

Report on an unannounced inspection of

# **HMP Doncaster**

2–12 November 2010

by HM Chief Inspector of Prisons

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# Introduction

Doncaster prison was a busy city-centre category B local prison holding just over 1,000 remand and sentenced young and adult male prisoners. It processed about 2,000 new arrivals a month. Many prisoners were doubled up in cells designed for one. It was, therefore, a challenging prison to run – but the prison rose to that challenge well.

The prison sought to maintain a proper balance between security and respect and was largely successful in doing so.

The prison had a zero-tolerance approach to substance use and violence, which was enforced by a particularly tough incentives and earned privileges (IEP) scheme that regulated prisoners' entitlements according to their behaviour. About 5% of prisoners were on the basic level of the scheme and fewer prisoners were on the top level than in comparable prisons. The scheme was too restrictive and needed better governance to make it fairer and more consistent.

Despite these reservations, the overall approach was effective. The number of adjudications (the most serious disciplinary process) had fallen sharply since the last inspection. Drug use was relatively low and the number of positive results from the random testing process was well within target. Most importantly, prisoners themselves reported positively on the way staff treated them; we saw good friendly interactions and first names were commonly used. We saw excellent staff-prisoner relationships in the segregation unit where some of the most challenging and troubled prisoners were held.

Incentives for good behaviour were underpinned by very good resettlement work which provided motivation for those prisoners who wanted help to resettle successfully when they left the prison. The work with families was among the best I have seen and there was some excellent work to help fathers of young children and babies sustain positive contact with their families. Of course, some things the prison could not solve. In the last year, 123 prisoners had left with no accommodation – hardly a recipe for staying out of trouble. As in many prisons, inexplicably, good work to help prisoners with a drug problem was not available to support prisoners who were primary alcohol users.

In addition to the IEP scheme, Doncaster had two main areas where it needed to improve.

Vulnerable prisoners had a poor regime. They were held on one wing adjacent to young adult units. Relationships with staff were reasonable but there was very little meaningful activity for them and most were locked in their cells for most of the core day. When they were out of their cells in the exercise yards, they were the subject of abuse from the adjacent young adults and they also felt threatened when they were in other parts of the prison, such as health care. Staff did too little to prevent this.

Although the amount of education, training and work available for vulnerable prisoners was particularly poor, it was not good for any prisoner. There was the equivalent of full-time activity places for only about half the population, although what was provided was generally of a good standard. Unemployed prisoners were only unlocked for five hours or less a day.

Prison capacity is not simply a matter of how many prisoners can be crammed into the cells – it is also a matter of whether the prison has the resources and space to do anything useful with them.

Nick Hardwick  
HM Chief Inspector of Prisons

February 2011

# Fact page

## **Task of the establishment**

HMP Doncaster is a category B local prison accommodating both young and adult prisoners.

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

Managed privately by Serco

## **Region/Department**

The prison contract is currently managed by Yorkshire and Humberside Director of Offender Management.

## **Number held**

1,070

## **Certified normal accommodation**

713

## **Operational capacity**

1,145

## **Date of last full inspection**

Unannounced full follow-up inspection February 2008

## **Brief history**

The prison was built by the Prison Service on the site of a former power station in the town centre, on an island between a river and a canal. It opened in June 1994.

## **Short description of residential units**

Prisoners are accommodated primarily in three identical house blocks, each comprising four separate living areas (wings) which are triangular in shape. Additional accommodation is afforded in the Annexe on the ground floor of the health centre. Although sharing the building, the Annexe is not part of the health centre function. Each wing houses prisoners in cells on two levels surrounding a carpeted association area. Residential wings are equipped with showers, telephones, meal serving facilities and associated gym equipment. The health care centre has 29 beds for inpatient use on the upper level. The reorientation (segregation) unit has 22 cells, with one dirty protest cell and two unfurnished special cells.

## **Escort contractor**

G4S

## **Health service commissioner and providers**

Serco Health

Doncaster PCT

Nottinghamshire NHS Trust

## **Learning and skills providers**

In-house; intention to transfer to Manchester College in July 2011



# Healthy prison summary

## Introduction

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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:

<b>Safety</b>	prisoners, even the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	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

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HP3 Reception lacked privacy but staff were welcoming to new arrivals. There were delays in moving new prisoners to the induction unit for their first night. The induction

process was comprehensive. Violence reduction and suicide prevention measures were sound and most prisoners reported feeling safe, although the quality of some assessment, care in custody and teamwork (ACCT) documents was poor. Vulnerable prisoners were disadvantaged. There was good care of segregated prisoners and most were reintegrated. There was an overuse of overnight segregation pending adjudications. Clinical management of substance misuse had improved and there was an effective supply reduction strategy. Overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Relationships between escort and reception staff were good, and information about prisoners was shared systematically. Reception was generally clean and well decorated. Holding rooms were adequately designed, reasonably equipped and levels of staff supervision were good. Staff were welcoming, respectful and focused on prisoner safety but there were no facilities to interview prisoners in private here or on the induction unit, where they spent their first night. Good use was made of a peer support worker in both areas. Prisoners spent too long in reception.
- HP5 The induction unit was reasonably welcoming. There were no dedicated first night cells and handover procedures did not routinely include specific information about the location of new prisoners. Written accounts of first night interviews did not give assurances that immediate needs were met. Prisoners received a two-day induction programme, which contained a range of useful information.
- HP6 Structures and processes to deal with bullying and levels of violence in general were sound. There was an overarching violence reduction strategy, based on an analysis of the pattern of violence in the prison. Information was analysed and used to inform some innovative interventions to reduce violence. Some bullying was evident but the overall number of reported incidents was decreasing. Reporting systems were effective and the quality of investigations into alleged incidents was good.
- HP7 The vulnerable prisoner unit was generally well maintained but the daily regime was poor. Most prisoners reported feeling safe when on the unit but complained that they were regularly intimidated and abused by other prisoners elsewhere in the prison.
- HP8 A comprehensive strategy document, recently reviewed and specific to the needs of prisoners at risk of self-harm, was well promoted and understood by staff and prisoners. A well-attended multidisciplinary safer custody committee met monthly to monitor and ensure consistent implementation of the policy. An interim review of procedures had taken place following two self-inflicted deaths in 2010 and an action plan had been raised.
- HP9 The quality of the large number of assessment, care in custody and teamwork (ACCT) forms was inconsistent and many were poor. The buddy peer support system was well supported but vulnerable prisoners were not incorporated.
- HP10 Physical and procedural security was appropriate. Intelligence received from all areas of the establishment was acted on but not always swiftly enough. Prison rules were explained during induction but not applied consistently across the wings.
- HP11 The segregation unit had been renamed as the reorientation unit and was bright and clean. Staff-prisoner relationships there were appropriately relaxed. The cognitive behavioural workbook, Think It Over, was offered to all prisoners on the unit. Most prisoners were successfully reintegrated from the unit. Many prisoners were held

overnight pending adjudication. The regime was reasonable but there was no in-cell electricity.

- HP12 The number of adjudications had fallen. They were run well and the punishments given were fair and consistent with the published tariff. Files showed some poor recording and investigating of the offence, as did adjudications overturned on appeal. These issues were picked up through good governance arrangements.
- HP13 Use of force incidents were at similar levels to those of the previous year and de-escalation was in evidence. Some planned and spontaneous incidents had been video-recorded but the quality of these recordings was poor. Quality assurance arrangements were sound for documentation but ad hoc for video evidence. Special accommodation had not been used in 2010.
- HP14 Drug- or alcohol-dependent prisoners received treatment immediately and the stabilisation unit provided a safe environment for them. There were not enough specialist GP sessions for treatment reviews. There was insufficient support for prisoners undergoing alcohol detoxification and prescribing protocols did not adhere to national guidance. There was some joint but not fully integrated work between clinical, integrated drug treatment system (IDTS) and counselling, assessment, referral, advice and throughcare (CARAT) services and no designated dual diagnosis service for this group.
- HP15 Security measures were proactive and the year-to-date random mandatory drug testing rate was low. Just under a third of suspicion tests conducted since April 2010 had been positive, indicating a need for more prompt action.

## Respect

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HP16 The external environment was littered but internal areas were generally well decorated and clean. Staff-prisoner relationships were good but the key officer scheme operated only nominally. Wing files were poor. The structure and application of the incentives and earned privileges scheme required attention. Wider diversity provision was undeveloped. Primary health care services had improved and mental health services were responsive. Overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP17 The external environment was littered. Prisoners' cells were mostly clean, well decorated and reasonably equipped, although lacked cupboards. Single cells on the ground floors were shared by two prisoners and were cramped. Communal areas were clean and tidy, although carpets were worn. There was good access to showers. Laundries generally worked effectively but prisoners reported problems accessing sufficient prison-issue clothing. Young adults were mostly co-located on house block 1, with consistent staff supervision, well-established boundaries and equitable access to activities and offending behaviour programmes. There was reasonable provision of telephones on the wings but no telephone calls could be made after 6.30pm, which had a large impact on those whose families and friends worked and those calling abroad.
- HP18 A comprehensive incentives and earned privileges policy set out the process for allocating prisoners to three levels of privilege but there was poor governance and

inconsistent application. A large number of prisoners were on the basic level and a relatively small proportion on enhanced. The basic level was too restrictive. The prison had a robust approach to poor and dangerous behaviour but too often action was taken arbitrarily for minor misdemeanours and not according to the policy.

- HP19 Staff–prisoner-relationships were good. Prisoners reported favourably against comparator prisons about being treated with respect and having someone they could approach.<sup>1</sup> There was good interaction between staff and prisoners on association, although supervision was better on some wings than on others. Staff were responsive to requests for help.
- HP20 Key officers were allocated to prisoners by location. Few prisoners said that they knew who their key worker was but said they would approach most members of staff for help. Wing files were poor, with few key officer entries and generally few entries unless a prisoner exhibited poor behaviour. Staff knew prisoners well, although knowledge tended to be based more on behaviour and activity than on personal circumstances or resettlement needs. There were no regular management checks on the quality of key officer input.
- HP21 Most prisoner perceptions of the quality of the food were good, although they complained about long standing times between delivery and service at lunchtime. The kitchen was clean and well organised, those involved in food preparation had been trained and most serveries were reasonably clean. There were good levels of dining in association. Consultation arrangements for both catering and the shop were responsive. The shop system was efficient. The automated transaction machines provided prisoners with easy access to the shop list and ordering system.
- HP22 The diversity and race equality policy was comprehensive and addressed all aspects of diversity at a strategic level. The delivery of the policy for race equality was good but underdeveloped for other aspects of diversity. Action was taken on issues raised by prisoners and any ethnic monitoring data anomalies. There was no consultation with any diversity subgroups. Diversity prisoner representatives were well supported and highly visible throughout the prison.
- HP23 Older prisoners were monitored and care plans put in place where needed. Assessment for prisoners with disabilities was not comprehensive but there were some care plans in place and support aids available. There was a carer scheme, and prisoner diversity representatives provided support to older prisoners and those with disabilities. Some personal emergency evacuation plans had been drawn up for those with disabilities but were unspecific.
- HP24 The number of racist incident report forms had fallen from the previous year, which merited enquiry. All reported issues were looked into thoroughly and referred for

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<sup>1</sup> **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.)

investigation where appropriate. There were good external scrutiny arrangements. The liaison officer for Gypsy, Romany and Traveller prisoners had had some success in providing support to this group.

- HP25 A full-time foreign nationals liaison officer ensured that this group had access to the UK Border Agency (UKBA). Good interpreting services were available but not commonly used to support staff-prisoner interaction.
- HP26 All prisoners had the opportunity to worship in the well-equipped multi-faith area. All faiths represented at the prison were catered for and pastoral support was provided throughout the prison and also out into the community. A wide range of religious festivals had been celebrated and supported by the team.
- HP27 Automated transaction machines were used to good effect to allow prisoners to make simple applications in English, and receipts were issued to enable tracking of their progress. Governance arrangements and the quality of responses to formal complaints were good.
- HP28 Partnership working between the prison and health providers was good. Clinical governance structures were strong. Prisoners expressed dissatisfaction with several aspects of their care but their concerns and complaints were handled appropriately. There was a wide range of primary care clinics, although prisoners could wait up to three months to see an optician. The pharmacy service was functional. Dental services were satisfactory. There was good practice in joint care planning in the inpatient unit but the environment was basic. Primary and secondary mental health services were in place but there were no group therapy activities.

## Purposeful activity

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- HP29 There was insufficient work, training and education activity. Although attendance was recorded as being good, during the inspection it was poor. The quality of the training and education available had improved. Time out of cell was good but restricted to the daytime. The library offered basic services. Access to PE was good, as was the quality of the opportunities there. Overall outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP30 Prisoners' average experience of time out of cell was reasonably good, at 9.37 hours, but there was wide variation in their experience, based on their employment and incentives and earned privileges status. There was a wide variation in the number of prisoners locked in their cells during our two roll checks. Association was limited to the daytime but rarely cancelled. Staff interacted well with prisoners during association. Exercise was offered reliably. Yards were equipped with exercise equipment and benches.
- HP31 The prison had around 589 full-time-equivalent activity places, which was insufficient to ensure that all prisoners were engaged in purposeful activities. Participation was on a purely voluntary basis, leaving traditionally hard-to-reach groups disengaged.
- HP32 Learning and skills had improved and there was a clear strategic direction, linked to a well-developed operational plan. Some aspects of quality assurance and use of data were underdeveloped. The education department offered only around 104 full-time

equivalent places, far too few for the population of the establishment. Standards of both teaching and learning were satisfactory overall. The variety of provision was too narrow, with nothing at higher levels. The use of individual learning plans was inconsistent and target setting was not sufficiently focused to drive progress. Attendance during the inspection was lower than that recorded by the prison in previous weeks.

- HP33 Allocation to activities was clear, fair and equitable. The recent introduction of a careers information and advice service ensured that prisoners' needs were assessed and informed the allocation board and sentence planning. There were waiting lists for most activities.
- HP34 Workshop accommodation for work and vocational training was mostly unsuitable and did not replicate commercial standards. Coaching in vocational training was good, with high levels of support from tutors. Standards of work and commercial skills development were high. A satisfactory variety of vocational training opportunities was provided. Work skills developed by prisoners on non-accredited courses were not recorded or recognised.
- HP35 Library accommodation was satisfactory, with good access to computers. There was no weekend or evening provision but access during the restricted opening periods was good. There were insufficient books for young people and emergent readers. Data collected by the library were not used to identify trends. Links with the arts and media department had resulted in some joint projects to celebrate diversity and culture.
- HP36 Access to the gym was generally satisfactory but less so for those engaged in full-time work. Facilities were good, with improved showering facilities. There were effective links with the health care department, with a focus on promoting healthy lifestyles. There was a range of accredited courses and prisoners made good progress. Data collected by the gym were insufficiently analysed to identify patterns of usage. Good partnerships had been developed with a range of sports clubs in the community, which provided opportunities for competitive sports and coaching.

## Resettlement

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HP37 The resettlement policy had limited circulation and was not based on a needs analysis. Layered offender management ensured that all prisoners received a basic assessment of need but planning for subsequent interventions needed greater attention. Offender assessment system (OASys) assessments and sentence plans were up to date. Pathway provision was generally good, with some excellent and innovative work, particularly around contact with families. Some prisoners were released without having completed courses identified as needed. Overall outcomes for prisoners were good against this healthy prison test.

HP38 The resettlement policy was not widely publicised but addressed the resettlement pathways. It was not based on a needs analysis and there was only a limited action plan, which was not monitored. The quarterly reducing reoffending meeting was not effective and did not include all relevant people. Four prisoner resettlement orderlies provided useful support to prisoners and the community resettlement team.

- HP39 A well-resourced team of 15 offender supervisors comprised both probation and custody officers, with probation staff having responsibility for the high- and very-high-risk prisoners, indeterminate-sentenced prisoners and remands. Local tracking systems were good and all prisoners were seen on induction for some form of assessment under the layered offender management system and allocated an offender supervisor. Sentence plans and offender assessment system (OASys) assessments were up to date. The quality of some custody screening was basic and some custody plans contained no referrals to appropriate services, despite evidence of need. Local offender managers contributed well to sentence planning but it was harder to engage those from further afield, with only limited use of video-link and telephone conferencing. Sentence plans showed appropriate interventions and referrals to resettlement services where required, with evidence of sequencing of events.
- HP40 A formal pre-release course was offered six weeks before release on an ad hoc basis. In its absence, individuals were seen by relevant agencies.
- HP41 Indeterminate-sentenced prisoners were integrated across the residential units. There was a monthly support group for lifers and annual family visits for lifers and prisoners serving an indeterminate sentence for public protection (IPP). All parole dossiers were up to date.
- HP42 Release on temporary licence was rarely used. Recategorisation reviews were up to date. Moves to open conditions were dependent on available spaces, and 22 were waiting for transfer at the time of the inspection. Those requiring transfers to access offending behaviour interventions were appropriately prioritised for moves. Home detention curfew was granted for nearly 50% of eligible prisoners.
- HP43 Public protection processes were robust and prisoners subject to restrictions were fully informed of the reasons and how they could challenge the decision.
- HP44 Prisoners were able to access a range of specialist accommodation advice through the Bridge Project. Ninety-two per cent of prisoners had been released to suitable accommodation in the previous year. Good attention was paid to diversity issues. Access to privately rented property was promoted through a small-scale pilot project which provided rent bonds to local property owners for prisoners being released.
- HP45 A weekly debt advice surgery, as well as fortnightly debt and financial management advice, was provided by external agencies. Jobcentre Plus offered a range of benefit services. There were opportunities for opening bank accounts. Prisoners still serving sentences could save through Credit Union.
- HP46 Information, advice and guidance workers offered a good service to prisoners before release. There were effective links with resettlement staff. Jobcentre Plus provided advice on employment and good opportunities for job search. A range of external agencies worked in the prison, providing guidance on gaining employment or training on release. The prison had developed limited links with employers to help to improve prisoners' employment prospects.
- HP47 A weekly pre-discharge clinic assisted prisoners to locate NHS and GP services on release and arrange take-home medication. Prisoners on the care programme approach had a pre-discharge multidisciplinary meeting and the mental health in-reach team supported them to link with community agencies post-release.

- HP48 The recently reviewed substance use strategy included alcohol and was informed by a needs analysis but lacked an annual action plan and performance measures. The in-house CARAT team was well resourced, offered an easily accessible service and was highly regarded by service users. There was a wide range of interventions, innovative services and excellent community links. The short duration drug programme was well established and the control of violence for angry and impulsive drinkers (COVAID) programme had recently started but need outstripped provision for the latter.
- HP49 Prisoners received their first visit swiftly but the visits telephone booking system was expensive and callers sometimes experienced unacceptably long waits to get an answer. The number of visits allowed was generous and facilitated good family ties. Visitors were checked in efficiently and commented positively on their treatment by visits staff. The visits hall was bright and cheerful, although the fixed furniture spoilt the atmosphere and was particularly unsuited to the toddler sessions. There was a creative and supportive range of provision for maintaining contact with family and children. The newborn baby visit and toddler group arrangements were excellent.
- HP50 The accredited thinking skills programme was run but the identified need was greater than the available provision. Sex offenders and other vulnerable prisoners could not access this programme and there were also delays in getting transfers to prisons offering the sex offender treatment programme. Some creative non-accredited programmes were available.

## Main recommendations

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- HP51 A full activities regime should be introduced for vulnerable prisoners.
- HP52 The incentives and earned privileges (IEP) scheme should be consistent in its policy and application. The prison should establish governance arrangements to monitor the use of IEP and ensure consistency and fairness in its application.
- HP53 The quantity and quality of activity places should be increased so that all prisoners have at least part-time education, training or work.

# Section 1: Arrival in custody

## Courts, escorts and transfers

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### 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 Good use was made of information received from escorting staff. Documentation arrived completed to a high standard. Although prisoners reported a mixed experience of their treatment by escort staff, we observed them being treated well and their journeys were generally comfortable.
- 1.2 Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically and reception staff made appropriate use of it to inform initial risk assessments. Prisoner escort records were properly completed and legible.
- 1.3 Prisoners reported a mixed experience of their treatment by staff. In our survey, only 61% said that they were treated well by escort officers. Our observations showed that staff were polite and respectful and that prisoners' property was treated properly, and those we spoke to were appropriately focused on prisoner safety. Vehicles we inspected were well serviced and clean. In our survey, 65% of respondents, against the 60% comparator, said that their journey to the prison was good or very good.
- 1.4 In our survey, 21% of respondents said that they had received written information about where they were going before transfer, although 83% said that they knew where they were going, both figures being better than the comparators of 15% and 72%, respectively.

## First days in custody

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### Expected outcomes:

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

- 1.5 Reception was generally clean and well decorated. Holding rooms were reasonably equipped and levels of staff supervision were good. Staff were welcoming and respectful but there were no facilities to interview prisoners in private. A peer support worker greeted all new prisoners on arrival. Prisoners spent too long in reception. There were no dedicated first night cells and we were not assured that handover procedures for all duty staff were effective. Although nominated first night care officers saw all new prisoners shortly after arrival, interviews were conducted at a desk in an open area, often within the sight of other prisoners. It was not clear what action was taken when immediate needs were identified. Prisoners received a sound induction programme, which contained a range of useful information.

## Reception

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- 1.6 Reception was located in a separate building in a secure compound near the main gate. The area was busy and processed about 2,000 new arrivals a month. It was open from 6.30am until 8pm from Monday to Saturday and on Sunday mornings. Although closing times had been agreed with the escort contractor, they were not enforced; staff remained on duty to see and process all new arrivals, whenever they arrived.
- 1.7 There were four large holding rooms, and a further six single cells. These cells were usually used as searching areas but were sometimes used to separate vulnerable prisoners. Holding rooms were freshly decorated, clean and well maintained, with no graffiti on the walls, and were adequately furnished and equipped with televisions. Up-to-date information notices were posted on noticeboards and reading material, including the HMP Doncaster information booklet, was available throughout the area. Levels of staff supervision were good.
- 1.8 Communal areas were also clean, and prisoner showers, although unscreened and seldom used, worked well. New arrivals could collect a hot meal from an adequately equipped kitchen near the back of the building if they arrived during mealtimes or had missed a meal. Hot drinks were always provided as prisoners arrived.
- 1.9 Searching procedures were carried out sensitively by two officers in private, in one of the six searching cells. In our survey, 85% of respondents, better than the 72% comparator, said that they were searched in a respectful way.
- 1.10 New arrivals were interviewed by an officer who sat behind a counter in an open area near to the main entrance. Although staff were courteous, the atmosphere was noisy and lacking in privacy.
- 1.11 We saw positive interactions between supervising staff and prisoners, and good levels of care. Good use was made of a peer support worker (buddy), who greeted all new prisoners as they arrived. In our survey, 73% of respondents said that they had been treated well or very well in reception, against the 58% comparator.
- 1.12 Despite good perceptions and reasonable conditions, prisoners generally spent too long in reception, sometimes over two hours. This was, in part, due to the long periods spent waiting for initial medical assessments to take place. We saw examples where prisoners had waited over an hour to be interviewed following the completion of other reception assessments and procedures.

## Recommendations

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- 1.13 All interviews with newly arrived prisoners should take place in private.
- 1.14 Prisoners should not remain in reception for long periods.

## First night

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- 1.15 Following reception, all new prisoners were taken and located onto the induction unit on house block 3. Buddies saw new arrivals individually, if they arrived before 8.30pm, to explain informally how to use prison systems to meet their initial needs and how to access help if they needed it. Prisoners arriving later were seen the following morning.

- 1.16 First night procedures consisted of a brief welfare interview with a first night care officer, who was one of the regular wing staff. Interviews took place at a desk in an open area on the ground floor of the unit, in full view of other prisoners (see recommendation 1.13). During this interview, a simple initial induction care plan was completed that identified any initial needs. However, copies of the plans we examined were often not completed and it was not clear how, or if, this information was used. We were also not assured that officers gave enough time to ensure that prisoners understood how to access prison services if they needed help during their first night.
- 1.17 Although there was no dedicated first night accommodation, prisoners were located in cells that were clean and well equipped. However, there were no handover procedures to ensure that staff coming on duty, particularly night staff, were aware of the location or any special needs of newly arrived prisoners.

## Recommendation

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- 1.18 Handover procedures should be introduced and include information on the location and status of all new prisoners.

## Induction

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- 1.19 Offender supervisors saw new arrivals individually on their first morning to explain and describe the induction pack and review their immediate needs assessments (see also section on offender management). Referrals were systematically made to appropriate service providers, such as the counselling, assessment, referral, advice and throughcare (CARAT) team, psychology staff and legal services officers, and prisoners were seen by the relevant staff, usually on their first day. Although described as a two-day rolling programme, in practice the general prison induction, initial needs assessments and referrals took about four hours, delivered in the morning. It covered access to prison services and activities (such as education and resettlement provision), expected behaviour and prison rules. Sessions were informative and prisoners were given time for discussion and to ask questions. Peer support was used to help to give new arrivals a wider perspective on prison life. Education and gym inductions and assessments were scheduled for later in the day. In our survey, 65% of respondents, against the 58% comparator, said that the induction course had covered everything they needed to know.
- 1.20 A tracking form had been introduced to record the sessions that prisoners attended. Offender supervisors ensured that all prisoners received a full programme. In our survey, 87% of respondents, against the 76% comparator, said that they had been on an induction programme.



# Section 2: Environment and relationships

## Residential units

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### 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 external environment was littered. Internal areas were generally well decorated and clean but carpets were worn in communal areas. Cells were mostly clean and reasonably equipped, although lacked cupboards. Cells on the ground floors were unsuitable for two prisoners to share. There was reasonable provision of telephones on the wings but no telephone calls could be made in the evenings. Access to showers was good. There were effective arrangements for laundry but prisoners reported problems accessing sufficient prison-issue clothing. Young adults were mostly co-located on house block 1, with a consistent staff group and well-established and maintained boundaries. Their access to activities and offending behaviour programmes was equitable.

## Accommodation and facilities

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- 2.2 Outside areas were littered, despite regular cleaning parties. A 'Writing on the Wall' competition had been held, the winners of which had had their poems etched on the walls of the main corridors, and there were locally produced canvas pictures decorating these public areas. These areas were in excellent condition and, on the rare occasions when the pictures were damaged, they were immediately replaced and the perpetrator, where known, placed on report.
- 2.3 The three residential house blocks were of the same design; each with four wings and each wing divided into two landings surrounding a large carpeted association area. Designed to hold 240 prisoners in single cell accommodation, they were overcrowded by an additional 129 men on house block 1, an additional 132 men on house block 2 and an additional 128 men on house block 3. Supplementary accommodation had been made available underneath the health care centre and up to 36 kitchen workers were housed there in double and dormitory accommodation. Most cells were in reasonable condition and wing painters ensured that cells were kept in good decorative order. Communal areas were in a good state of repair and clean, although some of the carpets were worn.
- 2.4 The cells we observed were mostly clean and of a decent size, although the double-occupancy cells on the ground floor of the wings were cramped. They did not all contain sufficient furniture for two and there was nowhere for prisoners to hang their clothes, leading to many hanging them from makeshift hooks on the walls. Televisions were replaced when needed. All prisoners had access to drinking water in the residential areas. Kettles were provided and there were no difficulties in sourcing replacements when necessary.
- 2.5 Management information about the length of time it took for staff to respond to cell call bells was not available and prisoners in our survey were negative about this, with only 29% (against the 36% comparator) saying that their cell bell was answered within five minutes. During the inspection, we observed bells on the wings ringing for long periods, particularly during the patrol state. If staff were on the landings, rather than in the wing offices where the bells rang,

which was often the case, there was no way for them to hear that a bell had been pressed, so they had to rely on visibly noticing that a bell had been rung.

- 2.6 Prisoners were told during induction about the types of images that were acceptable to be displayed, and this appeared to be understood and adhered to. There was a wide variety of mostly up-to-date notices in residential areas.
- 2.7 The overall noise levels we observed in the residential areas, both during the day and at night, were reasonable but in our survey fewer prisoners than the comparator said that it was quiet enough for them to relax or sleep in their cells at night (61% versus 65%). Observation panels in the cell doors we observed were free from obstruction and we could see clearly into cells during the day and in our night visit.
- 2.8 There were no restrictions on the number of letters that prisoners could send or receive and two per week were at public expense. Staff in the mail room distributed mail on the same day it arrived. In our survey, fewer respondents than at comparator prisons and than at the time of the previous inspection said that they had problems in sending or receiving mail (39% compared with 44% and 48%). All incoming and outgoing mail for prisoners located on the vulnerable prisoner unit went through the security department but this did not lead to delays in either its sending or receipt.
- 2.9 Legal correspondence was not read by staff and only 33% prisoners responding to our survey, against the 40% comparator, said that staff had ever opened letters from their solicitors without them being present.
- 2.10 Wing telephones were easily accessible and offered a measure of privacy, with hoods over them. Prisoners were able to use them daily during association periods but no calls could be made after 6.30pm, as there was no evening association. Fewer prisoners than at comparator prisons said that they had problems accessing the telephones (25% compared with 31%). There were notices next to all telephones informing prisoners that their calls could be subject to monitoring.

