	2 (1%)
	The comfort of the van	4 (3%)	20 (13%)	16 (11%)	49 (33%)	57 (38%)	2 (1%)	2 (1%)
	The attention paid to your health needs	7 (5%)	31 (21%)	36 (25%)	33 (23%)	28 (19%)	3 (2%)	8 (5%)
	The frequency of toilet breaks	3 (2%)	8 (5%)	20 (14%)	30 (20%)	70 (48%)	1 (1%)	15 (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>
		8 (5%)	19 (13%)	94 (62%)	30 (20%)	0 (0%)

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>
		18 (12%)	61 (41%)	47 (31%)	16 (11%)	4 (3%)	4 (3%)

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?	120 (79%)	29 (19%)	3 (2%)
	Before you arrived here did you receive any written information about what would happen to you?	25 (17%)	120 (81%)	4 (3%)
	When you first arrived here did your property arrive at the same time as you?	126 (88%)	17 (12%)	1 (1%)

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>	35 (26%)	<i>Money worries.....</i> 24 (18%)
	<i>Loss of property.....</i>	28 (21%)	<i>Feeling depressed or suicidal.</i> 59 (43%)
	<i>Housing problems.....</i>	29 (21%)	<i>Health problems.....</i> 80 (59%)

Contacting employers	12 (9%)	Needing protection from other prisoners	14 (10%)
Contacting family.....	57 (42%)	Accessing phone numbers.....	45 (33%)
Ensuring dependants were being looked after	16 (12%)	Other.....	6 (4%)

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

Didn't have any problems	52 (39%)	Money worries.....	25 (19%)
Loss of property.....	32 (24%)	Feeling depressed or suicidal.	19 (14%)
Housing problems.....	23 (17%)	Health problems.....	35 (26%)
Contacting employers	11 (8%)	Needing protection from other prisoners	12 (9%)
Contacting family.....	30 (23%)	Accessing phone numbers.....	23 (17%)
Ensuring dependants were looked after	9 (7%)	Other.....	3 (2%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	134 (89%)	11 (7%)	6 (4%)
When you were searched, was this carried out in a respectful way?	97 (66%)	42 (29%)	8 (5%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
22 (14%)	68 (45%)	36 (24%)	20 (13%)	6 (4%)	0 (0%)

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

Information about what was going to happen to you	71 (49%)
Information about what support was available for people feeling depressed or suicidal	67 (46%)
Information about how to make routine requests	67 (46%)
Information about your entitlement to visits.....	63 (43%)
Information about health services	89 (61%)
Information about the chaplaincy	82 (57%)
Not offered anything	38 (26%)

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

A smokers/non-smokers pack.....	125 (83%)
The opportunity to have a shower.....	82 (54%)
The opportunity to make a free telephone call.....	66 (44%)
Something to eat.....	126 (83%)
Did not receive anything	8 (5%)

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

Chaplain or religious leader	82 (55%)
------------------------------------	----------

Someone from health services	111 (74%)
A Listener/Samaritans.....	27 (18%)
Did not meet any of these people.....	27 (18%)

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

Yes	34 (22%)
No.....	118 (78%)

Q3.9 Did you feel safe on your first night here?

Yes.....	123 (83%)
No.....	22 (15%)
Don't remember.....	4 (3%)

Q3.10 How soon after your arrival did you go on an induction course?

Have not been on an induction course.....	40 (26%)
Within the first week	81 (53%)
More than a week	24 (16%)
Don't remember.....	8 (5%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

Have not been on an induction course.....	40 (27%)
Yes	62 (41%)
No.....	35 (23%)
Don't remember.....	13 (9%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	17 (11%)	61 (40%)	24 (16%)	27 (18%)	15 (10%)	9 (6%)
Attend legal visits?	10 (7%)	40 (29%)	25 (18%)	21 (15%)	10 (7%)	33 (24%)
Obtain bail information?	3 (2%)	12 (9%)	26 (20%)	11 (8%)	11 (8%)	68 (52%)

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	17 (11%)
Yes	90 (60%)
No.....	44 (29%)

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	84 (56%)	47 (31%)	14 (9%)	6 (4%)
Are you normally able to have a shower every day?	136 (89%)	15 (10%)	1 (1%)	0 (0%)
Do you normally receive clean sheets every week?	92 (61%)	43 (29%)	7 (5%)	8 (5%)
Do you normally get cell cleaning materials every week?	109 (74%)	37 (25%)	1 (1%)	0 (0%)
Is your cell call bell normally answered within five minutes?	55 (37%)	69 (46%)	20 (13%)	5 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	94 (64%)	49 (33%)	3 (2%)	1 (1%)
Can you normally get your stored property if you need to?	35 (24%)	66 (45%)	35 (24%)	11 (7%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
6 (4%)	16 (11%)	35 (23%)	50 (33%)	45 (30%)

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

<i>Have not bought anything yet</i>	4 (3%)
Yes.....	41 (27%)
No.....	106 (70%)

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	76 (50%)	60 (39%)	8 (5%)	4 (3%)	1 (1%)	3 (2%)
An application form	79 (53%)	63 (43%)	4 (3%)	1 (1%)	1 (1%)	0 (0%)

Q4.7 Have you made an application?

Yes.....	146 (96%)
No.....	6 (4%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	6 (4%)	85 (57%)	57 (39%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	6 (4%)	76 (53%)	61 (43%)

Q4.9 Have you made a complaint?

