

Report on an unannounced inspection of

# **HMP Grendon**

by HM Chief Inspector of Prisons

**5 – 16 August 2013**

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# Introduction

Grendon is an unusual and, in many ways, unique prison. It is based on the concept that democratic therapeutic communities, run by both staff and prisoners, should be at the centre of the prison. These communities are central to the way every part of the prison operates. Prisoners are given a real say in the day-to-day running of the establishment and therefore have far more influence over their experience of prison life than at normal prisons. This all happens within the context of the usual security imperatives of a category B prison holding men who have been sentenced to indeterminate or long determinate sentences.

Men arrived at Grendon ready to be more open about their offending and related institutional behaviour and to being challenged by peers and staff within therapy and community groups. Often they had a history of serious violent offending, poor institutional behaviour and prolific self-harm. Perhaps counter-intuitively, Grendon was a more demanding environment than many more conventional prisons; the process of facing up to and being challenged about past and current behaviour and attitudes was, rightly, very tough. Some men dropped out or were required to leave and that lay behind some of the complaints about victimisation we heard. Nevertheless, despite the histories of the men it held and the process they were going through, we judged that Grendon was a very safe prison.

Entry to custody was well organised and welcoming. Violence reduction and safer custody work was good, and the communities played a central part in keeping people safe. It was important this did not lead to complacency. Experience had shown that periods of instability in the prison communities in the past had led to a breakdown in the safety they provided. Prisoners who were not in the communities and were waiting for a transfer to another prison were isolated and were therefore potentially less safe and had a poorer regime. A robust and reliable application of formal procedures would have helped to provide reassurances about safety, particularly during the period of substantial change in the communities, which was taking place at the time of the inspection. There was very little need for formal disciplinary processes and substance misuse was well controlled.

Prisoners could keep themselves and their living environment clean, but the night sanitation system remained undesirable, although it was more functional than at our previous inspection. At the core of the prison were excellent staff-prisoner relationships, which had maturity and depth. Diversity was well managed and outcomes for different groups were generally equitable, but support for disabled prisoners needed considerable improvement. Health services were good and prisoners were generally happy with the quality of the food.

Time out of cell was good. Therapy was the primary purposeful and resettlement activity and accounted for a substantial part of the core day. Management of learning and skills was developing, with some advanced plans to improve the timetable. Nevertheless, the prison needed to improve learning and skills to ensure it supported therapy. Quality assurance arrangements and teaching required improvement and the prison needed to prioritise the use of education places. There were sufficient activity places, although some were of low quality. Access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) and IT was insufficient.

Strategic management of resettlement was good. The prison's therapeutic approach provided prisoners with substantial benefits, helping them to address risk factors and difficulties in coping with institutional life. Each prisoner had a thorough assessment, and targets were set during induction. Internal offender management processes and support were generally good, as was public protection, although there were concerns regarding communication. Suitable help was provided for the small number of men who were released, but the main focus of reintegration was on prisoners moving progressively to other prisons. Support to help prisoners maintain contact with their children and families was impressive.

Grendon used to be an anomaly in the prison system and its future always felt insecure. However, the new national offender personality disorder pathway identified a clear role for Grendon and other therapeutic prisons and promised much more coordinated process for allocating prisoners to the establishment and promptly moving them back to a suitable place in the main prison system once their time at Grendon was over. The benefits of the new strategy have yet to be realised but there is now the real prospect that Grendon's value as an important national resource, working successfully with some of the system's most serious offenders, will be fully realised. It is an opportunity that should not be missed.

**Nick Hardwick**  
HM Chief Inspector of Prisons

January 2014

# Fact page

**Task of the establishment**

HMP Grendon is a category B training prison for adult males run on therapeutic community principles.

**Prison status**

Public

**Region**

South central

**Number held**

212 on 5 August 2013

**Certified normal accommodation**

238

**Operational capacity**

238

**Date of last inspection**

2–6 March 2009

**Brief history**

Opened in 1962, Grendon adopted a model for addressing offending behaviour and psychological problems based on a psychiatric tradition that grew out of attempts to treat what is now called post-traumatic stress. Fifty years on, the prison treats prisoners with complex needs, particularly those with antisocial personality disorders.

**Short description of residential units and the therapeutic community process**

There were five separate therapeutic communities – A, B,C,D, and G wings – housing approximately 40 men each and an induction and assessment unit – F Wing – holding up to 25 prisoners. A Wing was predominantly for sex offenders. There was an ongoing programme to reconfigure the wings: B Wing therapeutic community was in the process of being closed, while the therapeutic community on G Wing was due to move to B Wing; a new induction unit was planned on G Wing, which included an enhanced assessment process for prisoners needing additional support to cope with the ethos at Grendon; and F wing was identified as a therapeutic community for men with learning difficulties.

Each therapeutic community had its own constitution and a prisoner chairman and vice chair. A democratic process was in place where staff and prisoners elected prisoners into these roles, and regulated behaviour standards. This included imposing sanctions where rules had been broken, implementing processes for selecting and deselecting prisoners for a place in the community, and discussing and resolving incidences of conflict or disagreement. With the backing of his small therapy group, a prisoner could initiate a discussion and a vote about any aspect of community life. This process had the potential to motivate prisoners to surrender their individual rights in the interests of peaceful community living. Prisoners were also expected to have a small job that supported the community.

Each therapeutic community also had a range of specialist staff including therapists, trained specialist officers and offender supervisors. The therapeutic communities were accredited by the Correctional Services Accreditation and Advisory Panel. Their standards and performance were monitored by the Community of Communities (a quality improvement and accreditation programme for therapeutic

communities) and they received annual assessments, which led to action plans and service improvements. End of therapy reports were required for all prisoners leaving therapy.

**Name of governor/director**

Dr Jamie Bennett

**Escort contractor**

GEOAmey

**Health service providers**

Care UK – primary health care

Oxford Health – mental health in-reach team

Haddenham Dental Centre

Howcroft and Selby – optometry

Lloyds – pharmacy

**Learning and skills providers**

Milton Keynes College

**Independent Monitoring Board chair**

Margaret Cripps

# About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons 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 tests are:

<b>Safety</b>	prisoners, particularly 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 effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: 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.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**  
**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.**  
**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.**  
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: 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 and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

## This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> 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.

# Summary

## Safety

- S1** *Reception, first night and induction arrangements were welcoming and supportive. Safety was regarded as everyone's responsibility and the prison was fundamentally a safe place. However, some underpinning safety processes were underdeveloped and the prison needed to manage changes in the structure of the therapeutic communities carefully. The challenging treatment ethos may have contributed to some prisoners feeling victimised. Care for those vulnerable to self-harm was good. Security was proportionate and formal disciplinary processes were rarely used. Strategic management of substance misuse needed attention. **Outcomes for prisoners were good against this healthy prison test.***
- S2** Many prisoners had long journeys but felt well supported by escort staff. Prisoners were extremely positive about reception, first night and induction. They told us they were welcomed by staff and felt safe on their first night. They were purposefully occupied during the three-month assessment.
- S3** Violent incidents were rare: there had not been a single fight or assault in the year up to the inspection. It was clear that prisoners trusted prison staff and did not hesitate to discuss or resolve issues, particularly about their safety. The positive relationships in the therapeutic communities helped identify instances of bullying that had not been reported through other channels, such as security information reports.
- S4** Although there were separate anti-bullying procedures, they were rarely used and poor behaviour was mainly dealt with by the therapeutic communities, usually through community compacts (agreements confirming adherence to community rules). The analysis of relevant information at safer custody meetings was underdeveloped and some of the procedures in place to identify and mitigate risks, such as community support plans (behaviour improvement plans for prisoners persistently breaking community rules), were not fully embedded as part of the overarching safer custody strategy. More prisoners than in other category B prisons said in our survey that they had been victimised by other prisoners. Much of this appeared to reflect the challenges of the therapeutic community experience. The safer custody committee was well constructed, but attendance at meetings was sometimes limited.
- S5** The prison acknowledged that instability associated with forming a new therapeutic community had been a significant factor in a homicide in 2010. As changes were being made to the structure of communities at Grendon, the prison needed to ensure normal safeguards were being maintained.
- S6** The number of self-harm incidents was low; however, data analysis was underdeveloped. Given the previous experiences of the population, the number of prisoners on assessment, care in custody and teamwork (ACCT) documents, case management for prisoners at risk of suicide or self-harm, was low and care planning was generally very good. The quality of entries in documents was comprehensive. The use of safer custody representatives to help support those in crisis had improved since the last inspection, but access to them was limited to periods when prisoners were unlocked. The prison needed to be vigilant to ensure men who opted out of both therapy and the communities did not become isolated.

- S7 Prisoners identified as vulnerable adults because of a mental or other disability were not admitted to Grendon.
- S8 Security arrangements were proportionate and focused on maintaining a safe environment and supporting the therapeutic regime. The availability of drugs was low and appropriate measures had been introduced to address issues relating to tradable prescribed medication. The positive mandatory drug testing (MDT) rate was very low, but testing arrangements needed to be improved. Compliance testing had stopped. Supply reduction was discussed at security meetings and information sharing with health services was good.
- S9 Most prisoners were on the enhanced level of the incentives and earned privileges scheme, although there were inconsistencies in how it was applied. However, the vast majority of behaviour issues were dealt with through therapy groups.
- S10 Formal disciplinary procedures were used infrequently. The number of adjudications was low and the process was well managed. There had only been three use of force incidents in the past year and reports were of a good standard, but scrutiny arrangements needed to be improved. Incidents we reviewed were well managed and the use of de-escalation was good; the minimum force necessary had been used in each case.
- S11 Prisoners had completed detoxification prior to arriving at Grendon and those who had become dependent on medication received good support. The drug strategy document was out of date. A meeting to re-launch the strategy had taken place in May 2013 and the drug and alcohol recovery team (DART) had undertaken a local needs analysis, but there was still a lack of cohesion and leadership.
- S12 The DART service was easily accessible and well integrated into the prison and the therapeutic regime. Service users spoke highly of the support they received, 40 of whom actively engaged in one-to-one work. The service had piloted a drug and alcohol course and a structured intervention was clearly needed.

## Respect

*S13 Prisoners could keep themselves and their living environment clean, but the night sanitation system whilst still undesirable worked better than elsewhere. Staff-prisoner relationships were excellent. They were mature and had depth and underpinned the good work being done. Diversity was well managed and outcomes for diverse groups were generally equitable, but support for disabled prisoners needed to be improved. Faith provision was generally good, but there continued to be no washing facilities for Muslim prisoners. Complaints were well managed, but most issues were resolved in the groups. There was a limited demand for legal services, although some help was provided. Health services were good. Prisoners were generally happy with the quality of food. Prisoners complained about the cost of items from the prison canteen. **Outcomes for prisoners were good against this healthy prison test.***

- S14 Given the age of the prison, standards in residential units were good. External areas were generally clean and litter free. Communal areas on wings were clean and well maintained. To help soften the prison environment, features such as pot plants, wall mounted pictures and fish tanks had been added to excellent effect. The central secure corridor was grubby and in poor condition. Cells were generally clean and adequately furnished. The night sanitation system remained undesirable, but was much more reliable than during the previous inspection and worked better than we had seen elsewhere. Prisoners had access to sufficient cleaning material and personal items.

- S15 Relationships between staff and prisoners were exceptionally good. They supported each other in a relaxed and friendly atmosphere, and in a way that reinforced the therapeutic ethos of the prison. Nearly all prisoners said staff treated them with respect and that they had a member of staff they could turn to for help, which was many more than in comparator prisons. Survey responses about the helpfulness of personal officers were also much more positive and wing records indicated a collaborative approach; however, this could have been further enhanced through a greater focus on support with family issues.
- S16 Prisoner equality monitors were well known and proactive in promoting diversity matters; imaginative diversity events were held regularly. Monthly diversity meetings had been re-introduced, which prisoners appreciated. Discrimination incident reporting forms (DIRFs) were available on all wings and issues were dealt with in therapy groups. Responses were quality assured externally.
- S17 The prison had worked proactively to increase black and minority ethnic prisoners' access to Grendon: they now represented 26% of the population. Some black and minority ethnic prisoners felt unsupported by a number of officers and victimised by staff and other prisoners. There were also eight foreign national prisoners. The few men with immigration issues felt offender supervisors provided them with support to access appropriate advice.
- S18 Prisoners with a disability were much more negative in our survey than other groups regarding some aspects of safety and respect. Twenty-one per cent of prisoners described themselves as having a disability, but there was some confusion about who was disabled and whether they had any unmet needs. Only one man had a personal emergency and evacuation plan (PEEP), although other prisoners were recorded as needing one. Many officers were unaware of the needs of prisoners identified as having a disability. There were no fully adapted cells and no fully accessible showers on ground floors, which would have precluded some prisoners from obtaining a place at Grendon. However, most prisoners with disabilities we spoke to individually felt well supported. The prison promoted awareness of gay, bisexual and transgender issues. Prisoners' religious beliefs were generally well respected, but there continued to be no washing facilities for Muslim prisoners.
- S19 Prisoners were encouraged to resolve disputes informally within their community groups. Complaint forms were readily available on all wings. Responses were prompt, of a good standard and fully addressed the matters raised.
- S20 There was no established legal services officer, but residential staff helped prisoners to resolve simple queries. Most prisoners were positive about access to their legal representatives.
- S21 Prisoners generally said they were satisfied with health care services. Partnership working and governance were good. The protocol for sharing confidential medical information with other departments needed to be agreed by all providers. The health centre's clinical rooms had been refurbished and were of a high standard, although capacity was limited. Cleanliness had improved. The flooring and exposed pipes in the waiting area and corridors were unsatisfactory and required infection control and ligature point risk assessments.
- S22 Patient care was good and nurses knew their patients. Dentistry provision and pharmacy services were good; however, the prison needed to assess the risks associated with in-possession medication. Mental health care had improved and offered regular primary mental health clinics. The mental health care department worked effectively with mental health in-reach teams and other prison departments.

- S23 In our survey, 74% of prisoners said the food was good against a comparator of 36%, but black and minority ethnic prisoners were less satisfied. Catering staff responded regularly to remarks in the food comments books. Meals were served too early on some wings.
- S24 Prisoners complained about the cost of items from the prison canteen and black and minority ethnic prisoners were less positive than others about the range of items available for purchase.