## Recommendations

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- 2.11 External areas should be kept free of litter.
- 2.12 Cells designed for one should not be shared.
- 2.13 There should be a means for staff on the wings to be alerted that cell call bells have been rung and managers should ensure that staff are able to respond swiftly to these.
- 2.14 Prisoners should be able to telephone friends and family in the evening.

## Housekeeping points

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- 2.15 Carpets in communal areas should be replaced regularly.
- 2.16 Only mail subject to public protection measures or otherwise subject to scrutiny for security means should pass through the security department.

## Clothing and possessions

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- 2.17 Prisoners could have property handed in through the visits procedure, within the first 28 days at the establishment, and applications for this were dealt with daily. They were all allowed to wear their own clothes throughout the establishment, and most did so. The supply and range of prison-issue clothing available for those with few items of their own were limited, and only 45% of respondents to our survey said that they were normally offered enough clean, suitable clothes for the week, against the 50% comparator, although this was better than at the time of the previous inspection (32%).
- 2.18 Each unit had a laundry, which prisoners could use at least weekly. Laundry orderlies we spoke to were proactive in their work and clear that, if they had the time and capacity, they would launder items as often as they were requested to. The equipment was in good working order.

## Recommendation

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- 2.19 Prisoners should have ready access to prison-issue clothing.

## Hygiene

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- 2.20 Fewer prisoners in our survey than at comparator prisons and than at the time of the previous inspection (56% compared with 62% and 61%) said that they normally received cell cleaning materials each week but prisoners in our groups did not cite this as an issue and the environment was generally clean.
- 2.21 In our survey, 94% of respondents said that they could take a shower every day, which was better than the comparator (79%) and than at the time of the previous inspection (86%). The showers were in good working order and in reasonable condition, apart from some damp-related stains on the ceiling, and cubicles offered privacy. At the time of the inspection, there was a problem with the water temperature in the showers on house block 1, but the boiler was to be replaced.
- 2.22 Toilets in shared cells were mostly screened and afforded a level of privacy. Some toilet seats were missing but we observed these being replaced on request.
- 2.23 All prisoners were issued with freshly laundered bedding on their first night. Although more respondents to our survey than at comparator prisons and than at the time of the previous inspection were negative about receiving clean sheets weekly (53% compared with 81% and 65%), the laundry orderlies regularly washed sheets on request. Prisoners on the standard and enhanced levels of the incentives and earned privileges scheme were allowed to use their own bedding. The mattresses were in a reasonable state and staff and prisoners did not report any problems in getting replacements where necessary.

## Young prisoners

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- 2.24 In March 2008, young adults had been amalgamated into a dedicated group and most had been co-located on house block 1, which could accommodate up to 274 young men. A dedicated team and senior manager offered consistency and a focus on the specific needs of

this group. Boundaries were generally well established and maintained and staff were vigilant around issues of bullying and violence. There had been a reduction in the number and level of incidents in this group since the change. Staff working with these prisoners were motivated and showed an understanding of the differences between the needs of this group and those of the older adult population. They did not, however, challenge the rigid demarcation of groups on the wings; tables for dining were divided along geographical lines and referred to as 'the Leeds table' or 'the foreign national table'. This encouraged an already strong geographical identity and led to some young men being very isolated.

- 2.25 The physical environment was pleasant and regular inspections and competitions for wing cleanliness gave an incentive for those responsible to do a good job. Young adults had equitable access to work and education opportunities, as well as offending behaviour programmes.
- 2.26 Some young adults were allocated to adult wings, on authorisation by the unit manager. These allocations took place exclusively in response to unruly or unmanageable behaviour. They were kept under review and we were told that young adults were reallocated to house block 1 when their behaviour warranted it. At the time of the inspection, prisoners as young as 18 were allocated to adult wings.

## Recommendation

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- 2.27 Staff should challenge the strong demarcation of geographical groups and ensure that arrangements do not exclude young men.

## Good practice

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- 2.28 *The dedicated provision for young adults enabled their specific needs to be understood and catered for.*

## Staff–prisoner relationships

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### Expected outcomes:

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

- 2.29 Staff–prisoner-relationships were good. Prisoners reported favourably against comparator prisons about being treated with respect and having a member of staff they could approach for help. There was good interaction between staff and prisoners on association, although supervision was better on some wings than on others. Staff were responsive to requests for help.
- 2.30 Staff we spoke to were mostly clear that their role was to keep prisoners secure and also respond to their requests for help. They generally showed confidence in engaging with prisoners but also reinforcing rules when needed. However, the comments they made to us tended to emphasise negative points and, where entries were made in wing files, they were

usually about poor behaviour, rather than praising good conduct (see section on personal officers). Staff did not see their role as engaging prisoners in attending work, training or education or in completing targets set in custody or sentence plans. There was generally little expectation that prisoners would work, as there were insufficient places and work was voluntary, but staff commented favourably in wing files when prisoners worked well.

- 2.31 The majority of staff were respectful in the language they used with prisoners. First names were commonly used between staff and prisoners. We saw some enthusiastic and positive staff who engaged well with prisoners and supported them in understanding how to access services or information that they required. The exchanges that we observed between staff, prisoners and visitors were positive and constructive.
- 2.32 Prisoners in our groups had mainly positive perceptions about staff and their responsiveness to issues and approachability. In our survey, 72% of respondents (against the 69% comparator) said that most staff treated them with respect, and 75% (against the 70% comparator and 65% at the time of the previous inspection) said that they had a member of staff they could approach for help. Some prisoners and staff clearly had good relationships and knew each other well but some prisoners were less confident with staff and there was little interaction between wing staff and foreign national prisoners who did not speak English (see section on foreign national prisoners).
- 2.33 A good level of responsibility was given to prisoners, particularly in the use of the Serco interactive information points (known locally as automated transaction machines), where prisoners could access information and make applications electronically, as well as receive answers to queries (see section on applications and complaints). Prisoners could pay a £3 deposit for a key to their cell which was refunded when they left, provided that the key was returned. There was some excellent peer support in place (see sections on resettlement and self-harm and suicide). A regular prisoners council was held but some prisoners were unaware of who their wing representatives were and others expressed a lack of faith in them, as they had been selected by staff. The group involved in this was too small and unrepresentative and left some prisoners feeling disengaged.

## Recommendations

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- 2.34 Residential staff should engage directly with all prisoners in their care, encourage them to participate in activities and support them in applying for employment, using interpreters where necessary.
- 2.35 Wider consultation of prisoners should be undertaken in key areas.

## Personal officers

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### Expected outcomes:

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

- 2.36 The key officer scheme was working in name only. Staff were allocated to prisoners based on cell location. Although few prisoners knew who their key worker was, they felt confident approaching most members of staff for help. Wing files were poor, with few key officer entries

and generally few entries unless a prisoner exhibited poor behaviour. Staff knew prisoners well, although knowledge tended to be based more on behaviour and activity than on personal circumstances or resettlement needs. There were no regular management checks on the quality of key officer input.

- 2.37 All staff were trained in the key officer scheme (the equivalent of the personal officer scheme) during initial training but thereafter there was little reinforcement, with only minimal management checks of staff engagement with the scheme. A Director's Rule, issued in April 2010, explained the scheme but placed little emphasis on quality, requiring contact to be documented at least every 14 days 'using the stamps provided at the very least'; these stamps simply stated 'key officer check', and the written evidence underpinning the key officer scheme was poor.
- 2.38 In the wing file analysis we undertook of 2% of wing files, entries were mostly about the prisoner's progress through the system, such as 'explained rules and regulations of the wing', or 'located on house block x', with only some mentioning conversations or exchanges with prisoners, and most of these relating to negative exchanges. Only one of the files, for a man who had been at the prison for five days, had no entries. The average time between entries was 12 days, which was in line with the local policy; the longest gap was two months. In only 14 out of the 24 files analysed were key officers identified and one of these was from the prisoner's previous wing.
- 2.39 Key officers were allocated on a cell location basis, so prisoners' key officer changed during the common cell moves. Many staff we spoke to knew which prisoners were on their caseload but knew as much about other prisoners on the wing as those for whom they had particular responsibility. They tended to be aware of the work allocation and behaviour of the prisoners in their charge rather than their personal circumstances or resettlement targets. In our analysis of wing files, there was little or no reference to families or family contact. Despite six of the 24 files sampled containing custody or sentence plans, there was no reference to these plans by key officers in their wing file entries, and staff told us that they did not see this as being their role but rather that of the offender supervisors. Key officers were expected to contribute to events such as sentence planning boards, parole dossiers and home detention curfew consideration but they told us that they were as likely to complete these for the general population as for their nominated prisoners.
- 2.40 In our survey, 47% of prisoners said that they had a personal officer, which was similar to the comparator but better than at the time of the previous inspection (16%). Fewer prisoners than at comparator prisons said that they found them helpful (49% against 63%). Few prisoners we spoke to could name their key officer, although knew that their name was posted on their door, and most said that they had never been introduced to them or had the role explained.

## Recommendation

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- 2.41 **The role of the personal officer/key worker scheme should be reviewed to ensure the effective and consistent provision of support to individual prisoners in relation to their sentence plans and other aspects of resettlement provision.**

## Housekeeping point

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- 2.42 The underpinning strategy for the key officer scheme should make clear the responsibilities of the key officer and increase the standard required for written wing file entries.

# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 There was an effective violence reduction strategy, specific to the needs of the prison. Its day-to-day operation was managed by a competent violence reduction coordinator, and governance through the safer custody committee was good. Violence was evident but the overall number of reported incidents was decreasing. Reporting systems were effective and the quality of investigations into alleged incidents was good. The daily regime on the vulnerable prisoner unit included exercise and association but access to purposeful activities was poor. Most prisoners felt safe on the unit but complained that they were regularly intimidated and abused by other prisoners when attending exercise or when off the wing to attend appointments.
- 3.2 A violence reduction policy document had been published, based on an analysis of the pattern of recorded violence in the prison. This included the identification of a disproportionate involvement of young adults in all violent incidents, at about 75%. The document explained the principles, procedures and management arrangements that underpinned an overarching violence reduction strategy, and set out the responsibilities of all staff and managers. The day-to-day operation of the strategy was managed by a recently appointed violence reduction coordinator, working within a dedicated safer custody team.
- 3.3 The full-time safer custody staff team, consisting of a suicide prevention coordinator, a suicide prevention case manager and a violence reduction coordinator, had been appointed to monitor, review and supervise the implementation of all aspects of violence reduction, including suicide prevention, on a day-to-day basis. The team was directly accountable to the safer custody manager (a director grade), who led both the violence reduction and suicide prevention committees.
- 3.4 The violence reduction/anti-bullying committee met monthly to monitor the implementation of the policy and update the overall strategy as required. Attendance at meetings included representation from relevant areas in the prison, including residential, psychology and security staff and the race equality officer (REO). Representation from senior managers was consistently high. Meetings were usually chaired by the safer custody manager.
- 3.5 The safer custody team had created a database of violent incidents which included their nature, location and the names of perpetrators, based on information from wing observation books, prisoners' formal complaints and security information reports (SIRs). The system was well developed and information was analysed and presented to the safer custody committee to inform necessary changes to the overarching violence reduction strategy.
- 3.6 The violence reduction strategy described a three-stage system, aimed at identifying incidents of bullying, challenging this behaviour and addressing persistent perpetrators. Prisoners were

put onto stage one of the system at the first suspicion of violent or bullying behaviour. The prisoner's behaviour was monitored for a minimum of seven days by residential officers and then formally reviewed following an investigation by the coordinator or the safer custody manager. If the behaviour was proven or continued, the prisoner, subject to the authorisation of a residential manager, was placed on a basic regime for a minimum of 28 days. If poor behaviour continued beyond this period, the prisoner was usually transferred to the segregation unit and managed there.

- 3.7 An integral part of the violence reduction strategy was the adoption of a zero-tolerance approach to violence. In practice, this meant that prisoners found to be fighting or threatening violence were automatically put onto stage two of the anti-bullying measures. At the time of the inspection, there were about 30 prisoners on the basic regime under these protocols (see section on incentives and earned privileges). There was evidence that this strategy had reduced the number of violent incidents across the prison, particularly among young adults. In the six months before the inspection, there had been about 100 recorded violent incidents at the prison. This represented a reduction of just over 100% when compared with the preceding six-month period, with a consistent reduction of about 17 incidents per month.
- 3.8 Systems for identifying bullying and potential incidents had improved, and information-sharing arrangements between the security department, the safer custody team and the residential units were well developed. These less formal relationships had also helped to identify instances of bullying that had not been reported through more specific channels such as SIRs and anti-bullying reports. Residential staff regularly identified bullying and recorded concerns in wing observation books and individual history files. There was also good use of prisoner anti-bullying representatives, who supported prisoners on the young adult residential unit. Their roles were known and understood by staff and prisoners. Governance arrangements through the violence reduction coordinator were good.
- 3.9 Regular checks of accident report forms took place to identify any unexplained injuries sustained by prisoners, and SIRs were scrutinised for information about alleged or suspected bullying incidents.
- 3.10 Allegations of bullying were treated consistently and investigated promptly. The quality of investigations was good and outcomes were recorded and consistently acted on, usually by the violence reduction coordinator or residential managers.

## Vulnerable prisoners

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- 3.11 Vulnerable prisoners were accommodated on house block 1 in a wing adjacent to the young adult units. Up to 92 prisoners could be accommodated in cells located over galleried landings on the wing. The unit was generally clean and reasonably maintained.
- 3.12 The vulnerable prisoner population was made up of about 80% of prisoners with sex-related offences, with the remainder comprising those who felt at risk from other prisoners on mainstream wings for a variety of reasons, including threats that had been made against them and debt. About 80% of the identified sex offenders at the prison were housed on D wing in house block 1 and all had requested to be accommodated there under the conditions of Rule 45 (segregation for own protection).
- 3.13 The regime on the unit included daily exercise and association but off-unit work was limited to a few places in the prison laundry and a little mundane work, such as in the general stores and

non-vocational work (see also section on activities). Most prisoners had no meaningful activity and were locked in their cells for most of the core day.

- 3.14 Relationships between staff and prisoners on the unit were generally reasonable and prisoners told us that they generally felt safe there. However, they also said that they were often subjected to abuse from young adults on the adjoining wings, particularly when they were on the exercise yard. Staff and prisoners told us that young adults in cells overlooking the exercise yard often threw things at vulnerable prisoners from their windows. Prisoners said that staff often tolerated this behaviour. They also said that they were often left with other prisoners in unsupervised areas such as the health care department and along communal corridors, and that other prisoners had intimidated or threatened them at these times.
- 3.15 There was no formal care planning for individual vulnerable prisoners, and the purpose of the unit (apart from keeping prisoners safe) had not been fully developed.

## Recommendations

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- 3.16 Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit.
- 3.17 Prisoners on the vulnerable prisoner unit should be subject to regular review, with a focus on their reintegration where possible.

## Self-harm and suicide

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### 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.

- 3.18 A comprehensive strategy set out procedures to minimise the risk of self-harm. The policy document was well promoted and understood by staff and prisoners. An interim review of procedures had taken place following two self-inflicted deaths in 2010. The quality of the large number of assessment, care in custody and teamwork (ACCT) documents was inconsistent and many were poor. Care mapping was underdeveloped, attendance at case reviews was irregular and written entries on observation forms demonstrated insufficient knowledge of the individual circumstances or needs of the prisoners.
- 3.19 A reviewed policy document had been published, based on an examination of local practices, including recent deaths in custody, and was understood by staff and prisoners. Its content was comprehensive, with a focus on the needs of prisoners in a local prison. Copies were available on all residential units and communal areas throughout the establishment.
- 3.20 Strategic protocols described in the document were managed directly by a full-time coordinator, supported by a suicide prevention case manager. They were responsible for ensuring that procedures to manage prisoners at risk from self-harm were being properly implemented, and also acted as a central point for advice and guidance for staff.

- 3.21 A high priority had been given to safer custody team meetings, and minutes reflected that a good standard of debate about relevant issues consistently took place, and that the team monitored the implementation of the strategy. The meeting used a wide range of information, provided by the safer custody team, to help to identify trends and patterns of behaviour in terms of location, type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy and update the continuous improvement action plan.
- 3.22 There was no formal Listener scheme. We were told that relationships between the establishment and the Samaritans had been recently re-established and that the Listener scheme was to be reintroduced later in 2010. Some prisoners had been selected for training. Prison peer supporters (buddies) had been trained by the prison's psychologists to offer a confidential support scheme, similar to the Listener scheme, in the interim period but vulnerable prisoners were not incorporated. Buddies were actively encouraged by the safer custody team and by residential officers and also received clinical supervision every week from psychologists. Buddies we spoke to said that they felt valued and that their work was well supported. Prisoners had 24-hour access to them.
- 3.23 There had been two deaths at the establishment since January 2010. The director had fully considered these cases with the safer custody committee and interim action had been taken pending the completion of full investigations by the Prisons and Probation Ombudsman. Action plans had been raised and were monitored directly by the director.
- 3.24 There had been 529 assessment, care in custody and teamwork (ACCT) documents opened since January 2010, which was approximately double the number opened in the same period in 2009. Managers we spoke to said that this increase was almost exclusively due to the reaction to the deaths in custody during this period. About 80% of these documents had been opened during the initial stages of custody, either on arrival on the induction and first night centre or on the vulnerable prisoner unit.
- 3.25 Despite solid structures, the quality of ACCT forms was inconsistent and many were poor. Care mapping was underdeveloped. Attendance at case reviews was irregular and written entries on observation forms demonstrated insufficient knowledge of the individual circumstances or needs of the prisoners.
- 3.26 We saw many prisoners on open ACCT documents, particularly on the vulnerable prisoner unit, being unoccupied through most of the day.

## Recommendations

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- 3.27 Entries in assessment, care in custody and teamwork (ACCT) documents should reflect a high standard of prisoner care.
- 3.28 Care planning should be improved and case reviews should be properly attended by a range of staff that know the prisoner.
- 3.29 All prisoners at risk of self-harm should be appropriately occupied during the day.

# Applications and complaints

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## 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.

- 3.30 Automated transaction machines were used to good effect to allow prisoners to make simple applications in English. Nearly all relevant areas could be accessed by this means. Although receipts were issued to enable applications to be tracked, few prisoners in our survey said that they were dealt with promptly. The quality of responses to formal complaints was generally good. Replies were respectful and, on the whole, adequately addressed the issues at hand. Governance arrangements were good. Monthly quality checks of complaints were carried out by directors and a monthly analysis of the types of complaint was undertaken.
- 3.31 Applications and simple requests were dealt with electronically, through the use of automated transaction machines (ATMs), located on all residential units. Using a private PIN and biometric identification, prisoners could have direct access to relevant prison departments, such as reception, education, finance, health care and the counselling, assessment, referral, advice and throughcare (CARAT) team. The machines could also record a prisoner's scheduled appointments, such as for housing advice, and the times of his social visits on a personal menu. All transactions were receipted, so the prisoner could track the progress of these applications. Although prisoners we spoke to said that the system was easy to use and efficient, in our survey only 38% of respondents said that applications were dealt with promptly. The machines operated only in English.
- 3.32 Formal complaint forms were readily available on residential units. Prisoners could deposit completed forms in secure boxes, located away from staff offices, on their residential units. Complaints boxes were emptied by staff who were responsible for administering the complaints process. An extensive range of information about the complaints process was available.
- 3.33 Governance arrangements for recording, managing and investigating formal complaints were effective. A nominated complaints clerk ensured that all formal complaints were logged and that they were dispatched expeditiously to managers in appropriate areas to be dealt with. Complaints were handled efficiently and the prison's monitoring showed that 98.4% of complaints were dealt with within the required timescales.
- 3.34 Examination of complaint forms showed that allegations made by prisoners were taken seriously by managers, and there was evidence that they were all fully investigated. Regular quality assurance checks were made by the directors and there was evidence that poor responses by staff were challenged. The quality of responses was generally good, mainly respectful and addressed the issues raised.
- 3.35 There were effective links between the complaints clerk and the REO, and complaints with the racial element box checked were forwarded to the REO for a response. Complaints which may have involved bullying were copied to the safer custody manager.
- 3.36 Comprehensive monitoring by ethnicity, subject and location was undertaken.

## Recommendations

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- 3.37 Prisoners' perceptions of the length of time taken to deal with applications should be investigated.
- 3.38 Automated transaction machines should be programmed in languages in addition to English.

## Good practice

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- 3.39 *The automated transaction machines provided useful and relevant information, responses to applications and supported prisoners in taking responsibility for issues.*

## Legal rights

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### Expected outcomes:

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

- 3.40 A trained legal services officer provided a comprehensive service which included support for prisoners conducting appeals, provision of contact details for legal representatives and remission of fines. The bail information officer provided reports to courts and there was an accommodation service to help prisoners who did not have an address. Access to legal visits and courts was good.
- 3.41 A dedicated part-time legal services officer was located with the foreign nationals coordinator and had received basic training in the requirements of the post. Prisoners identified as requiring legal services during the induction interview were referred to this officer. She checked that all prisoners had been given the option to see her, and any who had not attended induction interviews were sent a leaflet outlining the service. The main matters she dealt with were advising on appeals (she interviewed all prisoners who indicated that they were intending to appeal), providing solicitor contact details appropriate to the prisoner's needs and home area, and making applications for the remittal of court fines for time served. She helped prisoners to maintain contact with legal representatives and courts by providing a fax service. In the previous six months, she had opened 143 files on individual prisoners who required her services. In our survey, 54% of respondents said that it was easy to contact their legal representative (against the 41% comparator and 47% at the time of the previous inspection).
- 3.42 Bail information was provided by a full-time officer. He checked whether newly remanded prisoners were in contact with court-based services and interviewed those who were not. If they wished to apply for bail, he liaised with their legal representatives and provided bail information to courts based on verification of the availability of an address and any other supporting information about the prisoner's circumstances. Prisoners without a bail address were referred to Stonham Housing Association or to approved bail hostels, according to their level of risk. In the previous six months, he had submitted 216 reports to court. Of these, 55 had led to the prisoner being allowed bail and 23 had been provided with bail accommodation. In our survey, more prisoners than at comparator prisons (34% against 24%) said that it was easy to get bail information.

- 3.43 Legal visits were held six days a week and there were 14 private booths for consultations. These offered facilities for viewing evidence and there were no restrictions on the documentation that could be brought in. Up to 40 legal visits were booked every day, and in our survey 72% of prisoners said that it was easy to attend legal visits, against the 59% comparator.
- 3.44 There were also four video-link booths which could be used for legal consultations. Video links to courts were provided in house block 2 (for magistrates' courts) and house block 3 (for Crown courts). They were used daily for up to eight cases.

## Faith and religious activity

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### 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.

- 3.45 Most prisoners felt that their religious beliefs were respected and were positive about the chaplaincy team. The team was active in the life of the prison and attended key meetings. The large multi-faith area was well equipped and welcoming and there were regular study and worship sessions throughout the week.
- 3.46 The chaplaincy team was led by a full-time Anglican chaplain, supported by an enthusiastic multi-denominational team. Access to the chapel was relatively simple and there was no restriction on the number of prisoners who could attend the service or classes for their declared faith. Main services coincided with other weekend activities.
- 3.47 A large chapel allowed space for a range of faith activities. There were also two meeting rooms/classrooms, an additional large multi-faith room and storage for musical instruments and other equipment. Adequate office space was provided for all of the chaplains to manage their administration and conduct interviews.
- 3.48 The team had the equivalent of four and a half whole-time permanent staff and consisted of the coordinating chaplain, a full-time Roman Catholic chaplain, two Muslim chaplains, a Sikh chaplain (who included Hindus in his service), Free Church chaplains and a number of volunteers, including Jehovah's Witness and Mormon chaplains.
- 3.49 Daily group worship sessions and religious instruction classes were held in the faith centre and were well attended by prisoners from all areas of the prison, including the vulnerable prisoner unit. Pastoral support was provided throughout the prison by all members of the team and also into the community post-release. The team was involved with a local resettlement scheme that offered help with housing and some vocational work. A total of 150 contacts had been made with prisoners post-release during 2010.
- 3.50 There was no official prison visitor scheme but there were three chaplaincy volunteers, who visited prisoners on referral from the coordinating chaplain.
- 3.51 Most prisoners were positive about the chaplaincy team. In our survey, 53% of respondents said that their religious beliefs were respected and that they had private access to religious leaders. The duty chaplain saw all new arrivals on the day after arrival, which was recorded by

the induction team, although only 34% of prisoners said that they had had access to a minister of their faith within the first 24 hours.

- 3.52 Prisoners received information about the chaplaincy during induction and a range of information was available on the wings.
- 3.53 The team was well represented at a range of meetings, including diversity, sentence planning, safer custody, care team and individual ACCT reviews. The coordinating chaplain was not included in the senior management team and it was unclear who from this team had oversight of faith and religion.
- 3.54 There were regular celebrations of faith festivals and holy days throughout the year, which were often extended to prisoners beyond their declared faith, and a number of external faith groups from Doncaster and Sheffield attended to offer support to the team.

## Recommendation

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- 3.55 Weekend regime activities should not clash with corporate worship.

## Substance use

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### Expected outcomes:

**Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.**

- 3.56 Drug- or alcohol-dependent prisoners received treatment immediately and were located on a designated stabilisation unit, which offered a safe environment. GP cover was insufficient regularly to review all but the most complex cases. Prisoners could access a good level of counselling, assessment, referral, advice and throughcare (CARAT) support but this was not fully integrated with clinical services. Proactive security measures were in place to reduce illicit drug supply and the mandatory drug testing rate was well within the annual target.

## Clinical management

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- 3.57 The integrated drug treatment system (IDTS) had been introduced in 2008. Since then, both a specialist GP and a substance misuse nurse had been available, so that, following a comprehensive screening, prisoners' treatment started on their first night at the prison. Stabilisation regimes for opiate-dependent prisoners were cautious. Prescribing regimes could only be changed by a specialist GP but, with only three IDTS clinics running per week and an average of 230 prisoners in treatment at any one time, reviews could be delayed.
- 3.58 Seventy-five per cent of prisoners accessing the IDTS were maintained on methadone; those undergoing reduction regimes had asked for more support in stopping. A few prisoners continued on Subutex regimes. Consumption was supervised.
- 3.59 Alcohol detoxification also began immediately; however, prescribing protocols were not in line with national guidance and prisoners could not access one-to-one CARAT support. The establishment's 'interim IDTS policies and procedures' had not been finalised.

- 3.60 The clinical substance misuse team consisted of a designated manager, 10 nurses and five health care assistants. They were supported by an IDTS/CARAT officer and a part-time administrative assistant. The team had transferred to Nottinghamshire NHS Trust and at the time of the inspection carried nurse vacancies. Nurses provided assessments, drew up basic care plans and, together with CARAT staff, undertook five-day reviews. However, most of their time was spent administering medication. Controlled drugs were administered on the stabilisation unit and from a treatment room on house blocks 1 and 2.
- 3.61 The stabilisation unit on house block 3 could accommodate 90 prisoners. At the time of the inspection, 70 prisoners were located there; there was 24-hour nurse cover and monitoring arrangements were appropriate. Following the five-day review, and once stable, prisoners could move off the unit. Those undergoing alcohol detoxification stayed for 12 days. The atmosphere on the unit was relaxed and there were good staff–prisoner relationships. Prisoners could access CARAT one-to-one and group work support, with four IDTS group work modules running on the unit each week. Due to the staff shortage, nurses did not co-facilitate these.
- 3.62 CARAT staff did not regularly attend specialist treatment reviews with IDTS nurses, the GP and the prisoner; while liaison took place, work was not yet fully coordinated. The CARAT team had recently been given access to SystmOne, which would improve data collection and information sharing, but the location in separate buildings hindered the effective integration of clinical and CARAT services. Throughcare arrangements to ensure prisoners' treatment continuity on transfer or release were satisfactory.
- 3.63 The care coordination of dual diagnosis prisoners was ad hoc; multi-disciplinary meetings no longer took place and the skill mix of mental health teams did not include dual diagnosis expertise. IDTS nurses who were dually trained and qualified did not have the time to run clinics.