Yes.....	83 (54%)
No.....	70 (46%)

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)				
		Not made one	Yes	No	
	Do you feel <i>complaints</i> are dealt with fairly?	70 (47%)	21 (14%)	57 (39%)	
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	70 (48%)	25 (17%)	50 (34%)	
	Were you given information about how to make an appeal?	49 (34%)	45 (31%)	52 (36%)	
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?				
	Not made a complaint			70 (47%)	
	Yes			26 (17%)	
	No.....			54 (36%)	
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>
	42 (28%)	13 (9%)	24 (16%)	38 (25%)	21 (14%)
					12 (8%)
Q4.13	What level of the IEP scheme are you on now?				
	Don't know what the IEP scheme is				4 (3%)
	<i>Enhanced</i>				96 (63%)
	<i>Standard</i>				52 (34%)
	<i>Basic</i>				1 (1%)
	<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				4 (3%)
	Yes				76 (51%)
	No				58 (39%)
	<i>Don't know</i>				10 (7%)
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?				
	Don't know what the IEP scheme is				4 (3%)
	Yes				63 (42%)
	No.....				68 (46%)
	<i>Don't know</i>				14 (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)?		7 (5%)	145 (95%)	
	In the last six months have you spent a night in the segregation/care and separation unit?		10 (7%)	140 (93%)	

Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	84 (55%)	30 (20%)	39 (25%)
	Are you able to speak to a religious leader of your faith in private if you want to?	83 (58%)	13 (9%)	47 (33%)
Q4.18	Can you speak to a listener at any time if you want to?	Yes 86 (57%)	No 3 (2%)	<i>Don't know</i> 61 (41%)
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?	116 (77%)	35 (23%)	
	Do most staff treat you with respect?	113 (78%)	31 (22%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	Yes 61 (40%)	No 92 (60%)																				
Q5.2	Do you feel unsafe in this prison at the moment?	Yes 29 (20%)	No 118 (80%)																				
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 92 (64%)</td> <td><i>At mealtimes</i>..... 7 (5%)</td> </tr> <tr> <td><i>Everywhere</i>..... 13 (9%)</td> <td><i>At health services</i>..... 4 (3%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 5 (3%)</td> <td><i>Visit's area</i> 2 (1%)</td> </tr> <tr> <td><i>Association areas</i>..... 11 (8%)</td> <td><i>In wing showers</i>..... 15 (10%)</td> </tr> <tr> <td><i>Reception area</i> 4 (3%)</td> <td><i>In gym showers</i>..... 7 (5%)</td> </tr> <tr> <td><i>At the gym</i>..... 6 (4%)</td> <td><i>In corridors/stairwells</i>..... 15 (10%)</td> </tr> <tr> <td><i>In an exercise yard</i> 12 (8%)</td> <td><i>On your landing/wing</i>..... 18 (13%)</td> </tr> <tr> <td><i>At work</i>..... 6 (4%)</td> <td><i>In your cell</i> 13 (9%)</td> </tr> <tr> <td><i>During movement</i>..... 19 (13%)</td> <td><i>At religious services</i>..... 1 (1%)</td> </tr> <tr> <td><i>At education</i>..... 3 (2%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> 92 (64%)	<i>At mealtimes</i> 7 (5%)	<i>Everywhere</i> 13 (9%)	<i>At health services</i> 4 (3%)	<i>Segregation unit</i> 5 (3%)	<i>Visit's area</i> 2 (1%)	<i>Association areas</i> 11 (8%)	<i>In wing showers</i> 15 (10%)	<i>Reception area</i> 4 (3%)	<i>In gym showers</i> 7 (5%)	<i>At the gym</i> 6 (4%)	<i>In corridors/stairwells</i> 15 (10%)	<i>In an exercise yard</i> 12 (8%)	<i>On your landing/wing</i> 18 (13%)	<i>At work</i> 6 (4%)	<i>In your cell</i> 13 (9%)	<i>During movement</i> 19 (13%)	<i>At religious services</i> 1 (1%)	<i>At education</i> 3 (2%)	
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<i>During movement</i> 19 (13%)	<i>At religious services</i> 1 (1%)																						
<i>At education</i> 3 (2%)																							
Q5.4	Have you been victimised by another prisoner or group of prisoners here?	Yes 30 (20%)	No 121 (80%)																				
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends).....</i></td> <td>12 (8%)</td> <td><i>Because of your sexuality</i>.....</td> <td>2 (1%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends).....</i>	12 (8%)	<i>Because of your sexuality</i>	2 (1%)																
<i>Insulting remarks (about you or your family or friends).....</i>	12 (8%)	<i>Because of your sexuality</i>	2 (1%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	9 (6%)	<i>Because you have a disability...</i>	3 (2%)
<i>Sexual abuse.....</i>	0 (0%)	<i>Because of your religion/religious beliefs.....</i>	2 (1%)
<i>Because of your race or ethnic origin.....</i>	2 (1%)	<i>Because of your age.....</i>	4 (3%)
<i>Because of drugs.....</i>	2 (1%)	<i>Being from a different part of the country than others.....</i>	6 (4%)
<i>Having your canteen/property taken.....</i>	5 (3%)	<i>Because of your offence/crime..</i>	6 (4%)
<i>Because you were new here.....</i>	3 (2%)	<i>Because of gang related issues</i>	7 (5%)

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

Yes.....	44 (29%)
No.....	107 (71%)

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>	27 (18%)	<i>Because you have a disability</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	3 (2%)	<i>Because of your religion/religious beliefs.....</i>	5 (3%)
<i>Sexual abuse.....</i>	0 (0%)	<i>Because of your age.....</i>	5 (3%)
<i>Because of your race or ethnic origin.....</i>	13 (9%)	<i>Being from a different part of the country than others.....</i>	5 (3%)
<i>Because of drugs.....</i>	3 (2%)	<i>Because of your offence/crime.....</i>	8 (5%)
<i>Because you were new here..</i>	7 (5%)	<i>Because of gang related issues.....</i>	3 (2%)
<i>Because of your sexuality.....</i>	0 (0%)		