## Purposeful activity

**S25** *Time out of cell was good. Therapy was the primary purposeful activity and accounted for a substantial part of the core day. Management of learning and skills was developing, with some advanced plans to improve the timetable. Nevertheless, learning and skills needed to improve to ensure it supported therapy. There were sufficient activity places available, although a substantial number of wing-based workers were under-occupied. Wages were low for prisoners in education and those not in therapy. Observation of teaching and learning needed to improve. Punctuality was now good, although attendance was poor. Access to the virtual campus was insufficient. Achievement levels were improving. The library provided good resources but did not offer prisoners access to IT. The gym was good with some positive training opportunities, but access needed to improve.*  
**Outcomes for prisoners were reasonably good against this healthy prison test.**

- S26 Time out of cell was good and prisoners spent an average of about 10.5 hours out of their cell during core working days and just over seven at weekends and on Fridays. Periods of association were offered every day and rarely cancelled. The provision of outside exercise had improved and was now reasonable.
- S27 Therapy was the main activity of the prison, taking up a large proportion of the core day. Good quality learning and skills provision was essential in supporting this work and while improvements had been made since the last inspection further improvements were required. The transition to the new learning and skills contractor and the development of the revised education schedule had been well managed, but management of the Offender Learning and Skills Service provision required improvement. Observations of teaching and learning were poor with too many incomplete records. Relationships between staff and learners were excellent. The National Careers Service provision was developing but needed further improvement. The national virtual campus (internet access for prisoners to community education, training and employment opportunities) was not working.
- S28 The prison needed to address the failure to link initial assessments with learning plans. It had sufficient work, education and training places to provide employment for all prisoners, although wing workers were often under-occupied. The new provision was appropriate to the needs of the population and was developing. An improved range of vocational training programmes at levels 1 and 2 had been introduced, with better progression opportunities. This had been developed through consultation with prisoners. Pay rates were low, particularly for men who had withdrawn from therapy and those in education.

- S29 Prisoners on distance learning courses provided other learners with very good learning support. The standard of teaching, learning and assessment in education was adequate with some outstanding aspects. Support for the substantial number of prisoners on distance learning programmes was good. Punctuality had improved and was now good, but attendance at most sessions was poor. Initial assessments were not monitored sufficiently and learner documentation and files contained too many incomplete or blank forms. Some classroom environments were unsuitable and there was a lack of information learning technology resources. Achievement and success rates in education were generally satisfactory but for a small number of prisoners.
- S30 Access to the library had improved and prisoners were positive about the services provided. An appropriate range of books, magazines and DVDs was available, but the easy-read material was not appropriately colour-coded. Links with the education department to extend learning opportunities were not sufficient.
- S31 The prison's physical education (PE) programme had improved and would now offer accreditation. Indoor facilities were good and met the needs of the population. Recreational PE was satisfactory and very good charity-based projects were continuing. Poor staffing levels meant that prisoners could not have sufficient access to PE.

## Resettlement

**S32** *Strategic management of resettlement was good. The primary aim of the prison was to help reduce risks through treatment, and the prison's therapeutic approach provided prisoners with substantial benefits. Each prisoner had a thorough assessment, with targets set during induction. The offender personality disorder pathway aimed to foster a more coordinated approach but these had not yet been achieved. Offender management processes and support were good, although some reports were delayed. Public protection work was mostly good, but there were concerns regarding communication. Suitable help was provided for the small number of men released, but the main focus of reintegration was for prisoners to move progressively to other prisons. Support for prisoners to maintain contact with their children and families was impressive. **Outcomes for prisoners were good against this healthy prison test.***

- S33 The key resettlement activity was the delivery of therapy to prisoners. The needs of each individual prisoner were carefully assessed during the induction phase, with treatment targets set on entry to a community. Treatment was individually designed to meet these needs. A resettlement strategy usefully set out what services were available under each of the resettlement pathways. These were mostly delivered within the context of therapy or by offender supervisors. The prison did not adequately address the wider sentence planning needs of those who had withdrawn from therapy.
- S34 The offender personality disorder pathway aimed to ensure that all places at the prison were used, progressive moves were organised more promptly, and that the opportunities offered were better supported by the wider prison system. However, this had not yet been implemented and the opportunities it offered had not been realised.
- S35 The work carried out by offender supervisors was of a high quality. Offender management unit (OMU) case notes were not shared with other departments. In too many cases, offender managers failed to complete OASys reviews, although they were completed in time for parole reviews, and all parole casework was up to date. OMU management arrangements were bedding in and more needed to be done to ensure all staff felt fully supported. All offender supervisors were offered routine case supervision.

- S36 The number of prisoners on public protection restrictions was proportionate and reviews were carried out appropriately; however, the rationale for decisions made at the risk management meeting needed to be recorded. Some prisoners' mail was being unnecessarily monitored, while others whose mail should have been monitored was not. Prisoners had to seek support from their community before applying for re-categorisation. Assessments were thorough.
- S37 Few prisoners were released directly from Grendon. When this happened, detailed planning to meet their resettlement needs began six months before. There were still some unacceptably long delays in moving prisoners who had completed or withdrawn from therapy to another prison.
- S38 Most prisoners were released to approved premises, and no-one had been released without an address. There was an appropriate range of new accredited vocational programmes to support prisoners in their progression, and a small number were released on temporary licence. Prisoners with health or substance misuse problems received relevant support. Where appropriate, offender supervisors provided prisoners with assistance to address finance, benefit and debt needs, but few required this help.
- S39 The new visitors' centre was a substantial and welcome improvement in provision. The new facility was clean and bright, and visitors were positive about the service they received. Visiting entitlements were good, and the visits environment was remarkable – prisoners could move around with their visitors, enjoy the children's play area, the garden and the tea bar together.
- S40 There was an impressive range of opportunities for visitors to be involved in the lives of prisoners at Grendon, including 'visits with a difference' and family days. There were good children's visits, but prisoners who were not on the enhanced regime were excluded from these. Therapeutic visits were occasionally held to help families address specific resettlement issues.
- S41 Prisoners were very positive about the offending behaviour work they were doing at Grendon; many found it challenging and difficult, but received good support. The core therapeutic provision included psycho-drama and art therapy. An array of other social activities was organised by the communities.

## Main concerns and recommendations

- S42 Concern: The community ethos at Grendon was fundamental to keeping the prison safe. However, previous periods of instability in the prison had led to a breakdown in the community ethos and safety had been badly compromised. Safety needed to be underpinned by formal procedures and these were inconsistent and underdeveloped. At the time of the inspection, Grendon was undergoing a period of considerable change and it was important this issue was addressed promptly.

**Recommendation: Formal safety custody and violence reduction processes should be robust and support the work carried out by the communities to ensure prisoner safety.**

- S43 Concern: Prisoners with disabilities were more negative about a range of outcomes at Grendon than other prisoners and not enough attention had been given to identifying and addressing their needs.

**Recommendation: Prison managers and staff should be aware of the individual needs of men who have disclosed a disability and make all reasonable adjustments to ensure they can maximise the opportunities available through the prison regime.**

- S44 Concern: The prison failed to recognise the role learning and skills could have in supporting the therapeutic role of the prison. Prisoners needed activities to encourage basic work-based skills, which could be developed later in their sentences as well as relaxation activities. While improvements had been made since the last inspection the link between education and the therapy unit required further strengthening. In particular too much teaching was still trying to reflect the therapeutic ethos of the prison, rather than emphasising good teaching practice. Education was not sufficiently prioritised, participation in many classes was poor and achievements rates needed to be better.

**Recommendation: The essential supporting role that learning and skills had to the main therapeutic work of the prison needed to be fully realised. The quality of teaching and achievements needed to improve and attendance maximised.**

- S45 Concern: The promise of the offender personality disorder strategy (Department of Health, 2012) had yet to be realised, leaving Grendon somewhat isolated. The commissioning intentions contained within the strategy were a positive sign that the prison's role within a more coordinated treatment pathway for prisoners with personality disorders would be recognised, and a more coherent approach taken to their treatment and management. Nevertheless, a number of problems hindered the achievement of this aim. Firstly, the prison was under pressure to ensure there was a sufficient supply of suitable candidates for therapy so that available places were used efficiently. Secondly the prison had continuing difficulties finding supportive allocations for those ending therapy and moving back into mainstream prisons. The closure of some prisons previously used by Grendon 'graduates' meant that the prison needed to forge new relationships, which was time-consuming. Finally there had been no in-depth research into the effectiveness of the Grendon therapeutic community on reoffending rates for many years, which was a major oversight.

**Recommendation: The offender personality disorder strategy should be fully implemented to ensure prisoners with personality disorders have a coordinated treatment pathway that identifies and assesses needs, refers suitable candidates to the appropriate prison and supports them when they leave therapy or require a progressive move. Continuing research into the effectiveness of therapeutic communities in reducing reoffending should be conducted.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

**Prisoners transferring to and from the prison are treated safely, decently and efficiently.**

**I.1** *Applications to the prison were tracked and an average of seven new prisoners arrived each month. Prisoners felt safe on their journey and were well treated.*

**I.2** Prisoners could refer themselves to Grendon or be referred by their offender manager, and applications were tracked. The criteria required prisoners to have been category B or C for at least six months and serving a minimum four-year sentence, with at least two years left to serve. Additionally, prisoners could not have been on the escape list, had to be drug free and without adjudications for at least six months and have no outstanding court appearances or appeals against conviction.

**I.3** Prospective prisoners received an information pack and completed an application and self-assessment form. In addition to their offender assessment system (OASys) report, their personal officer, offender manager or supervisor and the security department provided any relevant information. A prisoners' suitability was determined by the head of psychology.

**I.4** An average of seven prisoners arrived at the prison every month; many had long journeys but said they were treated well by escort staff and felt safe during their journey. There were few escorts to court and those that took place were mostly for family matters.

## Early days in custody

### Expected outcomes:

**Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.**

**I.5** *Prisoners were extremely complimentary about their experiences of reception, first night and induction. They could not make a telephone call on arrival, but this was rectified during the inspection.*

**I.6** Although we did not see any new arrivals during the inspection, in groups, individually, and in the survey, prisoners were extremely complimentary about their arrival experiences, particularly so when compared to other category B prisons.

**I.7** Prisoners told us they were welcomed and introduced to staff, who used first names. They were offered a reception pack and, if they had sufficient money, could buy two of these each week until they received their first shop order.

- I.8** All new prisoners were accommodated in single cells on the induction and assessment wing (F Wing), where they were introduced to wing staff and the prisoner community chair and vice chair. Once prisoners had had some time to settle into their cells, the chair and vice chair gave a formal talk about the prison regime and services and answered any questions.
- I.9** During a meeting with an officer, prisoners received an information booklet and signed various compacts (agreements confirming adherence to community rules). They were not allowed to make a telephone call to family or friends themselves, although this was done by an officer on their behalf. However, this situation was rectified during the inspection, and prisoners were then able to make a call unless there was a compelling reason why they could not.
- I.10** Prisoners felt safe on their first night, and were very positive in the survey about their experiences of the assessment wing.
- I.11** During an eight- to 12-week stay on F Wing, prisoners completed a range of assessments, including psychometric and education testing and progress assessments every four weeks. The wing was a community in its own right and prisoners were elected by their peers to various wing roles such as cleaners, community leaders and vice chairs. They were introduced to the therapeutic environment and group work, and encouraged to talk about the present rather than their offence or past experiences.
- I.12** The environment was relaxed but purposeful, and prisoners were prompted to join wing staff in the office to ask questions or simply sit and talk. Officers had received accredited training.

## Bullying and violence reduction

### Expected outcomes:

**Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.**

**I.13** *Violent incidents were rare. The positive relationships in the therapeutic communities were very important in identifying instances of bullying. There were separate anti-bullying procedures, but most poor behaviour was dealt with by the therapeutic community. The analysis of relevant information at safer custody meetings was underdeveloped and some of the procedures in place to identify and mitigate risks, such as community support plans, were not fully embedded as part of the overarching safer custody strategy. Many prisoners said they had been victimised, which appeared to reflect the challenges of the therapeutic community experience.*

**I.14** Levels of violence were extremely low; there had been no fights or assaults in 2013 to date. Good relationships between staff groups generally were crucial to identifying instances of bullying that had not been reported through more specific channels, such as security information reports (SIRs) or formal anti-bullying reports. Information-sharing between prison departments such as health care, the security department and therapeutic communities were well developed. During inspection it was clear that prisoners trusted prison staff and as a result did not hesitate to discuss and resolve issues with them, particularly about their safety.

- I.15** Conflict between prisoners was dealt with effectively by the therapeutic communities in small groups and by larger wing meetings. Prisoners and staff challenged antisocial behaviour promptly. Community compacts were raised for prisoners whose behaviour was considered to be having a negative impact on others. Behaviour targets were set, monitored and reviewed at community meetings and prisoners said that this system was providing prisoners with useful support while dealing with most forms of antisocial behaviour. There were also formal protocols for persistent bullying aimed at prisoners out of therapy, which appeared effective, although they were rarely used. These prisoners were usually swiftly transferred to other prisons.
- I.16** A safer custody committee met each month to monitor the overall progress of both the violence reduction and suicide prevention strategies. Although meetings were given a high profile and were chaired by the head of therapy, attendance was often limited and the analysis of information received from residential wings about the number and nature of conflict between prisoners was underdeveloped. Some other processes, such as community support plans (behaviour improvement plans for prisoners persistently breaking community rules) were not fully embedded as part of the overall approach to managing problematic behaviour (see main recommendation, paragraph S42).
- I.17** The prison's psychology department had conducted a survey of prisoners in February 2013, in which prisoners reported indirect bullying more frequently than direct bullying, and intimidating comments relating to their offence most frequently. There was evidence that the survey information had been used to update safety strategies.
- I.18** In our survey, 26% of prisoners said that they had been victimised because of their offence, 28% said that they had been victimised by staff and 39% by other prisoners. Many prisoners we spoke to said that these perceptions reflected the challenging experience of the therapeutic communities. Most also said that they did not feel unsafe.
- I.19** The prison was in the process of changing the structure of the therapeutic communities. The B Wing community was being disbanded, while the G Wing community was being relocated to B wing. This was having an unsettling effect on both staff and prisoners (see also section on self-harm and suicide). It was relevant that changes in the structure of the communities had been implicated in a homicide at the prison in 2010, and the prison needed to ensure normal safeguards were being maintained. It was therefore appropriate that these changes were being implemented in a planned and coordinated way, although there were clear weaknesses in more formal processes to underpin safety if community-based measures failed (see main recommendation, paragraph S42).