## Recommendations

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- 3.64 Prescribing regimes for alcohol- and opiate-dependent prisoners should be flexible, based on individual need and adhere to national guidance. Clinical management protocols should be finalised.
- 3.65 Additional support should be provided to prisoners undergoing opiate or alcohol detoxification regimes.
- 3.66 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should improve joint work and provide fully integrated care.
- 3.67 A dual diagnosis service should be developed for prisoners who experience both mental health and substance-related problems.

## Drug testing

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- 3.68 The establishment's year-to-date positive random mandatory drug testing (MDT) rate stood at 7.29%, against an annual target of 9%. Earlier in 2010, weekend testing targets had not been met but this had since been addressed; 11 officers were now trained for drug testing and a designated MDT coordinator was available daily.

- 3.69 Although MDT did not appear to be under-resourced, there were times when the gap between information being submitted and being acted on was too long (see paragraph 7.4). Both frequent and risk testing programmes were in operation.
- 3.70 The testing suite was located in the reception building and facilities were satisfactory. Testing took place throughout the month, the scheme was well monitored and results were broken down by wing. All prisoners testing positive were referred to the CARAT service, and the CARAT duty worker saw those located on the segregation unit.
- 3.71 Since April 2010, there had been 133 drug finds, consisting mostly of Subutex tablets, followed by heroin and cannabis. Visits, mail and reception were identified as the main supply routes.
- 3.72 Appropriate supply reduction measures were in place and the security department had effective links with drug strategy staff.

## Recommendation

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- 3.73 The establishment should ensure that weekend mandatory drug testing takes place consistently.

## Section 4: Diversity

### Expected outcomes:

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

- 4.1 The diversity and race equality policy was comprehensive and addressed all aspects of diversity at a strategic level. Each diversity strand had an identified lead but attendance at the diversity meetings was poor. With the exception of race equality, the lead staff had no profiled facility time. There was no prisoner consultation with any specific groups.
- 4.2 The diversity and race equality policy was comprehensive, addressed all aspects of diversity at a strategic level and included an action plan. Although it was dated 2010/11, there were some sections that referred to 2008 and 2009.
- 4.3 There was a quarterly diversity meeting, which until recently had been chaired by an assistant director, although the most recent meeting, scheduled for October 2010, had not taken place. We were told that the deputy director had recently been identified as the new senior management lead.
- 4.4 Each diversity strand had an identified lead but attendance at the diversity meetings was poor, with regular apologies from key personnel who were not then represented at the meeting. Discussion about the strands of the diversity strategy was dependent on the attendance of and contribution by the relevant lead staff. There was no evidence of any directive action from the chair/committee to promote particular strands of the strategy, and meeting minutes were mostly reflective of the previous month's issues and activity.
- 4.5 There were no consultation meetings with any specific groups, although individual liaison officers made efforts to contact prisoners individually.
- 4.6 The diversity team was well resourced, with a full-time diversity manager, a part-time administration officer and a full-time foreign nationals officer. There were also 15 race representatives, who were highly visible around the prison. The diversity liaison officers for the other strands had no profiled facility time and were expected to manage their areas within their normal working week. These staff often gave up their free time to try to develop their areas. At the time of the inspection, the diversity team were finalising arrangements for an annual celebration of diversity week, due at the end of November 2010.

### Recommendations

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- 4.7 All strands of the diversity strategy should be represented at the diversity meeting.
- 4.8 Prisoner discussion and support forums should be introduced for all aspects of diversity, to identify emerging issues and offer support, using professional interpreting where necessary.
- 4.9 Diversity liaison officers should be afforded time to carry out their roles.

## Housekeeping point

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- 4.10 The race equality action plan should be brought up to date.

## Race equality

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- 4.11 Although our survey showed some evidence of racist victimisation, prisoners we spoke to reported little racism. Black and minority ethnic prisoners reported more negatively than white prisoners in a range of areas but few felt unsafe. There was effective monitoring of statistical information about ethnicity, faith and nationality. The race equality action team meeting was well attended by staff and prisoners but had no senior management team attendance. There had been a reduction in the number of racist incident report forms submitted but these were investigated well, with good quality assurance.
- 4.12 At the time of the inspection, around 15% of prisoners at the establishment were from black and minority ethnic backgrounds. Our survey showed some evidence of racist victimisation, although prisoners in our groups reported little racism and over 80% of respondents to our survey said that they had a member of staff they could turn to for help. Black and minority ethnic prisoners reported more negatively than white prisoners in a range of other areas: being treated with respect (64% compared with 74%), being on the enhanced level of the incentives and earned privileges scheme (7% compared with 23%) and regularly spending more than 10 hours out of cell on a weekday (4% compared with 11%). However, only 4% of black and minority ethnic prisoners said that they felt unsafe (compared with 22%) and 15% (compared with 22%) that they had ever been victimised by another prisoner.
- 4.13 The monthly race equality action team (REAT) meeting was chaired by the director (or the deputy director in his absence). This meeting focused primarily on race, religion and foreign nationals. Although well attended by staff and a large number of prisoner representatives, it was not attended by senior managers, so engaged only in the day-to-day delivery of the strategy rather than focusing on operational issues.
- 4.14 There was effective monitoring of high-level statistical information, which included oversight of ethnicity, faith (recently added) and nationality using the Systematic Monitoring and Analysing of Race Equality Template (SMART) monitoring tool. This set ranges for activities which were then discussed at the REAT meeting and actions identified when any activities were indicated as being outside the set range.
- 4.15 The diversity manager held a pre-REAT meeting with prisoner representatives, to discuss any issues that had been brought to their attention. These issues were then presented at the REAT meeting and discussed, identifying resolutions or actions as necessary.
- 4.16 In our survey, about 2% of prisoners self-reported as being from Gypsy, Romany or Traveller backgrounds. The race equality officer had met a group of such prisoners earlier in 2010 and, following a discussion with them, had arranged for a free copy of the *Traveller Times* to be sent to each prisoner identified as being from a Gypsy, Romany or Traveller background. He had also assisted in arranging Toe by Toe assistance for literacy improvement and providing easy-reading books in the library. There had been no regular consultation with these prisoners but a group session was planned before Christmas 2010.

## **Managing racist incidents**

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- 4.17 Thirty-one racist incident report forms (RIRFs) had been submitted in the year to date, against a full-year total in 2009 of 94, indicating a drop of around 60%. There had been no investigation into this reduction and there was no regular statistical monitoring of report data to identify trends and areas of concern.
- 4.18 The diversity manager conducted a simple enquiry into each RIRF and made recommendations to the director as to whether it required formal investigation or referring to the police.
- 4.19 The sample of RIRFs that we looked at demonstrated good levels of investigation into complaints. Comprehensive, courteous written replies were made to each complainant, in response to comments made by prisoners in the annual race equality survey, where they stated that they were not convinced that RIRFs were taken seriously by the prison.
- 4.20 Quality assurance of RIRFs was carried out at a quarterly meeting in conjunction with two nearby prisons and included representatives of external agencies. Prisoners were also included on the panel, where RIRFs (with identifying details removed) were considered and reported on.

## **Race equality duty**

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- 4.21 New race equality impact assessments had recently been introduced. Seven had been completed under the old, and three under the new style. There had been general consultation with prisoners and there was a timetable for the completion of three assessments per year.
- 4.22 There was an effective process for identifying prisoners responsible for racially aggravated offences or as being racist, with a system for referring such prisoners to the diversity manager, who assessed the information and made recommendations to the director as to management interventions. Where appropriate, prisoners were interviewed, risk management plans were drawn up and a range of departments notified.
- 4.23 Regular cultural celebrations had been held throughout the year in conjunction with the chaplaincy and included all faiths represented in the prison. During the football World Cup, a five-a-side competition had been held, with teams from most of the countries represented in the prison taking part; photographs of the event had been produced by the prison's graphics department and were on display in the activities area. Over 90 prisoners had taken part in Ramadan and most of the feedback was positive. The prison had followed this up with two well-attended festival days at the end of the period.
- 4.24 Race/diversity training was provided as part of the initial training for all staff working at the establishment and there was a target for all staff to undergo refresher training every three years. At the time of the inspection, only 42% of staff were recorded as being 'in-date' for this training.

## **Recommendations**

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- 4.25 The race equality action team should be attended by a range of senior managers.

- 4.26 There should be monthly analysis of racist incident report forms.
- 4.27 All staff should undergo regular race/diversity refresher training.

## Religion

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- 4.28 Most prisoners said that their religious beliefs were respected, although this was not always the case for black and minority ethnic prisoners. There was no monitoring of treatment of prisoners by religion and no specific policy or action plan.
- 4.29 In our survey, most prisoners said that they were treated with respect in relation to their religion and beliefs, although 4% of black and minority ethnic prisoners reported being victimised because of their faith. There was no specific policy or action plan relating to religion, although the diversity manager had not identified any issues emerging during consultation with wing representatives or in the RIRFs.
- 4.30 The monthly monitoring did not consider access to activities by religion (see section on race equality) and there were no specific wing representatives for religion.

## Recommendations

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- 4.31 The negative perceptions of black and minority ethnic prisoners in relation to being victimised because of their faith should be explored.
- 4.32 There should be a policy in relation to the monitoring and promotion of faith which includes monthly monitoring of access to religious activities.

## Foreign nationals

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- 4.33 The foreign nationals liaison officer was accessible to prisoners but there were no specific focus groups. There was no active foreign national committee and there was limited information available in languages other than English.
- 4.34 Around 8% of the population were foreign nationals. The full-time foreign nationals liaison officer monitored the arrival of new prisoners and made referrals as necessary, acting as a link with the UK Border Agency (UKBA) to support prisoners with immigration paperwork and to arrange monthly surgeries. Four prisoners had been identified as foreign nationals representatives but they were all UK nationals; no prisoners of the other nationalities represented at the establishment had held such a post. A foreign nationals committee was identified in the race equality strategy but it did not meet separately from the REAT (see section on race equality).
- 4.35 A pictorial booklet that identified all of the key elements of the induction presentation was available for newly arrived foreign national prisoners, with a corresponding written information booklet that had been translated into 20 languages (in addition to Braille), which was used to deliver induction to non-English speakers, cross-referencing each picture to corresponding text in their own language.

- 4.36 Leaflets were available on equality and diversity, English for speakers of other languages (ESOL) courses and the foreign nationals policy, but these were all in English.
- 4.37 There were five prisoners subject to IS91 (Immigration Department Order no. 91; authority to detain) detention orders who had been assessed as unsuitable for immigration removal centre conditions. Although there was no consultation mechanism for foreign national prisoners to discuss issues as a group (see recommendation 4.8), the coordinator was easily accessible each day when on duty and was well known to the prisoners we spoke to. There was no relief officer to cover leave or absence. Residential staff relied on the coordinator to deal with issues on behalf of foreign national prisoners, even for matters such as work allocation and residential queries, which they themselves were better equipped to deal with.
- 4.38 Interpreting services were available from a local provider and there was some use of telephone interpreting services, with an average of 15 uses a month, most of which were to support assessment, care in custody and teamwork (ACCT) procedures, but almost none in relation to general day-to-day interaction with wing staff (see recommendation 2.34).
- 4.39 There was a list of staff and prisoners who could act as interpreters for non-sensitive issues, although, despite a director's notice to the contrary, we were told that prisoners were occasionally used to interpret during adjudication procedures.

## Recommendations

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- 4.40 The role of representative should be promoted to foreign nationals.
- 4.41 There should be more information readily available in languages other than English.
- 4.42 Prisoners should not be used to interpret at adjudications or other sensitive procedures.

## Disability and older prisoners

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- 4.43 Measures were in place for the identification and support of older prisoners. The recently appointed disability liaison officer was attempting to consolidate information and develop services. The recently introduced policy for the management older prisoners and those with physical, sensory and mental disabilities identified required actions from most areas of the prison.
- 4.44 A policy for the management of older prisoners and those with physical, sensory and mental disabilities had recently been introduced. It included identified required actions from most areas of the prison.
- 4.45 There was an identified disability liaison officer (DLO), who was new to the post and was in the process of establishing a system to consolidate information on the number of prisoners who had presented as having a disability. While 37 prisoners had been identified by the health care department, the DLO's database to date showed only 12.
- 4.46 A number of personal emergency evacuation plans (PEEPS) had been drawn up but they were not prisoner specific and had not considered any required support away from residential areas. Not all prisoners who had been identified as having a disability had been assessed as to

whether they required a PEEP or other support, including a double-amputee prisoner who was located in the health care department. Prisoners who had a PEEP were not easily identifiable and wing staff told us that the prisoner carers would assist in identifying who needed help in the case of an emergency. Records were kept in wing offices, which were not easily accessible from the landings, although during the inspection roll boards were amended to show which prisoners might require assistance.

- 4.47 There was an adequate number of lifts to facilitate movement around the prison to all activities, and ramps had been installed on all access kerbs. There was one adapted cell on each wing in which the bed had been moved to create more space and hand rails had been fixed to the walls. On wing 1C there were some aids for prisoners in the shower areas, although no handrails, and there was a carers scheme to support those who were older and less able. A ramp had been provided to the exercise yard and benches provided, although we were told that these had been sited too close to the cell windows, leaving prisoners open to abuse and missile/water throwing from the young prisoner wings (see section on vulnerable prisoners).
- 4.48 Prisoners previously in receipt of disability allowances received an automatic £4.75 a week, which they could add to any earnings they accrued.
- 4.49 All prisoners over the age of 50 were contacted to assess their needs and identify the support required. The older prisoners liaison officer (OPLO) had no profiled time allocated to the task (see recommendation 4.9). He made a weekly check of the population statistics, to maintain an accurate record of the number of older prisoners and ensure that all were seen.
- 4.50 Where required, care plans were drawn up in consultation with the prisoner and regular reviews were agreed and held at no longer than three-monthly intervals. A housing and resettlement needs assessment was also completed and referrals made to outside agencies.
- 4.51 The prisoner carers were involved in the support of older prisoners and reported weekly to the OPLO, raising any new concerns.
- 4.52 Prisoners over the age of 65 were also entitled to retirement pay of £4.75, provided that they did not work. They were not required to pay for their televisions. Older prisoners and those with disabilities who did not go to work or activities were locked up during the day outside of meal and association times.
- 4.53 Although there was no focus group for older prisoners (see recommendation 4.8), a comprehensive survey had been completed. This had identified a number of issues, which had subsequently been addressed (for example, the provision of benches on the exercise yard, the allocation of lower bunks and assistance with the collection of meals and during kit change).
- 4.54 An 'older' gym session was provided for the general population, and the vulnerable prisoner gym sessions included activities for older prisoners and those with disabilities.

## Recommendations

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- 4.55 All older prisoners and those with disabilities should be assessed to establish the requirements for personal emergency evacuation plans (PEEPS) or other means of support.
- 4.56 PEEPS should be prisoner specific and include consideration beyond residential units.

- 4.57 The location of prisoners requiring assistance in an emergency should be easily identifiable.
- 4.58 The benches on the exercise yard should be re-sited.

### Housekeeping points

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- 4.59 The recording of prisoners with disabilities should be consolidated.
- 4.60 Older prisoners and those with disabilities who do not participate in work or activities should remain unlocked during the core day.

### Gender and sexual orientation

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4.61 Sexual orientation was not identified and staff awareness of gay, bisexual or transgender prisoners was limited.

4.62 There was no gay, bisexual and transgender (GBT) policy. At the time of the inspection, only one prisoner in the establishment had identified himself as being gay. There was a self-referral process in operation, which was coordinated by the diversity coordinator, who then referred on to the GBT liaison officer. In our survey, only 1% of prisoners (around eight) identified themselves as GBT. There was no planned GBT prisoner discussion or support forum (see recommendation 4.8), although there had been an attempt to engage with a local support group. The newly appointed liaison officer had attended training during the inspection and had some good ideas for promoting the support services that she planned to introduce. There was no visible information available on the wings in relation to support in this area.

4.63 There had been one case of a prisoner reporting as transgender in 2010 but there was no clear strategy for managing such cases, and only a copy of a policy from another prison and some NHS guidance was available for reference.

### Recommendation

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4.64 A gay, bisexual and transgender policy should be developed and publicised on residential units.



## 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 Partnership working between the prison and health providers was good. Clinical governance structures were robust. Prisoners expressed dissatisfaction with several aspects of their care, although their concerns and complaints were handled appropriately. Primary care services were good but prisoners waited too long to see an optician. The pharmacy service was functional but some aspects of medicines management were poor. Dental services were satisfactory but had insufficient capacity to address waiting lists. The inpatient unit was utilitarian but there was good joint care planning. There were no mental health group support opportunities.

### General

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- 5.2 Primary care and inpatient services were provided by Serco Health. From April 2011, the services were to be provided by Nottinghamshire NHS Trust. The Trust provided the mental health in-reach team (MHIRT) and integrated drug treatment system (IDTS) services commissioned by Doncaster Primary Care Trust (PCT). The prison and its health services partners had good working relationships, with well-attended partnership board meetings. The prison was also represented at the regional meeting of the Department of Health heads of health care and providers in the criminal justice system. There was a local prison health delivery plan, linked to a health needs analysis.
- 5.3 The health centre was spacious and easily accessible from the house blocks. It contained consultation and treatment rooms and X-ray facilities. The inpatient unit, also spacious, occupied an upper floor. There was a health care consultation room in each of the house blocks and a large reception health consultation area. Health care facilities were well equipped and decorated and were used in a way that preserved privacy and dignity. The two waiting rooms in the health centre had recently been painted and televisions had been fitted for health promotion purposes. The waiting rooms contained hard bench seating, were stark in appearance and the televisions were not in use at the time of the inspection.
- 5.4 Prisoners were treated respectfully by health services staff. A senior nurse was responsible for the care of older adults.
- 5.5 Written information about health services was given to prisoners in reception and health services staff contributed audio-visual and written information to the induction programme. In our survey, 68% of prisoners (against the 49% comparator) said that they had received information about health care on the day of arrival. Each house block had its own professionally printed introductory pamphlet on health services. These were available only in English, although versions in other languages could be produced on request (also see recommendation 4.41).
- 5.6 Access to the health centre was not unduly restricted by security measures, and prisoners told us that they spent little time waiting to go to and from health care appointments.

## Recommendation

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- 5.7 The environment of the health centre waiting rooms should be improved.

## Clinical governance

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- 5.8 Clinical governance structures were in place, with well-attended local governance meetings. Representatives from the PCT were present at the meetings and there were efficient reporting mechanisms for untoward events. There were also joint meetings between the regional operations directors and health services staff to monitor learning from serious incidents and deaths in custody. Prison health quality performance indicator quarterly updates were used to monitor governance compliance and development.
- 5.9 A senior manager and senior clinical nurse managed health services. Staff members commented on the improved leadership and management of the service in the previous year. The staffing complement of 27 was sufficient to meet the needs of prisoners and included registered nurses, registered mental health nurses (RMNs), health care assistants (HCAs), and administrative and officer grade staff.
- 5.10 All staff members had job descriptions, annual development plans and registration checks. There were regular staff meetings, at which local governance and service development issues were discussed. All staff had access to clinical supervision. Staff members were up to date with their annual mandatory training requirements and most expressed satisfaction with their access to relevant advanced training. Some staff had been trained in providing care for lifelong conditions such as asthma and diabetes, and in the care of older adults. Others were in the process of training and there were two non-medical prescribers among the staff.
- 5.11 Specialist health care equipment was available on site and could also be quickly obtained from the local Red Cross depot. Resuscitation equipment, oxygen and automatic external defibrillators (AEDs) were stationed in the health centre and in each of the house blocks. The equipment was checked regularly and disposable items were in date.
- 5.12 At the time of the inspection, clinical records were in transition from being paper based to electronically based (SystemOne). The implementation of SystemOne had been interrupted due to delayed funding decisions because of the forthcoming contractual change. This had had the effect of increasing the administrative workload and causing frustration to staff.
- 5.13 Clinical records were stored and accessed in accord with the Data Protection Act and Caldicott principles, although we observed staff removing clinical notes from storage cabinets without leaving a record of where the notes were being taken and by whom. There was regular monitoring of clinical case notes to check for quality compliance following past criticism of record keeping by the Prisons and Probation Ombudsman. The clinical records had not been subject to clinical audit.
- 5.14 Prisoners with lifelong conditions and those with mental health problems had care plans, which were regularly reviewed. National Institute for Health and Clinical Excellence (NICE) guidelines and other clinical guidance were available in all treatment areas. Care and treatment plans were based on NICE guidance and staff could quote the guidance on medication for most common conditions.
- 5.15 In our survey, prisoners' ratings of the quality of health services from the doctor, dentist and optician were worse than the respective local prison comparators. There was a weekly

prisoner health care forum, which was attended by prisoner representatives and health services staff. In the meeting we attended, staff offered information and explanations as appropriate and potential solutions to problems were discussed.

- 5.16 Prisoners knew how to complain if they were dissatisfied with their care. There had been four or five complaints per day in 2010 to date, most of which related to medication. Complaints received prompt and appropriate responses, including an apology if required.
- 5.17 Serco policies and procedures were available in all health care bases. These included policies on the prevention and management of communicable diseases, pandemic influenza contingency plans and information management and sharing protocols.

## Housekeeping points

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- 5.18 A tracer system should be implemented to keep track of paper clinical records.
- 5.19 Clinical records should be subject to clinical audit.

## Primary care

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- 5.20 Prisoners in reception received first night health screening and a secondary assessment. Telephone interpreting services were available if required, although were rarely used. The written consent of prisoners was sought to allow health care information to be obtained from GPs and shared with other agencies. Following screening, prisoners went to the induction unit, saw a doctor or were transferred to the stabilisation wing for clinical management of substance use.
- 5.21 Doctors were on site from 10am to 9pm, after which two registered nurses were on duty throughout the night. They occasionally telephoned the Serco out-of-hours medical service for advice.
- 5.22 There was a health promotion action group and health promotion literature was prominently displayed in reception and on the house blocks. There was a particular focus on sexual health at the time of the inspection, including Chlamydia awareness and screening. Barrier protection was available to prisoners from the house block triage rooms, although lubricant was not available.
- 5.23 There was a wide range of primary care clinics and specialist clinics, including chiropractic, genito-urinary medicine, hepatitis B, optometry, physiotherapy, smoking cessation and X-ray. Access to these was via nurse triage on the house blocks. Triage algorithms were available in all health care bases. Appointments could also be obtained by prisoners completing application forms on the house blocks, which were collected and screened by the nurses. Dedicated health care application boxes were being fitted in the house blocks at the time of the inspection, although not all wings had them. These application boxes were located in the wing office or 'bubble', where forms were sorted by the officers, which compromised confidentiality.
- 5.24 Some prisoners complained of being unaware of their health care appointments, although the appointments system was robust and prisoners could check their appointments by accessing the house block-based automated transaction machines (see section on applications and complaints). However, appointments were often not allocated until the day before, so prisoners were given short notice. The waiting time to see a doctor was three working days, although the

failure to attend rate was high, at one in five. The waiting time to see an optician was too high, at three months, and there was insufficient clinic capacity to meet demand.

- 5.25 There were lifelong condition registers and dedicated clinics, although some clinics were offered on an ad hoc basis. Older prisoners were offered well-man assessments annually.
- 5.26 Health services were primarily house block based, with a registered nurse and HCA on duty on each house block from 7.20am to 7.20pm daily. They provided opportunities for medication, triage, consultation, treatment, dressings and pre-release clinics. In our survey, more prisoners rated access to nurses as good or very good than at comparator establishments (56% against 50%). Nurses commended the house block approach and were able to describe the needs of their patients in detail.

## Recommendations

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- 5.27 The initial health screen and secondary assessment should not be combined.
- 5.28 The application process should be accessible to health services staff only.
- 5.29 Waiting times to see the optician should be reduced.

## Housekeeping points

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- 5.30 Lubricant, to accompany barrier protection, should be freely available to all prisoners.
- 5.31 Notification of health care appointments should be available sooner at the automated transaction machines.
- 5.32 Work should be carried out to reduce the doctor's failure to attend rate.

## Pharmacy

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- 5.33 Pharmacy services were provided by Lloyds Pharmacy. The dispensary was located in the health centre. Pharmacy staffing was inadequate, with a part-time technician and a pharmacist visiting every two weeks. There was no opportunity for prisoners to see the pharmacist. Prisoners complained that the pharmacy did not inform the prison when they could not provide a specific medicine, and the supply of re-ordered drugs was sluggish.
- 5.34 Refrigerator temperatures were not checked regularly, so it could not be proved that heat-sensitive products had been stored in appropriate conditions. Equipment for dispensing methadone was regularly cleaned and calibrated.
- 5.35 Administration of supervised medication was by nursing staff three times a day at 8am, 12pm and 5pm, when night sedation was administered. Fifty per cent of prisoners said that they held medication in possession, against the local prison comparator of 58%. A range of medicines was available for special sick through patient group directions. The pharmacist said that she did not audit special sick or faxed prescriptions.
- 5.36 A medicines and therapeutics committee (MTC) met regularly and was attended by appropriate staff. Routine prescribing data were not reviewed by the MTC. A prescribing formulary was available but the PCT staff who ran the stabilisation unit said that it was too

limited for their needs, so they ordered medicines for this unit separately. A review of Gabapentin prescribing had been undertaken and its prescribing reduced. Although the WHO (World Health Organisation) pain ladder was in use, Tramadol prescribing had increased as Gabapentin prescribing had fallen.

- 5.37 Controlled drugs were inappropriately stored with other medications in the stabilisation unit.
- 5.38 A missed collection of in-possession medication had not been recorded and had led to a seven-day pack being supplied beyond the 28-day prescription limit. Prisoners who failed to collect medications were often not followed up. There were gaps in the charts for administered medicines where reasons for omissions were not recorded, and in-possession medicine had been given to a patient without first completing a risk assessment. A medicine prescribed as not in possession had been changed to in possession and dispensed by a nurse prescriber, rather than being sent to the pharmacy for dispensing.
- 5.39 Not all prescriptions were faxed to the pharmacy, so full patient medication records could not be maintained. There were agreed levels of stock medicines but the medicines in the stock cupboards did not reflect the stock list. There was no audit of stock use. Cells did not contain lockable cupboards in which prisoners could store their medications.

## Recommendations

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- 5.40 The level of pharmacy staffing should be improved and prisoners should be able to consult with a pharmacist.
- 5.41 The medicines and therapeutics committee (MTC) should receive prescribing data and use it to demonstrate value for money, and to promote effective medicines management.
- 5.42 Controlled drugs should not be stored with other medicines in the stabilisation unit.
- 5.43 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where a patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate.
- 5.44 The administration or supply of a prescription-only medicine without a valid prescription should cease.
- 5.45 The timing of medication rounds should be reviewed to ensure that patients get the best treatment possible.
- 5.46 Lockable cupboards should be provided in cells for patients prescribed in-possession medication.

## Housekeeping points

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- 5.47 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in the 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.

- 5.48 The pharmacy staff should monitor the use of special sick medication, and the system of faxing prescriptions should be subject to audit.
- 5.49 The MTC should audit and review the use of general stock. Named patient medication should be used wherever possible and general stock should only be used if this is unavoidable.
- 5.50 Medications used in association with the World Health Organization pain ladder should be subject to clinical audit.

## Dentistry

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- 5.51 The dental surgery was sited on the first floor of the health centre. The surgery was in an internal room with no natural light but was spacious, clean and well lit. During the inspection, the surgery was cold and we were told that this was often the case.
- 5.52 All the equipment appeared to be in good condition and the autoclave had recently been replaced. Cross-infection controls appeared satisfactory.
- 5.53 The dental contract was held by a private company and was for two sessions a week. Twelve patients were booked per session. The contract had not been registered on the NHS Dental Services systems. There was no evidence of a monitoring scheme for the clinical aspects of the dental contract or to show that a dental surgery inspection had been carried out in the previous three years.
- 5.54 The standard and range of dental checks and treatment available was not of the same level as that available to NHS patients. A full range of treatment was provided only to prisoners who would be available for longer than six months. Treatment was provided on an urgent basis only to prisoners on remand or who were sentenced to less than six months. At the time of the inspection, extra dental clinics had been arranged, to clear a waiting list backlog due to equipment failure earlier in the year. The waiting time had been reduced to five weeks and extra clinics continued. Few prisoners failed to attend. Following triage by the dental nurse, prisoners were allocated to urgent or non-urgent waiting lists. Oral health information was provided on a one-to-one basis by the dentist.
- 5.55 There was no provision to cover annual leave taken by the dentist. Out-of-hours cover was provided by health services staff, who issued medication or, rarely, referred to an outside service. No formal triage protocol for non-dental staff was observed and some prisoners had to wait almost a week for emergency treatment to be provided. Record storage and keeping was satisfactory, although the periodontal condition was not always recorded.