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

Not been victimised	93 (63%)
Yes.....	22 (15%)
No.....	33 (22%)

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

Yes.....	31 (21%)
No.....	120 (79%)

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

Yes.....	39 (26%)
No.....	111 (74%)

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>
10 (7%)	11 (7%)	7 (5%)	16 (11%)	14 (9%)	93 (62%)

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	15 (10%)	14 (9%)	40 (27%)	18 (12%)	47 (32%)	15 (10%)
The nurse	13 (9%)	20 (14%)	56 (40%)	22 (16%)	23 (16%)	6 (4%)
The dentist	16 (11%)	2 (1%)	13 (9%)	13 (9%)	42 (29%)	59 (41%)
The optician	36 (25%)	6 (4%)	21 (15%)	19 (13%)	35 (25%)	25 (18%)

Q6.2 Are you able to see a pharmacist?

Yes	103 (74%)
No	36 (26%)

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	20 (14%)	20 (14%)	54 (37%)	25 (17%)	21 (14%)	7 (5%)
The nurse	17 (12%)	26 (18%)	64 (44%)	16 (11%)	13 (9%)	8 (6%)
The dentist	46 (32%)	17 (12%)	28 (20%)	20 (14%)	10 (7%)	21 (15%)
The optician	53 (38%)	14 (10%)	34 (24%)	20 (14%)	10 (7%)	10 (7%)

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>
13 (9%)	17 (11%)	51 (34%)	25 (17%)	25 (17%)	18 (12%)

Q6.5 Are you currently taking medication?

Yes	74 (49%)
No	76 (51%)

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>	76 (51%)
Yes	66 (44%)
No	7 (5%)

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

Yes	43 (29%)
No	107 (71%)

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>	119 (82%)
<i>Doctor</i>	10 (7%)
<i>Nurse</i>	7 (5%)
<i>Psychiatrist</i>	9 (6%)
<i>Mental health in-reach team</i>	17 (12%)
<i>Counsellor</i>	4 (3%)
<i>Other</i>	3 (2%)

Q6.9	Did you have a problem with either of the following when you came into this prison?				
			Yes	No	
	Drugs		25 (17%)	124 (83%)	
	Alcohol		20 (15%)	116 (85%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?				
	Yes			8 (5%)	
	No			140 (95%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?				
	Yes			34 (23%)	
	No			3 (2%)	
	<i>Did not/do not have a drug or alcohol problem</i>			111 (75%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc) for your drug/alcohol problem, while in this prison?				
	Yes			32 (22%)	
	No			5 (3%)	
	<i>Did not/do not have a drug or alcohol problem</i>			111 (75%)	
Q6.13	Was the intervention or help you received, while in this prison, helpful?				
	Yes			27 (18%)	
	No			4 (3%)	
	<i>Did not have a problem/have not received help</i>			116 (79%)	
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		7 (5%)	124 (85%)	15 (10%)
	Alcohol		6 (4%)	124 (87%)	13 (9%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?				
	Yes				15 (10%)
	No				9 (6%)
	N/A				120 (83%)

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	92 (63%)
	Vocational or skills training	34 (23%)
	Education (including basic skills)	44 (30%)
	Offending behaviour programmes	28 (19%)
	<i>Not involved in any of these</i>	20 (14%)

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	16 (13%)	64 (52%)	38 (31%)	6 (5%)
Vocational or skills training	21 (22%)	57 (59%)	12 (12%)	7 (7%)
Education (including basic skills)	22 (21%)	66 (62%)	14 (13%)	5 (5%)
Offending behaviour programmes	23 (23%)	49 (49%)	18 (18%)	9 (9%)

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

Don't want to go	11 (8%)
Never.....	17 (12%)
Less than once a week.....	36 (25%)
About once a week.....	51 (35%)
More than once a week.....	22 (15%)
Don't know.....	9 (6%)

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

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
37 (25%)	18 (12%)	11 (8%)	35 (24%)	36 (25%)	7 (5%)	2 (1%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
23 (16%)	22 (15%)	48 (33%)	33 (23%)	17 (12%)	3 (2%)

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

Less than 2 hours.....	11 (8%)
2 to less than 4 hours.....	15 (10%)
4 to less than 6 hours.....	26 (18%)
6 to less than 8 hours.....	50 (35%)
8 to less than 10 hours.....	20 (14%)
10 hours or more.....	14 (10%)
Don't know.....	8 (6%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
4 (3%)	0 (0%)	5 (3%)	17 (12%)	111 (78%)	6 (4%)

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

Do not go on association	6 (4%)
Never.....	26 (18%)
Rarely.....	36 (25%)
Some of the time.....	49 (34%)
Most of the time.....	20 (14%)
All of the time.....	9 (6%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					23 (16%)
	<i>In the first week</i>					73 (50%)
	<i>More than a week</i>					39 (27%)
	<i>Don't remember</i>					12 (8%)
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>
	23 (16%)	33 (23%)	42 (29%)	17 (12%)	19 (13%)	12 (8%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					110 (75%)
	<i>No</i>					36 (25%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					36 (25%)
	<i>Very involved</i>					39 (27%)
	<i>Involved</i>					38 (26%)
	<i>Neither</i>					4 (3%)
	<i>Not very involved</i>					15 (10%)
	<i>Not at all involved</i>					13 (9%)
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>					36 (25%)
	<i>Yes</i>					73 (51%)
	<i>No</i>					33 (23%)
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>					36 (25%)
	<i>Yes</i>					46 (32%)
	<i>No</i>					63 (43%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					58 (40%)
	<i>No</i>					88 (60%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					26 (18%)
	<i>No</i>					121 (82%)

- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 69 (46%)
 No..... 73 (49%)
 Don't know..... 8 (5%)
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 28 (19%)
 No..... 120 (80%)
 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 14 (9%)
 Yes 20 (13%)
 No..... 111 (74%)
 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 |
|---------------------------|-----------|---------------|---------------|------------------|
| 14 (10%) | 116 (79%) | 16 (11%) | 0 (0%) | 0 (0%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 52 (35%)
 Very well..... 14 (9%)
 Well 40 (27%)
 Neither 17 (11%)
 Badly 6 (4%)
 Very badly 3 (2%)
 Don't know..... 16 (11%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 54 (36%)
 No..... 94 (64%)
- Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)**
- | | | | |
|---|----------|---|----------|
| Don't know who to contact . | 56 (42%) | <i>Help with your finances in preparation for release</i> | 38 (28%) |
| <i>Maintaining good relationships</i> | 32 (24%) | <i>Claiming benefits on release</i> .. | 51 (38%) |
| <i>Avoiding bad relationships</i> | 29 (22%) | <i>Arranging a place at college/continuing education on release</i> | 30 (22%) |
| <i>Finding a job on release</i> | 53 (40%) | <i>Continuity of health services on release</i> | 32 (24%) |
| <i>Finding accommodation on release</i> | 54 (40%) | <i>Opening a bank account</i> | 47 (35%) |

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>	53 (39%)	<i>Help with your finances in preparation for release</i>	36 (27%)
<i>Maintaining good relationships</i>	16 (12%)	<i>Claiming benefits on release</i> ..	31 (23%)
<i>Avoiding bad relationships</i>	12 (9%)	<i>Arranging a place at college/continuing education on release</i>	26 (19%)
<i>Finding a job on release</i>	59 (44%)	<i>Continuity of health services on release</i>	17 (13%)
<i>Finding accommodation on release</i>	52 (39%)	<i>Opening a bank account</i>	36 (27%)

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	77 (53%)
<i>No</i>	68 (47%)

Thank you for completing this survey

Main comparator and comparator to last time



Prisoner survey responses HMP Blundeston 2011

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

Key to tables

		HMP Blundeston 2011	Category C training prisons comparator	HMP Blundeston 2011	HMP Blundeston 2006
	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		156	4548	156	81
SECTION 1: General information					
2	Are you under 21 years of age?	1%	2%	1%	0%
3a	Are you sentenced?	100%	100%	100%	100%
3b	Are you on recall?	9%	10%	9%	
4a	Is your sentence less than 12 months?	3%	5%	3%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	6%	11%	
5	Do you have six months or less to serve?	33%	37%	33%	22%
6	Have you been in this prison less than a month?	5%	6%	5%	
7	Are you a foreign national?	16%	12%	16%	21%
8	Is English your first language?	85%	90%	85%	81%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	42%	26%	42%	45%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	4%	6%	
11	Are you Muslim?	17%	11%	17%	
12	Are you homosexual/gay or bisexual?	3%	4%	3%	
13	Do you consider yourself to have a disability?	12%	15%	12%	
14	Is this your first time in prison?	37%	33%	37%	35%
15	Have you been in more than five prisons this time?	21%	14%	21%	
16	Do you have any children under the age of 18?	53%	53%	53%	63%
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?	50%	54%	50%	49%
1b	Was your personal safety during the journey good/very good?	60%	63%	60%	64%
1c	Was the comfort of the van good/very good?	16%	18%	16%	10%
1d	Was the attention paid to your health needs good/very good?	26%	32%	26%	31%
1e	Was the frequency of toilet breaks good/very good?	7%	13%	7%	8%
2	Did you spend more than four hours in the van?	20%	8%	20%	24%
3	Were you treated well/very well by the escort staff?	53%	67%	53%	69%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	83%	79%	68%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	18%	17%	20%
4c	When you first arrived here did your property arrive at the same time as you?	88%	89%	88%	82%

Main comparator and comparator to last time

Key to tables

Key to tables		HMP Blundeston 2011	Category C training prisons comparator	HMP Blundeston 2011	HMP Blundeston 2006
	Any percentage highlighted in green is significantly better				
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	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 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?	21%	14%	21%	
1c	Housing problems?	21%	19%	21%	
1d	Problems contacting employers?	9%	10%	9%	
1e	Problems contacting family?	42%	43%	42%	
1f	Problems ensuring dependants were looked after?	12%	11%	12%	
1g	Money problems?	18%	15%	18%	
1h	Problems of feeling depressed/suicidal?	43%	46%	43%	
1i	Health problems?	59%	58%	59%	
1j	Problems in needing protection from other prisoners?	10%	16%	10%	
1k	Problems accessing phone numbers?	33%	35%	33%	
2	When you first arrived:				
2a	Did you have any problems?	61%	60%	61%	70%
2b	Did you have any problems with loss of property?	24%	15%	24%	25%
2c	Did you have any housing problems?	17%	16%	17%	17%
2d	Did you have any problems contacting employers?	8%	4%	8%	3%
2e	Did you have any problems contacting family?	23%	22%	23%	26%
2f	Did you have any problems ensuring dependants were being looked after?	7%	5%	7%	5%
2g	Did you have any money worries?	19%	15%	19%	22%
2h	Did you have any problems with feeling depressed or suicidal?	14%	14%	14%	21%
2i	Did you have any health problems?	26%	20%	26%	18%
2j	Did you have any problems with needing protection from other prisoners?	9%	5%	9%	5%
2k	Did you have problems accessing phone numbers?	17%	22%	17%	
3a	Were you seen by a member of health services in reception?	89%	90%	89%	70%
3b	When you were searched in reception, was this carried out in a respectful way?	66%	77%	66%	66%
4	Were you treated well/very well in reception?	59%	70%	59%	73%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	49%	52%	49%	52%
5b	Support was available for people feeling depressed or suicidal?	46%	46%	46%	51%
5c	How to make routine requests?	46%	41%	46%	46%
5d	Your entitlement to visits?	43%	46%	43%	54%
5e	Health services?	61%	61%	61%	
5f	The chaplaincy?	57%	53%	57%	