## Recommendation

- I.20 Attendance at the safer custody committee should be improved.**

## Self-harm and suicide

### Expected outcomes:

**The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

**I.21** *The number of self-harm incidents was small, but the analysis of data to provide information about patterns and trends was underdeveloped. Given the previous experience of the population, the number of those on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was also small and care planning was generally very good. The use of safer custody representatives to help support those in crisis had improved since the last inspection, but access to them was limited. Vigilance was needed to ensure those who had opted out of therapy did not become isolated.*

**I.22** Strategic protocols in the suicide and self-harm reduction policy included specific assistance for the small proportion of prisoners out of therapy such as access to support from therapeutic community meetings, coherent case management arrangements, regular and inclusive case reviews and personal officers.

**I.23** Thirty-four ACCT documents had been opened for prisoners from January 2013 to date. At the time of inspection, there were none. As we found at the previous inspection, a high proportion of ACCT documents were opened following concerns that emerged during group therapy. Staff were aware of the potential triggers for self-harm such as pressures caused by therapy groups. The positive, respectful and supportive culture clearly contributed to the reasonably small number of prisoners identified as being at risk of self-harm. There had been 11 incidents from January 2013 to date, most of which were minor. It was estimated that about 40-50% of the prisoner population had some history of self-harming at other prisons.

**I.24** The quality of ACCT documents was generally very good. Detailed support plans were prepared through consultation with the prisoner, identifying specific needs and apportioning responsibilities to a nominated key worker. The progress of plans was reviewed at pre-determined times in agreement with the prisoner. Reviews nearly always involved therapists and officers and other staff where appropriate. It was not unusual for therapy group members to attend reviews at the request of the prisoner. The quality of entries in documents was comprehensive.

**I.25** The safer custody committee monitored the implementation of the strategy each month but attendance was inconsistent (see also section on bullying and violence reduction). Information analysis was limited, which meant it was difficult to identify trends and patterns of behaviour by location, type, age and timing or establish the circumstances of individual incidents.

**I.26** There was a gated cell on D wing for which there was a formal protocol, of which staff were unaware, and the cell's use was not recorded separately. We were told that it was seldom used.

- I.27** The prison had no Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) but the use of safer custody representatives on each wing to help support those in crisis had improved since the last inspection. However, access to them was limited to periods when prisoners were unlocked. We had some concerns about the small number of men who had opted out of both therapy and the community structure of the prison. The absence of the normal support mechanisms these provided meant that they could potentially become isolated and more vulnerable and vigilance was needed to ensure this did not happen.

## Recommendations

- I.28** All staff should be made aware of the protocol for the use of the gated cell.
- I.29** Prisoners should have access 24-hour accesses to peer support, including those who have opted out of therapy and the communities.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>2</sup>**

- I.30** *Prisoners identified as vulnerable adults by reason of mental or other disability were not admitted to Grendon.*

- I.31** The selection criteria for Grendon precluded from admission vulnerable adults in need of community care services by reason of mental or other disability, age or illness. Assessment and selection procedures were comprehensive and vulnerability screening was in place. General safety assessments carried out during the prisoners' first few weeks were comprehensive and included cell-sharing risk assessments, identification of disability, mental health assessments and psychological testing.

<sup>2</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.**

- I.32** *Security arrangements were proportionate and focused on maintaining a safe environment and supporting the therapeutic regime. The availability of drugs was low and appropriate measures had been introduced to address issues around tradable prescribed medication. The positive mandatory drug testing (MDT) rate was very low, but testing arrangements needed to be improved.*
- I.33** The main focus of the security department was on maintaining a safe environment to support the therapeutic regime. There were monthly well attended security meetings chaired by the head of security. Monthly intelligence assessments were discussed at these meetings and appropriate security objectives set. Security audits completed during the last year showed that physical and procedural security was mostly good, and our observations showed that it was proportionate.
- I.34** In the last six months, 636 SIRs had been submitted, similar to the same period last year, demonstrating good dynamic security. Most SIRs related to inappropriate prisoner behaviour. Wing observation book entries were checked daily to ensure that appropriate intelligence had been captured. Intelligence-led drug tests and cell searches, resulting from SIRs, were logged and monitored to ensure they had been dealt with. Two intelligence-led cell searches had been completed in the last six months, both of which had been appropriately authorised, and prisoners had only been subject to rub-down searches. Except for escorts outside the establishment or after prison visits, prisoners were rarely strip-searched. Prisoners told us that searches were carried out respectfully.
- I.35** There had been no banned or closed visits during the last year. Working relationships with the police liaison officer were good and there was a named corruption prevention manager who was known to staff.
- I.36** The availability of drugs was quite low. In our survey, 16% of prisoners said it was easy to get illegal drugs compared to 28% in the comparator. During the last six months only one prisoner had tested positive under random MDT (0.7% against a target of 4.75%). Five suspicion tests had been conducted with one positive result. The MDT programme was not well resourced; weekend testing targets had not been met consistently, there were gaps of up to two weeks when no testing took place. Few reception, risk or frequent tests were carried out and compliance testing had stopped. The testing suite was untidy, the log book had not been kept up to date and referral forms for the drug and alcohol recovery team (DART) were not available.
- I.37** Few drug finds had been made, but intelligence reports and interviews with prisoners pointed to some trading in medication. Good information sharing between security and health care departments was evident, and appropriate measures such as spot checks, risk assessments and supervised administration of medication had been introduced. Supply reduction was discussed at security meetings.

## Recommendation

- I.38** The establishment should ensure that the MDT programme is adequately resourced to undertake the required level of testing without gaps in provision.

## Housekeeping point

- I.39** MDT facilities should be maintained in good order and records kept up to date.

## Incentives and earned privileges

### Expected outcomes:

**Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.**

- I.40** *The IEP scheme was not applied consistently, putting those out of therapy at a disadvantage. Children's visits were only available to prisoners on the enhanced regime.*

- I.41** The IEP scheme still had little practical relevance in a prison where 98.5% of prisoners were on the enhanced level and where most issues were resolved in the therapeutic groups. Three prisoners were on the standard regime and none were on the basic level, which was rarely, if ever, used. Prisoners received information about the scheme during induction. They retained their enhanced status on transfer to the prison, and those on the standard level could apply for the enhanced regime after four weeks.
- I.42** In our survey, most prisoners said they had been treated fairly in their experience of the scheme, and the different levels helped them change their behaviour. Only prisoners on the enhanced regime were eligible for children's visits days (see section on children, families and contact with the outside world).

## Recommendation

- I.43** Prisoners out of therapy should not be demoted to standard simply because they do not attend community groups.

## Discipline

### Expected outcomes:

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

**I.44** *Formal disciplinary procedures were used infrequently. The number of adjudications was low and well managed. There had been three use of force incidents in the last year. Use of force reports were of a good standard, but scrutiny arrangements needed to be improved. Only one man had been segregated in the last six months.*

### Disciplinary procedures

- I.45** There had been 12 adjudications in the last six months, which, compared to other category B prisons, was very low. Adjudications were held in a relaxed environment on prisoners' wings, mostly with only the adjudicator, an officer and the prisoner present; however, where appropriate, witnesses were called.
- I.46** Adjudication paperwork was of a good standard, and enquiries into charges were thorough. Prisoners had been given adequate time to consult with legal advisers. Punishments were lenient and consistent with local guidelines, which were reviewed annually. Prisoners said adjudications were fair, which was reflected in all 12 adjudications we sampled; none had been appealed.

### The use of force

- I.47** There had been three use of force incidents in the past year, all were for planned removals. We reviewed footage of these incidents and found briefings to be thorough with appropriate staff present. De-escalation had been used to good effect, and all prisoners had complied with staffs' instructions. The application of handcuffs was the only force used. Reports following the use of force were thorough.
- I.48** Scrutiny had been completed by the control and restraint (C&R) coordinator, who had been present at all the incidents; film footage had not been reviewed. The C&R coordinator prepared a monthly report, which was sent to all key stakeholders and to the safer custody meeting, where C&R was monitored. Most staff were up to date with their C&R training.

### Segregation

- I.49** Grendon did not have a segregation unit. In the last six months only one prisoner had been segregated on a residential wing for one night pending transfer to another prison. Most poor behaviour was resolved in prisoner group meetings or through IEP procedures. In cases of extremely poor behaviour, prisoners could be transferred to a segregation unit in one of two nearby prisons.

## Substance misuse

### Expected outcomes:

**Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.**

**I.50** *The prison's drug strategy was out of date and lacked cohesion. Prisoners with a history of drug or alcohol problems received a good level of support from the DART, which was well integrated into the therapy work. A structured group work course had been piloted but not yet rolled out.*

- I.51** The drug strategy policy was overdue for review had not been updated. A meeting took place three months earlier to re-launch the strategy, but there was still a lack of focus and cohesion. The DART had undertaken a needs analysis, but it had not yet resulted in an action plan.
- I.52** Prisoners had to be drug free prior to arriving at Grendon. Information sharing and cross-referrals between the DART and the health care department were appropriate, but no joint care plans had been developed for prisoners dependent on pain relief medication. The mental health in-reach team's skills mix included dual diagnosis expertise and GPs specialised in treating drug dependency.
- I.53** Prisoners spoke highly of the drug and alcohol service and in our survey, 98% against a comparator of 77% said that the support they received with their drug or alcohol problems had been helpful. The DART, located on F Wing (the induction wing), screened all new arrivals within three days and prisoners could easily access the service. Forty prisoners were involved with the DART service and another 75 cases had been suspended. Structured one-to-one work, linked to prisoners' therapy targets, complemented the therapy sessions.
- I.54** The DART had piloted a drug and alcohol therapy group, which had received positive feedback from participants and for which there was a need. The prison had agreed for the course to be rolled out, but issues about location and timing had not been resolved.

### Recommendation

- I.55** **The drug and alcohol strategy policy should be updated, be based on a needs analysis of the population and contain detailed action plans for both supply and demand reduction; the strategic committee should meet regularly to review progress.**



## Section 2. Respect

### Residential units

#### Expected outcomes:

**Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.**

**2.1** *Living conditions were generally good. The grounds were well maintained and communal areas were well furnished. The night sanitation system had improved but was still problematic. There was good access to clean clothing and bedding.*

**2.2** There were six residential wings. Five of them accommodated 40 to 46 prisoners in single cells over three floors. F Wing, the smallest, had 25 single cells.

**2.3** Given the age of the wings, living conditions were generally good. The prison grounds were reasonably well kept, but the central corridor was grubby and needed decorating. Communal areas were clean, well decorated and bright. Association areas were well equipped with pool tables and other table games. To help soften the prison environment, features such as pot plants, wall mounted pictures and fish tanks had been added. The dining rooms on each unit were clean and well decorated. Kettles were available on the landings and prisoners used flasks to store drinking water. Each wing had a small laundry and a kitchen area equipped with a communal fridge and toaster. There were also large, clean and comfortable rooms where therapy meetings were held. Toilet and shower facilities were in a reasonable state of repair. Showers were adequately screened, clean and working.

**2.4** Cells were clean, adequately furnished and free from graffiti. Observation panels were clear and there was evidence that an offensive displays policy was enforced.

**2.5** As at the previous inspection, the lack of in-cell sanitation meant prisoners had to rely on a computer-operated night sanitation system. Most of the issues about its reliability had been dealt with and it rarely broken down completely; most prisoners we spoke to said that they were reasonably satisfied with it. However, prisoners sometimes had to wait up to 30 minutes to use the toilet when they were locked up, with access further limited when the system was periodically switched off to check the roll. The number of telephones on wings was adequate and prisoners said access to them was good.

**2.6** All prisoners could wear their own clothes and use properly equipped laundries easily. There were reasonable supplies of prison clothing, and bedding could be exchanged once a week. Prisoners could obtain necessary supplies of their own personal hygiene items and reported that the provision of general cleaning materials and clean sheets was generally very good. In our survey, 96% of respondents said that they could obtain clean sheets every week and again, nearly all (97%), said that they had good access to cleaning materials. These were better than the comparators of 74% and 80% respectively.

#### Recommendation

**2.7** **The central corridor should be clean and well decorated.**

## Staff-prisoner relationships

### Expected outcomes:

**Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.**

**2.8** *Staff-prisoner relationships were very strong and at the centre of much good work being done to address prisoners' offending behaviour and challenge inappropriate behaviour in the prison. A strong personal officer scheme supported this, as did the therapeutic approach, which emphasised regular and open communication.*

**2.9** Relationships between staff and prisoners were exceptionally good. They supported each other in a relaxed and friendly atmosphere, and in a way that reinforced the therapeutic ethos of the prison. Nearly all men said staff treated them with respect and that they had a member of staff they could turn to for help; in our survey, both were much higher than in comparator prisons. Challenging inappropriate attitudes and behaviour was central to the prison's approach. Survey responses about the helpfulness of personal officers were also much more positive than the comparator and wing records indicated a collaborative approach. These could have been enhanced by a broader focus on support with family issues.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>3</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

**2.10** *Not all functions were represented at diversity and equality action team (DEAT) meetings. Support for and promotion of diversity across the establishment were generally good. Prisoners who identified themselves as having a disability were particularly negative about some aspects of safety and respect.*

## Strategic management

**2.11** The equality strategy 2012–13, which covered both HMP Springhill and Grendon, was not informed by a needs analysis. DEAT meetings, chaired by the governor, took place quarterly. Prisoners were included, but there had been no input from health care or education at meetings in November 2012 or throughout 2013. An external representative had attended one of the three meetings. The equality action plan was discussed and updated after each DEAT meeting.

<sup>3</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.12** Systematic monitoring and analysis of race equality treatment (SMART) data covered mandatory areas, and statistics were scrutinised and out of range figures investigated by the DEAT. There was no similar monitoring across all protected characteristics.
- 2.13** Discrimination incident reporting forms (DIRFs) were available on all wings and 24 had been submitted from January 2013 up to the inspection. A manager spoke to the individuals concerned and the issues raised were dealt with through wing groups or mediation meetings. The DEAT discussed the number and nature of discrimination complaints at meetings. The independent scrutiny of completed investigations was not formally recorded.
- 2.14** Each wing had a prisoner equality mentor (PEM) who promoted and supported diversity throughout the prison. They were well known and advised and supported wing diversity representatives, who were elected by, and responsible to, their individual wing. Diversity was led by a custodial manager, supported by a diversity and equality officer who worked closely with PEMs to gather information and organise events. Diversity staff and prisoners discussed issues at monthly diversity meetings.
- 2.15** Prisoners and staff generally understood and supported the need for equality and respect for diversity. Prisoners were planning for Black History Month and a Stroke Awareness Day in December 2013; they had also suggested introducing mentoring for young prisoners arriving at the prison.