## Recommendations

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- 5.56 A dental surgery inspection should be undertaken.
- 5.57 There should be provision of dental treatment to the level available in the NHS for all prisoners.
- 5.58 Further dental sessions should be provided, to reduce waiting lists permanently.
- 5.59 Record keeping should be reviewed with reference to current good practice guidelines published by the Faculty of General Dental Practice (UK).

- 5.60 There should be provision to cover the dentist's annual leave.

## Housekeeping points

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- 5.61 A suitable heater should be provided, so that the surgery can be kept at a comfortable temperature.
- 5.62 There should be a robust monitoring system for the dental contract, to ensure that treatment is appropriate and satisfactory.
- 5.63 A formal protocol for out-of-hours cover should be developed.
- 5.64 Interventional dental treatment plans should be provided as quickly as possible for prisoners in pain.

## Inpatient care

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- 5.65 The 29-bed inpatient unit was functional but unappealing, with a mix of single, double and dormitory provision. The beds did not form part of the certified normal accommodation. Beds were occasionally used for prisoners with disabilities who could not be accommodated elsewhere.
- 5.66 There were several constructive daytime activities available to inpatients but education was not provided on the unit. Patients, nurses and officers developed 'three-way' care plans, signed by all three and written in prose that the patient could understand. These were held in the office used by discipline staff and were regularly reviewed by the patient and the team.

## Recommendations

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- 5.67 The inpatient area should be decorated to provide a more therapeutic environment for patients.
- 5.68 Inpatient beds should not be used to accommodate prisoners with disabilities unless there is a clinical need.
- 5.69 Inpatients should have access to day care that provides constructive activity, including education.

## Good practice

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- 5.70 *'Three-way' care plans afforded prisoners control over their care and helped the uniformed officers to understand prisoners' needs.*

## Secondary care

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- 5.71 Prisoners had timely access to external health care appointments. Those requiring ongoing treatment were medically held until completion. Only two external appointments had been cancelled by the security department in the previous two years.

## Mental health

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- 5.72 There were five RMNs and a visiting general psychiatrist. One in five uniformed officers had been trained in mental health awareness. There was a variety of opportunities for prisoners with mild-to-moderate mental health problems to receive individual support. These included PCT self-help workbooks on anxiety, depression and other conditions; counselling from the 'Doves' service; and therapy from primary mental health services staff and the psychology department. There was a therapeutic room, which was used routinely for anxiety and stress management therapy. The 'Beating the Blues' cognitive behavioural programme was due to start after the inspection. There were no group support opportunities, other than by attending the short duration drug programme for those with substance use problems. Primary care mental health workers provided daily support for prisoners in the segregation (reorientation) and Annexe units.
- 5.73 The MHIRT provided services for prisoners with severe and enduring mental health disorders and liaison with NHS providers to ensure continuity of care. The team comprised two community forensic psychiatric nurses, an HCA, administrative support and a visiting consultant forensic psychiatrist. The team carried a small caseload and contributed to assessment, care in custody and teamwork (ACCT) reviews. They brokered access to NHS mental health services and accompanied patients, if necessary, on transfer. Transfers were usually completed within seven to 14 days, although patients requiring specialist NHS beds waited longer.

## Recommendations

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- 5.74 Primary mental health services, including brief group therapy options, should be provided for prisoners with mild-to-moderate mental health problems.
- 5.75 Prisoners needing assessment and treatment in NHS mental health inpatient services should be transferred expeditiously.

# Section 6: Activities

## Learning and skills and work activities

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### 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 There was a large shortfall in the number of purposeful activity places available to the population, and attendance was purely voluntary. Induction was good and, with the careers, information and advice service, provided a comprehensive assessment of prisoners' needs. Internal links were effective, with assessments from education being used in sentence planning. Strategic leadership of learning and skills was good and learning and skills overall were managed reasonably well. There were processes to assure the quality of provision but they were underdeveloped. Data were collected but not sufficiently reliable to be used in planning or performance management. Outcomes for learners were satisfactory, with some good employability and personal skills development. Overall, the quality of provision was satisfactory, as was teaching, with good coaching in vocational training. The range of education courses was too narrow but of vocational courses was satisfactory. The library provided a reasonable resource, with good access for prisoners during the restricted opening hours.

### Leadership and management

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- 6.2 The overall management of learning and skills was satisfactory. Senior managers had developed a clear strategic direction, linked to a well-developed operational plan. The profile of learning and skills in the prison had been raised and better links had been developed between learning and skills and the resettlement function. The recent appointment of a new education manager, who had the operational control of learning and skills, had led to some good improvements in the overall provision. The development and introduction of a good careers information and advice service had been instrumental in improving the assessment of prisoners' needs.
- 6.3 The overall day-to-day management of education and training was satisfactory. Quality improvement arrangements had recently been developed and implemented but required further expansion to include all aspects of learning and skills. A self-assessment process was in place and had resulted in successful identification of the key areas for improvement. Good use was made of learners' feedback in informing this process. Action planning and the improvement process were effective, and the senior management team regularly monitored targets for improvement.
- 6.4 All relevant staff had been vetted and received Criminal Records Bureau clearance and training on how to identify and deal with vulnerable adults. There was a focus on health and safety in all learning and skills activities. Participation in activities was on a solely voluntary basis, leaving traditionally hard-to-reach groups disengaged.

- 6.5 The approach to equality and diversity was satisfactory. Tutors challenged inappropriate behaviour and language. There was a high level of mutual respect between tutors and prisoners. Access for prisoners with mobility difficulties to some areas of learning and skills was difficult but alternative strategies were in place to reorganise classrooms to meet their needs when required. Equality and diversity was appropriately promoted at induction and during training sessions. There were links between learning and skills staff and the diversity officer, who worked together on a number of projects to help to raise cultural awareness and celebrate diversity. Imagery in learning and skills was used well to promote a socially inclusive environment. Allocation to activities was fair and equitable. Induction materials were available in 10 languages and reflected the diverse need of the population. The pay structure was generally fair. Access to work, vocational training and education was limited for vulnerable prisoners. Data were not used effectively to identify whether all prisoner groups were accessing learning and skills equitably and that achievement levels for all groups were similar.

## Recommendation

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- 6.6 **Quality assurance systems across all learning and skills activities should continue to be developed.**

## Induction

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- 6.7 The arrangements for induction were good. The recent introduction of a careers information and advice service (CIAS) ensured that prisoners were directed to the most appropriate courses. Staff were skilled and well qualified. Induction took place over two days, with an initial group session in which general information and guidance was provided. The initial assessment of literacy and numeracy was satisfactory. An individual interview took place on the second day, including a well-structured, comprehensive assessment. The information thereby identified was used to develop a prisoner action plan, which informed individual learning plans. Improved links between the education department and the offender management unit had led to better use of information for sentence planning. Most prisoners were allocated to activities directly from CIAS but for higher risk activities, recommendations from CIAS were directed to the labour board for allocation after a risk assessment. Sequencing of interventions had recently been improved to reduce disruption to education classes. At the time of the inspection, there were waiting lists for most activities, with 112 prisoners waiting for vacancies to access their chosen course.

## Work

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- 6.8 The prison had around 589 full-time-equivalent activity places, which was insufficient to ensure that all prisoners were engaged in purposeful activities. Around 346 work places were provided, of which 187 were for on-wing work.
- 6.9 Work was available in textiles, the main kitchen, internal services, the main laundry, the shop and environmental services. On-wing work included cleaning, laundry, waste management and servery. The main work available for vulnerable prisoners comprised laundry work and tea packing but a few also worked in internal services, alongside mainstream prisoners. Only 23 vulnerable prisoners were engaged in work (see main recommendation HP51). Work was available to young offenders, with 58 engaging in some work activity.
- 6.10 Prisoners working off wing developed good occupational and employability skills. High-quality work was produced in textiles and in internal services. In textiles, work was produced for a

number of external organisations, including a leading furniture retailer. Design, desktop publishing, printing and engraving carried out in internal services were of a very high quality. Commercial assignments were undertaken, together with work for other prisons and various charities. Prisoners gained experience in using industrial software and machinery.

- 6.11 Induction into work was appropriate, with a focus on health and safety. Structured training was in place for most off-wing work. Literacy and numeracy support for those in work was not available. An external contractor had recently been working in the prison to develop formal accreditation of work skills, and 68 prisoners were on these programmes. For prisoners who were not on accredited courses, there was insufficient recognition of their skills development. Much of the accommodation for work was inappropriate and did not reflect a commercial environment.

## Recommendations

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- 6.12 Literacy and numeracy support for prisoners in work should be introduced.
- 6.13 The prison should record and recognise unaccredited skills that are developed by prisoners.
- 6.14 The accommodation in the workshops should be improved to reflect a commercial environment.

## Vocational training

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- 6.15 The prison provided 49 vocational training places, which was insufficient for the size of the population. A satisfactory variety of vocational training opportunities was provided, and the standard of training and coaching was good. Learners had opportunities to acquire relevant occupational skills in brickwork, carpentry, catering, horticulture and motorcycle maintenance. Painting and decorating was also available but not taking place at the time of the inspection because of the tutor's absence. Plans were at an advanced stage to introduce barbering and industrial cleaning. Vocational training was not available for vulnerable prisoners.
- 6.16 Prisoners produced work of a good standard. For example, in bricklaying, wall building was particularly good and arch constructions exceeded the standards expected of level 1 learners. Those training in carpentry developed good skills, which enabled them to make children's chairs and tables, bird boxes, tea boxes and other wooden articles to a high commercial standard. Most prisoners who completed their course were successful in achieving their qualification. The training kitchen produced meals for prison staff and was a good, realistic working environment. Trainees there developed a range of food preparation skills and worked for National Vocational Qualifications (NVOs) at levels 1 and 2. Those training in horticulture had good resources, consisting of industry-standard tools, a classroom with a small specialist library and an adjacent greenhouse, poly-tunnel and garden area. Prisoners felt safe in training sessions.
- 6.17 Some of the training accommodation was poor and did not reflect industry standards. Individual learning plans were in place but they were insufficiently structured to provide clearly defined targets to help prisoners to understand what they needed to do to progress. There were insufficient links with external employers to help to inform training and improve prisoners' employment prospects.

## Education

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- 6.18 Education was provided by Serco and offered 104 full-time-equivalent places. The provision was available from 8.45–11.30am and from 1–4.30pm over four and a half days. There was no evening or weekend provision. Limited educational opportunities were available on the vulnerable prisoner unit.
- 6.19 The range of courses in education was too narrow, and this was exacerbated by insufficient staff cover for absenteeism. Accredited provision was available in English for speakers of other languages (ESOL) at entry level; literacy and numeracy from entry level to level 2; and information technology and creative art at level 1. The arts and media department offered a range of personal and social development initiatives, including film making, drama and urban art. The prison had become a registered centre to offer an acting award at levels 1 to 3; 14 prisoners were registered on the programme at the time of the inspection. An animated film-making initiative involved prisoners and their children working together to develop a story and make figures of the characters (see section on children and families of offenders). This was then made into an animation DVD. Personal and social development courses also included an established pottery workshop and more recently an accredited level 1 employability course.
- 6.20 While outcomes were satisfactory overall, the data were not sufficiently reliable to make a judgement about success rates. On some courses, too few learners completed the programme. There were no targets to recognise and record personal and social development.
- 6.21 Most prisoners enjoyed their sessions and made good progress in developing their confidence, ability to interact in groups and communication skills. Their work was of a satisfactory standard overall. Prisoners reported feeling safe in education sessions. Prison data indicated 80% attendance at sessions. However, in the sessions we observed there was an average of 50% attendance. Punctuality was satisfactory.
- 6.22 Teaching was generally satisfactory, with most tutors using a variety of methods and resources to promote skills development and learning. ESOL sessions promoted good learning through a highly interactive approach. In a minority of sessions, the pace of learning was not sufficiently challenging. Health and safety were promoted effectively. Tutors had appropriate qualifications and experience.

## Recommendations

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- 6.23 The use of data should be improved, to provide reliable information on learners' progress to inform planning.
- 6.24 The quality of target setting and individual learning plans should be improved for education, work and vocational activities, and progress recorded.
- 6.25 More links should be made with external employers, to help to inform training and improve prisoners' employment prospects.
- 6.26 Education managers should reassess prisoner attendance in education in light of the findings of the inspection team.

## Library

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- 6.27 Serco provided the library service. There was a well-qualified librarian, supported by a recently appointed assistant and two prison orderlies. The library was open for 24 hours a week across four and a half days. It was not open in the evenings or at the weekend. Prison managers were aware that the level of library staffing was below that expected for a prison population of more than 1,000 prisoners, and there were plans to appoint a second assistant librarian. Access for prisoners during the restricted opening times was fair and equitable, with all prisoners having open access. Vulnerable prisoners shared timetabled access with those who were resident in the health care inpatient department for one afternoon a week. Mobile library trolleys had been established on the detoxification wing and in the first night centre and these were regularly restocked.
- 6.28 There was effective partnership working between the arts and media department and the library. The library had housed displays on the history of Doncaster, Black History Month and major world religions based on those of the prison population. A weekly 'Stories Connect' group had been established to promote reading and discussion, and there were plans to start a weekly Toe by Toe group in the library. Scheduled sessions included a weekly timetabled creative activities group for inpatients and vulnerable prisoners.
- 6.29 The library stock generally reflected the needs and interests of the prison community. Effective communication between librarians, education and vocational staff and prisoners informed book procurement. Data were not available to demonstrate how effectively stock levels and lending analysis were monitored to identify trends. At the time of the inspection, the library had a stock of approximately 6,000 books, as well as audio-books and periodicals, which was small for the size of the prison. Library staff were responsive to requests by those on ESOL courses and foreign national prisoners to help to meet their needs. A stock of 556 non-English fiction and non-fiction books was available in 27 languages, with a limited number of bilingual dictionaries. This included a small number of non-English newspapers in languages such as Turkish, Russian, Vietnamese and Chinese. Sufficient legal textbooks and Prison Service Orders were available. However, there were insufficient books for young people and emergent readers.
- 6.30 The standard of accommodation was satisfactory. A learning resource centre had recently been developed, with 10 computers linked to an offline internet service.

## Recommendations

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- 6.31 Library opening hours should be improved.
- 6.32 Data on the use of the library should be collected and analysed to inform management decisions.
- 6.33 The library stock for young prisoners and emergent readers should be improved.

## Physical education and health promotion

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### 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.

**6.34** Access to PE was good for most prisoners. The PE department was well managed, with good induction arrangements. There were links to the health care department and there was a focus on promoting healthy living. PE facilities were good. Outdoor facilities were utilised effectively for a variety of activities. The range of accredited programmes was appropriate and prisoners made good progress. There were links with local community sporting groups, which provided coaching and opportunities for competitive sport.

**6.35** The PE academy provided a clean, welcoming and well-organised environment. PE was promoted well during induction and on the residential wings. It was available throughout the week and at weekends but there was no evening provision. PE academy opening times met the needs of most prisoners, except those engaged in off-wing work, who could only access the facilities on Wednesdays between 4.30pm and 5.30pm and on Saturdays and Sundays. Separate provision was available for vulnerable prisoners and young offenders. The gym regime was well integrated with sentence plans. Data were collected on gym usage, although there was insufficient analysis to enable identification of specific use by groups to inform planning.

**6.36** The range of programmes was satisfactory and reflected the needs of the population. Accredited courses included sports and recreation NVQ level 1, a community sports leader course, a health trainer course and a first-aid course, and prisoners made good progress in these.

**6.37** Facilities and equipment were good. The gym provided access to a range of cardiovascular and resistance equipment, in addition to free weights. A large sports hall provided opportunities for indoor activities such as badminton, basketball and circuit training. A large all-weather pitch was used extensively for outdoor activities such as football, rugby and charity events. However, the surface had deteriorated and was in need of replacement. The shower facilities had improved, and all prisoners who used the gym were provided with a clean gym kit and towel.

**6.38** The PE induction was good. All prisoners were assessed by health services staff on entry to the prison, and gym staff were made aware of any health problems that might make it inappropriate for prisoners to undertake vigorous exercise. Liaison between PE staff and health services staff was effective, and there was good provision for prisoners with physical limitations and psychological problems in the remedial exercise unit. Before any exercise was undertaken, a health screening questionnaire was completed and programmes were specifically matched to each prisoner's needs. Four health trainer champions had been trained and effectively promoted weight reduction, healthy eating and smoking cessation in the gym and on the wings. There was a strong focus on the safe use of equipment. All accidents were satisfactorily recorded and followed up.

**6.39** Good partnerships had been developed with local sporting organisations, such as local and regional football clubs, a rugby league club, basketball teams and a county cricket team. This provided opportunities for competitive sports and coaching.

## Recommendations

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**6.40** Prisoners engaged in off-wing work should have improved access to the PE academy.

- 6.41 The prison should monitor the use of the PE by individual prisoners and target more effectively those prisoners who do not exercise regularly.
- 6.42 The all-weather surface should be replaced.

### Good practice

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- 6.43 *Partnerships with local sporting organisations provided professional level coaching opportunities.*

## Time out of cell

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### 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.

- 6.44 The reported average time unlocked was accurate but there was wide variation in prisoners' experience, based on their employment and incentives and earned privileges status. Association was dependable and well supervised but not available after 6.30pm. Exercise was rarely cancelled and yards were well equipped but strewn with litter.
- 6.45 The director of offender management had set the prison a target of achieving an average time out of cell of nine hours on weekdays. The prison did not record the actual time out of cell each week but, using figures collated in May 2010, which showed that prisoners had an average of 9.37 hours unlocked each weekday, had assessed this target as having been achieved. We were told that this figure took into account all considerations, including the two days a month of restricted regime to allow for staff training and meetings. We interviewed a number of prisoners about their experience of time unlocked and this showed a wide variation in actual experience, depending on their employment and incentives and earned privileges (IEP) scheme status. Full-time employed prisoners had more than 11 hours unlocked on some days, while those who were unemployed reported their longest time unlocked as a little over five hours a day. The effect of the IEP scheme was even more marked. Those on the basic level did not have employment and on some days were unlocked for as little as one hour and 40 minutes. Those on the enhanced level were unlocked for between 10 and no more than 12 hours a day.
- 6.46 Association was rarely cancelled and in our survey, 70% of prisoners, against the 48% comparator, said that they went on association more than five times a week. There was no association after 6.30pm, so prisoners could have had difficulty in maintaining contact with families who worked during the week.
- 6.47 Association was well supervised, and prisoners reported feeling safe at these times. A wide range of activities was available and staff interacted with prisoners. In our prisoner interviews, we were told that staff encouraged participation in association and that unlock times were adhered to. However, there was insufficient patrolling of the young adult landings at these times. The visibility of unit managers was generally good and a clear stance was taken about all anti-social behaviour.
- 6.48 As association took place during the day, there was a wide variation in the number of prisoners locked in their cells during our two roll checks. In the morning check, 14% of prisoners were

locked in their cells but in the afternoon check on the next day, this figure was 45%. Notably, on both occasions the proportion of prisoners off the wings was low, at 16% and 23%, respectively.

- 6.49 Exercise was offered reliably and replaced with association when it was cancelled because of poor weather. In our survey, 56% of respondents, against the 38% comparator, said that they went on exercise three or more times a week. Jackets were available for prisoners to wear in inclement weather but they were not often used because they were in poor condition; we were told that there were plans to replace them.
- 6.50 Exercise yards at the ends of house blocks were rarely used, for security reasons. The two yards on either side of the house blocks contained benches and exercise equipment but were covered with litter that had been thrown from cell windows.

## Recommendations

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- 6.51 Time out of cell for unemployed prisoners and those on the basic level of the IEP scheme should be increased.
- 6.52 Association should be available in the evenings.
- 6.53 Prisoners should have clean areas in which to take exercise.

## Housekeeping point

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- 6.54 Prisoners should be offered suitable clothing for taking exercise during inclement weather.

# Section 7: Good order

## Security and rules

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### 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 Physical security was appropriate and there was good sharing of security information. Security information was submitted from all areas of the prison but was not always acted on sufficiently promptly. There were not large numbers of prisoners subject to closed visits or visitors banned but some prisoners were restricted on the basis of matters not directly related to incidents in visits.

### Security

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- 7.2 The physical security of the establishment was appropriate. Prisoners were allowed free movement in the enclosed corridors for legitimate purposes and restrictions were based on sound security concerns. The good relationships between staff and prisoners (see section on staff-prisoner-relationships) reinforced dynamic security.
- 7.3 Monthly security meetings shared information arising from the security manager's report, and between departments. General security concerns were discussed and the risks presented by specific prisoners were examined thoroughly. There was also a weekly informal security sharing meeting, attended by residential managers, which was not minuted but staff we spoke to told us that they found it useful and that they felt well informed about the prisoners in their care.
- 7.4 In the previous six months, 1,962 security information reports (SIRs) had been submitted, at a constant rate of between 310 and 340 a month. This was consistent with the number recorded at the time of the previous inspection. Security staff told us that a reduction in 2009 had been addressed by further training. SIRs were submitted from all areas of the prison, with the majority from residential units, indicating a recognition by all staff of security issues. Those we saw were appropriate and demonstrated a good level of awareness. Information from SIRs was collated by the security department and passed for action to the security operations group. The promptness of action was prioritised on the basis of risk but we saw some examples where there had been an unacceptable delay. One was a report of a prisoner apparently under the influence of drugs, submitted on 15 October 2010, which had led to a search on 28 October.
- 7.5 Strip-searching was logged, and there had been a total of 3,651 such searches in the six months before the inspection. They had been justified on the basis of specific safety and security concerns and conducted in appropriate privacy.
- 7.6 At the time of the inspection, there were 12 prisoners subject to closed visits. In most cases this was because of incidents that had occurred during visits or on the basis of intelligence received, but we were told that in two cases it was solely on the basis of having failed a mandatory drug test. The restrictions were reviewed after three months.

- 7.7 There were 17 visitors banned from the establishment at the time of the inspection. Each ban was for three months and was followed by a three-month period of closed visits, reviewed monthly. There was an appropriately used system of issuing warnings, both to visitors and prisoners, for inappropriate behaviour before bans on visitors were imposed.

### **Rules**

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- 7.8 Prison rules were explained during induction and prisoners signed to acknowledge that they understood them. This was further reinforced on the wings and in workplaces by notices and staff interaction.
- 7.9 There was some inconsistency in the application of rules between house blocks, especially as they related to the use of the IEP scheme.

### **Recommendations**

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- 7.10 Information from security information reports should be acted on promptly, in line with its importance.
- 7.11 Prisoners should only be subjected to closed visits on the basis of visit-related issues.
- 7.12 Rules should be applied consistently across the prison.

### **Housekeeping point**

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- 7.13 A brief record of the weekly information sharing meeting should be made and circulated to key staff.

## **Discipline**

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### **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.**

- 7.14 The number of adjudications had decreased. They were generally well conducted but recording was poor in some cases. Punishments given were fair, and unsound cases were dismissed. The number of use of force incidents was similar to that in the previous year and there was evidence of de-escalation. Planned and spontaneous incidents had been video-recorded in some instances but the quality of recordings was poor. Quality assurance arrangements were in place for use of force documentation but procedures were not as sound for reviewing video evidence. The physical conditions of the segregation (reorientation) unit were reasonable. Staff-prisoner relationships on the unit were excellent. The average length of stay was reasonable and prisoners retained for long periods were well supported. Prisoners on the unit were offered a cognitive behavioural workbook. Some prisoners were held there because spaces were not available on the vulnerable prisoner unit.

## Disciplinary procedures

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- 7.15 There had been 637 adjudications in the six months before the inspection, a large reduction from the 986 recorded over the same period at the time of the previous inspection. Staff said that the decrease was due to officers feeling more confident in using the IEP system, and the zero tolerance policy. Most of these adjudications were for disobeying a lawful order (172) and for possession of unauthorised articles (93). We were concerned that the high incidence of refusing to obey a lawful order might reflect a number of prisoners wishing to become, or remain, segregated for their own protection. There was some evidence that the issue had been analysed further at the adjudication review meeting but no indication of remedial action.
- 7.16 Prisoners complained that they were immediately reduced to the basic level of the IEP scheme when charged with an offence (see the section on incentives and earned privileges). We also saw some examples of collective punishments being used.
- 7.17 The adjudication proceedings we observed were run well. The adjudications room was large and comfortable. Prisoners were treated respectfully, their understanding of the charges against them was checked and they were able to challenge the evidence against them by questioning the officer laying the charges, making written representations and bringing witnesses. They were offered a pen and paper to make notes. Punishments given were fair, considered mitigation and were within the published tariff. They were fully explained to prisoners, who were told that they could appeal using the form attached to the written notification of the punishment.
- 7.18 Before adjudications, prisoners' medical fitness was checked by the use of an algorithm and by a medical examination if required. Legal representation in adjudications was available and we observed prisoners receiving appropriate advice from staff.
- 7.19 In five of the previous six months for which we obtained figures, 72 cases had been dismissed by adjudicators. This reflected a fair approach adopted by adjudicators. The reasons for dismissal arose from further investigation of the circumstances of an offence and from testing the quality of the evidence. Serious matters referred to the independent adjudicators, who were visiting district judges, included serious assaults and possession of class A drugs. The independent adjudicators sat monthly and cleared all the cases referred to them, so none were delayed by more than a month. At the time of the inspection there were 12 cases pending.
- 7.20 The records of adjudications which we examined, including those of independent adjudicators, were of inconsistent quality. Some did not fully record an investigation of the events surrounding a charge or the prisoner's explanation or mitigation. Records were also difficult to read in some cases.
- 7.21 In the previous six months there had been 16 appeals, of which five had been upheld because of poor investigation of the offence, failure to consider legal advice and failure to record mitigation.
- 7.22 Governance of adjudications picked up these errors and disseminated the learning from them. There was a quarterly review group, attended by all trained adjudicators, to improve practice. It considered trends in adjudications, monitoring of their quality by the manager responsible and the outcomes of appeals.

## Recommendations

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- 7.23 The reasons behind the high incidence of adjudications for refusal to obey a lawful order should be investigated and remedial action taken.
- 7.24 Staff should not use collective punishments to deal with disciplinary issues.
- 7.25 All adjudications should be recorded clearly and in full.

## The use of force

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- 7.26 The number of use of force incidents was similar to that in the previous year. Documentation was completed in detail and gave a full account of events. Many of the reports showed that de-escalation had been used and that staff had not needed to use full control and restrain techniques. Injury forms were retained by the health care department and considered 'medical in confidence'. Records showed an over-reliance on the use of handcuffs for moving prisoners to the segregation unit.
- 7.27 Some spontaneous and planned incidents had been video-recorded. The video recordings viewed were of a poor quality and it was difficult to ascertain which prisoners and staff had been involved and when the incident had taken place. Storage of the recordings did not give assurances that they could be used for evidential purposes.
- 7.28 All use of force documentation was reviewed by an assistant director and any issues found were raised with the staff involved. Reviews of video recordings were not as thorough, and were carried out on an ad hoc basis. The quarterly use of force committee showed good evidence of monitoring of use of force and analysis of statistics and identified trends. There was no record of action taken to address the trends but managers were able to tell us what action had been taken.
- 7.29 There were two special cells, which contained no furniture and had adjoining observation rooms. They were rarely used, the last time having been in December 2009. Records of this use of the cell showed that all procedures had been properly authorised and followed but the prisoner had not been allocated to normal accommodation as soon as he became compliant. He had been held from 8.35pm and it was recorded that he had become compliant during the night. He had requested relocation to a normal cell on the following morning but had not been moved until 4pm. This had been mitigated by the fact that he had attended a legal visit, the health care department, exercise and adjudication during the day, so had been out of the special cell for some time.

## Recommendations

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- 7.30 Prisoners should not routinely be handcuffed when being taken to the segregation unit.
- 7.31 Accurate and comprehensive video recording of incidents should be produced, with appropriate storage of completed recordings.
- 7.32 Prisoners located in the special accommodation should be relocated to normal segregation unit accommodation as soon as they are no longer refractory.