Main comparator and comparator to last time

Key to tables

		HMP Blundeston 2011	Category C training prisons comparator	HMP Blundeston 2011	HMP Blundeston 2006
	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 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?	83%	82%	83%	75%
6b	The opportunity to have a shower?	54%	40%	54%	60%
6c	The opportunity to make a free telephone call?	44%	48%	44%	40%
6d	Something to eat?	83%	77%	83%	89%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	55%	46%	55%	63%
7b	Someone from health services?	74%	75%	74%	75%
7c	A Listener/Samaritans?	18%	29%	18%	41%
8	Did you have access to the prison shop/canteen within the first 24 hours?	22%	21%	22%	53%
9	Did you feel safe on your first night here?	83%	83%	83%	80%
10	Have you been on an induction course?	74%	92%	74%	91%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	56%	65%	56%	49%
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?	51%	50%	51%	
1b	Attend legal visits?	36%	55%	36%	
1c	Obtain bail information?	12%	18%	12%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	60%	41%	60%	42%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	56%	60%	56%	68%
3b	Are you normally able to have a shower every day?	89%	93%	89%	98%
3c	Do you normally receive clean sheets every week?	61%	81%	61%	83%
3d	Do you normally get cell cleaning materials every week?	74%	75%	74%	68%
3e	Is your cell call bell normally answered within five minutes?	37%	40%	37%	44%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	70%	64%	61%
3g	Can you normally get your stored property if you need to?	24%	30%	24%	29%
4	Is the food in this prison good/very good?	15%	29%	15%	19%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	27%	46%	27%	42%
6a	Is it easy/very easy to get a complaints form?	89%	86%	89%	90%
6b	Is it easy/very easy to get an application form?	96%	90%	96%	91%
7	Have you made an application?	96%	89%	96%	85%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Blundeston 2011	Category C training prisoners comparator	HMP Blundeston 2011	HMP Blundeston 2006	
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: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	60%	60%	60%	50%
8b	Do you feel applications are dealt with promptly (within seven days)?	56%	52%	56%	50%
9	Have you made a complaint?	54%	56%	54%	69%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	27%	34%	27%	46%
10b	Do you feel complaints are dealt with promptly (within seven days)?	34%	40%	34%	47%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	24%	33%	25%
10c	Were you given information about how to make an appeal?	31%	30%	31%	37%
12	Is it easy/very easy to see the Independent Monitoring Board?	25%	37%	25%	44%
13	Are you on the enhanced (top) level of the IEP scheme?	63%	61%	63%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	58%	51%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	48%	42%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	5%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	10%	7%	
13a	Do you feel your religious beliefs are respected?	55%	54%	55%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	58%	58%	65%
14	Are you able to speak to a Listener at any time if you want to?	57%	62%	57%	64%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	73%	77%	74%
15b	Do most staff, in this prison, treat you with respect?	78%	74%	78%	81%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	40%	30%	40%	40%
2	Do you feel unsafe in this prison at the moment?	20%	14%	20%	
4	Have you been victimised by another prisoner?	20%	19%	20%	28%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	9%	8%	16%
5b	Hit, kicked or assaulted you?	6%	5%	6%	5%
5c	Sexually abused you?	0%	1%	0%	0%
5d	Victimised you because of your race or ethnic origin?	1%	4%	1%	9%
5e	Victimised you because of drugs?	1%	3%	1%	1%
5f	Taken your canteen/property?	3%	4%	3%	3%
5g	Victimised you because you were new here?	2%	4%	2%	6%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	2%	2%	2%	
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
5k	Victimised you because of your age?	3%	2%	3%	
5l	Victimised you because you were from a different part of the country?	4%	5%	4%	5%
5m	Victimised you because of your offence/crime?	4%	3%	4%	
5n	Victimised you because of gang related issues?	5%	3%	5%	