### Housekeeping point

- 2.16** The independent scrutiny of completed DIRFs should be recorded.

### Protected characteristics

- 2.17** Twenty-six per cent of the population were from black and minority ethnic groups and the prison had worked proactively to increase this since the last inspection. Survey responses from this group were generally similar to white prisoners however, more black and minority ethnic prisoners said they had been victimised by staff and other prisoners. As identified in the 2009 inspection, a minority of prisoners said that some staff lacked awareness of prisoners' cultural identity and misinterpreted body language and colloquialisms.
- 2.18** All eight foreign national prisoners could speak and read English, which was a requirement for a place at Grendon, but the relevant policy document was out of date. Independent immigration advice and support was not automatically provided, but the few men who needed it were satisfied with the support their offender supervisors offered. Foreign national prisoners received a monthly five-minute call to their home country, but only if they had not received a domestic visit that month. No alternative technology, such as Skype, was used.
- 2.19** Prisoners were positive about faith provision, but some Muslim prisoners were less satisfied (see section on faith and religious activity).
- 2.20** Health care and F wing staff asked prisoners on their arrival if they wished to disclose a disability. Of 10 forms declaring a disability received by the disability liaison officer prior to the inspection, we found four that had not been processed for between three and eight months.
- 2.21** The prison had identified 42 (19.7%) men as having a disability which was very similar to our survey. This group was more likely to be negative about a range of safety and respect issues. They were more likely to have felt unsafe than other prisoners and less likely to say they had

a member of staff they could turn to for help. Nevertheless, most prisoners with a disability we spoke to were satisfied with the way the prison treated them.

- 2.22** Ten men were recorded on wings as needing help in event of an evacuation, but only one prisoner had a personal emergency and evacuation plan (PEEP). Staff were unaware of the particular needs of other prisoners who were listed as having a disability.
- 2.23** Although some individual adaptations were provided, there were no fully adapted cells, showers or specific facilities for prisoners with disabilities, and this precluded some prisoners from benefiting from Grendon.
- 2.24** Forty-four prisoners were aged 50 and over, including five aged 60 and over. One retired prisoner continued to pay for his television. The HMP Grendon and Springhill older prisoner policy was not based on a needs analysis. Older prisoners we spoke to were generally satisfied with the facilities and the support they received.
- 2.25** The prison promoted awareness of gay, bisexual and transgender issues, and in our survey six prisoners identified themselves as gay (3%) and 11 as bisexual (6%). Transgender prisoners received good support.

## Housekeeping point

- 2.26** Retired prisoners should not have to pay for their TV.

## Faith and religious activity

### Expected outcomes:

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

**2.27** *Prisoners were generally very positive about the support they received from the chaplaincy team who were well integrated into the life of the prison. The size and facilities of the multi-faith room needed to be improved to meet prisoners' needs.*

- 2.28** Prisoners from Christian faiths accounted for nearly 50% of the population, Muslims for 11.2%, Buddhists 7.3% and other religions 7.8; 22.8% of prisoners were registered as having no religious affiliation.
- 2.29** The managing chaplain, a Methodist faith leader was supported by a range of part-time staff and volunteers to meet all faith needs. A member of the chaplaincy provided all prisoners with written and verbal information about the faith activities available on their arrival, and activities were advertised throughout the prison. Major religious festivals for all faiths were celebrated, some with catering support.
- 2.30** In our survey, in groups and individually prisoners were very positive about the chaplaincy's support. However, some Muslim prisoners voiced dissatisfaction with the general availability of, and access to, the Muslim chaplain.
- 2.31** The chapel was small but sufficient to accommodate all who wished to use it. As noted in inspection reports since 2006, the multi-faith room needed to be extended to better

accommodate the number attending Friday prayers. There were still no suitable washing facilities for Muslim prisoners, a situation noted in inspection reports since 2004.

- 2.32** Chaplaincy staff were well integrated into the life of the prison. Each wing had an allocated chaplain who attended wing community meetings, but staff visited all wings. The chaplaincy was represented at meetings to support the work of the prison and managed the prison visitor scheme.

## Recommendation

- 2.33** **The multi-faith room should be extended and provide suitable facilities for Muslim prisoners.**

## Complaints

### Expected outcomes:

**Effective complaints procedures are in place for prisoners, which 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.**

- 2.34** *Prisoners were encouraged to resolve disputes informally within their community groups. Complaint forms were readily available on all wings. Responses were prompt, of a good standard, and fully addressed the matters raised.*

- 2.35** Prisoners were encouraged to resolve complaints informally at daily community meetings. Complaint forms were readily available on wings. In our survey, most prisoners said it was easy to make a complaint and that they were dealt with fairly and promptly. Our sample showed that responses to complaints were mostly of a good standard and covered the matters raised comprehensively.

- 2.36** In the last six months, 242 complaints had been submitted, which was low compared to other category B prisons. Most complaints concerned delays in activating telephone numbers. There had been 11 complaints about staff in the past six months, all for minor matters, which had been investigated at an appropriate level.

- 2.37** Complaints were monitored at monthly performance management meetings but did not cover all the protected characteristics. A senior manager carried out a 10% monthly quality check of complaints, and the Independent Monitoring Board scrutinised all complaints.

## Recommendation

- 2.38** **Monitoring of complaints should include all the protected characteristics.**

## Legal rights

### Expected outcomes:

**Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.**

**2.39** *There was no established legal services information officer, but residential staff helped many prisoners resolve simple queries. Most prisoners said that it was easy to communicate with their legal representative and had no problems booking legal visits.*

**2.40** The prison had no formal legal services provision, although demand for this support was limited. Residential staff helped prisoners to resolve simple queries, which sometimes involved arranging contact with solicitors. There was a good supply of legal books in the library and prisoners had good access to them.

**2.41** Legal visits could take place on Tuesdays and Thursdays, usually in the domestic visits room. Two visits could take place at the same time, but, as at the previous inspection, there were no booths so legal visitors were at tables at either end of the room.

**2.42** Most prisoners we surveyed (71%) said that it was easy to communicate with their legal representative (more than the 60% in other category B prisons) and had no problems attending legal visits (60%).

## Health services

### Expected outcomes:

**Prisoners are 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 elsewhere in the community.**

**2.43** *Prisoners generally expressed satisfaction with health care. Partnership working and governance were good. The health centre clinical rooms had been refurbished and were of a high standard, although capacity was limited. Cleanliness had improved. Patient care was good and nurses knew their patients. Dentistry and pharmacy services were good; however, a regular assessment of risks associated with in-possession medication was required. Mental health care had improved and there were now regular primary mental health clinics.*

## Governance arrangements

**2.44** The primary health service was provided by Care UK. The health needs analysis was out of date, but a review was underway. The partnership board was active and clinical governance structures were effective with regular performance reports and action to address issues as they arose.

**2.45** There was a health care forum involving prisoner representatives from each wing. Discussions were meaningful and there were regular health care satisfaction surveys. In our

survey, prisoners were very satisfied with the quality of health care provided by the GP (73% compared to 40% in similar prisons) and nurses (85% against the comparator of 54%).

- 2.46** Staffing had improved since our last visit. There were now enough nurses working between Grendon and Springhill to offer a service running from 8am to 7pm with slightly shorter hours at weekends. The skills mix was rich and staff training and clinical supervision were good. Administrative support had improved.
- 2.47** Staff were now familiar with SystemOne (the electronic clinical information system). Care plans reflected national clinical guidelines and were subject to monthly clinical audit. Plans were in place for the prevention and management of communicable diseases. Care UK had an information-sharing protocol, but no formal local protocol had been agreed with HMP Grendon.
- 2.48** Access to health services was equitable and a free flow system, allowing prisoners to move around the prison unescorted, was used to enable prisoners to attend services. Clinical rooms in the health centre had been refurbished and equipped to a very high standard. Infection control was good. The clinical space was fully occupied and, on some days, congested; the health centre's capacity needed to be reviewed as part of anticipated developments. Cleanliness had improved although the flooring and exposed pipes in the waiting area and corridors appeared unsatisfactory.
- 2.49** We were informed that the ambulance service was very efficient and met target response times.
- 2.50** A full range of NHS standard clinical, occupational and mobility equipment was available, including an airway support kit and automated external defibrillators (AEDs) that were regularly checked. Six AEDs had arrived and were awaiting deployment in Grendon and Springhill once sufficient uniformed staff had been trained – 19% had been trained at the time of our visit.
- 2.51** Care UK requested prisoners' consent to share confidential medical information using a consent form. A second form was used to gain consent to share information with relevant prison departments relating to the prescription of certain medications. The mental health service provider had a separate system. The approach was cumbersome and there was no written protocol which outlined what information would be shared with whom or how disputes would be resolved. Wing-based therapy staff said that insufficient information was being shared.
- 2.52** We observed health care staff behaving in a professional manner and taking care to protect patients' privacy and dignity, except in dentistry, where it was common practice to leave the surgery door open while a patient was being seen, compromising privacy. No risk assessment had been carried out regarding this practice.
- 2.53** The prison held 44 older prisoners. A senior nurse took the lead on the care of older prisoners who could attend regular health screenings. Health care staff were introducing screening for learning disabilities. Prisoners were given an information pamphlet about health services, which was displayed on the wings.
- 2.54** There were only seven complaints in the eight months to July 2013, which received appropriate responses; many commendations were on file. Although prisoners had good access to an independent complaints advocacy service and Patient Advice and Liaison Services, complaints were first routed through the prison system, which was not confidential. We observed that complaints had been recorded in one patient's clinical record. We were informed that this was as a result of an administrative error.

- 2.55** A senior nurse was responsible for health promotion. The health centre and wings had relevant up to date health promotion material, including information about blood-borne viruses. A prostate awareness campaign had also been organised. Health promotion was loosely coordinated with the wellbeing activities of other departments. Health screening was age-appropriate, as were immunisation and vaccination programmes. Barrier protection was available; however, the group therapist was informed when barrier protection was provided, as prisoners had agreed not to engage in sexual activity as part of the entry requirements for the therapeutic community. Nicotine replacement therapy was restricted to trans-dermal patches only; a case for other therapies had to be made on an individual basis.

## Recommendations

- 2.56** There should be a protocol for information sharing between Care UK and HMP Grendon.
- 2.57** The prison should carry out an assessment of the risks in the communal areas of the health centre, such as the potential for infection associated with old flooring and ligature points relating to exposed piping.
- 2.58** The system for gaining consent should be rationalised: all health care providers and the prison should agree on a protocol for sharing relevant confidential medical information with prison departments.
- 2.59** The process of making written complaints about health care should preserve prisoners' medical confidentiality.

## Housekeeping points

- 2.60** The practice of leaving the dental surgery door open when a patient is being seen should cease unless a risk assessment suggests otherwise.
- 2.61** A strategic group should coordinate health promotion and wellbeing activities.
- 2.62** Prisoners should be able to obtain the full range of nicotine replacement therapy options as clinically indicated.

## Delivery of care (physical health)

- 2.63** Health screening and assessment for newly arrived prisoners were effective. There were daily opportunities for prisoners to access nurse triage and clinics for primary care, lifelong conditions, physiotherapy, optometry and sexual health. Nurse practitioners undertook minor surgery. There was a promising draft strategy and pathway for chronic disease management. Patients with longer term conditions were offered copies of their care plans.
- 2.64** Seventy-four per cent of prisoners said it was easy to access a GP compared with 32% in the comparator. Patients could see a GP within 48 hours and nurses and nurse prescribers throughout the day. A GP from the Buckingham on-call service was available out of hours. The appointments system was well managed; waiting lists were commendably short and the failure to attend rate was below 5%.

- 2.65** Care was well managed and nurses knew their patients. Wing-based clinics at the weekend were about to be introduced. External health care appointments were rarely cancelled for security reasons.

## Good practice

- 2.66** *Providing patients with copies of their care plans allowed them to check on progress and share information as they felt necessary with therapy and custody staff.*

## Pharmacy

- 2.67** Medicines were supplied by Lloyd's pharmacy and stored in the main pharmacy room in lockable cupboards. Stored in good order, medicines for different prisoners were clearly separated. The temperature of the pharmacy room, which had been monitored, frequently rose above 25°C. Thermolabile products were stored appropriately and, although the fridge temperature had been recorded, it had sometimes been out of range with no written explanation.
- 2.68** Ninety-six per cent of prisoners had in-possession medication; only six were on supervised medications. Administration was carried out from the hatch in the pharmacy room, which opened out into a corridor adjacent to the waiting room. Prisoners usually also received controlled drugs from this hatch, but occasionally the patient would be taken to a treatment room where the drugs were stored for administration. The controlled drugs register did not comply with current regulations. The pharmacy room held old reference books, but the latest versions were available electronically.
- 2.69** Drug administration records were kept on the SystemOne computer and were generally good, although we did find some gaps where it was not clear if the patient had received their medications or not. A risk assessment was carried out before the patient received the medicine in possession, although not all the risk assessments had been filed on SystemOne. There was no formal review date for these assessments, but we did find some evidence that reviews had taken place when a new medication was added or when there had been an incident.
- 2.70** Stock was kept to a minimum and internal and external clinical audits of stock balance took place. Patient information leaflets were supplied by the pharmacy with medications in their original packs; however, they were not always supplied when these were split packs.
- 2.71** An appropriately attended medicines clinical governance meeting was held quarterly. Levels of prescribing for potentially abused medicines were reviewed and appeared appropriate. Standard operating procedures (SOPs) were in place, but some were overdue for review. Incomplete documentation indicated that SOPs had been read. Patient group directions (which enable nurses to supply and administer prescription-only medicine) were present, but were not being used as the staff had not yet received the appropriate training.

## Recommendations

- 2.72** **The prison should make full and complete records of the administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend; issues relating to drug compliance should be followed up where appropriate.**

- 2.73** SOPs should be reviewed; staff should receive appropriate training on SOPs and evidence of this should be documented.