## Housekeeping points

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- 7.33 F213 forms (used to report injuries to prisoners) should form part of the use of force dossier, with a copy kept in the prisoner's medical record.
- 7.34 The use of force committee minutes should record any action taken to address identified trends.

## Segregation unit

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- 7.35 The segregation unit had been renamed as the reorientation unit, on the basis that its stated purpose was to provide rehabilitation as well as punishment in the context of a supportive regime and to return prisoners to normal location as soon as possible.
- 7.36 The unit was light and spacious, with 22 beds arranged on two floors. Accommodation was in single cells, which were clean and adequately furnished but did not have in-cell electricity. There were two prisoner cleaner orderlies on the unit and they maintained a good standard of cleanliness. The showers had cracked tiles and were in a poor state of repair. There were telephones on each landing. There was a small store of books but prisoners we spoke to had not all been offered access to them, and at the beginning of the inspection some prisoners did not have radios, although these were provided later in the week.
- 7.37 Location on the unit was appropriately authorised and prisoners were not strip-searched unless there were concerns that they might be in possession of unauthorised articles. The reasons for their segregation were explained to prisoners and they were informed that a folder of written material about the unit was available.
- 7.38 Unit staff were selected by open advertisement in the establishment, and those with a commitment to the aims of the unit were recruited. They received specialist training in control and restraint, first aid and basic segregation procedures. Records showed that some staff were also receiving training in diversity, mental health awareness and personality disorder. Counselling and support services were also available to them and there had been no sickness absences among unit staff in the previous six months. We observed excellent relationships between staff and prisoners on the unit, with routine use of first names and patient interaction with problematic prisoners.
- 7.39 The average length of time spent on the unit was not excessive. In the previous six months, the average length of stay for reasons of good order or discipline (GOOD) was 13 days for adults and six days for young adults. Almost all were either returned to normal location or reached the end of their sentence and only 17 had been transferred to other prisons from the unit in the previous year. At the time of the inspection, one prisoner had been held for more than 30 days. He was extremely volatile and his segregation was reviewed every two weeks. He was receiving daily contact from the mental health in-reach team and was provided with activities to pursue in his cell.
- 7.40 Reviews of segregation for reasons of GOOD were held at the appropriate intervals and were attended by staff from the psychology, security and health care departments, the Independent Monitoring Board and the mental health team. The last prisoner who had been held for more than 30 days had been successfully reintegrated into the main regime.

- 7.41 An unusually large number of prisoners, 204, had been accepted onto the unit pending adjudication in the six months before the inspection. We were told that this had been for various reasons, including refusal to go to their cell and violent behaviour, but the prison could not fully explain the reason for this trend.
- 7.42 The regime on the unit allowed access to showers every other day and exercise daily. An education tutor visited every Thursday and gym sessions and attendance at religious services were available weekly, subject to risk assessment. Records showed that the assistant director responsible for the unit, and the chaplain visited segregated prisoners every day.
- 7.43 An important aspect of the regime was the cognitive behavioural workbook, Think It Over, which was offered to all prisoners on the unit. This had been developed by the psychology department and consisted of modules which developed constructive thinking and problem-solving skills. All unit staff had already been trained or were in training to deliver the modules and received weekly supervision from the psychology department. An evaluation of this workbook in July 2010 had found that 12 prisoners had completed it since its inception in December 2009 and a further 31 had completed some modules.
- 7.44 During the inspection, a number of prisoners were located on the unit because they were at risk from other prisoners and there were no spaces on the vulnerable prisoner unit. Efforts were made to allow these prisoners access to aspects of the normal regime, such as association and gym.

## Recommendations

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- 7.45 Cells on the segregation (reorientation) unit should have an electricity supply.
- 7.46 The segregation (reorientation) unit showers should be refurbished.
- 7.47 The prison should analyse the reason for the large number of prisoners held pending adjudication and take action to reduce the number.

## Housekeeping points

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- 7.48 Segregated prisoners should be offered reading material and provided with a radio.
- 7.49 Prisoners should not be held in the segregation (reorientation) unit solely because of their vulnerable status.

## Good practice

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- 7.50 *The Think It Over workbook was a creative approach to improving prisoner behaviour.*

## Incentives and earned privileges

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### 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.

- 7.51 The incentives and earned privileges policy was contradictory and not applied consistently. The basic regime was too restrictive and the enhanced regime was not sufficiently motivational. There were no clear governance arrangements covering all of the prison. The zero tolerance policy was applied for behaviour other than violence and substance misuse. Prisoners were subject to a double punishment of reduction in their privilege level and adjudication.
- 7.52 There was a comprehensive incentives and earned privileges (IEP) policy, which set out the purpose and the working of the scheme, including how prisoners were allocated to levels of privilege and the details of the facilities included.
- 7.53 The policy was contradictory and not consistently applied in practice. Paragraph 3.1 of the policy stated that prisoners subject to the basic regime 'will continue to participate in normal regime activities, including work, education, treatment programs [sic] and religious services'. However, in Annexe A, there was a chart setting out the earned privileges available for convicted prisoners which stated that employment was not available for those on the basic regime, and we found this to be the case in practice. In addition, some on the basic regime had their television removed, while others were allowed to keep them, and the policy was contradictory on this point: Annexe C stated that prisoners on basic would not have in-cell television, while Annexe D stated that it was at the discretion of the house block manager. There was no clear governance to ensure consistency and fairness in the application of the policy. The manager of house block 1 was the lead manager but he focused on reviewing the operation of the policy in regard to young adults and had not established a prison-wide governance mechanism.
- 7.54 The basic level of the scheme was restrictive, and we found some prisoners with little time out of their cells when they could demonstrate improving behaviour, while others were allowed to dine in association after a week on the basic regime, to test their behaviour. The enhanced regime offered a generous level of visits and cash allowance but little more incentive for prisoners without external contacts.
- 7.55 The files of prisoners on the basic regime which we examined did not record targets of behaviour and reviews were not always held with the prisoner at a properly constituted board, as both are required in the policy. We also found one instance of a double demotion (from the enhanced to the basic regime) which had not been countersigned by the appropriate manager.
- 7.56 At the time of the inspection, a large number of prisoners were on the basic regime (around 5% of the population) and 220 were on the enhanced level (20% versus 28% at comparator prisons).
- 7.57 The IEP policy included a section on a local zero tolerance policy, introduced to reduce levels of substance misuse and violence. The policy specified the types of behaviour which came under this approach and could lead to an instant reduction to the basic regime but left some room for discretion. In practice, this meant that prisoners were reduced to the basic regime on the basis of one incident of poor behaviour, and sometimes for behaviour which was not related to substance misuse or violence; examples that we found included smoking in public areas and making an inappropriate sexual remark to a member of staff.
- 7.58 In some cases, IEP was used as a punishment in place of an adjudication, as in the case of the prisoner accused of making a sexual remark to a member of staff. He was reduced to basic from the enhanced regime and his appeal was considered by a single manager rather than through the full process of adjudication. Some prisoners were immediately reduced to basic

and then adjudicated, rather than waiting for the findings of the adjudication. If the charges were dismissed, they were reinstated to their original regime level, which demonstrated the clear link between the use of IEP and punishment.

## Recommendations

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- 7.59 Prisoners on the basic regime should be allowed to attend work.
- 7.60 Prisoners on the basic regime should be set clear behavioural improvement targets, which are monitored.
- 7.61 Reviews and hearing of appeals should involve a full board, as described in the policy, and include the prisoner.
- 7.62 Application of the zero tolerance policy should be reserved only for violence and substance misuse.
- 7.63 The IEP system should not be used to punish infringements that should more appropriately be dealt with by adjudication, or as an interim measure for allegations which lead to an adjudication before the charge has been proven.

## Housekeeping point

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- 7.64 The facilities offered as incentives should be reviewed, to ensure that they motivate all prisoners, regardless of their IEP level.

# Section 8: Services

## Catering

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### Expected outcomes:

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

- 8.1 Prisoners were provided with a wide range of menu choices, including healthy options. There were good levels of dining in association but breakfast was served on the day before it was eaten. The kitchen and serveries were clean, although some food trolleys were dirty.
- 8.2 The main kitchen was clean, well managed and in good order. The prison was in the process of updating some of the larger items of equipment, and breakdowns were swiftly dealt with by either the prison maintenance department or contractors, if machinery was within warranty periods. At the end of each day, the kitchen was cleaned thoroughly and food placed in appropriate storage areas.
- 8.3 Prisoners working in the kitchen and at serveries were trained in basic food hygiene and food handling, and level 1 National Vocational Qualifications were available for kitchen workers.
- 8.4 Serveries were clean and mostly in good order, although Perspex screens were missing in some serveries, which reportedly led to some prisoners helping themselves to food, which posed a health risk, both in terms of contamination and also the potential to be burned by the heating elements. Most of the heated trolleys we observed were clean and in good order but those used on the young offender wings were in a poor state of cleanliness on three consecutive days during the inspection.
- 8.5 Record books were held on all serveries and had space for the recording of food temperatures. These were sometimes completed, although only recorded temperatures at the time of delivery onto the wings, and we observed at least three occasions when the food was delivered to the wing at 11.20am and not served for almost an hour. There was also a space for recording food comments but this was minimal and prisoners had to ask for the book.
- 8.6 Prisoners were provided with a wide range of menu choices, which contained healthy options, including the daily issue of fresh fruit as an additional item to preferred choices, and food was prepared to a good standard. In our survey, 34% of prisoners rated the food as good or very good, against the 23% comparator and 21% at the time of the previous inspection. Black and minority ethnic prisoners were less positive than white respondents about the food, with only 26% saying that it was good or very good.
- 8.7 The prison was in the process of changing from a heat-and-serve operation to a more traditional manufacturing-style kitchen. This gave the caterers scope to respond to the comments and wishes of the population and was proving popular. The food we tasted was of a good quality and there had been few formal complaints; those that had been made, and comments from our groups, related to the long standing times between delivery and service at lunchtime.

- 8.8 There was a four-week menu cycle and prisoners chose their food on the day before it was served. There were good levels of dining in association but breakfast packs were issued at lunchtime on the day before consumption, and prisoners told us that they normally ate it on the same evening.
- 8.9 Consultation was good, with a regular meeting with prisoners before the monthly prisoner council to discuss food issues. The annual survey and focus groups following on from this had led to a number of suggestions that had been accepted and implemented.
- 8.10 The storage and serving of halal food was appropriate and there had been consultation with prisoners before, during and after Ramadan.

## Recommendations

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- 8.11 All serveries should have the designated Perspex screens in place.
- 8.12 Black and minority ethnic prisoners should be consulted about the food, to investigate their negative perceptions and improve them.
- 8.13 Breakfast packs should be issued on the morning they are to be eaten.

## Housekeeping points

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- 8.14 Food trolleys should be maintained to a high level of cleanliness on all wings.
- 8.15 The time span between delivery and service on the wings should be minimised, and food temperatures should be taken and recorded at the point of loading, delivery to the wings and service at hotplates.
- 8.16 Food comments books should be easily accessible.

## Prison shop

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### 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.**

- 8.17 The shop was run on site and well managed. Prisoners working there could obtain a National Vocational Qualification in retail. Prisoners had prompt access on arrival and the automated transaction machines on the wings provided an efficient ordering system. Prisoner consultation took place weekly and the list of goods was amended if possible. A wide range of goods was available and prisoners also had access to catalogues and specialist orders at no extra cost.
- 8.18 Serco ran the prison shop on site. Staff supervised prisoners making up orders and the system ran efficiently. Prisoners working in the shop were confident in their role and were working towards a National Vocational Qualification in retail.
- 8.19 On arrival at the prison, prisoners received a smokers'/non-smokers' pack to the value of £2.60. They paid this back at 50 pence a week. Almost all (96%) of those responding to our

survey said that they had received a pack, which was better than the 85% comparator and than at the time of the previous inspection (81%). More prisoners (32%) than at comparator establishments (15%) said that they had had access to the prison shop within 24 hours of arrival.

- 8.20 On the induction and detoxification wing, prisoners were able to order some basic goods, such as toiletries, immediately and then begin to order from the shop via the automated transaction machines (ATMs) (see section on applications and complaints). They could access their ATM order at any time during the week and add to it as they wished. They could also use the ATM to check how much money they had. Deliveries were made within two days of submission of an order, and on a rota basis to each wing. Paper forms were used if the electronic system broke down.
- 8.21 Prices were based on the recommended retail price. The shop list was updated regularly and took account of the popularity of items and feedback from prisoners via the Prisoners Information and Advisory Committee (PIAC). Goods were sealed securely in plastic bags; only staff were allowed to add items of higher value to the order and these were sealed in a separate bag within the bag for general goods. Orders were collected from a central point on the wings and staff supervised the process at all times.
- 8.22 Most prisoners responding to our survey (70%, against the 42% comparator) said that the shop sold a wide enough range of items to meet their needs.
- 8.23 Prisoners could buy newspapers and access a range of catalogues, including Argos. Orders were taken regularly and prisoners could also submit a request for specialist items. These would be sought by staff in the prison shop. No administrative charge was made by Serco for catalogue or specialist ordering.
- 8.24 Consultation about the prison shop took place weekly through the PIAC and we observed positive responses to prisoner requests.



# Section 9: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

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

- 9.1 The reducing reoffending strategy was not widely published and was based on the regional strategy, rather than a current needs analysis. There was a limited action plan. The reducing reoffending meeting provided a forum for staff but was not used effectively to oversee the strategy. There was cursory consideration and analysis of statistics relating to resettlement outcomes for prisoners. There was little use of release on temporary licence to meet resettlement needs.
- 9.2 The reducing reoffending strategy was not widely published or based on a current needs analysis. It reflected the regional strategy and addressed each of the resettlement pathways, giving details of current provision and aspirations for future initiatives. A resettlement needs analysis had last been carried out in 2009. The action plan accompanying the strategy was limited and was not monitored for ongoing compliance and completion.
- 9.3 The reducing reoffending meeting took place quarterly but was not attended by all the pathway leads or community agencies providing resettlement services. The meeting did not cover the pathways systematically and relied on functional reports covering some aspects of resettlement. There was limited monitoring of key performance targets.
- 9.4 Resettlement did not feature in the prisoner consultation meetings. The four prisoner resettlement orderlies provided useful support to prisoners and the community resettlement team.
- 9.5 Release on temporary licence was rarely used for resettlement purposes.
- 9.6 Screening of new prisoners to identify ex-services personnel was undertaken and referrals were made to a number of third-sector agencies. At the time of the inspection, there were 15 prisoners engaged in resettlement processes with these organisations.

### Recommendations

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- 9.7 A resettlement needs analysis should be carried out and the findings reflected in the reducing reoffending strategy.
- 9.8 Data relating to resettlement provision should be analysed at the reducing reoffending meeting to monitor current outcomes and inform future provision. This meeting should be attended by pathway leads and community agencies.
- 9.9 The resettlement action plan should reflect all aspects of resettlement and be monitored for completion and ongoing compliance.

## Housekeeping point

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- 9.10 Resettlement matters should be included in prisoner consultation meetings.

## Offender management and planning

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### Expected outcomes:

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

- 9.11 The offender management unit was well resourced and staff were trained. Offender assessment system (OASys) assessments were up to date and tracking and recording systems were comprehensive. There was evidence of engagement with prisoners by offender supervisors, and offender managers in the local areas contributed to sentence planning. A pilot of layered offender management was under way and all prisoners received some kind of assessment of their needs and were assigned an offender supervisor. Formal pre-discharge arrangements were provided on an ad hoc basis and contact with prisoners before release was made by individual agencies when the course was not available. Approximately half of eligible prisoners were released on home detention curfew. Public protection arrangements were robust. The small number of indeterminate-sentenced prisoners was managed well and there was some formal support for this group. Categorisation processes were up to date. Moves to open conditions were dependent on spaces being available and those requiring access to courses were prioritised for transfers.

## Sentence planning and offender management

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- 9.12 At the time of the inspection, the prison held 248 prisoners in scope of offender management and 257 out-of-scope prisoners sentenced to 12 months or more. There were 203 prisoners sentenced to less than 12 months and 380 prisoners on remand or awaiting sentence.
- 9.13 The offender management unit (OMU) was well resourced, with nine prison custody officers and six probation officers acting as offender supervisors. All were appropriately trained in risk assessment and planning. Indeterminate-sentenced prisoners, all high- and very-high-risk prisoners and remand prisoners were allocated to the probation team and all others were allocated across the prison custody officers by area of residence.
- 9.14 All offender assessment system (OASys) assessments were up to date. A detailed database and diary were kept by the offender management clerk, who ensured that all deadlines were met and that all prisoners either had a review of their assessment or sentence plan or underwent an initial assessment within eight weeks of arrival at the establishment. All parole dossiers were up to date.
- 9.15 A number of functions were co-located in the OMU, including offender supervisors, administration staff and observation, classification and allocation (OCA) staff. Information exchange was simplified by the close proximity of staff and there was evidence in all of the files of good internal communication between staff and with prisoners.

- 9.16 Layered offender management processes were being piloted at the time of the inspection. This meant that all prisoners received some kind of assessment. Prisoners both in and out of scope of offender management had an OASys assessment review and those in scope had a sentence plan. Out-of-scope prisoners serving more than four years had sentence plans, as did those serving shorter sentences if their offender supervisors deemed it necessary.
- 9.17 Adults serving less than 12 months and young offenders serving up to four months had a basic screening tool completed which examined the resettlement pathways and provided a referral service to agencies providing interventions that were deemed necessary. Young offenders serving between four and 12 months also had an OASys assessment completed. All of these prisoners were assigned to an offender supervisor. All prisoners on remand or on trial had a custody planning report completed which, again, provided a referral service to resettlement agencies.
- 9.18 In the files we examined, the likelihood of reoffending and risk of harm screenings had been completed and all cases had a sentence plan. These contained objectives that were relevant and identified some interventions to be completed after release. There was evidence of sequencing of events to be carried out at appropriate times. However, some referrals that had been identified from basic custody screens and custody plans as being needed were not made if a prisoner stated that he did not require an intervention. For example, although one prisoner admitted that his offending was fuelled by alcohol use and that this was his biggest issue for avoiding future offending, no referral was made to an alcohol service, either for while he was in custody or on release, as he stated that he did not require one.
- 9.19 The quality and detail of recording in offender management files were good. Offender supervisors told us that relationships with local offender managers were good and that the level of their participation in sentence planning boards was high. Offender managers assigned to prisoners from further afield occasionally used teleconferencing and video-link facilities for sentence planning boards but prison staff were not proactive in promoting these methods.
- 9.20 A formal pre-discharge course, Make a Change, was offered six weeks before release but this took place on an ad hoc basis, when staff and space were available to do so. In its absence, prisoners only had contact with resettlement agencies when the latter approached them before release.
- 9.21 Prisoners meeting the criteria for home detention curfew (HDC) were contacted up to 10 weeks before their eligibility date if there was sufficient time left on their sentence to do so. In the year to date, 129 prisoners had been eligible and 63 (49%) had been released on HDC. All eligible applications were considered every week and most prisoners were released before their eligibility date.

## Recommendations

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- 9.22 Prisoners should be referred to appropriate agencies for needs identified during all resettlement assessments.
- 9.23 The use of video-link and telephone conferencing should be increased for those cases where offender managers are unable to attend in person.

## Categorisation

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- 9.24 Initial categorisation was undertaken by offender supervisors in person within 24 hours of a prisoner's arrival, using the standard algorithm. This enabled staff to explain the process to prisoners and fully to explore allocation options with them.
- 9.25 Recategorisation was undertaken by OCA staff. The process was clear and the records we examined showed that decisions had been reached through consultation with other departments, such as security and drug services, and submissions received from legal representatives. Prisoners were informed of the outcome in writing. All reviews were up to date. The largest proportion of the population (42%) was category C and approximately 35 prisoners were moved on to appropriate prisons each month. There were 22 category D prisoners; we were told by OCA staff that the open estate was generally full and that these prisoners waited longer to move on. Lifers and prisoners serving an indeterminate sentence for public protection (IPP) were moved on quickly and the prison had made efforts to reduce the number of IPP prisoners from over 80 to fewer than 20. Prisoners requiring progressive moves to undertake identified courses and those recalled to prison were prioritised for transfers and a detailed database was kept to ensure fairness in allocation. There were links between offender supervisors and the OCA department to identify prisoners for suitable moves.

## Public protection

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- 9.26 The public protection team was notified of all new receptions and checked their current offence and criminal record for indications of public protection issues. Information about risk was also considered and this fed into decisions about the need for restrictions or monitoring of prisoners. A sift was carried out daily and further information sought from OASys assessments, probation staff and the police for any prisoners requiring more in-depth assessment. Any prisoners deemed to present a high or very high risk of harm were placed under immediate monitoring and then considered and monitored through their sentence by the weekly risk management meetings. All relevant alerts were sent to the police, social services and external probation services. There were links with external agencies for public protection matters and prison staff attended external multi-agency public protection arrangements (MAPPA) meetings. Prisoners subject to any restrictions or monitoring were informed in person when security considerations allowed.
- 9.27 Twenty-three prisoners were subject to MAPPA monitoring and a further 99 to some form of monitoring at the time of the inspection. Staff allocated to the public protection unit carried out all the mail and PIN telephone monitoring. All mail for wing 1C, which housed all vulnerable prisoners, passed through the unit (see also section on accommodation and facilities). Ad hoc checks were made of those who were not subject to monitoring, to ensure that they were not sending out mail or making calls on behalf of those who were. Prisoners undergoing any type of monitoring were reviewed monthly to assess ongoing risks.

## Indeterminate-sentenced prisoners

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- 9.28 The prison held six life-sentenced and 16 IPP prisoners. These and recalled prisoners were seen quickly by offender supervisors to discuss the implications of their sentences and their options. Those who needed to undertake offending behaviour programmes or interventions not available at Doncaster were appropriately prioritised for moves to prisons providing what was needed. Generally, these prisoners were moved on within a period of two or three months.

Offender supervisors kept in regular contact with indeterminate-sentenced prisoners and their case files were well documented.

- 9.29 Lifers were located across all wings. There was a monthly lifer support meeting and annual lifer and IPP family days.

## Resettlement pathways

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### 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

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- 9.30 Prisoners were able to access a range of specialist accommodation advice through the Bridge Project and good attention was paid to diversity issues. Access to privately rented property was promoted through a small-scale pilot project. A weekly debt advice surgery, as well as fortnightly debt and financial management advice, was provided by external agencies. Employment, learning and skills advisers provided information for prisoners before release. There were limited links with employers to help to improve prisoners' employment prospects. A weekly pre-discharge clinic assisted prisoners to locate NHS and GP services on release and take-home medication was arranged. Prisoners on the care programme approach had a pre-discharge multidisciplinary meeting.

### Accommodation

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- 9.31 The Bridge Project was established in 2006 and managed approximately 500 referrals a month. The team included four staff and four prison orderlies (buddies). The housing support worker managed the initial applications. Liaison officers provided support to a diverse range of prisoners, including Gypsies, Romanies and Travellers and older prisoners. One buddy worked as the housing coordinator. All had received some basic training and support to take up their roles.
- 9.32 The accommodation services were well promoted during induction, and advertised throughout the prison. Applications for support and advice were made through the automated transaction machines (ATMs) (see section on applications and complaints) on the wings.
- 9.33 The accommodation needs of all new prisoners were assessed within 24 hours of arrival and the buddies were proactive in approaching those on their first night in custody in order to complete a basic information form. In our survey, more prisoners than at comparator establishments (35% versus 30%) said that they were offered help with accommodation within 24 hours of arrival.
- 9.34 During the previous year, 92% of prisoners had been released to suitable accommodation, against a target of 85%. Just over 300 had received direct support from the Bridge Project, ranging from basic advice to a place in one of six recently acquired supported housing places. However, 123 prisoners had left the establishment without accommodation.

- 9.35 Access to privately rented property was promoted through a small-scale pilot project at the prison which provided rent bonds to local property owners for prisoners being released. Staff from Action Housing and Target Housing agencies were available at the establishment each week to provide advice and take referrals. Sheffield, Doncaster and Rotherham local authorities also provided weekly surgeries. A positive outreach project supported those on release into their own accommodation and in contacting relevant support services. Accessing local authority accommodation for prisoners who had been transferred in was more difficult.
- 9.36 Attention to diversity was good, with access to Mind to support prisoners with mental health problems into suitable accommodation, and Action Housing and Target Housing to respond to the needs of older prisoners.

### **Education, training and employment**

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

- 9.37 Employment, learning and skills advisers provided information for prisoners before release. They also provided support in CV writing and job applications. Jobcentre Plus worked at the prison throughout the week and provided guidance on employment and job search activities. Information, advice and guidance workers offered an effective service to prisoners before release. The prison had a good knowledge of employment opportunities in the areas in which prisoners would be released, and links with a small number of employers. A range of external agencies worked in the prison, providing guidance on gaining employment or training on release. Agencies such as Supporting Others through Volunteer Activities (SOVA) and Nacro provided training and employment support for prisoners on release.
- 9.38 The prison's target of getting 11% of prisoners into education or training on release had been achieved, with 23% of prisoners continuing into education or training in the year to date. Its target of getting 17% of prisoner into employment on release had not been achieved, with 15% in the year to date gaining employment on release.

### **Recommendation**

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- 9.39 **The prison should increase the number of employers it works with, to improve the employment opportunities for prisoners on release.**

### **Mental and physical health**

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- 9.40 Health services staff received weekly discharge 'warnings' of prisoners' imminent release. There were weekly pre-discharge clinics, at which prisoners were assisted to locate NHS and GP services on release and take-home medication was arranged. Liaison with probation services took place for those being released to probation supervision.
- 9.41 There was an end-of-life care policy and pathway, although it had not been used.
- 9.42 Prisoners on the care programme approach had a multidisciplinary enhanced case review before release, and the mental health in-reach team supported them to link with community agencies post-release.

## Finance, benefit and debt

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- 9.43 Prisoners' financial problems were assessed during induction and appropriate referrals made. The Bridge Project and the Jobcentre Plus services provided finance, debt and benefit advice and the Doncaster West Development Trust provided a weekly debt advice surgery. A survey completed in 2009 showed that prisoners' biggest problem was debts accrued through loans and credit cards. As a result, the establishment had commissioned Financial Inclusion South Yorkshire to come into the prison fortnightly to provide support with obtaining voluntary agreements with creditors, closing down financial commitments, setting up repayment plans and advice on bankruptcy. Jobcentre Plus also supported prisoners through County Court hearings.
- 9.44 Help with opening a bank account had been re-established a couple of months before the inspection. Prisoners were helped with putting together photographic identification and encouraged to open a bank account on release. Prisoners still serving sentences could save through Credit Union.
- 9.45 In our survey, 23% of prisoners, against the 18% comparator, said that they had received help with finance, benefits and debt within 24 hours of arrival at the prison.

## Drugs and alcohol

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- 9.46 The in-house counselling, assessment, referral, advice and throughcare (CARAT) team was well resourced, offered an easily accessible service, was well integrated into the prison and was highly regarded by service users. The short duration drug programme (SDP) and the control of violence for angry and impulsive drinkers (COVAID) programmes were available and well managed. The CARAT remit excluded ongoing work with prisoners whose sole problem was alcohol.
- 9.47 The senior manager for psychology and interventions acted as the establishment drug coordinator and chaired the quarterly drug strategy meetings; these were supplemented by a monthly integrated drug treatment system (IDTS) forum. Relevant departments and service providers attended, and the counselling, assessment, referral, advice and throughcare (CARAT) manager represented the prison at meetings in the community. A recently revised substance use strategy included alcohol services but lacked action plans for supply and demand reduction initiatives, as well as performance measures.
- 9.48 CARAT services were well resourced and provided by an in-house team consisting of a manager, two senior practitioners, 14 workers (including four officers) and two administrative support staff. There were appropriate supervision arrangements and staff training programmes. The team contained a good skills mix and specialist lead/liaison roles had been assigned to individual staff. Services were well advertised throughout the prison and easily accessible, and a recent drug and alcohol information day had helped to raise the profile further. In our survey, 85% of respondents, against the 80% comparator, knew who to contact for help with a drug or alcohol problem, and 82%, against the 76% comparator, found the help they received useful.
- 9.49 The team offered daily induction input and was on target to meet the annual triage assessment key performance target of 1,900; assessments were usually completed within 24 hours. In October 2010, the active caseload stood at 219, with another 56 files suspended. A designated

substance intervention team building provided a good office, group work and video-link facility, which was funded by NOMS and the National Treatment Agency (NTA).