Main comparator and comparator to last time

Key to tables

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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?	29%	22%	29%	31%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	18%	10%	18%	19%
7b	Hit, kicked or assaulted you?	2%	3%	2%	0%
7c	Sexually abused you?	0%	1%	0%	1%
7d	Victimised you because of your race or ethnic origin?	9%	5%	9%	10%
7e	Victimised you because of drugs?	2%	3%	2%	1%
7f	Victimised you because you were new here?	5%	5%	5%	4%
7g	Victimised you because of your sexuality?	0%	1%	0%	
7h	Victimised you because you have a disability?	1%	2%	1%	
7i	Victimised you because of your religion/religious beliefs?	3%	3%	3%	
7j	Victimised you because of your age?	3%	2%	3%	
7k	Victimised you because you were from a different part of the country?	3%	4%	3%	9%
7l	Victimised you because of your offence/crime?	5%	4%	5%	
7m	Victimised you because of gang related issues?	2%	2%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	40%	39%	40%	35%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	21%	21%	31%
10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	19%	26%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	14%	34%	14%	36%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	36%	40%	36%	
1b	Is it easy/very easy to see the nurse?	54%	64%	54%	
1c	Is it easy/very easy to see the dentist?	10%	14%	10%	
1d	Is it easy/very easy to see the optician?	19%	18%	19%	
2	Are you able to see a pharmacist?	74%	53%	74%	
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?	58%	53%	58%	40%
3b	The nurse?	71%	66%	71%	52%
3c	The dentist?	47%	44%	47%	63%
3d	The optician?	55%	46%	55%	55%
4	The overall quality of health services?	50%	46%	50%	38%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Health services continued					
5	Are you currently taking medication?	49%	43%	49%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	90%	88%	90%	
7	Do you feel you have any emotional well-being/mental health issues?	29%	25%	29%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	32%	34%	32%	
8b	A doctor?	27%	33%	27%	
8c	A nurse?	18%	18%	18%	
8d	A psychiatrist?	24%	17%	24%	
8e	The mental health in-reach team?	45%	32%	45%	
8f	A counsellor?	10%	11%	10%	
9a	Did you have a drug problem when you came into this prison?	17%	19%	17%	13%
9b	Did you have an alcohol problem when you came into this prison?	15%	13%	15%	4%
10a	Have you developed a drug problem since you have been in this prison?	5%	9%	5%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	92%	88%	92%	
12	Have you received any help or intervention while in this prison?	87%	77%	87%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	88%	74%	88%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	15%	22%	15%	19%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	13%	16%	13%	7%
For those who may have a drug or alcohol problem on release, do you know who in this					
15	Can help you contact external drug or alcohol agencies on release?	62%	58%	62%	59%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	63%	64%	63%	
1b	Vocational or skills training?	23%	19%	23%	
1c	Education (including basic skills)?	30%	31%	30%	
1d	Offending behaviour programmes?	19%	17%	19%	
2ai	Have you had a job while in this prison?	87%	86%	87%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	59%	46%	59%	
2bi	Have you been involved in vocational or skills training while in this prison?	78%	76%	78%	
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?	75%	64%	75%	
2ci	Have you been involved in education while in this prison?	79%	82%	79%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	78%	67%	78%	
2di	Have you been involved in offending behaviour programmes while in this prison?	77%	75%	77%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	65%	61%	65%	
3	Do you go to the library at least once a week?	50%	47%	50%	48%
4	On average, do you go to the gym at least twice a week?	54%	53%	54%	56%
5	On average, do you go outside for exercise three or more times a week?	34%	52%	34%	51%
6	On average, do you spend ten or more hours out of your cell on a weekday?	10%	15%	10%	13%
7	On average, do you go on association more than five times each week?	78%	76%	78%	55%
8	Do staff normally speak to you most of the time/all of the time during association?	20%	18%	20%	23%
SECTION 8: Resettlement					
1	Do you have a personal officer?	84%	74%	84%	85%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	61%	62%	61%	58%
For those who are sentenced:					
3	Do you have a sentence plan?	75%	66%	75%	51%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	71%	59%	71%	62%
5	Can you achieve some/all of your sentence plan targets in this prison?	69%	70%	69%	
6	Are there plans for you to achieve some/all your targets in another prison?	42%	37%	42%	
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?	40%	32%	40%	
8	Do you feel that any member of staff has helped you to prepare for release?	18%	18%	18%	
9	Have you had any problems with sending or receiving mail?	46%	39%	46%	25%
10	Have you had any problems getting access to the telephones?	19%	21%	19%	24%
11	Did you have a visit in the first week that you were here?	13%	23%	13%	19%
12	Did you receive one or more visits in the last week?	11%	31%	11%	

Main comparator and comparator to last time

Key to tables

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	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)	56%	52%	56%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	36%	38%	36%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	24%	17%	24%	
15c	Avoiding bad relationships?	22%	13%	22%	
15d	Finding a job on release?	40%	39%	40%	42%
15e	Finding accommodation on release?	40%	41%	40%	51%
15f	With money/finances on release?	28%	28%	28%	27%
15g	Claiming benefits on release?	38%	41%	38%	44%
15h	Arranging a place at college/continuing education on release?	23%	27%	23%	37%
15i	Accessing health services on release?	24%	30%	24%	37%
15j	Opening a bank account on release?	35%	27%	35%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	12%	11%	12%	
16c	Avoiding bad relationships?	9%	12%	9%	
16d	Finding a job?	44%	44%	44%	
16e	Finding accommodation?	39%	38%	39%	
16f	Money/finances?	27%	34%	27%	
16g	Claiming benefits?	23%	28%	23%	
16h	Arranging a place at college/continuing education?	19%	21%	19%	
16i	Accessing health services?	13%	17%	13%	
16j	Opening a bank account?	27%	32%	27%	
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?	53%	55%	53%	81%