### Housekeeping points

- 2.74** Medicines must be stored at appropriate ambient temperatures and thermolabile items should be stored within the 2–8°C range. Temperatures should be monitored and documented daily and corrective action taken where necessary.
- 2.75** Controlled drugs registers recording the prison's stock must comply with revised controlled drug regulations.
- 2.76** Out-of-date pharmacy reference materials should be discarded.
- 2.77** Completed in-possession risk assessments should be attached to the patient's electronic clinical record.
- 2.78** Medication leaflets should be supplied wherever possible; a notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 2.79** Staff should receive appropriate training on patient group directions, and this should be documented.

### Dentistry

- 2.80** Prisoners expressed satisfaction with dental care. There was no waiting list for initial dental assessment. The dental surgery was equipped to a high standard and had a separate decontamination area. Dental records on SystemOne were comprehensive. Dental waste was appropriately managed.

### Delivery of care (mental health)

- 2.81** There was an open referrals system including self-referral. Uniformed officers were receiving training in mental health awareness; 32% had received some training in the last year. Awareness of mental health issues among staff and prisoners was good.
- 2.82** Primary mental health services had improved since our last visit. Two mental health nurses provided prisoners with comprehensive assessments, support and solution-based therapies. Fifteen prisoners were on their caseload at the time of our visit. The mental health nurses worked with the mental health in-reach team (MHIRT) and attended relevant meetings in other departments.
- 2.83** The MHIRT team, provided by Oxfordshire Mental Health NHS Foundation Trust, consisted of nurses and a visiting forensic psychiatrist. They provided prisoners with complex needs with care; six to 10 prisoners were in therapy at any one time and five were on the care programme approach (mental health services for individuals diagnosed with a mental illness). Each prisoner had a care plan, which was written down and then scanned onto SystemOne. Patients were offered copies of their care plans as appropriate (see Good Practice 2.66). There was no protocol for sharing confidential medical information between the trust and HMP Grendon.

- 2.84** There had been three transfers under the Mental Health Act in the past two years; they had been effected within the transfer guidelines time.

### Housekeeping point

- 2.85** A template for secondary mental health care plans should be provided on SystemOne.

## Catering

### Expected outcomes:

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

**2.86** *The kitchen and wing serveries were very clean and well equipped. Not all workers wore appropriate clothing. Most prisoners thought the food was good, but black and minority ethnic prisoners were less satisfied.*

- 2.87** In our survey, 74% of prisoners said that food was good or very good, much better than the comparator of 36%. However, black and minority ethnic prisoners were considerably less satisfied than white prisoners, and some prisoners complained about small portions.
- 2.88** The kitchen and wing serveries, known as pods, were clean and well equipped and each wing was equipped with a fridge, microwave and toaster for prisoners' use. Prisoners on each wing elected pod workers who re-heated food delivered from the kitchen in pod ovens and steamers and served meals. Prisoners ate together in wing dining rooms.
- 2.89** Pod workers had received appropriate training, but as reported in 2009 and 2011, not all wore the required protective clothing. Meals were served too early and not according to published timescales on some wings.
- 2.90** Menus were varied and met different dietary needs. Each wing in turn was able to choose a monthly 'themed meal', which celebrated different cultures and religions, for example, Gypsy, Romany, Traveller Month and Buddhist Dharma Day.
- 2.91** Wing food comment books were available and catering staff regularly responded to remarks. Prisoners were consulted about food through annual surveys and at inter-wing and catering meetings.

### Recommendations

- 2.92** **All pod workers should wear the full required protective clothing.**
- 2.93** **Meals should not be served before 12 noon and 5pm during the week.**

## Purchases

### Expected outcomes:

**Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.**

**2.94** *Prisoners complained about the cost of items from the prison canteen, and black and minority ethnic prisoners were less positive than others about the range of items available for purchase.*

**2.95** In our survey 55% of prisoners said the shop sold a wide enough range of goods to meet their needs, but black and minority ethnic prisoners were less positive. Prisoners in our groups said canteen products were too expensive.

**2.96** The shop provision and changes to the product list were discussed at bimonthly inter-wing meetings. Shop orders were delivered to wings and distributed to prisoners by wing staff and a prison orderly.

**2.97** Prisoners could order from 12 catalogues, but there was a 50p administrative charge for each order placed. However, there was no charge for items ordered specifically to meet the needs of prisoners in protected groups, for example religious artefacts. Newspapers and periodicals could be ordered from a local newsagent and hobby items from the *Hobbies* catalogue. Prisoners could request a statement of their finances, but there was a 20p charge for this.

### Recommendation

**2.98** **There should be no charge for catalogue orders or individual financial statements.**

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>4</sup>**

- 3.1** *Time out of cell was generally good. Periods of association were offered every day and were rarely cancelled.*
- 3.2** The published activity schedule (the core day) showed that prisoners who were engaged in therapy could achieve just over 10.5 hours Monday to Thursday and about seven hours on Friday and at the weekend. The small number of prisoners not in therapy could be unlocked for about seven hours every day.
- 3.3** Most prisoners had been assigned to therapy and on the whole, unlocking times described in the core day were adhered to with very little curtailment due to late unlocking or cancellation. However groups had been cancelled on a few occasions due to what was described as staff shortages. Although rare, this resulted in some prisoners being locked up for an extra hour.
- 3.4** Periods of exercise in the open air were offered every day for at least an hour with an additional period offered most evenings during the summer. Association facilities were generally very good and staff interacted with prisoners when they were unlocked.

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<sup>4</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.**

**3.5** *The strategic management of learning and skills was good but the management of the Offender Learning and Skills Service (OLASS) provision required improvement. Learning and skills aimed to support the main therapeutic activity of the prison. Management had worked to improve the range of the education provision, including vocational qualifications, but more work was needed to ensure it was appropriately prioritised in the prison regime. The observation of teaching and learning was poor and did not lead to improvement. Quality improvement processes were satisfactory overall but further development was needed. The flexible careers advice and guidance service met the needs of some but required improvement. Pay rates for prisoners in education and not in therapy were low. Initial assessment did not inform individual learning plans sufficiently. The national virtual campus was not in operation and information technology (IT) resources to support learning needed to be better. Learning was well supported, but attendance needed to be improved.*

**3.6** *Ofsted<sup>5</sup> made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

### Management of learning and skills and work

**3.7** Therapy was the main activity of the prison and learning and skills aimed to support the therapeutic community to help prisoners progress. The strategic management of learning and skills was good and the transition to the new OLASS contract and provider was managed well. The three-year strategy for learning and skills had been developed in consultation with prisoner groups. Prisoner learning champions worked well with staff to define clearly the prison's plans to promote vocational training qualifications, which would support men returning to a mainstream prison after completing therapy or taking up release on temporary licence (ROTL).

**3.8** Relationships between the therapy unit and education required further development to ensure appropriate learning tasks and teaching techniques were applied consistently across the new programmes. A high proportion of men were engaged in work activities but too much was low skilled and undemanding. The new activity programme provided good opportunities and demonstrated that it met the individual needs of prisoners. Participation rates in education were poor and many classes were not fully occupied due to a delay in recruitment for the new programme. The OLASS provision required improvement.

**3.9** Quality improvement processes were in transition and needed to be improved. The regimes meeting group had reverted back to the former quality improvement group to improve the

<sup>5</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

analysis of achievement data and particularly to monitor attendance. Prisoners' views were not represented. Self-assessment was broadly accurate in identifying strengths and areas for improvement, but a few areas for improvement were not identified. The observation of the teaching, learning and assessment process was poor and did not lead to improvement. There were too many examples of incomplete documentation. The self-assessment report and the learning and skills strategy were separate documents. Action planning was linked well to the areas identified for improvement.

- 3.10** The therapeutic philosophy of the prison promoted equality and diversity well. Prisoners were respectful towards each other, tutors and staff. The national virtual campus (internet access for prisoners to community education, training and employment opportunities) was not operational and this hindered prisoners' information gathering and learning opportunities. The provision offered by the National Careers Service required improvement but the service was beginning to work with the prison to provide the most appropriate support for the prisoners in line with their therapy commitments. Pay rates were low for prisoners in education and particularly for those who had withdrawn from therapy.
- 3.11** It was clear that therapy was the main activity of the prison but good quality learning and skills provision was essential to supporting this work. While some progress had been made since the last inspection, further improvements were required to ensure opportunities were maximised.

## Recommendation

- 3.12 The prison should establish a virtual campus facility for all prisoners so that they can access careers advice and information and extended learning opportunities.**

## Provision of activities

- 3.13** The education department provided 56 full- and part-time education places each day. The new education programme responded well to the last inspection report with a phased introduction of new courses. Most programmes were offered up to level 2. The provision included functional skills English and mathematics, information communications technology (ICT), creative writing, and horticulture. Qualifications in the British Institute of Cleaning Science (BICS) and creative techniques, including business enterprise were imminent. Twenty-eight prisoners were participating in distance learning courses, more than at other prisons. The chaplaincy offered a non-accredited family relationships programme through Sycamore.
- 3.14** The induction to learning and skills was adequate. Good use was made of sentence plans to inform action planning, but the link between the initial assessment and learning plans was inadequate. Initial assessment was completed by learning champions in wing communities after the prisoner had completed his three-month induction programme on the induction wing. This work was not quality monitored.
- 3.15** There were sufficient employment places for the prison population, although a substantial number of wing workers were under-occupied. Prisoners attended a therapy programme in the morning and education and work in the afternoon. However, men were employed in a range of mainly low-skilled, manual work such as servery and kitchen tasks, gardening, painting and cleaning. Recruitment to education was low; prisoners needed to be motivated to attend education after the challenging therapy sessions. The prison therapy unit and education unit were beginning to form better working links, but more needed to be done to ensure staff applied appropriate teaching techniques. The prison had recruited prisoner

education representatives to promote education as a positive experience that complemented therapy. The new education and training provision and full complement of courses would be offered imminently and would provide prisoners with sufficient opportunities to obtain formally accredited vocational qualifications to support their transfer to other prisons or ROTL.

## Recommendations

- 3.16 The connection between initial assessment and individual learning plans should be improved to record prisoners' progress accurately.**
- 3.17 A quality monitoring process should be introduced for the work completed by the prisoner learning champions.**

## Quality of provision

- 3.18** Teaching, learning and assessment required improvement. Most lessons were well planned, engaged learners well and prisoners made a good contribution to discussions. Teaching staff were suitably qualified but not all had experience of teaching in a therapeutic environment or understood the prisoners' needs to maximise learning opportunities. Where tutors took appropriate account of prisoners' different learning styles in, for example, English and mathematics, the sessions included a range of interesting, well-timed and paced activities that advanced learning and provided challenging lessons. Where in-class assessment took place, it was excellent with well-planned, clear feedback to prisoners. Learners enjoyed and valued these sessions.
- 3.19** Too much teaching attempted to reflect the therapeutic philosophy of the prison; these sessions lacked pace and impact, and learning was slow. The prison lacked computer resources for sessions other than for information learning technology (ILT). The library was not used sufficiently well for course work and managers were aware of the need to improve this situation.
- 3.20** Learning support was good, particularly for prisoners with visual and hearing impairments and those on distance learning courses. Prisoners also received good in-class support from prisoners undertaking distance learning courses in English and mathematics. The experienced learning support assistant was completing an appropriate qualification. Prisoners unable to attend education classes were provided with appropriate individual support for literacy and numeracy from prisoners on distance learning courses, but this work was not quality monitored sufficiently.
- 3.21** Training in horticulture was good. The start of the accredited BICs programme and the creative techniques course was imminent. Plans to develop a further workshop to enable prisoners to develop a range of appropriate work-related skills were well advanced. Good attention was paid to health and safety and prisoners said they felt safe. Learning environments were well managed and relationships and behaviour were excellent.
- 3.22** Punctuality had improved and was good, but attendance in education and training was poor with very low numbers in class and too many empty rooms. Target setting was weak and insufficient use was made of individual learning plans (ILPs) to record prisoners' progress. Learners' files contained too much documentation that was incomplete or blank.

- 3.23** The quality of the teaching and learning accommodation was adequate. One session was held in a particularly poor environment with too many disruptions from main prison activities.

### Recommendations

- 3.24** Learning support provided by distance learning prisoners and the work of the learning champions must be quality monitored.
- 3.25** Individual learning plans should include a clear and accurate record of progress and skills development and documentation should be completed accurately.
- 3.26** Teaching and training should be delivered in rooms that are free of disruption by the prison regime.

### Housekeeping point

- 3.27** Those on education courses should be able to make more constructive use of the library.

### Education and vocational achievements

- 3.28** Achievement rates on education courses required improvement. Although they were substantially better than the previous year, with very good achievements in some areas, this was based on a small number of learners. Prisoners were making adequate progress in most sessions, but this was often hindered by inappropriate teaching that attempted to reflect therapy. In education and within the therapeutic communities, prisoners developed good vocational skills, such as individual responsibility, timekeeping, team working and communication skills. Generic work-related skills were assessed by supervisors, but prisoners were not involved in self-assessment to promote responsibility and accountability. Most prisoners demonstrated adequate standards of written work, but tutors did not correct mistakes or suggest ways that prisoners could improve the presentation of their work.
- 3.29** The education department had introduced sufficient opportunities for prisoners to obtain formal accreditation for vocational achievements in BICS and horticulture at levels 1 and 2. This was in response to consultation with prisoners. In other areas such as cleaning, painting and decorating and gardening, there was an insufficient focus on preparing men for potential self-employment on eventual release.

### Recommendations

- 3.30** The prison should use achievement and success data to identify trends to inform improvements.
- 3.31** Prisoners should be encouraged to take more responsibility for their learning progress.

## Library

- 3.32** The library had been moved from the education block to a more central position in the prison and, although small with limited seating, it was a pleasant environment. Prisoners did not have IT access. Opening hours were reasonable and prisoners could visit the library once a week; a wing library service was offered when required. Toe by Toe (a mentoring scheme to help prisoners learn to read) and reading clubs operated in the library on alternate weekends, but there was no weekend book loan service. Prisoners were not allowed to leave education classes to use the library. The library appeared to be well used, but data was not analysed by wing community or by disability to indicate which prisoners attended regularly.
- 3.33** An appropriate variety of reading material and large print books were available for prisoners with low levels of literacy, but these were not colour-coded appropriately to allow easy access. A reasonable selection of DVDs and CDs was available. The range of books for vocational courses and employability was limited given the introduction of vocational courses. Books could be requested through the national library loan service, which was used regularly. A selection of newspapers and magazines was available. Prisoners could view Prison Service Orders and legal texts in hard copy and through the library office computer. Prisoners enjoyed their visits to the library and spoke well of the service.