- 9.50 Prisoners could undertake structured one-to-one work and the full range of IDTS group work modules, with eight groups running per week. Complementary therapies had started and CARAT clients could be referred to the 'tackling drugs through PE' course. A service user group met monthly and a substance intervention team mentor was available to help with induction and publicising the service. Two CARAT staff who focused on the needs of young adults had developed creative ways of engaging with this population, such as sports days, linking with the arts and media group and a poster campaign around the dangers of 'legal highs'.
- 9.51 The CARAT remit excluded ongoing work with prisoners whose sole problem was alcohol. A detailed needs analysis had established the demand for an alcohol worker but the funding for such a post was not available.
- 9.52 A number of community agencies also provided input. Narcotics Anonymous self-help meetings took place fortnightly, a designated worker for black and minority ethnic prisoners from a local project visited twice a week, and 'Hetty's' (a family support service), which linked in with the visitors' centre, was about to start a three-session course.
- 9.53 The CARAT team was well integrated into the prison and represented at relevant multi-agency meetings, and a range of joint working protocols had been developed. Care plans were shared with the OMU and workers attended the five-day IDTS reviews, but separate accommodation hindered effective communication and integration with clinical substance misuse services. Effective links had been developed with the drug intervention programme (DIP) teams, and designated workers from three of the local DIPs held regular clinics at the prison.
- 9.54 Prisoners requiring a structured intervention could access the well-established short duration drug programme (SDP) and those with alcohol-related offences could participate in the 10-session control of violence for angry impulsive drinkers (COVAID) programme, which had recently been introduced as an additional service to the SDP. Both programmes were well managed and most of the eight facilitators had received dual training, which provided flexibility. Young adults were well represented, making up more than half of COVAID and a third of SDP participants. Groups ran in the substance interventions team building, which facilitated close joint work with CARAT workers. A total of 130 prisoners had started and 94 finished the SDP since April 2010, against an annual target of 180 starts and 117 completions. Participants could attend an additional SDP gym session but a peer support scheme to offer additional assistance had not been developed. The key performance target for COVAID was 54 completions for 2010/2011. Since May 2010, 40 prisoners had started and 33 completed it, and there were 73 prisoners on the waiting list at the time of the inspection.

## Recommendations

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- 9.55 The substance use strategy policy should contained detailed action plans and performance measures for both supply and demand reduction initiatives.
- 9.56 The remit of the counselling, assessment, referral, advice and throughcare (CARAT) service should include ongoing work with prisoners whose primary problem is alcohol.
- 9.57 A peer support scheme should be developed to offer additional support to prisoners who have completed the short duration drug programme.

## Good practice

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- 9.58 *The CARAT team had developed new initiatives such as a video-link and motivational work with young adults; good community links and active user involvement further improved service provision.*

## Children and families of offenders

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- 9.59 Prisoners received their first visit swiftly, although the visits telephone booking system was expensive. The number of visits allowed was generous and facilitated good family ties. The visits hall was bright and cheerful, although the proximity of the seating areas to each other encroached on privacy. The children and families pathway was well developed.
- 9.60 The Partnerships and Innovation directorate managed visits and contact with children and families and the provision we found was innovative. Staff working in the visitors' centre and visits hall had received training to clarify their role and how it linked to reducing reoffending.
- 9.61 Prisoners received their first visit within their first week at the establishment; if spaces were free, it was possible to arrange it for the day after arrival. Three visits were provided each day. No evening visits were possible but a creative range of family days was provided during school holidays. In our survey, more prisoners than at comparator establishments (47% versus 35%) said that they had had a visit within the first week and more had received one or more visits in the previous week (54% versus 40%). Sixty-one per cent of respondents to our survey, against the 50% comparator, said that they had been asked if they had had problems contacting family within 24 hours of arrival at the prison.
- 9.62 Family visits were booked either by the prisoner using the ATM on the wing or by the visitor, by telephone. The cost of the telephone call was expensive due to the high tariff and callers sometimes experienced unacceptably long waits to get an answer. This had been reported as a problem in the December 2009 survey but no changes had yet been made to the telephone contract. There were plans to install ATMs in the visitors' centre to promote access to booking visits. Legal visits were booked via email.
- 9.63 The visitors' centre opened at 8.30am and remained open throughout the day. Leaflets were available to visitors, setting out opening times and procedures. Entry facilities were suitable, with child and baby facilities provided. Searches were culturally sensitive and took place in a separate room, away from the general entry area. It was unclear whether spare baby clothes were allowed into the visits hall. One mother told us that she had had to remove her baby from the visits hall when he had been sick, as she had had no spare clothing to change him into.
- 9.64 Visitors were checked in efficiently and visitors we spoke to were positive about their treatment by visits staff. Those arriving late were dealt with on an individual basis but most were allowed to continue with their visit. In our survey, 62%, against the 49% comparator, said that they and their visitors were treated well or very well by visits staff. A survey of visitors undertaken by Partners of Prisoners and Families Support Group (POPS) in December 2009 showed that most visitors found staff polite and respectful but indicated that the length of time it took to process visitors impacted on the amount of time they had for their visit.
- 9.65 The visits hall was bright and cheerful and contained 64 seats. Each prisoner could have up to three adults visiting at any one time. Visit areas were well supervised, with a children's play area monitored by trained staff. The seating was fixed and the proximity of the seating areas to

each other encroached on privacy, and was particularly unsuited to the toddler group. The volunteer prison visitor scheme was underdeveloped.

- 9.66 Each visit was scheduled to last for two hours. However, communication between visits and wing staff was not always good, resulting in prisoners arriving at the visits hall late, delaying start times and shortening the session.
- 9.67 Convicted prisoners on the enhanced level of the incentives and earned privileges scheme could have three visits a week, while those on the basic level could have one visit a week, which still amounted to double that usually available to prisoners. Remand prisoners were limited to five visits a week if they were on the enhanced level and three if they were on basic. Weekend visits were available but demand impacted on their availability. The visits policy included the use of accumulated visits for prisoners whose families lived a long distance from Doncaster.
- 9.68 Vulnerable prisoners in the segregation (reorientation) unit had access to visits, arranged in the official visits suite. Prisoners were not deprived of visits as a punishment.
- 9.69 The Families First initiative had been developed during 2010. The service it provided was excellent. It aimed to improve and develop opportunities for prisoners to obtain and sustain contact with family. It provided an environment where parents could work together. For example, the newborn baby visit arrangements were excellent, with good facilities and positive support. The pre-release sessions aimed at both partners helped to resolve potential difficulties and establish a routine and contract. The toddlers group was well attended and had a positive atmosphere, although the furnishing provided was not child friendly. Fathers were encouraged to play with their children and could move around the hall freely.
- 9.70 The arts and media project supported the children and families pathway through a range of drama and art-based activities, including film making. Parenting, family learning and early years foundation courses were available, alongside a project called Homework Dads. A family worker in the community reintegration team provided additional support, including managing supervised contact with children. She had worked with 275 prisoners in the year to date and had provided outreach work to 19 prisoners after their release.
- 9.71 Families were encouraged to be involved in the prisoner's sentence, such as in assessment, care in custody and teamwork (ACCT) reviews, but less attention had been given to including them in sentence plan reviews.

## Recommendations

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- 9.72 The visits booking telephone contract should be renegotiated, to ensure that it is both efficient and economical in terms of costs to family and friends.
- 9.73 The policy on bringing in spare baby clothes into the visits hall should be clarified and applied consistently.
- 9.74 Prisoners should be brought to the visits hall on time, so that visits sessions start at the advertised time.
- 9.75 There should be no upper limit on the number of visits to which a remand prisoner is entitled.

- 9.76 The furniture in the visits hall should be conducive to holding toddler sessions and provide sufficient space to allow privacy during general visits sessions.

## Housekeeping point

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- 9.77 The volunteer prison visitor scheme should be further developed.

## Good practice

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- 9.78 *The Families First initiative was innovative, providing and developing excellent links between prisoners and their families.*

## Attitudes, thinking and behaviour

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- 9.79 The accredited thinking skills programme was run but the identified need was greater than the available provision. Sex offenders and other vulnerable prisoners could not access this programme and there were some delays in getting transfers to prisons offering the sex offender treatment programme. Some creative non-accredited programmes were available.

- 9.80 The accredited thinking skills programme (TSP) had replaced Think First. It provided 19 sessions, including both group and one-to-one work. The key performance target for 2010/11 was 54 completions. Since April 2010, 30 prisoners had started and 16 completed it, with 107 on the waiting list at the time of the inspection. Since July 2010, approximately 15 out of 152 prisoners had left the establishment without doing the TSP, despite it being in their sentence plan.
- 9.81 If a prisoner could not attend a group-based TSP, the psychology team provided individual sessions using cognitive behavioural therapy (CBT) techniques and materials.
- 9.82 Sex offenders and other vulnerable prisoners were not able to access the TSP and there were sometimes difficulties in transferring them to other prisons to undertake this and other offence-related courses. To manage this problem, resources had been allocated to running a TSP for a group of sex offenders. This was due to start once eight participants had been identified.
- 9.83 In addition to accredited programmes, ICEBerG had been delivered since 2006 and was well established. It comprised five sessions to help prisoners to cope with prison life. It was open to all, including those on remand.
- 9.84 The victim awareness and empathy pack was a one-to-one provision. Clear assessment and selection processes had been developed, and materials were tailored to meet the specific thinking skill deficits of individual prisoners.
- 9.85 The Think It Over workbook was specific to those segregated from the standard regime. It aimed to encourage prisoners to address their offending behaviour through CBT (see section on security and rules).

## Recommendation

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- 9.86 Prisoners should be able to access the accredited programmes required in their sentence plan.

# Section 10: Recommendations, housekeeping points and good practice

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

## Main recommendations

To the director

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- 10.1 A full activities regime should be introduced for vulnerable prisoners. (HP51)
- 10.2 The incentives and earned privileges (IEP) scheme should be consistent in its policy and application. The prison should establish governance arrangements to monitor the use of IEP and ensure consistency and fairness in its application. (HP52)
- 10.3 The quantity and quality of activity places should be increased so that all prisoners have at least part-time education, training or work. (HP53)

## Recommendations

To the director

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### **First days in custody: reception**

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- 10.4 All interviews with newly arrived prisoners should take place in private. (1.13)
- 10.5 Prisoners should not remain in reception for long periods. (1.14)

### **First days in custody: first night**

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- 10.6 Handover procedures should be introduced and include information on the location and status of all new prisoners. (1.18)

### **Residential units: accommodation and facilities**

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- 10.7 External areas should be kept free of litter. (2.11)
- 10.8 Cells designed for one should not be shared. (2.12)
- 10.9 There should be a means for staff on the wings to be alerted that cell call bells have been rung and managers should ensure that staff are able to respond swiftly to these. (2.13)
- 10.10 Prisoners should be able to telephone friends and family in the evening. (2.14)

### **Residential units: clothing and possessions**

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- 10.11 Prisoners should have ready access to prison-issue clothing. (2.19)

### **Young prisoners**

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- 10.12 Staff should challenge the strong demarcation of geographical groups and ensure that arrangements do not exclude young men. (2.27)

### **Staff–prisoner relationships**

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- 10.13 Residential staff should engage directly with all prisoners in their care, encourage them to participate in activities and support them in applying for employment, using interpreters where necessary. (2.34)
- 10.14 Wider consultation of prisoners should be undertaken in key areas. (2.35)

### **Personal officers**

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- 10.15 The role of the personal officer/key worker scheme should be reviewed to ensure the effective and consistent provision of support to individual prisoners in relation to their sentence plans and other aspects of resettlement provision. (2.41)

### **Bullying and violence reduction**

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- 10.16 Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit. (3.16)
- 10.17 Prisoners on the vulnerable prisoner unit should be subject to regular review, with a focus on their reintegration where possible. (3.17)

### **Self-harm and suicide**

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- 10.18 Entries in assessment, care in custody and teamwork (ACCT) documents should reflect a high standard of prisoner care. (3.27)
- 10.19 Care planning should be improved and case reviews should be properly attended by a range of staff that know the prisoner. (3.28)
- 10.20 All prisoners at risk of self-harm should be appropriately occupied during the day. (3.29)

### **Applications and complaints**

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- 10.21 Prisoners' perceptions of the length of time taken to deal with applications should be investigated. (3.37)
- 10.22 Automated transaction machines should be programmed in languages in addition to English. (3.38)

### **Faith and religious activity**

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- 10.23 Weekend regime activities should not clash with corporate worship. (3.55)

### **Substance use: clinical management**

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- 10.24 Prescribing regimes for alcohol- and opiate-dependent prisoners should be flexible, based on individual need and adhere to national guidance. Clinical management protocols should be finalised. (3.64)
- 10.25 Additional support should be provided to prisoners undergoing opiate or alcohol detoxification regimes. (3.65)
- 10.26 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should improve joint work and provide fully integrated care. (3.66)
- 10.27 A dual diagnosis service should be developed for prisoners who experience both mental health and substance-related problems. (3.67)

### **Substance use: drug testing**

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- 10.28 The establishment should ensure that weekend mandatory drug testing takes place consistently. (3.73)

### **Diversity**

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- 10.29 All strands of the diversity strategy should be represented at the diversity meeting. (4.7)
- 10.30 Prisoner discussion and support forums should be introduced for all aspects of diversity, to identify emerging issues and offer support, using professional interpreting where necessary. (4.8)
- 10.31 Diversity liaison officers should be afforded time to carry out their roles. (4.9)

### **Diversity: race equality**

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- 10.32 The race equality action team should be attended by a range of senior managers. (4.25)
- 10.33 There should be monthly analysis of racist incident report forms. (4.26)
- 10.34 All staff should undergo regular race/diversity refresher training. (4.27)

### **Diversity: religion**

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- 10.35 The negative perceptions of black and minority ethnic prisoners in relation to being victimised because of their faith should be explored. (4.31)
- 10.36 There should be a policy in relation to the monitoring and promotion of faith which includes monthly monitoring of access to religious activities. (4.32)

### **Diversity: foreign nationals**

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- 10.37 The role of representative should be promoted to foreign nationals. (4.40)

- 10.38 There should be more information readily available in languages other than English. (4.41)
- 10.39 Prisoners should not be used to interpret at adjudications or other sensitive procedures. (4.42)

#### **Diversity: disability and older prisoners**

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- 10.40 All older prisoners and those with disabilities should be assessed to establish the requirements for personal emergency evacuation plans (PEEPS) or other means of support. (4.55)
- 10.41 PEEPS should be prisoner specific and include consideration beyond residential units. (4.56)
- 10.42 The location of prisoners requiring assistance in an emergency should be easily identifiable. (4.57)
- 10.43 The benches on the exercise yard should be re-sited. (4.58)

#### **Diversity: gender and sexual orientation**

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- 10.44 A gay, bisexual and transgender policy should be developed and publicised on residential units. (4.64)

#### **Health services: general**

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- 10.45 The environment of the health centre waiting rooms should be improved. (5.7)

#### **Health services: primary care**

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- 10.46 The initial health screen and secondary assessment should not be combined. (5.27)
- 10.47 The application process should be accessible to health services staff only. (5.28)
- 10.48 Waiting times to see the optician should be reduced. (5.29)

#### **Health services: pharmacy**

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- 10.49 The level of pharmacy staffing should be improved and prisoners should be able to consult with a pharmacist. (5.40)
- 10.50 The medicines and therapeutics committee (MTC) should receive prescribing data and use it to demonstrate value for money, and to promote effective medicines management. (5.41)
- 10.51 Controlled drugs should not be stored with other medicines in the stabilisation unit. (5.42)
- 10.52 Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where a patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (5.43)
- 10.53 The administration or supply of a prescription-only medicine without a valid prescription should cease. (5.44)

- 10.54 The timing of medication rounds should be reviewed to ensure that patients get the best treatment possible. (5.45)
- 10.55 Lockable cupboards should be provided in cells for patients prescribed in-possession medication. (5.46)

### **Health services: dentistry**

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- 10.56 A dental surgery inspection should be undertaken. (5.56)
- 10.57 There should be provision of dental treatment to the level available in the NHS for all prisoners. (5.57)
- 10.58 Further dental sessions should be provided, to reduce waiting lists permanently. (5.58)
- 10.59 Record keeping should be reviewed with reference to current good practice guidelines published by the Faculty of General Dental Practice (UK). (5.59)
- 10.60 There should be provision to cover the dentist's annual leave. (5.60)

### **Health services: inpatient care**

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- 10.61 The inpatient area should be decorated to provide a more therapeutic environment for patients. (5.67)
- 10.62 Inpatient beds should not be used to accommodate prisoners with disabilities unless there is a clinical need. (5.68)
- 10.63 Inpatients should have access to day care that provides constructive activity, including education. (5.69)

### **Health services: mental health**

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- 10.64 Primary mental health services, including brief group therapy options, should be provided for prisoners with mild-to-moderate mental health problems. (5.74)
- 10.65 Prisoners needing assessment and treatment in NHS mental health inpatient services should be transferred expeditiously. (5.75)

### **Learning and skills and work activities: leadership and management**

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- 10.66 Quality assurance systems across all learning and skills activities should continue to be developed. (6.6)

### **Learning and skills and work activities: work**

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- 10.67 Literacy and numeracy support for prisoners in work should be introduced. (6.12)
- 10.68 The prison should record and recognise unaccredited skills that are developed by prisoners. (6.13)

- 10.69 The accommodation in the workshops should be improved to reflect a commercial environment. (6.14)

### **Learning and skills and work activities: education**

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- 10.70 The use of data should be improved, to provide reliable information on learners' progress to inform planning. (6.23)
- 10.71 The quality of target setting and individual learning plans should be improved for education, work and vocational activities, and progress recorded. (6.24)
- 10.72 More links should be made with external employers, to help to inform training and improve prisoners' employment prospects. (6.25)
- 10.73 Education managers should reassess prisoner attendance in education in light of the findings of the inspection team. (6.26)

### **Learning and skills and work activities: library**

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- 10.74 Library opening hours should be improved. (6.31)
- 10.75 Data on the use of the library should be collected and analysed to inform management decisions. (6.32)
- 10.76 The library stock for young prisoners and emergent readers should be improved. (6.33)

### **Physical education and health promotion**

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- 10.77 Prisoners engaged in off-wing work should have improved access to the PE academy. (6.40)
- 10.78 The prison should monitor the use of the PE by individual prisoners and target more effectively those prisoners who do not exercise regularly. (6.41)
- 10.79 The all-weather surface should be replaced. (6.42)

### **Time out of cell**

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- 10.80 Time out of cell for unemployed prisoners and those on the basic level of the IEP scheme should be increased. (6.51)
- 10.81 Association should be available in the evenings. (6.52)
- 10.82 Prisoners should have clean areas in which to take exercise. (6.53)

### **Security and rules**

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- 10.83 Information from security information reports should be acted on promptly, in line with its importance. (7.10)
- 10.84 Prisoners should only be subjected to closed visits on the basis of visit-related issues. (7.11)

10.85 Rules should be applied consistently across the prison. (7.12)

### **Discipline: disciplinary procedures**

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10.86 The reasons behind the high incidence of adjudications for refusal to obey a lawful order should be investigated and remedial action taken. (7.23)

10.87 Staff should not use collective punishments to deal with disciplinary issues. (7.24)

10.88 All adjudications should be recorded clearly and in full. (7.25)

### **Discipline: the use of force**

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10.89 Prisoners should not routinely be handcuffed when being taken to the segregation unit. (7.30)

10.90 Accurate and comprehensive video recording of incidents should be produced, with appropriate storage of completed recordings. (7.31)

10.91 Prisoners located in the special accommodation should be relocated to normal segregation unit accommodation as soon as they are no longer refractory. (7.32)

### **Discipline: segregation unit**

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10.92 Cells on the segregation (reorientation) unit should have an electricity supply. (7.45)

10.93 The segregation (reorientation) unit showers should be refurbished. (7.46)

10.94 The prison should analyse the reason for the large number of prisoners held pending adjudication and take action to reduce the number. (7.47)

### **Incentives and earned privileges**

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10.95 Prisoners on the basic regime should be allowed to attend work. (7.59)

10.96 Prisoners on the basic regime should be set clear behavioural improvement targets, which are monitored. (7.60)

10.97 Reviews and hearing of appeals should involve a full board, as described in the policy, and include the prisoner. (7.61)

10.98 Application of the zero tolerance policy should be reserved only for violence and substance misuse. (7.62)

10.99 The IEP system should not be used to punish infringements that should more appropriately be dealt with by adjudication, or as an interim measure for allegations which lead to an adjudication before the charge has been proven. (7.63)

### **Catering**

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10.100 All serveries should have the designated Perspex screens in place. (8.11)

- 10.101 Black and minority ethnic prisoners should be consulted about the food, to investigate their negative perceptions and improve them. (8.12)
- 10.102 Breakfast packs should be issued on the morning they are to be eaten. (8.13)

### **Strategic management of resettlement**

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- 10.103 A resettlement needs analysis should be carried out and the findings reflected in the reducing reoffending strategy. (9.7)
- 10.104 Data relating to resettlement provision should be analysed at the reducing reoffending meeting to monitor current outcomes and inform future provision. This meeting should be attended by pathway leads and community agencies. (9.8)
- 10.105 The resettlement action plan should reflect all aspects of resettlement and be monitored for completion and ongoing compliance. (9.9)

### **Offender management and planning: sentence planning and offender management**

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- 10.106 Prisoners should be referred to appropriate agencies for needs identified during all resettlement assessments. (9.22)
- 10.107 The use of video-link and telephone conferencing should be increased for those cases where offender managers are unable to attend in person. (9.23)

### **Resettlement pathways: education, training and employment**

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- 10.108 The prison should increase the number of employers it works with, to improve the employment opportunities for prisoners on release. (9.39)

### **Resettlement pathways: drugs and alcohol**

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- 10.109 The substance use strategy policy should contain detailed action plans and performance measures for both supply and demand reduction initiatives. (9.55)
- 10.110 The remit of the counselling, assessment, referral, advice and throughcare (CARAT) service should include ongoing work with prisoners whose primary problem is alcohol. (9.56)
- 10.111 A peer support scheme should be developed to offer additional support to prisoners who have completed the short duration drug programme. (9.57)

### **Resettlement pathways: children and families of offenders**

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- 10.112 The visits booking telephone contract should be renegotiated, to ensure that it is both efficient and economical in terms of costs to family and friends. (9.72)
- 10.113 The policy on bringing in spare baby clothes into the visits hall should be clarified and applied consistently. (9.73)

- 10.114 Prisoners should be brought to the visits hall on time, so that visits sessions start at the advertised time. (9.74)
- 10.115 There should be no upper limit on the number of visits to which a remand prisoner is entitled. (9.75)
- 10.116 The furniture in the visits hall should be conducive to holding toddler sessions and provide sufficient space to allow privacy during general visits sessions. (9.76)

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### **Resettlement pathways: attitudes, thinking and behaviour**

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- 10.117 Prisoners should be able to access the accredited programmes required in their sentence plan. (9.86)

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## Housekeeping points

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### **Residential units: accommodation and facilities**

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- 10.118 Carpets in communal areas should be replaced regularly. (2.15)
- 10.119 Only mail subject to public protection measures or otherwise subject to scrutiny for security means should pass through the security department. (2.16)

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### **Personal officers**

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- 10.120 The underpinning strategy for the key officer scheme should make clear the responsibilities of the key officer and increase the standard required for written wing file entries. (2.42)

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### **Diversity**

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- 10.121 The race equality action plan should be brought up to date. (4.10)

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### **Diversity: disability and older prisoners**

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- 10.122 The recording of prisoners with disabilities should be consolidated. (4.59)
- 10.123 Older prisoners and those with disabilities who do not participate in work or activities should remain unlocked during the core day. (4.60)

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### **Health services: clinical governance**

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- 10.124 A tracer system should be implemented to keep track of paper clinical records. (5.18)
- 10.125 Clinical records should be subject to clinical audit. (5.19)

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### **Health services: primary care**

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- 10.126 Lubricant, to accompany barrier protection, should be freely available to all prisoners. (5.30)

10.127 Notification of health care appointments should be available sooner at the automated transaction machines. (5.31)

10.128 Work should be carried out to reduce the doctor's failure to attend rate. (5.32)

### **Health services: pharmacy**

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10.129 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in the 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. (5.47)

10.130 The pharmacy staff should monitor the use of special sick medication, and the system of faxing prescriptions should be subject to audit. (5.48)

10.131 The MTC should audit and review the use of general stock. Named patient medication should be used wherever possible and general stock should only be used if this is unavoidable. (5.49)

10.132 Medications used in association with the World Health Organization pain ladder should be subject to clinical audit. (5.50)

### **Health services: dentistry**

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10.133 A suitable heater should be provided, so that the surgery can be kept at a comfortable temperature. (5.61)

10.134 There should be a robust monitoring system for the dental contract, to ensure that treatment is appropriate and satisfactory. (5.62)

10.135 A formal protocol for out-of-hours cover should be developed. (5.63)

10.136 Interventional dental treatment plans should be provided as quickly as possible for prisoners in pain. (5.64)

### **Time out of cell**

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10.137 Prisoners should be offered suitable clothing for taking exercise during inclement weather. (6.54)

### **Security and rules**

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10.138 A brief record of the weekly information sharing meeting should be made and circulated to key staff. (7.13)

### **Discipline: the use of force**

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10.139 F213 forms (used to report injuries to prisoners) should form part of the use of force dossier, with a copy kept in the prisoner's medical record. (7.33)

10.140 The use of force committee minutes should record any action taken to address identified trends. (7.34)

### **Discipline: segregation unit**

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10.141 Segregated prisoners should be offered reading material and provided with a radio. (7.48)

10.142 Prisoners should not be held in the segregation (reorientation) unit solely because of their vulnerable status. (7.49)

### **Incentives and earned privileges**

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10.143 The facilities offered as incentives should be reviewed, to ensure that they motivate all prisoners, regardless of their IEP level. (7.64)

### **Catering**

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10.144 Food trolleys should be maintained to a high level of cleanliness on all wings. (8.14)

10.145 The time span between delivery and service on the wings should be minimised, and food temperatures should be taken and recorded at the point of loading, delivery to the wings and service at hotplates. (8.15)

10.146 Food comments books should be easily accessible. (8.16)

### **Strategic management of resettlement**

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10.147 Resettlement matters should be included in prisoner consultation meetings. (9.10)

### **Resettlement pathways: children and families of offenders**

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10.148 The volunteer prison visitor scheme should be further developed. (9.77)

## **Examples of good practice**

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### **Young prisoners**

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10.149 The dedicated provision for young adults enabled their specific needs to be understood and catered for. (2.28)

### **Applications and complaints**

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10.150 The automated transaction machines provided useful and relevant information, responses to applications and supported prisoners in taking responsibility for issues. (3.39)

### **Health services: inpatient care**

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10.151 'Three-way' care plans afforded prisoners control over their care and helped the uniformed officers to understand prisoners' needs. (5.70)

### **Physical education and health promotion**

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10.152 Partnerships with local sporting organisations provided professional level coaching opportunities. (6.43)

### **Discipline: segregation unit**

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10.153 The Think It Over workbook was a creative approach to improving prisoner behaviour. (7.50)

### **Resettlement pathways: drugs and alcohol**

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10.154 The CARAT team had developed new initiatives such as a video-link and motivational work with young adults; good community links and active user involvement further improved service provision. (9.58)

### **Resettlement pathways: children and families of offenders**

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10.155 The Families First initiative was innovative, providing and developing excellent links between prisoners and their families. (9.78)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Sara Snell	Team leader
Karen Dillon	Inspector
Andrew Rooke	Inspector
Gordon Riach	Inspector
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Sigrid Engelen	Substance use inspector
Paul Tarbuck	Health services inspector
Richard Chapman	Pharmacy inspector
Christine Windle	Dental inspector
Stephen Miller	Ofsted inspector
Ken Fisher	Ofsted inspector
Daniel Burton	Ofsted inspector
Margaret Hobson	Ofsted inspector
Alistair Pearson	Ofsted inspector
Michael Skidmore	Researcher
Catherine Nicholls	Researcher
Helen Wark	Researcher