Diversity Analysis



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

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		64	88	25	128	25	124
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.7	Are you a foreign national?	24%	12%			28%	14%
1.8	Is English your first language?	78%	89%	40%	93%	72%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			60%	39%	88%	32%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	8%	9%	5%	0%	7%
1.11	Are you Muslim?	36%	4%	29%	14%		
1.12	Do you consider yourself to have a disability?	6%	15%	0%	14%	4%	13%
1.13	Is this your first time in prison?	47%	30%	64%	32%	40%	36%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	35%	21%	30%	26%	30%	26%
2.3	Were you treated well/very well by the escort staff?	48%	55%	54%	52%	62%	51%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	73%	85%	67%	82%	85%	79%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	42%	41%	46%	40%	61%	38%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	42%	44%	50%	42%	48%	42%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	62%	56%	67%	57%	56%	58%
3.2a	Did you have any problems when you first arrived?	65%	58%	62%	61%	75%	58%
3.3a	Were you seen by a member of health care staff in reception?	92%	86%	84%	90%	100%	88%
3.3b	When you were searched in reception, was this carried out in a respectful way?	59%	73%	72%	65%	56%	71%
3.4	Were you treated well/very well in reception?	60%	61%	64%	59%	64%	61%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	68%	80%	62%	77%	84%	74%
3.9	Did you feel safe on your first night here?	79%	86%	74%	84%	88%	82%
3.10	Have you been on an induction course?	80%	69%	76%	73%	88%	72%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	49%	54%	50%	51%	54%	50%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	55%	57%	46%	58%	64%	56%
4.3b	Are you normally able to have a shower every day?	87%	92%	85%	91%	96%	88%
4.3e	Is your cell call bell normally answered within five minutes?	37%	37%	25%	39%	36%	37%
4.4	Is the food in this prison good/very good?	21%	11%	20%	14%	29%	12%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	32%	23%	54%	22%	29%	27%
4.6a	Is it easy/very easy to get a complaints form?	87%	92%	85%	91%	88%	90%
4.6b	Is it easy/very easy to get an application form?	100%	94%	92%	97%	96%	97%
4.9	Have you made a complaint?	51%	55%	44%	56%	48%	54%
4.13	Are you on the enhanced (top) level of the IEP scheme?	55%	69%	38%	68%	44%	67%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	59%	26%	56%	58%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	46%	28%	45%	43%	43%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	4%	8%	4%	13%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	7%	4%	6%	9%	6%
4.17a	Do you feel your religious beliefs are respected?	62%	49%	64%	53%	85%	50%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	57%	71%	55%	96%	50%
4.18	Are you able to speak to a Listener at any time if you want to?	52%	61%	58%	57%	52%	58%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	73%	91%	74%	76%	78%
4.19b	Do most staff, in this prison, treat you with respect?	72%	83%	78%	79%	79%	79%
5.1	Have you ever felt unsafe in this prison?	40%	39%	40%	40%	44%	38%
5.2	Do you feel unsafe in this prison at the moment?	19%	20%	25%	19%	13%	20%
5.4	Have you been victimised by another prisoner?	24%	15%	29%	18%	13%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	0%	0%	2%	0%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	4%	0%	3%	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	0%	2%	0%	2%
5.6	Have you been victimised by a member of staff?	33%	26%	33%	29%	24%	29%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	6%	21%	6%	0%	9%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.7h	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	2%	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%	4%	3%	4%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	15%	22%	20%	13%	21%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	24%	17%	28%	25%	26%
5.11	Is it easy/very easy to get illegal drugs in this prison?	13%	15%	17%	14%	13%	15%
6.1a	Is it easy/very easy to see the doctor?	38%	36%	10%	41%	36%	38%
6.1b	Is it easy/ very easy to see the nurse?	53%	57%	37%	58%	48%	56%
6.2	Are you able to see a pharmacist?	71%	76%	54%	77%	84%	73%
6.5	Are you currently taking medication?	41%	55%	44%	50%	20%	55%
6.7	Do you feel you have any emotional well-being/mental health issues?	24%	32%	17%	30%	20%	30%
7.1a	Are you currently working in the prison?	51%	72%	54%	65%	61%	65%
7.1b	Are you currently undertaking vocational or skills training?	38%	13%	21%	24%	44%	20%
7.1c	Are you currently in education (including basic skills)?	43%	22%	54%	26%	44%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	15%	23%	9%	22%	22%	20%
7.3	Do you go to the library at least once a week?	55%	45%	65%	47%	42%	50%
7.4	On average, do you go to the gym at least twice a week?	64%	45%	58%	53%	58%	52%
7.5	On average, do you go outside for exercise three or more times a week?	35%	35%	44%	33%	44%	33%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	8%	11%	9%	10%	17%	9%
7.7	On average, do you go on association more than five times each week?	70%	84%	58%	81%	83%	79%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	18%	21%	14%	21%	30%	19%
8.1	Do you have a personal officer?	83%	86%	79%	86%	91%	84%
8.9	Have you had any problems sending or receiving mail?	39%	49%	38%	47%	35%	47%
8.10	Have you had any problems getting access to the telephones?	23%	14%	29%	16%	14%	18%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Blundeston 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		18	134
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	0%	17%
1.8	Is English your first language?	94%	85%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	23%	45%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	4%
1.11	Are you Muslim?	6%	18%
1.14	Is this your first time in prison?	12%	40%
2.1d	Was the attention paid to your health needs good/very good?	29%	26%
2.3	Were you treated well/very well by the escort staff?	47%	54%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	88%	78%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	57%	39%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	44%	43%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	70%	56%
3.2a	Did you have any problems when you first arrived?	61%	60%
3.3a	Were you seen by a member of health care staff in reception?	82%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	53%	68%
3.4	Were you treated well/very well in reception?	29%	63%
3.7b	Did you have access to someone from health care within the first 24 hours?	78%	74%
3.9	Did you feel safe on your first night here?	77%	84%
3.10	Have you been on an induction course?	44%	77%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	52%