## Recommendations

- 3.34 Prisoners should have access to computers so that they can obtain information to develop general IT skills and support their learning.**
- 3.35 The range of learning materials for those on vocational courses should be improved to enhance prisoners' employability.**

## Housekeeping point

- 3.36** Colour-coded books and other resources for prisoners with low levels of literacy should be provided.

## Physical education and healthy living

### Expected outcomes:

**All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.**

- 3.37** *Physical education (PE) facilities and access were good. The introduction of a new range of accredited programmes was imminent and would meet the needs of prisoners. Prisoners were allocated specific times for the gym, which did not disrupt education. There was a wide range of recreational activities and good teamwork between health care and PE staff. Healthy living and personal fitness were promoted adequately. A longstanding staff absence and staff reduction meant sessions were regularly cancelled.*

- 3.38** PE facilities were good and well maintained. A large sports hall and a fitness suite were available. Prisoners used the facilities regularly including in the evenings and at weekends. The provision was managed competently and staff were keen to support prisoners; however, a longstanding staff absence and a reduction in staff resources meant sessions were cancelled regularly.
- 3.39** Sessions were available to promote healthy living. The prison offered a good range of recreational PE programmes with classes tailored to different profiles of prisoner. Staff initiated good PE-based charity projects with funds donated to the prisoners' chosen charities.
- 3.40** Induction to PE was thorough and included advice on diet, weight and smoking cessation. Good links with the prison health care service meant PE staff were informed about prisoners' fitness to participate in sporting activity.

### **Recommendation**

- 3.41 Staffing levels should be established to ensure that the PE programmes can operate fully and consistently.**



# Section 4. Resettlement

## Strategic management of resettlement

### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison.**

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

**Good planning ensures a seamless transition into the community.**

**4.1** *Many examples of multidisciplinary teamwork demonstrated a 'whole prison' approach to assessing risks and reducing reoffending. There was strong evidence of strategic planning and developing evidence of a national strategy to support Grendon's role within the Prison Service. Some good use was made of release on temporary licence (ROTL).*

**4.2** Staff and prisoners understood that the main purpose of the prison was to reduce the likelihood of reoffending. Every prisoner had an offender supervisor, who worked closely with relevant therapists and other specialists to identify and monitor prisoners' individual needs, set targets, challenge attitudes and behaviour and develop release plans. Although the prison had not undertaken a needs analysis of the population as a whole since 2010, there was a continuing process of needs assessment for each individual (see section on reintegration planning, paragraph 4.21). Given the complex needs of the population and the aims of the prison, we felt this was appropriate. However, various groups in the population, such as those with disabilities or those out of therapy, needed continual monitoring to ensure that their needs were met.

**4.3** An up-to-date resettlement policy listed the services available under each of the resettlement pathways, and areas for development had been identified in education, training and employment, and children and families, arguably the most important pathways for the population. It also explained the therapeutic process and how prisoners leaving therapy through progressive moves to other establishments would be supported.

**4.4** Appropriately attended and chaired resettlement meetings were generally held quarterly. Minutes and discussions with staff indicated that strategic efforts were required in two areas. Firstly, the prison was under constant pressure to ensure a sufficient supply of suitable candidates for therapy so that the available places were used efficiently. Secondly the prison had continuing difficulties finding supportive allocations for those ending therapy and moving back into mainstream prisons (see section on reintegration planning, paragraph 4.23). The closure of some prisons previously often used by Grendon 'graduates' meant that the prison needed to forge new relationships, which was time-consuming. The co-commissioning intentions contained in the offender personality disorder strategy (Department of Health, 2012) had the potential to assist Grendon with these issues and represented a real step forward, but they were not yet a reality. We judged that Grendon was still somewhat isolated within the prison estate, although the full implementation of the strategy would address this concern. There had been no in-depth research into the effectiveness of the Grendon therapeutic community on reoffending rates for many years.

- 4.5** Remarkably for a category B prison, ROTL was sometimes used to support resettlement. There had been two cases of ROTL in the last six months, including an escorted absence for a life sentence prisoner.

## Offender management and planning

### Expected outcomes:

**All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.**

- 4.6** *The offender management unit (OMU) was appropriately structured to manage prisoners, but line management arrangements were unclear and insufficiently strong. Despite some gaps in training and supervision and the absence of a single case record, most offender supervision work was good. However, too few offender managers were interacting with prisoners. Most public protection work was sound, with one potentially substantial flaw relating to mail monitoring. Categorisation review processes were effective.*

- 4.7** There were three probation officer and two prison officer offender supervisors (OS), whose roles were the same. Each OS had lead responsibility for one of the therapeutic communities. This promoted good links across the multidisciplinary teams and easy prisoner access to OSs. The case administrators were linked to named OSs. These two groups of staff worked closely together, providing active mutual support. However, management arrangements above the first line manager were unclear and staff felt they were not supported well enough. There had been no meetings of the offender management team for some months and staff had little understanding of the responsibilities of senior managers, some of whom were based at the adjacent HMP Spring Hill and rarely visited Grendon.
- 4.8** Some OSs felt that they had received insufficient training for their roles. Offender assessment system (OASys) documents were inappropriately being signed off by a peer reviewer rather than a manager. All OSs (including those who were prison officers) were offered regular supervision by the senior probation officer, but there was no evidence of routine management oversight of assessment and sentence planning in high risk of harm cases or those involving child protection issues. OSs did not raise concerns about offender managers' poor performance or lack of interaction because they were not confident that managers would understand or be prepared to escalate the matter on their behalf. The absence of victim impact reports in many files was an example of an omission that should have been identified during routine management checks.
- 4.9** Despite these management issues, the work done by the OSs was of a good standard, and we were impressed by their knowledge. One OS was running innovative monthly resettlement sessions on specific subjects to help prisoners think about community reintegration issues. Their work was up to date and sentence planning boards and reviews were conducted on time. Sentence planning boards were often attended by a variety of staff, including personal officers, teachers, drug and alcohol workers and health professionals. Prisoners and their therapists were always present. Unfortunately, few offender managers attended these meetings either in person or via video link. One third of OASys reviews, which were the responsibility of offender managers were overdue. These reviews were always completed in time for the parole board, but in nine out of 17 cases examined, the review was insufficiently thorough.

- 4.10** We were concerned that OSs did not routinely use P-Nomis, the Prison Service IT system, to record their interactions with prisoners or developments in individual cases. Instead, they kept separate electronic case notes that were not easily available to staff outside the OMU. This created the potential for important information to be missed and mistakes to be made.

### Recommendation

- 4.11** **Managerial oversight of the OMU should be clarified and strengthened. In particular, there should be routine management oversight of assessment and sentence planning in high risk of harm cases or those involving child protection issues.**

### Housekeeping point

- 4.12** There should be a single case record holding details of contact with the prisoner and work carried out to achieve objectives.

### Good practice

- 4.13** *The regular monthly resettlement sessions held in one community were excellent and helped prisoners consider community reintegration issues.*

### Public protection

- 4.14** All prisoners were screened for public protection issues on arrival. Where there were concerns, an OS was allocated immediately and conducted a detailed induction interview to assess the level of risk. These cases were referred to the fortnightly interdepartmental risk management team meeting (IRMTM) and restrictions were authorised as necessary. Decisions were proportionate, there was clear evidence of an individual review process and monitoring stopped when it was no longer justified. Decisions (but not the reasons for them) were recorded both in a paper file and on the prison's electronic case note system, but there were no minutes from the meeting.
- 4.15** Prisoners subject to visiting restrictions for child protection reasons received clear written notifications of the restrictions in force and could appeal the arrangements. Some applied for permission to receive visits from named children, a process that was reasonably well managed. The arrangements were accurately communicated to staff supervising visits.
- 4.16** Prisoners subject to 100% mail and telephone monitoring were not informed of this restriction. Moreover, the system informing staff of whose letters should be read was not working properly, which meant that some letters were being read inappropriately while others that should have been read were not. Telephone monitoring was being correctly targeted.

### Recommendation

- 4.17** **Prisoners subject to 100% mail and telephone monitoring should be informed of this in writing, and the right prisoners should be monitored.**

## Housekeeping point

- 4.18** The reasons for decisions made at the IRMTM should be recorded in a detailed minute of the meeting.

## Categorisation

- 4.19** Re-categorisation reviews were conducted annually as part of the sentence plan review. Prisoners had to seek backing for these reviews from members of their small therapy group and from their community. These views were combined with the opinions of other key individuals and submitted to the wing manager, who made a recommendation to the deputy governor. The process was impressively thorough and up to date. Twenty-five per cent of the re-categorisation decisions in the past six months had resulted in a lower security category. This, combined with the fact that 55% of the men at Grendon were category C prisoners held in category B conditions, reassured us that decisions were appropriate and not overly risk averse.

## Reintegration planning

### Expected outcomes:

**Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.**

**4.20** *Most prisoners were working towards reintegration into an ordinary prison environment, rather than into the wider community. A variety of specialists worked with prisoners to help them achieve this long-term goal. Some prisoners waited too long for a transfer out of Grendon, which was particularly problematic for those no longer in therapy. Even men making progressive moves to other establishments found the prospect of the transition to an ordinary prison very challenging. OSs provided help with accommodation and financial matters as necessary. Prisoners received a range of impressive support to stay in contact with children and families and the men were enthusiastic about the therapeutic opportunities available.*

- 4.21** All prisoners selected for the therapeutic community received an in-depth assessment of their needs, which led to the development of therapy and sentence planning targets. These were reviewed by a multidisciplinary team after three and six months, and thereafter at six monthly intervals coinciding with the annual sentence planning review.
- 4.22** Very few prisoners were released from Grendon. The majority were serving indeterminate sentences, had been in custody for some years and were not due for release in the near future. Their main resettlement focus was to undergo therapy in order to reduce their risk, and demonstrate their suitability for progression to less secure conditions. OSs worked with prisoners on a one-to-one basis to make appropriate release plans, which often involved challenging unrealistic or unsuitable aspirations. These areas of work might have become therapy targets.
- 4.23** Prisoners left Grendon either on a progressive move to another prison once they completed therapy, voluntarily withdrew from therapy or if they were voted out of therapy by their peers. During our inspection, 19 prisoners were waiting for transfers elsewhere and 13 had withdrawn from or been voted out of therapy. Some were transferred quickly, but six had been out of therapy over 12 months, including two for over 18 months. Some prisoners

were appropriately prevented from moving for medical or parole reasons, but other transfers were delayed because of population pressures. These waiting times were longer than at our last inspection and potentially undermined the therapeutic ethos of the communities because those not in therapy were locked up when groups met, were excluded from some regime activities and might have sought to undermine the work being done by other prisoners.

- 4.24** The process of leaving Grendon was often difficult for prisoners and their families. Despite the best efforts of the communities to ease the transition by organising a leaving meal and a graduation ceremony, prisoners feared they would struggle to continue to demonstrate appropriate behaviour in a less supportive environment. The challenges of this transition were part of the treatment process, but we felt that some form of 'half-way house' should have been available.
- 4.25** Only one prisoner had been released from Grendon in the past six months. His release had been arranged quickly following an unexpected decision by the parole board, but most release planning began six months in advance. In our survey, prisoners knew whom to approach for support with resettlement issues.

## Recommendation

- 4.26 All prisoners out of therapy should be transferred to other establishments within an agreed and acceptable timescale and have full-time access to appropriate regime activities while they wait.**

## Accommodation

- 4.27** The majority of the few prisoners who were released from Grendon went to approved premises, and none had been released without an address. We saw a good example of an OS working with a prisoner's family to arrange for his release into safe and appropriate private accommodation.

## Education, training and employment

- 4.28** The prison planned imminently to extend the learning and skills provision so that prisoners had more opportunities to develop employability skills. Information advice and guidance was offered through the careers advice service, which was under review to ensure better access for prisoners.

## Health care

- 4.29** Prisoners were prepared for their release or transfer through pre-discharge health consultation meetings. Care UK used a modified Liverpool Care Pathway approach (model of care of those who are dying) to palliative care and patients undergoing palliative care expressed satisfaction with their care.

## Drugs and alcohol

- 4.30** The drug and alcohol recovery team (DART) was well integrated into the prison. Care plans were shared with therapists and with the OMU. Staff attended sentence planning reviews

and contributed to parole and progress reports and the team was represented at safer custody and resettlement meetings.

- 4.31** While prisoners felt well supported by the DART we spoke to several who felt frustrated that they had to leave Grendon before they could undertake a structured drug and alcohol intervention. This was often a sentence planning target and the DART needs analysis found that less than half had completed such a programme at a previous prison.

## Finance, benefit and debt

- 4.32** OSs had a number of probation tools at their disposal to help prisoners with financial matters on a one-to-one basis. A determinate sentence prisoner being released from Grendon had been allowed an accompanied ROLT for resettlement purposes, including a visit to a bank.

## Children, families and contact with the outside world

- 4.33** In our survey, 72% against a comparator of 39% said that staff had supported and helped them to maintain contact with family and friends while at Grendon. Prisoners booked their own visits, which worked well. Visiting entitlements were good and the prison applied rules flexibly. However, prisoners could not exchange unused visiting orders for telephone credit.
- 4.34** Prisoners could receive support to manage family relationships from within their community, and family members could occasionally attend therapy sessions to discuss a specific issue. We saw OSs helping prisoners access adoption records and trace their birth family. A marriage preparation course was also run by the chaplain when requested.
- 4.35** The prison had a number of special visits opportunities, including two family days in each community each year when prisoners could invite adult family members to visit the unit, see their cell, meet staff and share a meal. Representatives from each community also worked together to organise an annual 'visit with a difference', designed to enable families gain a wider understanding of Grendon.
- 4.36** There were four children's visits a year, which both carers and children attended, when lunch and play activities were provided. These were seen as an opportunity for prisoners to practise some of the skills they had learned in therapy. It was unacceptable, however, that prisoners on the standard regime or subject to certain community sanctions were excluded from these visits.
- 4.37** A family contact development manager ran the excellent new visitors' centre for Grendon. The building was clean and bright and offered visitors somewhere to wait, buy refreshments and seek information. There was a children's play area and a pleasant outdoor space. The family contact manager ran a fortnightly family support group, which helped visitors resolve matters of concern and build positive relationships. The group was also a useful vehicle for consultation.
- 4.38** The visitor registration process was quick and friendly. In general, visitors were extremely positive about their experience, but there was some evidence of occasional late starts. We saw that the searching procedure was generally respectful but slow. It was inappropriate that a very young baby was rub-down searched in the absence of any specific intelligence and that 10% of prisoners were routinely strip-searched after visits.