## Appendix II: Prison population profile

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

Status	18-20-year-olds	21 and over	%
Sentenced	133	465	12.22 / 42.74
Recall	31	78	2.85 / 7.17
Convicted unsentenced	50	89	4.6 / 8.18
Remand	70	164	6.43 / 15.07
Civil prisoners	0	0	0
Detainees	1	7	0.09 / 0.64
<b>Total</b>	<b>285</b>	<b>803</b>	<b>100</b>

Sentence	18-20-year-olds	21 and over	%
Unsentenced	121	259	11.12 / 23.81
Less than 6 months	39	87	3.58 / 8
6 months to less than 12 months	16	61	1.47 / 5.61
12 months to less than 2 years	41	104	3.77 / 9.56
2 years to less than 4 years	41	138	3.77 / 12.68
4 years to less than 10 years	22	122	2.02 / 11.21
10 years and over (not life)	1	14	0.09 / 1.29
ISPP	4	12	0.33 / 1.10
Life	0	6	0 / 0.55
<b>Total</b>	<b>285</b>	<b>803</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age	18	
Under 21 years	285	26.19
21 years to 29 years	353	32.44
30 years to 39 years	274	25.18
40 years to 49 years	119	10.94
50 years to 59 years	42	3.86
60 years to 69 years	10	0.92
70 plus years	5	0.46
Please state maximum age	86	
<b>Total</b>	<b>1088</b>	<b>100</b>

Nationality	18-20-year-olds	21 and over	%
British	249	713	22.89/65.53
Foreign nationals	36	90	3.31/8.23
<b>Total</b>	<b>285</b>	<b>803</b>	<b>100</b>

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced	119	264	10.94/24.26
Uncategorised sentenced	166	36	15.26/3.31
Category A		0	0

Category B		24	2.21
Category C		459	42.19
Category D		20	1.84
Other		0	
<b>Total</b>	<b>285</b>	<b>803</b>	<b>100</b>

Ethnicity	18-20-year-olds	21 and over	%
White			
British	211	655	19.39/60.20
Irish		5	0.46
Other white	2	16	0.18/1.47
<i>Mixed</i>			
White and black Caribbean	6	15	0.55/1.38
White and black African	2	0	0.18/0
White and Asian	2	2	0.18/0.18
Other mixed	7	6	0.64/0.55
<i>Asian or Asian British</i>			
Indian	3	2	0.28/0.18
Pakistani	9	21	0.83/1.93
Bangladeshi	1	0	0.09/0
Other Asian	15	23	1.38/2.11
<i>Black or black British</i>			
Caribbean	9	20	0.83/1.84
African	6	16	0.55/1.47
Other black	4	14	0.37/1.29
<i>Chinese or other ethnic group</i>			
Chinese	0	3	0/0.28
Other ethnic group	8	5	0.74/0.46
<i>Not stated</i>	0	0	0/0
<b>Total</b>	<b>285</b>	<b>803</b>	<b>100</b>

Religion	18-20-year-olds	21 and over	%
Baptist	0	0	0/0
Church of England	68	248	6.25/22.79
Roman Catholic	25	95	2.30/8.73
Other Christian denominations	7	26	0.64/2.39
Muslim	39	67	3.58/6.16
Sikh	0	2	0/0.18
Hindu	0	0	
Buddhist	5	12	0.46/1.10
Jewish	0	0	
Other	1	4	0.09/0.37
No religion	140	349	12.87/32.08
<b>Total</b>	<b>285</b>	<b>803</b>	<b>100</b>

### Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	58	8.19%	158	22.32
1 month to 3 months	50	7.06%	151	21.33
3 months to 6 months	33	4.66%	110	15.54
6 months to 1 year	19	2.68%	91	12.85
1 year to 2 years	3	0.42%	24	3.39
2 years to 4 years	1	0.14%	9	1.27
4 years or more	0	0	1	0.14
<b>Total</b>	<b>164</b>		<b>544</b>	<b>77</b>

### Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	44	11.64%	91	24.07
1 month to 3 months	38	10.05%	101	26.72
3 months to 6 months	30	7.94%	50	13.23
6 months to 1 year	7	1.85%	13	3.44
1 year to 2 years	2	0.53%	2	0.53
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>121</b>		<b>257</b>	<b>68</b>

Main offence	18-20-year-olds	21 and over	%
Violence against the person	65	166	6/15.31
Sexual offences	17	84	1.57/7.75
Burglary	48	113	4.43/10.42
Robbery	44	48	4.06/4.43
Theft and handling	21	111	1.94/10.24
Fraud and forgery	1	12	0.09/1.11
Drugs offences	27	85	2.49/7.84
Other offences	52	161	4.70/14.58
Civil offences	0	0	0/0
Offence not recorded/holding warrant	10	23	0.92/2.21
<b>Total</b>	<b>285</b>	<b>803</b>	<b>100</b>

# Appendix III: Summary of prisoner questionnaires and interviews

## Prisoner survey methodology

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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

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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 2 November 2010, the prisoner population at HMP Doncaster was 1,039. The sample size was 219. Overall, this represented 21% of the prisoner population.

### Selecting the sample

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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 total, five respondents were interviewed.

## Methodology

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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

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In total, 186 respondents completed and returned their questionnaires. This represented 18% of the prison population. The response rate was 85%. In addition to the seven respondents who refused to complete a questionnaire, 22 questionnaires were not returned and four were returned blank.

## Comparisons

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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 2010 against comparator figures for all prisoners surveyed in category B local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category B local prisons since 2006.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Doncaster in 2008.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 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 2010 survey between those who are under the age of 21 and those 21 and over.
- A comparison within the 2010 survey between the responses of prisoners who are housed on the VP wing and the main population.

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

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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

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	49 (27%)
	<i>21 - 29</i> .....	66 (36%)
	<i>30 - 39</i> .....	37 (20%)
	<i>40 - 49</i> .....	22 (12%)
	<i>50 - 59</i> .....	6 (3%)
	<i>60 - 69</i> .....	3 (2%)
	<i>70 and over</i> .....	1 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	114 (63%)
	<i>Yes - on recall</i> .....	10 (5%)
	<i>No - awaiting trial</i> .....	28 (15%)
	<i>No - awaiting sentence</i> .....	29 (16%)
	<i>No - awaiting deportation</i> .....	1 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	58 (34%)
	<i>Less than 6 months</i> .....	39 (23%)
	<i>6 months to less than 1 year</i> .....	15 (9%)
	<i>1 year to less than 2 years</i> .....	20 (12%)
	<i>2 years to less than 4 years</i> .....	19 (11%)
	<i>4 years to less than 10 years</i> .....	18 (10%)
	<i>10 years or more</i> .....	1 (1%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	3 (2%)
	<i>Life</i> .....	0 (0%)
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)</b>	
	<b><i>Not sentenced</i></b> .....	58 (35%)
	<i>6 months or less</i> .....	73 (44%)
	<i>More than 6 months</i> .....	36 (22%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	42 (23%)
	<i>1 to less than 3 months</i> .....	55 (31%)
	<i>3 to less than 6 months</i> .....	43 (24%)
	<i>6 to less than 12 months</i> .....	19 (11%)
	<i>12 months to less than 2 years</i> .....	14 (8%)
	<i>2 to less than 4 years</i> .....	6 (3%)
	<i>4 years or more</i> .....	1 (1%)
<b>Q1.7</b>	<b>Are you a foreign national (i.e. do not hold UK citizenship)?</b>	
	<i>Yes</i> .....	12 (7%)
	<i>No</i> .....	167 (93%)

**Q1.8 Is English your first language?**  
 Yes ..... 168 (95%)  
 No ..... 8 (5%)

**Q1.9 What is your ethnic origin?**

<i>White - British</i> .....	147 (80%)	<i>Asian or Asian British - Bangladeshi</i> .....	0 (0%)
<i>White - Irish</i> .....	5 (3%)	<i>Asian or Asian British - other</i> .....	1 (1%)
<i>White - other</i> .....	4 (2%)	<i>Mixed heritage - white and black Caribbean</i> .....	6 (3%)
<i>Black or black British - Caribbean</i> .....	6 (3%)	<i>Mixed heritage - white and black African</i> .....	1 (1%)
<i>Black or black British - African</i> ...	0 (0%)	<i>Mixed heritage - white and Asian</i> .....	0 (0%)
<i>Black or black British - other</i> .....	1 (1%)	<i>Mixed heritage - other</i> .....	0 (0%)
<i>Asian or Asian British - Indian</i> ....	1 (1%)	<i>Chinese</i> .....	0 (0%)
<i>Asian or Asian British - Pakistani</i> .....	10 (5%)	<i>Other ethnic group</i> .....	2 (1%)

**Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?**  
 Yes ..... 3 (2%)  
 No ..... 176 (98%)

**Q1.11 What is your religion?**

<i>None</i> .....	59 (33%)	<i>Hindu</i> .....	0 (0%)
<i>Church of England</i> .....	71 (40%)	<i>Jewish</i> .....	0 (0%)
<i>Catholic</i> .....	23 (13%)	<i>Muslim</i> .....	13 (7%)
<i>Protestant</i> .....	1 (1%)	<i>Sikh</i> .....	1 (1%)
<i>Other Christian denomination</i> .	4 (2%)	<i>Other</i> .....	5 (3%)
<i>Buddhist</i> .....	1 (1%)		

**Q1.12 How would you describe your sexual orientation?**

<i>Heterosexual/straight</i> .....	179 (99%)
<i>Homosexual/gay</i> .....	0 (0%)
<i>Bisexual</i> .....	1 (1%)
<i>Other</i> .....	1 (1%)

**Q1.13 Do you consider yourself to have a disability?**  
 Yes ..... 36 (20%)  
 No ..... 145 (80%)

**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>
39 (21%)	17 (9%)	56 (31%)	70 (38%)

**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>
123 (70%)	40 (23%)	12 (7%)

<b>Q1.16</b>	<b>Do you have any children under the age of 18?</b>	
	Yes .....	79 (44%)
	No .....	102 (56%)

### 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?	17 (9%)	63 (35%)	37 (20%)	37 (20%)	19 (10%)	5 (3%)	4 (2%)
Your personal safety during the journey?	21 (12%)	93 (53%)	24 (14%)	17 (10%)	14 (8%)	3 (2%)	3 (2%)
The comfort of the van?	9 (5%)	9 (5%)	13 (7%)	55 (31%)	87 (49%)	2 (1%)	2 (1%)
The attention paid to your health needs?	11 (7%)	46 (28%)	46 (28%)	30 (18%)	16 (10%)	5 (3%)	11 (7%)
The frequency of toilet breaks?	5 (3%)	25 (14%)	24 (14%)	31 (18%)	57 (33%)	5 (3%)	28 (16%)

**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>
67 (37%)	82 (45%)	21 (12%)	4 (2%)	7 (4%)

**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>
33 (18%)	78 (43%)	53 (29%)	8 (4%)	5 (3%)	6 (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?	152 (83%)	29 (16%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	38 (21%)	134 (75%)	7 (4%)
When you first arrived here did your property arrive at the same time as you?	141 (80%)	27 (15%)	8 (5%)

### 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> .....	31 (18%)	<i>Money worries</i> .....	39 (23%)
<i>Loss of property</i> .....	21 (13%)	<i>Feeling depressed or suicidal</i> .....	96 (57%)
<i>Housing problems</i> .....	59 (35%)	<i>Health problems</i> .....	105 (63%)

Contacting employers .....	23 (14%)	Needing protection from other prisoners.....	28 (17%)
Contacting family.....	102 (61%)	Accessing phone numbers....	73 (43%)
Ensuring dependants were being looked after .....	23 (14%)	Other.....	7 (4%)

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

<b>Didn't have any problems</b> .....	50 (33%)	Money worries.....	34 (23%)
Loss of property.....	17 (11%)	Feeling depressed or suicidal..	21 (14%)
Housing problems.....	36 (24%)	Health problems.....	46 (30%)
Contacting employers .....	8 (5%)	Needing protection from other prisoners .....	16 (11%)
Contacting family.....	38 (25%)	Accessing phone numbers.....	41 (27%)
Ensuring dependants were looked after .....	10 (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?	173 (95%)	9 (5%)	1 (1%)
When you were searched, was this carried out in a respectful way?	147 (84%)	22 (13%)	5 (3%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
28 (15%)	105 (57%)	35 (19%)	8 (4%)	3 (2%)	4 (2%)

**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 .....	111 (66%)
Information about what support was available for people feeling depressed or suicidal .....	101 (60%)
Information about how to make routine requests .....	85 (51%)
Information about your entitlement to visits.....	117 (70%)
Information about health services .....	113 (68%)
Information about the chaplaincy .....	96 (57%)
<b>Not offered anything</b> .....	22 (13%)

**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.....	171 (96%)
The opportunity to have a shower.....	39 (22%)
The opportunity to make a free telephone call.....	155 (87%)
Something to eat.....	142 (79%)
<b>Did not receive anything</b> .....	2 (1%)

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

Chaplain or religious leader .....	59 (34%)
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Someone from health services .....	143 (83%)
A Listener/Samaritans.....	51 (29%)
<b>Did not meet any of these people.....</b>	<b>17 (10%)</b>

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

Yes .....	57 (32%)
No.....	121 (68%)

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

Yes .....	145 (80%)
No.....	25 (14%)
Don't remember.....	11 (6%)

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

<b>Have not been on an induction course.....</b>	<b>23 (13%)</b>
Within the first week .....	115 (65%)
More than a week .....	31 (17%)
Don't remember.....	9 (5%)

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

<b>Have not been on an induction course.....</b>	<b>23 (13%)</b>
Yes .....	100 (56%)
No.....	41 (23%)
Don't remember.....	14 (8%)

#### Section 4: Legal rights and respectful custody

**Q4.1 How easy is it to:**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	24 (14%)	72 (41%)	24 (14%)	33 (19%)	14 (8%)	10 (6%)
Attend legal visits?	27 (16%)	94 (56%)	22 (13%)	5 (3%)	4 (2%)	16 (10%)
Obtain bail information?	13 (8%)	43 (26%)	40 (25%)	25 (15%)	12 (7%)	30 (18%)

**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**

<b>Not had any letters .....</b>	<b>14 (8%)</b>
Yes .....	58 (33%)
No.....	103 (59%)

**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?	78 (45%)	63 (37%)	9 (5%)	22 (13%)
Are you normally able to have a shower every day?	167 (94%)	9 (5%)	2 (1%)	0 (0%)
Do you normally receive clean sheets every week?	91 (53%)	65 (38%)	8 (5%)	9 (5%)
Do you normally get cell cleaning materials every week?	99 (56%)	69 (39%)	6 (3%)	3 (2%)
Is your cell call bell normally answered within five minutes?	51 (29%)	109 (62%)	13 (7%)	4 (2%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	103 (61%)	63 (37%)	3 (2%)	1 (1%)
Can you normally get your stored property if you need to?	50 (29%)	70 (41%)	44 (26%)	6 (4%)

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
9 (5%)	50 (28%)	39 (22%)	51 (29%)	27 (15%)

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

<i>Have not bought anything yet</i> .....	10 (6%)
Yes.....	125 (70%)
No.....	43 (24%)

**Q4.6 Is it easy or difficult to get either**

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	77 (44%)	73 (42%)	5 (3%)	8 (5%)	4 (2%)	8 (5%)
An application form	84 (50%)	72 (43%)	2 (1%)	3 (2%)	3 (2%)	4 (2%)

**Q4.7 Have you made an application?**

Yes.....	139 (78%)
No.....	39 (22%)

**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?	39 (23%)	71 (42%)	60 (35%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	39 (24%)	48 (29%)	77 (47%)

**Q4.9 Have you made a complaint?**

Yes.....	63 (36%)
----------	----------

No..... 110 (64%)

**Q4.10 Please answer the following questions concerning complaints:**

*(If you have not made a complaint please tick the 'not made one' option.)*

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	110 (65%)	22 (13%)	38 (22%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	110 (64%)	21 (12%)	41 (24%)
Were you given information about how to make an appeal?	69 (42%)	39 (24%)	57 (35%)

**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**..... 110 (64%)  
 Yes..... 14 (8%)  
 No..... 47 (27%)

**Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
55 (32%)	18 (10%)	29 (17%)	38 (22%)	18 (10%)	15 (9%)

**Q4.13 What level of the IEP scheme are you on now?**

**Don't know what the IEP scheme is** ..... 14 (8%)  
*Enhanced*..... 35 (20%)  
*Standard*..... 110 (63%)  
*Basic* ..... 13 (7%)  
*Don't know*..... 2 (1%)

**Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**

**Don't know what the IEP scheme is** ..... 14 (8%)  
 Yes ..... 85 (49%)  
 No ..... 57 (33%)  
*Don't know*..... 16 (9%)

**Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?**

**Don't know what the IEP scheme is** ..... 14 (8%)  
 Yes ..... 80 (46%)  
 No..... 61 (35%)  
*Don't know*..... 19 (11%)

**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)?	15 (8%)	165 (92%)
In the last six months have you spent a night in the segregation/care and separation unit?	21 (12%)	151 (88%)

<b>Q4.17</b>	<b>Please answer the following questions about your religious beliefs:</b>	Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	90 (53%)	22 (13%)	59 (35%)
	Are you able to speak to a religious leader of your faith in private if you want to?	84 (53%)	14 (9%)	62 (39%)
<b>Q4.18</b>	<b>Can you speak to a Listener at any time if you want to?</b>	Yes 75 (44%)	No 27 (16%)	<i>Don't know</i> 69 (40%)
<b>Q4.19</b>	<b>Please answer the following questions about staff in this prison:</b>	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	131 (75%)	43 (25%)	
	Do most staff treat you with respect?	125 (72%)	48 (28%)	

### Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>	Yes..... 75 (42%)	No..... 103 (58%)																				
<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>	Yes..... 34 (19%)	No..... 144 (81%)																				
<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)</b>	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 103 (61%)</td> <td><i>At mealtimes</i>..... 22 (13%)</td> </tr> <tr> <td><i>Everywhere</i>..... 10 (6%)</td> <td><i>At health services</i>..... 10 (6%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 8 (5%)</td> <td><i>Visit's area</i>..... 16 (10%)</td> </tr> <tr> <td><i>Association areas</i>..... 27 (16%)</td> <td><i>In wing showers</i>..... 31 (18%)</td> </tr> <tr> <td><i>Reception area</i>..... 9 (5%)</td> <td><i>In gym showers</i>..... 14 (8%)</td> </tr> <tr> <td><i>At the gym</i>..... 11 (7%)</td> <td><i>In corridors/stairwells</i>..... 24 (14%)</td> </tr> <tr> <td><i>In an exercise yard</i>..... 25 (15%)</td> <td><i>On your landing/wing</i>..... 19 (11%)</td> </tr> <tr> <td><i>At work</i>..... 7 (4%)</td> <td><i>In your cell</i>..... 19 (11%)</td> </tr> <tr> <td><i>During movement</i>..... 20 (12%)</td> <td><i>At religious services</i>..... 3 (2%)</td> </tr> <tr> <td><i>At education</i>..... 10 (6%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> ..... 103 (61%)	<i>At mealtimes</i> ..... 22 (13%)	<i>Everywhere</i> ..... 10 (6%)	<i>At health services</i> ..... 10 (6%)	<i>Segregation unit</i> ..... 8 (5%)	<i>Visit's area</i> ..... 16 (10%)	<i>Association areas</i> ..... 27 (16%)	<i>In wing showers</i> ..... 31 (18%)	<i>Reception area</i> ..... 9 (5%)	<i>In gym showers</i> ..... 14 (8%)	<i>At the gym</i> ..... 11 (7%)	<i>In corridors/stairwells</i> ..... 24 (14%)	<i>In an exercise yard</i> ..... 25 (15%)	<i>On your landing/wing</i> ..... 19 (11%)	<i>At work</i> ..... 7 (4%)	<i>In your cell</i> ..... 19 (11%)	<i>During movement</i> ..... 20 (12%)	<i>At religious services</i> ..... 3 (2%)	<i>At education</i> ..... 10 (6%)	
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<i>At education</i> ..... 10 (6%)																							
<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>	Yes..... 38 (22%)	No..... 138 (78%) <b>If No, go to question 5.6</b>																				
<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends).....</i></td> <td>26 (15%)</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>	26 (15%)	<i>Because of your sexuality.....</i>	2 (1%)																
<i>Insulting remarks (about you or your family or friends).....</i>	26 (15%)	<i>Because of your sexuality.....</i>	2 (1%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	21 (12%)	<i>Because you have a disability.</i>	2 (1%)
<i>Sexual abuse.....</i>	3 (2%)	<i>Because of your religion/religious beliefs.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	1 (1%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of drugs.....</i>	9 (5%)	<i>Being from a different part of the country than others.....</i>	9 (5%)
<i>Having your canteen/property taken.....</i>	13 (7%)	<i>Because of your offence/crime</i>	10 (6%)
<i>Because you were new here...</i>	14 (8%)	<i>Because of gang related issues.....</i>	11 (6%)

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

Yes.....	37 (21%)	<b>If No, go to question 5.8</b>
No.....	139 (79%)	

**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>	14 (8%)	<i>Because you have a disability....</i>	0 (0%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	6 (3%)	<i>Because of your religion/religious beliefs.....</i>	2 (1%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of your race or ethnic origin.....</i>	3 (2%)	<i>Being from a different part of the country than others.....</i>	5 (3%)
<i>Because of drugs.....</i>	6 (3%)	<i>Because of your offence/crime...</i>	3 (2%)
<i>Because you were new here.....</i>	7 (4%)	<i>Because of gang related issues.</i>	2 (1%)
<i>Because of your sexuality.....</i>	0 (0%)		

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

<b>Not been victimised</b> .....	114 (67%)
Yes.....	19 (11%)
No.....	36 (21%)

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

Yes.....	54 (31%)
No.....	121 (69%)

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

Yes.....	33 (19%)
No.....	142 (81%)

**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>
32 (18%)	25 (14%)	16 (9%)	9 (5%)	13 (7%)	79 (45%)

## 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	29 (17%)	8 (5%)	39 (23%)	11 (6%)	55 (32%)	28 (16%)
The nurse	29 (17%)	28 (16%)	69 (40%)	14 (8%)	24 (14%)	10 (6%)
The dentist	40 (24%)	4 (2%)	7 (4%)	11 (6%)	43 (25%)	65 (38%)
The optician	62 (37%)	3 (2%)	9 (5%)	15 (9%)	37 (22%)	42 (25%)

**Q6.2 Are you able to see a pharmacist?**

Yes .....	44 (29%)
No .....	108 (71%)

**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	49 (29%)	10 (6%)	40 (23%)	21 (12%)	28 (16%)	23 (13%)
The nurse	36 (21%)	28 (16%)	56 (32%)	21 (12%)	18 (10%)	14 (8%)
The dentist	79 (47%)	4 (2%)	12 (7%)	16 (10%)	29 (17%)	28 (17%)
The optician	93 (55%)	3 (2%)	13 (8%)	23 (14%)	22 (13%)	16 (9%)

**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>
35 (21%)	8 (5%)	49 (29%)	18 (11%)	40 (24%)	20 (12%)

**Q6.5 Are you currently taking medication?**

Yes .....	91 (52%)
No .....	85 (48%)

**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> .....	85 (50%)
Yes .....	43 (25%)
No .....	43 (25%)

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

Yes .....	58 (34%)
No .....	113 (66%)

**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> .....	128 (77%)
<i>Doctor</i> .....	22 (13%)
<i>Nurse</i> .....	12 (7%)
<i>Psychiatrist</i> .....	12 (7%)
<i>Mental health in-reach team</i> .....	18 (11%)
<i>Counsellor</i> .....	9 (5%)
<i>Other</i> .....	7 (4%)

<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>			
		Yes	No	
	Drugs	70 (44%)	90 (56%)	
	Alcohol	58 (37%)	97 (63%)	
<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>			
	Yes .....		19 (11%)	
	No .....		152 (89%)	
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....		80 (47%)	
	No .....		14 (8%)	
	<i>Did not/do not have a drug or alcohol problem</i> .....		77 (45%)	
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?</b>			
	Yes .....		69 (40%)	
	No .....		27 (16%)	
	<i>Did not / do not have a drug or alcohol problem</i> .....		77 (45%)	
<b>Q6.13</b>	<b>Was the intervention or help you received, while in this prison, helpful?</b>			
	Yes .....		55 (32%)	
	No .....		12 (7%)	
	<i>Did not have a problem/have not received help</i> .....		104 (61%)	
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		Yes	No	<i>Don't know</i>
	Drugs	27 (17%)	107 (66%)	27 (17%)
	Alcohol	22 (14%)	113 (72%)	23 (15%)
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes .....		45 (27%)	
	No .....		20 (12%)	
	N/A .....		102 (61%)	

### Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>		
	Prison job .....		65 (39%)
	Vocational or skills training .....		12 (7%)
	Education (including basic skills) .....		34 (20%)
	Offending behaviour programmes .....		12 (7%)

**Not involved in any of these**..... 68 (41%)

**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?**

	<b>Not been involved</b>	Yes	No	Don't know
Prison job	42 (30%)	41 (29%)	39 (28%)	19 (13%)
Vocational or skills training	56 (51%)	24 (22%)	16 (15%)	13 (12%)
Education (including basic skills)	45 (35%)	43 (33%)	25 (19%)	17 (13%)
Offending behaviour programmes	55 (49%)	25 (22%)	17 (15%)	16 (14%)

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

<b>Don't want to go</b> .....	45 (26%)
<i>Never</i> .....	49 (29%)
<i>Less than once a week</i> .....	24 (14%)
<i>About once a week</i> .....	32 (19%)
<i>More than once a week</i> .....	7 (4%)
<i>Don't know</i> .....	13 (8%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
34 (20%)	23 (14%)	5 (3%)	4 (2%)	57 (34%)	31 (18%)	16 (9%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
21 (12%)	12 (7%)	31 (18%)	33 (20%)	62 (37%)	10 (6%)

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

<i>Less than 2 hours</i> .....	13 (8%)
<i>2 to less than 4 hours</i> .....	45 (26%)
<i>4 to less than 6 hours</i> .....	39 (23%)
<i>6 to less than 8 hours</i> .....	27 (16%)
<i>8 to less than 10 hours</i> .....	15 (9%)
<i>10 hours or more</i> .....	16 (9%)
<i>Don't know</i> .....	16 (9%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
8 (5%)	4 (2%)	7 (4%)	17 (10%)	118 (70%)	15 (9%)

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

<b>Do not go on association</b> .....	8 (5%)
<i>Never</i> .....	16 (9%)
<i>Rarely</i> .....	40 (24%)
<i>Some of the time</i> .....	49 (29%)
<i>Most of the time</i> .....	40 (24%)
<i>All of the time</i> .....	16 (9%)

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>					
	<i>Still have not met him/her</i> .....	92	(53%)			
	<i>In the first week</i> .....	33	(19%)			
	<i>More than a week</i> .....	19	(11%)			
	<i>Don't remember</i> .....	30	(17%)			
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<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>
	92 (55%)	16 (10%)	20 (12%)	25 (15%)	7 (4%)	6 (4%)
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....	58	(33%)			
	<i>Yes</i> .....	64	(37%)			
	<i>No</i> .....	52	(30%)			
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	111	(64%)			
	<i>Very involved</i> .....	19	(11%)			
	<i>Involved</i> .....	19	(11%)			
	<i>Neither</i> .....	9	(5%)			
	<i>Not very involved</i> .....	7	(4%)			
	<i>Not at all involved</i> .....	9	(5%)			
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	111	(66%)			
	<i>Yes</i> .....	41	(24%)			
	<i>No</i> .....	17	(10%)			
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	111	(67%)			
	<i>Yes</i> .....	22	(13%)			
	<i>No</i> .....	33	(20%)			
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?</b>					
	<i>Not sentenced</i> .....	58	(35%)			
	<i>Yes</i> .....	35	(21%)			
	<i>No</i> .....	71	(43%)			
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....	35	(21%)			
	<i>No</i> .....	130	(79%)			