Diversity Analysis - Disability

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		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	56%
4.3b	Are you normally able to have a shower every day?	94%	89%
4.3e	Is your cell call bell normally answered within five minutes?	41%	36%
4.4	Is the food in this prison good/very good?	18%	14%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	12%	29%
4.6a	Is it easy/very easy to get a complaints form?	88%	90%
4.6b	Is it easy/very easy to get an application form?	94%	97%
4.9	Have you made a complaint?	59%	53%
4.13	Are you on the enhanced (top) level of the IEP scheme?	73%	61%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	23%	45%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	12%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	6%
4.17a	Do you feel your religious beliefs are respected?	53%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	43%	60%
4.18	Are you able to speak to a Listener at any time if you want to?	47%	60%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	53%	79%
4.19b	Do most staff, in this prison, treat you with respect?	78%	78%
5.1	Have you ever felt unsafe in this prison?	65%	37%
5.2	Do you feel unsafe in this prison at the moment?	33%	18%
5.4	Have you been victimised by another prisoner?	35%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
5.5i	Victimised you because you have a disability?	18%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	1%
5.6	Have you been victimised by a member of staff?	41%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	9%
5.7h	Victimised you because you have a disability?	12%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%

Diversity Analysis - Disability

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?	47%	18%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	25%
5.11	Is it easy/very easy to get illegal drugs in this prison?	18%	14%
6.1a	Is it easy/very easy to see the doctor?	44%	35%
6.1b	Is it easy/ very easy to see the nurse?	73%	52%
6.2	Are you able to see a pharmacist?	74%	74%
6.5	Are you currently taking medication?	87%	44%
6.7	Do you feel you have any emotional well-being/mental health issues?	76%	23%
7.1a	Are you currently working in the prison?	67%	63%
7.1b	Are you currently undertaking vocational or skills training?	21%	24%
7.1c	Are you currently in education (including basic skills)?	14%	31%
7.1d	Are you currently taking part in an offending behaviour programme?	14%	20%
7.3	Do you go to the library at least once a week?	37%	51%
7.4	On average, do you go to the gym at least twice a week?	26%	56%
7.5	On average, do you go outside for exercise three or more times a week?	14%	36%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	13%	10%
7.7	On average, do you go on association more than five times each week?	70%	79%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	13%	21%
8.1	Do you have a personal officer?	87%	84%
8.9	Have you had any problems sending or receiving mail?	63%	45%
8.10	Have you had any problems getting access to the telephones?	7%	20%



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

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

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	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		18	136
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	17%	16%
1.8	Is English your first language?	94%	83%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	22%	44%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	6%
1.11	Are you Muslim?	0%	19%
1.13	Do you consider yourself to have a disability?	17%	11%
1.14	Is this your first time in prison?	33%	37%
2.1d	Was the attention paid to your health needs good/very good?	23%	26%
2.3	Were you treated well/very well by the escort staff?	53%	52%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	94%	77%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	26%	44%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	26%	46%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	59%
3.2a	Did you have any problems when you first arrived?	61%	62%
3.3a	Were you seen by a member of health care staff in reception?	83%	89%
3.3b	When you were searched in reception, was this carried out in a respectful way?	94%	62%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	83%	56%
3.7b	Did you have access to someone from health care within the first 24 hours?	76%	74%
3.9	Did you feel safe on your first night here?	94%	81%
3.10	Have you been on an induction course?	71%	74%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	67%	49%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	78%	52%
4.3b	Are you normally able to have a shower every day?	94%	89%
4.3e	Is your cell call bell normally answered within five minutes?	44%	36%
4.4	Is the food in this prison good/very good?	22%	13%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	33%	27%
4.6a	Is it easy/very easy to get a complaints form?	89%	90%
4.6b	Is it easy/very easy to get an application form?	88%	97%
4.9	Have you made a complaint?	73%	52%
4.13	Are you on the enhanced (top) level of the IEP scheme?	83%	60%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	82%	48%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	44%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	8%
4.17a	Do you feel your religious beliefs are respected?	67%	53%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	80%	55%

Key to tables

Diversity Analysis - Age

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	71%	55%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	87%	76%
4.15b	Do most staff, in this prison, treat you with respect?	100%	76%
5.1	Have you ever felt unsafe in this prison?	39%	40%
5.2	Do you feel unsafe in this prison at the moment?	12%	21%
5.4	Have you been victimised by another prisoner?	22%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
5.5i	Victimised you because you have a disability?	6%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	0%
5.5k	Have you been victimised because of your age? (By prisoners)	12%	2%
5.6	Have you been victimised by a member of staff?	6%	32%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	9%
5.7h	Victimised you because you have a disability?	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	4%
5.7j	Have you been victimised because of your age? (By staff)	0%	4%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	33%	19%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	0%	30%
5.11	Is it easy/very easy to get illegal drugs in this prison?	22%	13%
6.1a	Is it easy/very easy to see the doctor?	39%	36%
6.1b	Is it easy/ very easy to see the nurse?	76%	51%
6.2	Are you able to see a pharmacist?	67%	75%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.5	Are you currently taking medication?	67%	47%
6.7	Do you feel you have any emotional well-being/mental health issues?	17%	31%
7.1a	Are you currently working in the prison?	65%	63%
7.1b	Are you currently undertaking vocational or skills training?	18%	25%
7.1c	Are you currently in education (including basic skills)?	12%	33%
7.1d	Are you currently taking part in an offending behaviour programme?	12%	20%
7.3	Do you go to the library at least once a week?	50%	50%
7.4	On average, do you go to the gym at least twice a week?	50%	53%
7.5	On average, do you go outside for exercise three or more times a week?	44%	33%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	18%	9%
7.7	On average, do you go on association more than five times each week?	65%	79%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	20%
8.1	Do you have a personal officer?	82%	85%
8.9	Have you had any problems sending or receiving mail?	33%	47%
8.10	Have you had any problems getting access to the telephones?	12%	19%