- Q8.9 Have you had any problems with sending or receiving mail?**  
 Yes ..... 67 (39%)  
 No ..... 91 (54%)  
 Don't know..... 12 (7%)
- Q8.10 Have you had any problems getting access to the telephones?**  
 Yes ..... 42 (25%)  
 No ..... 120 (71%)  
 Don't know..... 7 (4%)
- Q8.11 Did you have a visit in the first week that you were here?**  
**Not been here a week yet** ..... 13 (8%)  
 Yes ..... 76 (47%)  
 No ..... 62 (38%)  
 Don't remember..... 12 (7%)
- Q8.12 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
|---------------------------|----------|---------------|---------------|------------------|
| 13 (8%)                   | 62 (38%) | 77 (47%)      | 10 (6%)       | 2 (1%)           |
- Q8.13 How are you and your family/friends usually treated by visits staff?**  
**Not had any visits** ..... 33 (20%)  
 Very well ..... 36 (21%)  
 Well ..... 48 (28%)  
 Neither ..... 16 (9%)  
 Badly ..... 14 (8%)  
 Very badly ..... 7 (4%)  
 Don't know..... 15 (9%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**  
 Yes ..... 68 (41%)  
 No ..... 97 (59%)
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
- |  |  |
|--|--|
| <b>Don't know who to contact</b> .. 71 (47%)           | <i>Help with your finances in preparation for release</i> ..... 29 (19%)           |
| <i>Maintaining good relationships</i> 25 (17%)         | <i>Claiming benefits on release</i> ... 62 (41%)                                   |
| <i>Avoiding bad relationships</i> ..... 15 (10%)       | <i>Arranging a place at college/continuing education on release</i> ..... 26 (17%) |
| <i>Finding a job on release</i> ..... 45 (30%)         | <i>Continuity of health services on release</i> ..... 32 (21%)                     |
| <i>Finding accommodation on release</i> ..... 43 (29%) | <i>Opening a bank account</i> ..... 19 (13%)                                       |

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

<i>No problems</i> .....	54 (36%)	<i>Help with your finances in preparation for release</i> .....	35 (23%)
<i>Maintaining good relationships</i>	21 (14%)	<i>Claiming benefits on release ...</i>	40 (26%)
<i>Avoiding bad relationships</i> .....	23 (15%)	<i>Arranging a place at college/continuing education on release</i> .....	28 (18%)
<i>Finding a job on release</i> .....	69 (45%)	<i>Continuity of health services on release</i> .....	22 (14%)
<i>Finding accommodation on release</i> .....	52 (34%)	<i>Opening a bank account</i> .....	28 (18%)

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

<i>Not sentenced</i> .....	58 (35%)
<i>Yes</i> .....	42 (26%)
<i>No</i> .....	64 (39%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Doncaster 2010

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

#### Key to tables

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<b>Number of completed questionnaires returned</b>		186	4601	186	118
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	27%	5%	27%	10%
3a	Are you sentenced?	68%	66%	68%	72%
3b	Are you on recall?	6%	11%	6%	14%
4a	Is your sentence less than 12 months?	31%	17%	31%	32%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	4%	2%	15%
5	Do you have six months or less to serve?	44%	32%	44%	42%
6	Have you been in this prison less than a month?	23%	20%	23%	
7	Are you a foreign national?	7%	13%	7%	16%
8	Is English your first language?	95%	88%	95%	90%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	15%	27%	15%	20%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	5%	2%	
11	Are you Muslim?	7%	11%	7%	11%
12	Are you homosexual/gay or bisexual?	1%	3%	1%	3%
13	Do you consider yourself to have a disability?	20%	20%	20%	23%
14	Is this your first time in prison?	21%	29%	21%	28%
15	Have you been in more than five prisons this time?	7%	9%	7%	
16	Do you have any children under the age of 18?	44%	55%	44%	63%
<b>SECTION 2: Transfers and escorts</b>					
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?	44%	50%	44%	49%
1b	Was your personal safety during the journey good/very good?	65%	60%	65%	58%
1c	Was the comfort of the van good/very good?	10%	14%	10%	11%
1d	Was the attention paid to your health needs good/very good?	35%	29%	35%	26%
1e	Was the frequency of toilet breaks good/very good?	17%	16%	17%	15%
2	Did you spend more than four hours in the van?	2%	4%	2%	3%
3	Were you treated well/very well by the escort staff?	61%	65%	61%	64%
4a	Did you know where you were going when you left court or when transferred from another prison?	83%	72%	83%	76%
4b	Before you arrived here did you receive any written information about what would happen to you?	21%	15%	21%	14%
4c	When you first arrived here did your property arrive at the same time as you?	80%	81%	80%	77%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:				
<b>1b</b>	Problems with loss of property?	13%	12%	13%	
<b>1c</b>	Housing problems?	35%	30%	35%	
<b>1d</b>	Problems contacting employers?	14%	13%	14%	
<b>1e</b>	Problems contacting family?	61%	50%	61%	
<b>1f</b>	Problems ensuring dependants were looked after?	14%	14%	14%	
<b>1g</b>	Money problems?	23%	18%	23%	
<b>1h</b>	Problems of feeling depressed/suicidal?	57%	54%	57%	
<b>1i</b>	Health problems?	63%	62%	63%	
<b>1j</b>	Problems in needing protection from other prisoners?	17%	22%	17%	
<b>1k</b>	Problems accessing phone numbers?	44%	41%	44%	
<b>2</b>	When you first arrived:				
<b>2a</b>	Did you have any problems?	67%	76%	67%	81%
<b>2b</b>	Did you have any problems with loss of property?	11%	13%	11%	10%
<b>2c</b>	Did you have any housing problems?	24%	24%	24%	22%
<b>2d</b>	Did you have any problems contacting employers?	5%	7%	5%	10%
<b>2e</b>	Did you have any problems contacting family?	25%	34%	25%	38%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	7%	8%	7%	7%
<b>2g</b>	Did you have any money worries?	23%	23%	23%	35%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	14%	22%	14%	27%
<b>2i</b>	Did you have any health problems?	31%	29%	31%	27%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	11%	9%	11%	7%
<b>2k</b>	Did you have problems accessing phone numbers?	27%	30%	27%	
<b>3a</b>	Were you seen by a member of health services in reception?	95%	88%	95%	95%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	85%	72%	85%	65%
<b>4</b>	Were you treated well/very well in reception?	73%	58%	73%	59%
<b>5</b>	On your day of arrival, were you offered any of the following information:				
<b>5a</b>	Information about what was going to happen to you?	67%	44%	67%	38%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	61%	45%	61%	46%
<b>5c</b>	Information about how to make routine requests?	51%	36%	51%	30%
<b>5d</b>	Information about your entitlement to visits?	70%	43%	70%	42%
<b>5e</b>	Information about health services?	68%	49%	68%	
<b>5f</b>	Information about the chaplaincy?	58%	46%	58%	

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	96%	85%	96%	81%
<b>6b</b>	The opportunity to have a shower?	22%	35%	22%	26%
<b>6c</b>	The opportunity to make a free telephone call?	87%	56%	87%	84%
<b>6d</b>	Something to eat?	79%	80%	79%	74%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	34%	48%	34%	31%
<b>7b</b>	Someone from health services?	83%	73%	83%	72%
<b>7c</b>	A Listener/Samaritans?	30%	23%	30%	25%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	32%	15%	32%	39%
<b>9</b>	Did you feel safe on your first night here?	80%	71%	80%	77%
<b>10</b>	Have you been on an induction course?	87%	76%	87%	84%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	65%	58%	65%	52%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	54%	41%	54%	47%
<b>1b</b>	Attend legal visits?	72%	59%	72%	70%
<b>1c</b>	Obtain bail information?	34%	24%	34%	33%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	40%	33%	32%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	45%	50%	45%	34%
<b>3b</b>	Are you normally able to have a shower every day?	94%	79%	94%	86%
<b>3c</b>	Do you normally receive clean sheets every week?	53%	81%	53%	65%
<b>3d</b>	Do you normally get cell cleaning materials every week?	56%	62%	56%	61%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	29%	36%	29%	29%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	65%	61%	64%
<b>3g</b>	Can you normally get your stored property if you need to?	29%	26%	29%	20%
<b>4</b>	Is the food in this prison good/very good?	34%	23%	34%	21%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	70%	42%	70%	66%
<b>6a</b>	Is it easy/very easy to get a complaints form?	86%	79%	86%	80%
<b>6b</b>	Is it easy/very easy to get an application form?	93%	85%	93%	85%
<b>7</b>	Have you made an application?	78%	85%	78%	75%

## Main comparator and comparator to last time

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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	54%	55%	54%	44%
8b	Do you feel applications are dealt with promptly (within seven days)?	38%	47%	38%	37%
9	Have you made a complaint?	36%	43%	36%	42%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	37%	30%	37%	26%
10b	Do you feel complaints are dealt with promptly (within seven days)?	34%	33%	34%	29%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	23%	26%	23%	37%
10c	Were you given information about how to make an appeal?	24%	22%	24%	24%
12	Is it easy/very easy to see the Independent Monitoring Board?	27%	24%	27%	31%
13	Are you on the enhanced (top) level of the IEP scheme?	20%	28%	20%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	53%	49%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	45%	46%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	8%	8%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	11%	12%	
13a	Do you feel your religious beliefs are respected?	53%	54%	53%	45%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	53%	55%	53%	51%
14	Are you able to speak to a Listener at any time if you want to?	44%	58%	44%	52%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	70%	75%	65%
15b	Do most staff, in this prison, treat you with respect?	72%	69%	72%	72%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	42%	40%	42%	40%
2	Do you feel unsafe in this prison at the moment?	19%	18%	19%	13%
4	Have you been victimised by another prisoner?	22%	22%	22%	35%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	15%	11%	15%	14%
5b	Hit, kicked or assaulted you?	12%	7%	12%	16%
5c	Sexually abused you?	2%	1%	2%	2%
5d	Victimised you because of your race or ethnic origin?	1%	4%	1%	5%
5e	Victimised you because of drugs?	5%	4%	5%	6%
5f	Taken your canteen/property?	7%	5%	7%	6%
5g	Victimised you because you were new here?	8%	6%	8%	10%
5h	Victimised you because of your sexuality?	1%	1%	1%	1%
5i	Victimised you because you have a disability?	1%	3%	1%	4%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	3%
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	5%	4%	5%	12%
5m	Victimised you because of your offence/crime?	6%	5%	6%	
5n	Victimised you because of gang related issues?	6%	3%	6%	

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	21%	26%	21%	36%
<b>7</b>	Since you have been here has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	8%	12%	8%	15%
<b>7b</b>	Hit, kicked or assaulted you?	4%	5%	4%	9%
<b>7c</b>	Sexually abused you?	1%	1%	1%	0%
<b>7d</b>	Victimised you because of your race or ethnic origin?	2%	5%	2%	7%
<b>7e</b>	Victimised you because of drugs?	4%	4%	4%	10%
<b>7f</b>	Victimised you because you were new here?	4%	6%	4%	6%
<b>7g</b>	Victimised you because of your sexuality?	0%	1%	0%	0%
<b>7h</b>	Victimised you because you have a disability?	0%	3%	0%	0%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	1%	3%	1%	7%
<b>7j</b>	Victimised you because of your age?	1%	2%	1%	
<b>7k</b>	Victimised you because you were from a different part of the country?	3%	4%	3%	5%
<b>7l</b>	Victimised you because of your offence/crime?	2%	5%	2%	
<b>7m</b>	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	35%	34%	35%	33%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	31%	24%	31%	21%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	19%	23%	19%	25%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	33%	31%	33%	34%
<b>SECTION 6: Health care</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	28%	27%	28%	
<b>1b</b>	Is it easy/very easy to see the nurse?	56%	50%	56%	
<b>1c</b>	Is it easy/very easy to see the dentist?	6%	11%	6%	
<b>1d</b>	Is it easy/very easy to see the optician?	7%	12%	7%	
<b>2</b>	Are you able to see a pharmacist?	29%	45%	29%	
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:					
<b>3a</b>	The doctor?	41%	46%	41%	57%
<b>3b</b>	The nurse?	61%	58%	61%	71%
<b>3c</b>	The dentist?	18%	33%	18%	20%
<b>3d</b>	The optician?	21%	35%	21%	24%
<b>4</b>	The overall quality of health services?	42%	41%	42%	54%

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<b>Health care continued</b>					
5	Are you currently taking medication?	52%	49%	52%	49%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	50%	58%	50%	37%
7	Do you feel you have any emotional well-being/mental health issues?	34%	34%	34%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	28%	40%	28%	
8b	A doctor?	42%	33%	42%	
8c	A nurse?	23%	17%	23%	
8d	A psychiatrist?	23%	19%	23%	
8e	The mental health in-reach team?	34%	28%	34%	
8f	A counsellor?	17%	12%	17%	
9a	Did you have a drug problem when you came into this prison?	44%	34%	44%	31%
9b	Did you have an alcohol problem when you came into this prison?	37%	25%	37%	19%
10a	Have you developed a drug problem since you have been in this prison?	11%	10%	11%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	85%	80%	85%	
12	Have you received any help or intervention while in this prison?	72%	68%	72%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	82%	76%	82%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	34%	31%	34%	32%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	26%	29%	26%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	69%	60%	69%	58%

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<b>SECTION 7: Purposeful activity</b>					
<b>1</b>	Are you currently involved in any of the following activities:				
<b>1a</b>	A prison job?	39%	44%	39%	
<b>1b</b>	Vocational or skills training?	7%	11%	7%	
<b>1c</b>	Education (including basic skills)?	20%	26%	20%	
<b>1d</b>	Offending behaviour programmes?	7%	8%	7%	
<b>2ai</b>	Have you had a job while in this prison?	70%	66%	70%	54%
For those who have had a prison job while in this prison:					
<b>2aii</b>	Do you feel the job will help you on release?	41%	41%	41%	40%
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	49%	52%	49%	50%
For those who have had vocational or skills training while in this prison:					
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	45%	51%	45%	46%
<b>2ci</b>	Have you been involved in education while in this prison?	65%	62%	65%	60%
For those who have been involved in education while in this prison:					
<b>2cii</b>	Do you feel the education will help you on release?	51%	59%	51%	54%
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	51%	49%	51%	42%
For those who have been involved in offending behaviour programmes while in this prison:					
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	43%	49%	43%	41%
<b>3</b>	Do you go to the library at least once a week?	23%	37%	23%	18%
<b>4</b>	On average, do you go to the gym at least twice a week?	54%	42%	54%	45%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	56%	38%	56%	34%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	9%	10%	9%	10%
<b>7</b>	On average, do you go on association more than five times each week?	70%	48%	70%	66%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	33%	17%	33%	24%
<b>SECTION 8: Resettlement</b>					
<b>1</b>	Do you have a personal officer?	47%	45%	47%	17%
For those with a personal officer:					
<b>2</b>	Do you think your personal officer is helpful/very helpful?	49%	63%	49%	47%
For those who are sentenced:					
<b>3</b>	Do you have a sentence plan?	55%	41%	55%	21%
For those with a sentence plan?					
<b>4</b>	Were you involved/very involved in the development of your plan?	60%	57%	60%	66%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	71%	62%	71%	50%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	40%	45%	40%	50%
For those who are sentenced:					
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	33%	27%	33%	21%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	21%	14%	21%	16%
<b>9</b>	Have you had any problems with sending or receiving mail?	39%	44%	39%	48%
<b>10</b>	Have you had any problems getting access to the telephones?	25%	31%	25%	24%
<b>11</b>	Did you have a visit in the first week that you were here?	47%	35%	47%	51%
<b>12</b>	Did you receive one or more visits in the last week?	54%	40%	54%	52%

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<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	62%	49%	62%	
14	Have you been helped to maintain contact with family/friends while in this prison?	41%	35%	41%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	17%	14%	17%	
15c	Avoiding bad relationships?	10%	10%	10%	
15d	Finding a job on release?	30%	27%	30%	49%
15e	Finding accommodation on release?	29%	30%	29%	54%
15f	With money/finances on release?	19%	18%	19%	42%
15g	Claiming benefits on release?	41%	32%	41%	53%
15h	Arranging a place at college/continuing education on release?	17%	17%	17%	38%
15i	Accessing health services on release?	21%	22%	21%	46%
15j	Opening a bank account on release?	13%	18%	13%	37%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	14%	14%	14%	
16c	Avoiding bad relationships?	15%	14%	15%	
16d	Finding a job?	45%	50%	45%	63%
16e	Finding accommodation?	34%	42%	34%	47%
16f	Money/finances?	23%	37%	23%	64%
16g	Claiming benefits?	26%	34%	26%	40%
16h	Arranging a place at college/continuing education?	19%	22%	19%	45%
16i	Accessing health services?	15%	19%	15%	32%
16j	Opening a bank account?	19%	32%	19%	48%
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?	40%	48%	40%	40%

## Diversity Analysis



### Key question responses (ethnicity) HMP Doncaster 2010

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

#### Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>28</b>	<b>156</b>
1.3	Are you sentenced?	52%	71%
1.7	Are you a foreign national?	15%	5%
1.8	Is English your first language?	77%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	1%
1.11	Are you Muslim?	43%	1%
1.12	Do you consider yourself to have a disability?	14%	21%
1.13	Is this your first time in prison?	30%	20%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	52%	30%
2.3	Were you treated well/very well by the escort staff?	59%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	96%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	71%	59%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	63%	57%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	63%	63%
3.2a	Did you have any problems when you first arrived?	55%	69%
3.3a	Were you seen by a member of health care staff in reception?	96%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	74%	86%
3.4	Were you treated well/very well in reception?	67%	73%
3.7b	Did you have access to someone from health care within the first 24 hours?	92%	81%
3.9	Did you feel safe on your first night here?	78%	80%
3.10	Have you been on an induction course?	93%	86%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	52%

## Diversity Analysis

### Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	56%	43%
4.3b	Are you normally able to have a shower every day?	89%	95%
4.3e	Is your cell call bell normally answered within five minutes?	36%	27%
4.4	Is the food in this prison good/very good?	26%	35%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	74%
4.6a	Is it easy/very easy to get a complaints form?	85%	86%
4.6b	Is it easy/very easy to get an application form?	96%	92%
4.9	Have you made a complaint?	31%	37%
4.13	Are you on the enhanced (top) level of the IEP scheme?	7%	23%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	49%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	61%	43%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	9%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	11%
4.17a	Do you feel your religious beliefs are respected?	70%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	69%	49%
4.18	Are you able to speak to a Listener at any time if you want to?	35%	46%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	75%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	64%	74%
5.1	Have you ever felt unsafe in this prison?	37%	43%
5.2	Do you feel unsafe in this prison at the moment?	4%	22%
5.4	Have you been victimised by another prisoner?	15%	22%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	1%
5.6	Have you been victimised by a member of staff?	22%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	1%

## Diversity Analysis

### Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.7h	Have you been victimised because you have a disability? (By staff)	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	31%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	19%	19%
5.11	Is it easy/very easy to get illegal drugs in this prison?	22%	35%
6.1a	Is it easy/very easy to see the doctor?	16%	29%
6.1b	Is it easy/ very easy to see the nurse?	44%	57%
6.2	Are you able to see a pharmacist?	28%	29%
6.5	Are you currently taking medication?	35%	54%
6.7	Do you feel you have any emotional well-being/mental health issues?	25%	36%
7.1a	Are you currently working in the prison?	34%	40%
7.1b	Are you currently undertaking vocational or skills training?	5%	8%
7.1c	Are you currently in education (including basic skills)?	25%	20%
7.1d	Are you currently taking part in an offending behaviour programme?	13%	6%
7.3	Do you go to the library at least once a week?	27%	22%
7.4	On average, do you go to the gym at least twice a week?	69%	52%
7.5	On average, do you go outside for exercise three or more times a week?	70%	54%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	4%	11%
7.7	On average, do you go on association more than five times each week?	81%	69%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	32%	34%
8.1	Do you have a personal officer?	59%	46%
8.9	Have you had any problems sending or receiving mail?	37%	40%
8.10	Have you had any problems getting access to the telephones?	22%	25%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Doncaster 2010

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

Key to tables

Key to tables		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>36</b>	<b>145</b>
1.3	Are you sentenced?	67%	68%
1.7	Are you a foreign national?	6%	7%
1.8	Is English your first language?	100%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	11%	17%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	1%
1.11	Are you Muslim?	9%	7%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	11%	24%
2.1d	Was the attention paid to your health needs good/very good?	36%	34%
2.3	Were you treated well/very well by the escort staff?	56%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	72%	87%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	44%	65%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	34%	62%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	50%	65%
3.2a	Did you have any problems when you first arrived?	78%	63%
3.3a	Were you seen by a member of health care staff in reception?	89%	96%
3.3b	When you were searched in reception, was this carried out in a respectful way?	71%	88%
3.4	Were you treated well/very well in reception?	64%	74%
3.7b	Did you have access to someone from health care within the first 24 hours?	78%	83%
3.9	Did you feel safe on your first night here?	72%	82%
3.10	Have you been on an induction course?	91%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	58%

## Diversity Analysis - Disability

### Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	53%	43%
4.3b	Are you normally able to have a shower every day?	88%	96%
4.3e	Is your cell call bell normally answered within five minutes?	23%	30%
4.4	Is the food in this prison good/very good?	41%	32%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	70%	71%
4.6a	Is it easy/very easy to get a complaints form?	85%	86%
4.6b	Is it easy/very easy to get an application form?	94%	93%
4.9	Have you made a complaint?	40%	36%
4.13	Are you on the enhanced (top) level of the IEP scheme?	10%	23%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	46%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	12%	8%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	19%	10%
4.17a	Do you feel your religious beliefs are respected?	59%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	53%
4.18	Are you able to speak to a Listener at any time if you want to?	44%	44%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	82%	75%
4.19b	Do most staff, in this prison, treat you with respect?	73%	73%
5.1	Have you ever felt unsafe in this prison?	58%	38%
5.2	Do you feel unsafe in this prison at the moment?	24%	17%
5.4	Have you been victimised by another prisoner?	26%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	1%
5.5i	Victimised you because you have a disability?	4%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.6	Have you been victimised by a member of staff?	33%	18%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	1%
5.7h	Victimised you because you have a disability?	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	1%

## Diversity Analysis - Disability

### Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	53%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	17%
5.11	Is it easy/very easy to get illegal drugs in this prison?	41%	30%
6.1a	Is it easy/very easy to see the doctor?	39%	25%
6.1b	Is it easy/ very easy to see the nurse?	67%	52%
6.2	Are you able to see a pharmacist?	32%	28%
6.5	Are you currently taking medication?	61%	49%
6.7	Do you feel you have any emotional well-being/mental health issues?	59%	28%
7.1a	Are you currently working in the prison?	31%	41%
7.1b	Are you currently undertaking vocational or skills training?	10%	7%
7.1c	Are you currently in education (including basic skills)?	31%	18%
7.1d	Are you currently taking part in an offending behaviour programme?	16%	5%
7.3	Do you go to the library at least once a week?	30%	20%
7.4	On average, do you go to the gym at least twice a week?	61%	53%
7.5	On average, do you go outside for exercise three or more times a week?	78%	51%
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.)	6%	10%
7.7	On average, do you go on association more than five times each week?	70%	71%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	29%	34%
8.1	Do you have a personal officer?	40%	50%
8.9	Have you had any problems sending or receiving mail?	27%	42%
8.10	Have you had any problems getting access to the telephones?	27%	24%



Diversity Analysis - Age  
Key question responses (age- under 21) HMP Doncaster 2010

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

**Key to tables**

	Any percent highlighted in green is significantly better	<b>Prisoners under the age of 21</b>	<b>Prisoners aged 21 and over</b>
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		49	135
1.3	Are you sentenced?	58%	72%
1.7	Are you a foreign national?	8%	6%
1.8	Is English your first language?	96%	95%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	14%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	1%
1.11	Are you Muslim?	10%	6%
1.13	Do you consider yourself to have a disability?	19%	21%
1.14	Is this your first time in prison?	27%	20%
2.1d	Was the attention paid to your health needs good/very good?	41%	32%
2.3	Were you treated well/very well by the escort staff?	57%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	84%	83%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	64%	60%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	61%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	66%
3.2a	Did you have any problems when you first arrived?	49%	74%
3.3a	Were you seen by a member of health care staff in reception?	92%	96%
3.3b	When you were searched in reception, was this carried out in a respectful way?	88%	83%

## Diversity Analysis - Age

### Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	71%	73%
3.7b	Did you have access to someone from health care within the first 24 hours?	80%	84%
3.9	Did you feel safe on your first night here?	82%	79%
3.10	Have you been on an induction course?	94%	84%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	54%	54%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	41%	47%
4.3b	Are you normally able to have a shower every day?	94%	94%
4.3e	Is your cell call bell normally answered within five minutes?	21%	32%
4.4	Is the food in this prison good/very good?	30%	35%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	71%	70%
4.6a	Is it easy/very easy to get a complaints form?	85%	86%
4.6b	Is it easy/very easy to get an application form?	94%	93%
4.9	Have you made a complaint?	25%	40%
4.13	Are you on the enhanced (top) level of the IEP scheme?	6%	26%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	12%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	17%	10%
4.17a	Do you feel your religious beliefs are respected?	50%	54%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	27%	55%

## Key to tables

## Diversity Analysis - Age

		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	22%	52%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	74%
4.15b	Do <b>most</b> staff, in this prison, treat you with respect?	65%	75%
5.1	Have you ever felt unsafe in this prison?	43%	42%
5.2	Do you feel unsafe in this prison at the moment?	21%	19%
5.4	Have you been victimised by another prisoner?	26%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	0%
5.5i	Victimised you because you have a disability?	2%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	2%	1%
5.6	Have you been victimised by a member of staff?	15%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
5.7h	Victimised you because you have a disability?	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%
5.7j	Have you been victimised because of your age? (By staff)	0%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	30%	31%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	19%
5.11	Is it easy/very easy to get illegal drugs in this prison?	24%	36%
6.1a	Is it easy/very easy to see the doctor?	30%	27%
6.1b	Is it easy/ very easy to see the nurse?	47%	59%
6.2	Are you able to see a pharmacist?	38%	26%

## Diversity Analysis - Age

### Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>6.5</b>	Are you currently taking medication?	15%	65%
<b>6.7</b>	Do you feel you have any emotional well-being/mental health issues?	24%	37%
<b>7.1a</b>	Are you currently working in the prison?	19%	46%
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	5%	8%
<b>7.1c</b>	Are you currently in education (including basic skills)?	17%	22%
<b>7.1d</b>	Are you currently taking part in an offending behaviour programme?	5%	8%
<b>7.3</b>	Do you go to the library at least once a week?	14%	26%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	68%	50%
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	57%	57%
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	7%	11%
<b>7.7</b>	On average, do you go on association more than five times each week?	64%	72%
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	21%	38%
<b>8.1</b>	Do you have a personal officer?	44%	48%
<b>8.9</b>	Have you had any problems sending or receiving mail?	31%	42%
<b>8.10</b>	Have you had any problems getting access to the telephones?	24%	24%

## Wing Analysis



### Key questions (wing analysis) HMP Doncaster 2010

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

#### Key to tables

		VP wing	Main population
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		18	168
<b>3.10</b>	Have you been on an induction course?	94%	86%
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	74%	43%
<b>4.3b</b>	Are you normally able to have a shower every day?	93%	94%
<b>4.3c</b>	Do you normally receive clean sheets every week?	87%	49%
<b>4.3d</b>	Do you normally get cell cleaning materials every week?	74%	54%
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	32%	29%
<b>4.3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	38%	63%
<b>4.4</b>	Is the food in this prison good/very good?	36%	33%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	72%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	80%	86%
<b>4.6b</b>	Is it easy/very easy to get an application form?	92%	93%
<b>4.9</b>	Have you made a complaint?	44%	36%
<b>4.13a</b>	Do you feel your religious beliefs are respected?	56%	52%
<b>4.13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	28%	55%
<b>4.14</b>	Are you able to speak to a Listener at any time if you want to?	25%	46%
<b>4.15a</b>	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	100%	73%
<b>4.15b</b>	Do most staff in this prison treat you with respect?	88%	71%
<b>5.1</b>	Have you ever felt unsafe in this prison?	77%	39%
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	47%	16%

## Wing Analysis

### Key to tables

	Any percent highlighted in green is significantly better	VP wing	Main population
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
<b>5.4</b>	Have you been victimised by another prisoner?	36%	20%
<b>5.6</b>	Have you been victimised by a member of staff?	12%	22%
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	71%	27%
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	18%	19%
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	18%	34%
<b>6.1a</b>	Is it easy/very easy to see the doctor?	41%	26%
<b>6.1b</b>	Is it easy/very easy to see the nurse?	71%	54%
<b>7.3</b>	Do you go to the library at least once a week?	41%	21%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	59%	54%
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	69%	55%
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	10%
<b>7.7</b>	On average, do you go on association more than five times each week?	88%	68%
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	34%
<b>8.1</b>	Do you have a personal officer?	53%	47%
<b>8.9</b>	Have you had any problems with sending or receiving mail?	47%	39%
<b>8.10</b>	Have you had any problems getting access to the telephones?	30%	24%