- 4.39** Although the visits room was a little small, this was more than compensated for by the relaxed atmosphere. Prisoners did not have to wear any identification except their name badge. With the exception of those subject to the most stringent child protection arrangements, men could move around freely, take their children to the well-equipped and staffed crèche area or sit in the garden. They could visit the tea bar with their visitors and arrange for refreshments to be purchased in advance using their own money. Freshly cooked hot snacks and cakes could also be bought.

## Recommendations

- 4.40** Prisoners should be able to exchange unused statutory visiting orders for telephone credit.
- 4.41** Prisoners on the standard regime or subject to certain community sanctions should not be excluded from children's visits.
- 4.42** Small children should not be searched and prisoners should not be strip-searched unless specific intelligence suggests this is necessary.

## Attitudes, thinking and behaviour

- 4.43** Therapy was the only accredited offending behaviour intervention available. Many prisoners reported that it was challenging and that they sometimes felt victimised by other prisoners (see section on bullying and violence reduction, paragraph 1.18). However, they also described how they felt supported by other members of the community and how much they learned during therapy.
- 4.44** The core therapeutic provision included psycho-drama and art therapy. Although not all residents undertook this at the same time, it was expected that they all took part in at least one creative therapy during their stay. In addition, there was an expectation that everyone had a small job that supported the community, such as fish tank cleaner or visits representative. Many other activities were organised throughout the year, enabling prisoners to practise their skills and to engage in social activities. These included a debate with students from Birmingham City University, a concert staged by prisoners, 'visits with a difference' (see section on children, families and contact with the outside world, paragraph 4.35) and social afternoons when prisoners could socialise with professional visitors in an informal environment to share their experiences and allow visitors to find out more about the work of HMP Grendon.
- 4.45** As part of the democratic therapeutic communities approach, prisoners were encouraged to take all incidences of conflict or disagreement to their community to be discussed and resolved. This process had the potential to motivate prisoners to surrender their individual rights in the interests of peaceful community living. Sixty-five per cent of those who reported feeling victimised against a comparator of 45% said they had reported victimisation towards them, which suggests that prisoners didn't find it difficult to complain. We saw only a small number of complaints and did not hear prisoners say that they felt their rights were being infringed.
- 4.46** Each wing had sufficient group rooms. Although there were some differences between the communities (for example, in incentives and earned privileges arrangements), the rules were clearly explained in each wing's constitution. With the backing of his small therapy group, a prisoner could initiate a discussion and a vote about any aspect of community life.

- 4.47** The therapeutic communities were accredited by the Community of Communities (a quality improvement and accreditation programme for therapeutic communities) and received annual assessments, which led to action plans and service improvements. End of therapy reports were required for all prisoners leaving therapy. A total of 24 reports were outstanding at the time of our inspection, of which six were more than three months late. Overall, the delays were lower than at our last inspection. Staff were appropriately trained and spoke knowledgeably and enthusiastically about the prisoners in their care.

### **Additional resettlement services**

- 4.48** Many prisoners disclosed that they had been victims or perpetrators of abuse, rape or domestic violence. These men were supported within their small groups and communities.

## Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

### Main recommendations

To the governor

- 5.1** Formal safety custody and violence reduction processes should be robust and support the work carried out by the communities to ensure prisoner safety. (S42)
- 5.2** Prison managers and staff should be aware of the individual needs of men who have disclosed a disability and make all reasonable adjustments to ensure they can maximise the opportunities available through the prison regime. (S43)
- 5.3** The essential supporting role that learning and skills had to the main therapeutic work of the prison needed to be fully realised. The quality of teaching and achievements needed to improve and attendance maximised. (S44)

### Main recommendation

To the National Offender Management Service

- 5.4** The offender personality disorder strategy should be fully implemented to ensure prisoners with personality disorders have a coordinated treatment pathway that identifies and assesses needs, refers suitable candidates to the appropriate prison and supports them when they leave therapy or require a progressive move. Continuing research into the effectiveness of therapeutic communities in reducing reoffending should be conducted. (S45)

### Recommendations

To the governor

#### Bullying and violence reduction

- 5.5** Attendance at the safer custody committee should be improved. (I.20)

#### Self-harm and suicide

- 5.6** All staff should be made aware of the protocol for the use of the gated cell. (I.28)
- 5.7** Prisoners should have access 24-hour accesses to peer support, including those who have opted out of therapy and the communities. (I.29)

#### Security

- 5.8** The establishment should ensure that the MDT programme is adequately resourced to undertake the required level of testing without gaps in provision. (I.38)

### **Incentives and earned privileges**

- 5.9** Prisoners out of therapy should not be demoted to standard simply because they do not attend community groups. (1.43)

### **Substance misuse**

- 5.10** The drug and alcohol strategy policy should be updated, be based on a needs analysis of the population and contain detailed action plans for both supply and demand reduction; the strategic committee should meet regularly to review progress. (1.55)

### **Residential units**

- 5.11** The central corridor should be clean and well decorated. (2.7)

### **Faith and religious activity**

- 5.12** The multi-faith room should be extended and provide suitable facilities for Muslim prisoners. (2.33)

### **Complaints**

- 5.13** Monitoring of complaints should include all the protected characteristics. (2.38)

### **Health services**

- 5.14** There should be a protocol for information sharing between Care UK and HMP Grendon. (2.56)
- 5.15** The prison should carry out an assessment of the risks in the communal areas of the health centre, such as the potential for infection associated with old flooring and ligature points relating to exposed piping. (2.57)
- 5.16** The system for gaining consent should be rationalised: all health care providers and the prison should agree on a protocol for sharing relevant confidential medical information with prison departments. (2.58)
- 5.17** The process of making written complaints about health care should preserve prisoners' medical confidentiality. (2.59)
- 5.18** The prison should make full and complete records of the administration of medicines. This should include records of all occasions where the patient refused medication or failed to attend; issues relating to drug compliance should be followed up where appropriate. (2.72)
- 5.19** SOPs should be reviewed; staff should receive appropriate training on SOPs and evidence of this should be documented. (2.73)

### **Catering**

- 5.20** All pod workers should wear the full required protective clothing. (2.92)
- 5.21** Meals should not be served before 12 noon and 5pm during the week. (2.93)

## Purchases

- 5.22** There should be no charge for catalogue orders or individual financial statements. (2.98)

## Learning and skills and work activities

- 5.23** The prison should establish a virtual campus facility for all prisoners so that they can access careers advice and information and extended learning opportunities. (3.12)
- 5.24** The connection between initial assessment and individual learning plans should be improved to record prisoners' progress accurately. (3.16)
- 5.25** A quality monitoring process should be introduced for the work completed by the prisoner learning champions. (3.17)
- 5.26** Learning support provided by distance learning prisoners and the work of the learning champions must be quality monitored. (3.24)
- 5.27** Individual learning plans should include a clear and accurate record of progress and skills development and documentation should be completed accurately. (3.25)
- 5.28** Teaching and training should be delivered in rooms that are free of disruption by the prison regime. (3.26)
- 5.29** The prison should use achievement and success data to identify trends to inform improvements. (3.30)
- 5.30** Prisoners should be encouraged to take more responsibility for their learning progress. (3.31)
- 5.31** Prisoners should have access to computers so that they can obtain information to develop general IT skills and support their learning. (3.34)
- 5.32** The range of learning materials for those on vocational courses should be improved to enhance prisoners' employability. (3.35)

## Physical education and healthy living

- 5.33** Staffing levels should be established to ensure that the PE programmes can operate fully and consistently. (3.41)

## Offender management and planning

- 5.34** Managerial oversight of the OMU should be clarified and strengthened. In particular, there should be routine management oversight of assessment and sentence planning in high risk of harm cases or those involving child protection issues. (4.11)
- 5.35** Prisoners subject to 100% mail and telephone monitoring should be informed of this in writing, and the right prisoners should be monitored. (4.17)

## Reintegration planning

- 5.36** All prisoners out of therapy should be transferred to other establishments within an agreed and acceptable timescale and have full-time access to appropriate regime activities while they wait. (4.26)
- 5.37** Prisoners should be able to exchange unused statutory visiting orders for telephone credit. (4.40)
- 5.38** Prisoners on the standard regime or subject to certain community sanctions should not be excluded from children's visits. (4.41)
- 5.39** Small children should not be searched and prisoners should not be strip-searched unless specific intelligence suggests this is necessary. (4.42)

## Housekeeping points

### Security

- 5.40** MDT facilities should be maintained in good order and records kept up to date. (1.39)

### Equality and diversity

- 5.41** The independent scrutiny of completed DIRFs should be recorded. (2.16)
- 5.42** Retired prisoners should not have to pay for their TV. (2.26)

### Health services

- 5.43** The practice of leaving the dental surgery door open when a patient is being seen should cease unless a risk assessment suggests otherwise. (2.60)
- 5.44** A strategic group should coordinate health promotion and wellbeing activities. (2.61)
- 5.45** Prisoners should be able to obtain the full range of nicotine replacement therapy options as clinically indicated. (2.62)
- 5.46** Medicines must be stored at appropriate ambient temperatures and thermolabile items should be stored within the 2–8°C range. Temperatures should be monitored and documented daily and corrective action taken where necessary. (2.74)
- 5.47** Controlled drugs registers recording the prison's stock must comply with revised controlled drug regulations. (2.75)
- 5.48** Out-of-date pharmacy reference materials should be discarded. (2.76)
- 5.49** Completed in-possession risk assessments should be attached to the patient's electronic clinical record. (2.77)
- 5.50** Medication leaflets should be supplied wherever possible; a notice should be prominently displayed to advise patients of the availability of leaflets on request. (2.78)

- 5.51** Staff should receive appropriate training on patient group directions, and this should be documented. (2.79)
- 5.52** A template for secondary mental health care plans should be provided on SystemOne. (2.85)

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

- 5.53** Those on education courses should be able to make more constructive use of the library. (3.27)
- 5.54** Colour-coded books and other resources for prisoners with low levels of literacy should be provided. (3.36)

#### **Offender management and planning**

- 5.55** There should be a single case record holding details of contact with the prisoner and work carried out to achieve objectives. (4.12)
- 5.56** The reasons for decisions made at the IRMTM should be recorded in a detailed minute of the meeting. (4.18)

### **Examples of good practice**

- 5.57** Providing patients with copies of their care plans allowed them to check on progress and share information as they felt necessary with therapy and custody staff. (2.66)
- 5.58** The regular monthly resettlement sessions held in one community were excellent and helped prisoners consider community reintegration issues. (4.13)



## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Ewan Kennedy	Research officer
Alice Reid	Research officer
Gemma Quayle	Research trainee

#### **Specialist inspectors**

Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Simon Denton	Pharmacist
Ian Craig	Care Quality Commission inspector
Jen Walters	Ofsted inspector
Tony Rolley	Offender management inspector
Avtar Singh	Offender management inspector
Liz Smith	Offender management inspector



## Appendix II: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	202	98.1
Recall	0	4	1.9
Convicted unsentenced	0	0	0.0
Remand	0	0	0.0
Civil prisoners	0	0	0.0
Detainees	0	0	0.0
<b>Total</b>	<b>0</b>	<b>206</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	0	0.0
Less than 6 months	0	0	0.0
6 months to less than 12 months	0	0	0.0
12 months to less than 2 years	0	0	0.0
2 years to less than 4 years	0	1	0.5
4 years to less than 10 years	0	1	0.5
10 years and over (not life)	0	8	3.9
ISPP	0	3	1.5
Life	0	193	93.7
<b>Total</b>	<b>0</b>	<b>206</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age		0.0
Under 21 years	0	16.5
21 years to 29 years	34	33.5
30 years to 39 years	69	28.6
40 years to 49 years	59	18.91.9
50 years to 59 years	39	0.5
60 years to 69 years	4	-
70 plus years	1	-
Please state maximum age 70		
<b>Total</b>	<b>206</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	0	197	99.5
Foreign nationals	0	9	0.5
<b>Total</b>	<b>0</b>	<b>206</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0.0
Uncategorised sentenced	0	0	0.0
Cat A	0	0	0.0
Cat B	0	90	43.7
Cat C	0	112	54.4
Cat D	0	3	1.5
Other	0	1	0.5
<b>Total</b>	<b>0</b>	<b>206</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	0	151	73.3
Irish	0	5	2.4
Other White	0	2	1.0
		<b>158</b>	<b>76.7</b>
<b>Mixed</b>			
White and Black Caribbean	0	3	1.5
White and Black African	0	1	0.5
White and Asian	0	1	0.5
Other Mixed	0	2	1.0
	<b>0</b>	<b>7</b>	<b>3.4</b>
<b>Asian or Asian British</b>			
Indian	0	3	1.5
Pakistani	0	3	1.5
Bangladeshi	0	0	0.0
Other Asian	0	4	1.9
	<b>0</b>	<b>10</b>	<b>4.9</b>
<b>Black or Black British</b>			
Caribbean	0	23	11.2
African	0	0	0.0
Other Black	0	4	1.9
	<b>0</b>	<b>27</b>	<b>13.1</b>
<b>Chinese or other ethnic group</b>			
Chinese	0	0	0.0
Arab	0	0	0.0
Other ethnic group	0	0	0.0
<b>Not stated</b>	0	4	1.9
<b>Total</b>	<b>0</b>	<b>206</b>	<b>100</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	1	0.5
Church of England	0	43	20.9
Roman Catholic	0	38	18.4
Other Christian denominations	0	20	9.7
Muslim	0	23	11.2
Sikh	0	0	0.0
Hindu	0	3	1.5
Buddhist	0	15	7.3
Jewish	0	0	0.0
Other	0	16	7.8
No religion	0	47	22.8
<b>Total</b>	<b>0</b>	<b>206</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Gypsy/Romany/Traveller	0	0	0.0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0.0</b>

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	0	0	0.0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0.0</b>

**Sentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to 6 months	0	0	0	0
6 months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	206	100
4 years or more	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>206</b>	<b>100</b>

**Sentenced prisoners only**

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases	0	127	62.0
<b>Total</b>	<b>0</b>	<b>127</b>	<b>62.0</b>

**Unsentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0.0
1 month to 3 months	0	0	0	0.0
3 months to 6 months	0	0	0	0.0
6 months to 1 year	0	0	0	0.0
1 year to 2 years	0	0	0	0.0
2 years to 4 years	0	0	0	0.0
4 years or more	0	0	0	0.0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>

Main offence	18–20 yr olds	21 and over	%
Violence against the person	0	n/k	
Sexual offences	0	n/k	
Burglary	0	n/k	
Robbery	0	n/k	
Theft and handling	0	n/k	
Fraud and forgery	0	n/k	
Drugs offences	0	n/k	
Other offences	0	n/k	
Civil offences	0	n/k	
Offence not recorded/holding warrant	0	n/k	
<b>Total</b>	<b>0</b>	<b>n/k</b>	



## Appendix III: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

#### Sampling

Questionnaires were offered to all prisoners.

#### Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

#### Survey response

At the time of the survey on 5 August 2013 the prisoner population at HMP Grendon was 212. Using the method described above, questionnaires were distributed to all 212 prisoners.

We received a total of 177 completed questionnaires, a response rate of 83%. This included two questionnaires completed via interview. Ten respondents refused to complete a questionnaire, 14 questionnaires were not returned and 11 were returned blank.

Wing/Unit	Number of completed survey returns
A	36
B	26
C	36
D	33
F	19
G	27

#### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Grendon.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant<sup>6</sup> differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Grendon in 2013 compared with responses from prisoners surveyed in all other category B training prisons. This comparator is based on all responses from prisoner surveys carried out in nine category B training prisons since March 2008.
- The current survey responses from HMP Grendon in 2013 compared with the responses of prisoners surveyed at HMP Grendon in 2009.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 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 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.

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<sup>6</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		2 (1%)
	<i>21 - 29</i>		24 (14%)
	<i>30 - 39</i>		55 (31%)
	<i>40 - 49</i>		52 (30%)
	<i>50 - 59</i>		38 (22%)
	<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>		171 (98%)
	<i>Yes - on recall</i>		3 (2%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		0 (0%)
	<i>6 months to less than 1 year</i>		0 (0%)
	<i>1 year to less than 2 years</i>		0 (0%)
	<i>2 years to less than 4 years</i>		2 (1%)
	<i>4 years to less than 10 years</i>		6 (3%)
	<i>10 years or more</i>		12 (7%)
	<i>IPP (indeterminate sentence for public protection)</i>		62 (36%)
	<i>Life</i>		92 (53%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship)</b>		
	<i>Yes</i>		8 (5%)
	<i>No</i>		166 (95%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		175 (100%)
	<i>No</i>		0 (0%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		175 (100%)
	<i>No</i>		0 (0%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	122 (70%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	7 (4%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	7 (4%)	<i>Mixed race - white and black Caribbean</i> 6 (3%)
	<i>Black or black British - Caribbean</i>	19 (11%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	0 (0%)	<i>Mixed race - white and Asian</i> 2 (1%)

<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i>	2 (1%)
<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	4 (2%)	<i>Other ethnic group</i>	2 (1%)
<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		

**Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?**

Yes	5 (3%)
No	167 (97%)

**Q1.10 What is your religion?**

<i>None</i>	44 (26%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	40 (24%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	23 (14%)	<i>Muslim</i>	15 (9%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	5 (3%)	<i>Other</i>	25 (15%)
<i>Buddhist</i>	15 (9%)		

**Q1.11 How would you describe your sexual orientation?**

<i>Heterosexual/ Straight</i>	158 (90%)
<i>Homosexual/Gay</i>	6 (3%)
<i>Bisexual</i>	11 (6%)

**Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)**

Yes	37 (21%)
No	139 (79%)

**Q1.13 Are you a veteran (ex- armed services)?**

Yes	10 (6%)
No	166 (94%)

**Q1.14 Is this your first time in prison?**

Yes	49 (28%)
No	126 (72%)

**Q1.15 Do you have children under the age of 18?**

Yes	63 (36%)
No	112 (64%)

## Section 2: Courts, transfers and escorts

**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	37 (21%)
<i>2 hours or longer</i>	126 (72%)
<i>Don't remember</i>	12 (7%)

**Q2.2 On your most recent journey here, were you offered anything to eat or drink?**

<i>My journey was less than two hours</i>	37 (21%)
Yes	110 (64%)
No	22 (13%)
<i>Don't remember</i>	4 (2%)

<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i>	37 (22%)
	Yes	19 (11%)
	No	109 (64%)
	Don't remember	5 (3%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes	122 (70%)
	No	37 (21%)
	Don't remember	16 (9%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	156 (89%)
	No	18 (10%)
	Don't remember	1 (1%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well	70 (40%)
	Well	75 (43%)
	Neither	22 (13%)
	Badly	1 (1%)
	Very badly	2 (1%)
	Don't remember	4 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	Yes, someone told me	129 (73%)
	Yes, I received written information	53 (30%)
	No, I was not told anything	6 (3%)
	Don't remember	2 (1%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	162 (93%)
	No	11 (6%)
	Don't remember	2 (1%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i>	145 (83%)
	<i>2 hours or longer</i>	22 (13%)
	Don't remember	7 (4%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes	165 (95%)
	No	6 (3%)
	Don't remember	3 (2%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well	107 (61%)
	Well	54 (31%)
	Neither	5 (3%)
	Badly	6 (3%)
	Very badly	2 (1%)
	Don't remember	2 (1%)

<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	<i>Loss of property</i>	12 (7%)	<i>Physical health</i> 19 (11%)
	<i>Housing problems</i>	8 (5%)	<i>Mental health</i> 19 (11%)
	<i>Contacting employers</i>	1 (1%)	<i>Needing protection from other prisoners</i> 4 (2%)
	<i>Contacting family</i>	35 (20%)	<i>Getting phone numbers</i> 55 (32%)
	<i>Childcare</i>	0 (0%)	<i>Other</i> 7 (4%)
	<i>Money worries</i>	21 (12%)	<i>Did not have any problems</i> 71 (42%)
	<i>Feeling depressed or suicidal</i>	4 (2%)	
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	<i>Yes</i>		61 (36%)
	<i>No</i>		38 (22%)
	<i>Did not have any problems</i>		71 (42%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	<i>Tobacco</i>		118 (67%)
	<i>A shower</i>		91 (52%)
	<i>A free telephone call</i>		75 (43%)
	<i>Something to eat</i>		106 (61%)
	<i>PIN phone credit</i>		72 (41%)
	<i>Toiletries/ basic items</i>		95 (54%)
	<i>Did not receive anything</i>		29 (17%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	<i>Chaplain</i>		101 (58%)
	<i>Someone from health services</i>		133 (77%)
	<i>A Listener/Samaritans</i>		46 (27%)
	<i>Prison shop/ canteen</i>		43 (25%)
	<i>Did not have access to any of these</i>		28 (16%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	<i>What was going to happen to you</i>		150 (87%)
	<i>What support was available for people feeling depressed or suicidal</i>		111 (64%)
	<i>How to make routine requests (applications)</i>		120 (69%)
	<i>Your entitlement to visits</i>		111 (64%)
	<i>Health services</i>		125 (72%)
	<i>Chaplaincy</i>		114 (66%)
	<i>Not offered any information</i>		10 (6%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>		
	<i>Yes</i>		160 (91%)
	<i>No</i>		13 (7%)
	<i>Don't remember</i>		3 (2%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>		
	<i>Have not been on an induction course</i>		20 (11%)
	<i>Within the first week</i>		133 (76%)
	<i>More than a week</i>		10 (6%)
	<i>Don't remember</i>		11 (6%)

<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i>	20 (12%)
	<i>Yes</i>	111 (66%)
	<i>No</i>	26 (15%)
	<i>Don't remember</i>	11 (7%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i>	44 (25%)
	<i>Within the first week</i>	31 (18%)
	<i>More than a week</i>	72 (41%)
	<i>Don't remember</i>	27 (16%)

## Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	64 (37%)	58 (34%)	15 (9%)	10 (6%)	7 (4%) 18 (10%)
	<i>Attend legal visits?</i>	49 (31%)	45 (29%)	11 (7%)	10 (6%)	7 (4%) 34 (22%)
	<i>Get bail information?</i>	11 (8%)	4 (3%)	8 (6%)	2 (2%)	3 (2%) 104 (79%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	<i>Not had any letters</i>					23 (13%)
	<i>Yes</i>					67 (39%)
	<i>No</i>					83 (48%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	<i>Yes</i>					127 (75%)
	<i>No</i>					3 (2%)
	<i>Don't know</i>					39 (23%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	163 (95%)	7 (4%)	2 (1%)		
	<i>Are you normally able to have a shower every day?</i>	171 (99%)	1 (1%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	164 (96%)	4 (2%)	3 (2%)		
	<i>Do you normally get cell cleaning materials every week?</i>	166 (97%)	5 (3%)	0 (0%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	115 (67%)	19 (11%)	37 (22%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	142 (83%)	28 (16%)	1 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	66 (38%)	55 (32%)	51 (30%)		
<b>Q4.5</b>	<b>What is the food like here?</b>					
	<i>Very good</i>					51 (29%)
	<i>Good</i>					77 (45%)
	<i>Neither</i>					24 (14%)
	<i>Bad</i>					11 (6%)
	<i>Very bad</i>					10 (6%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>					
	<i>Have not bought anything yet/ don't know</i>					3 (2%)
	<i>Yes</i>					96 (55%)
	<i>No</i>					75 (43%)

<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes	55 (32%)
	No	83 (49%)
	Don't know	32 (19%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	124 (73%)
	No	10 (6%)
	Don't know/ N/A	36 (21%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes	132 (77%)
	No	13 (8%)
	Don't know/ N/A	27 (16%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	I don't want to attend	33 (20%)
	Very easy	80 (47%)
	Easy	29 (17%)
	Neither	4 (2%)
	Difficult	6 (4%)
	Very difficult	4 (2%)
	Don't know	13 (8%)

## Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	159 (93%)
	No	10 (6%)
	Don't know	2 (1%)
<b>Q5.2</b>	<b>Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)</b>	
		Not made one    Yes    No
	Are applications dealt with fairly?	8 (5%)    135 (80%)    25 (15%)
	Are applications dealt with quickly (within seven days)?	8 (6%)    72 (51%)    61 (43%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	122 (73%)
	No	15 (9%)
	Don't know	30 (18%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).</b>	
		Not made one    Yes    No
	Are complaints dealt with fairly?	72 (42%)    69 (40%)    31 (18%)
	Are complaints dealt with quickly (within seven days)?	72 (45%)    48 (30%)    40 (25%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	32 (19%)
	No	136 (81%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	Don't know who they are	18 (10%)
	Very easy	54 (31%)
	Easy	52 (30%)

Neither	41 (24%)
Difficult	6 (3%)
Very difficult	1 (1%)

## Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i>	3 (2%)
	Yes	145 (86%)
	No	12 (7%)
	<i>Don't know</i>	8 (5%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i>	3 (2%)
	Yes	102 (60%)
	No	54 (32%)
	<i>Don't know</i>	10 (6%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	4 (2%)
	No	165 (98%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	148 (95%)
	<i>Very well</i>	1 (1%)
	<i>Well</i>	0 (0%)
	<i>Neither</i>	4 (3%)
	<i>Badly</i>	0 (0%)
	<i>Very badly</i>	2 (1%)

## Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	157 (92%)
	No	14 (8%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	153 (91%)
	No	16 (9%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	108 (63%)
	No	63 (37%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	1 (1%)
	<i>Never</i>	9 (5%)
	<i>Rarely</i>	22 (13%)
	<i>Some of the time</i>	45 (26%)
	<i>Most of the time</i>	52 (30%)
	<i>All of the time</i>	42 (25%)

<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	15 (9%)
	<i>In the first week</i>	107 (62%)
	<i>More than a week</i>	38 (22%)
	<i>Don't remember</i>	12 (7%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	15 (9%)
	<i>Very helpful</i>	81 (48%)
	<i>Helpful</i>	40 (24%)
	<i>Neither</i>	14 (8%)
	<i>Not very helpful</i>	10 (6%)
	<i>Not at all helpful</i>	9 (5%)

## Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i>	73 (42%)
	<i>No</i>	100 (58%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i>	29 (17%)
	<i>No</i>	140 (83%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<i>Never felt unsafe</i>	100 (61%)
	<i>Everywhere</i>	19 (12%)
	<i>Segregation unit</i>	0 (0%)
	<i>Association areas</i>	23 (14%)
	<i>Reception area</i>	3 (2%)
	<i>At the gym</i>	18 (11%)
	<i>In an exercise yard</i>	19 (12%)
	<i>At work</i>	7 (4%)
	<i>During movement</i>	16 (10%)
	<i>At education</i>	9 (6%)
	<i>At meal times</i>	16 (10%)
	<i>At health services</i>	7 (4%)
	<i>Visits area</i>	2 (1%)
	<i>In wing showers</i>	15 (9%)
	<i>In gym showers</i>	3 (2%)
	<i>In corridors/stairwells</i>	15 (9%)
	<i>On your landing/wing</i>	29 (18%)
	<i>In your cell</i>	14 (9%)
	<i>At religious services</i>	3 (2%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i>	67 (39%)
	<i>No</i>	105 (61%)
<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	46 (27%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (4%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	43 (25%)
	<i>Having your canteen/property taken</i>	6 (4%)
	<i>Medication</i>	8 (5%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	14 (8%)
	<i>Your religion/religious beliefs</i>	10 (6%)
	<i>Your nationality</i>	10 (6%)
	<i>You are from a different part of the country than others</i>	6 (4%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	8 (5%)
	<i>Your age</i>	3 (2%)

<i>You have a disability</i>	8 (5%)
<i>You were new here</i>	3 (2%)
<i>Your offence/ crime</i>	45 (26%)
<i>Gang related issues</i>	5 (3%)

**Q8.6 Have you been victimised by staff here?**

Yes	47 (28%)
No	122 (72%)

**Q8.7 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>	23 (14%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)
<i>Sexual abuse</i>	0 (0%)
<i>Feeling threatened or intimidated</i>	21 (12%)
<i>Medication</i>	3 (2%)
<i>Debt</i>	0 (0%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	8 (5%)
<i>Your religion/religious beliefs</i>	3 (2%)
<i>Your nationality</i>	4 (2%)
<i>You are from a different part of the country than others</i>	2 (1%)
<i>You are from a traveller community</i>	0 (0%)
<i>Your sexual orientation</i>	4 (2%)
<i>Your age</i>	4 (2%)
<i>You have a disability</i>	7 (4%)
<i>You were new here</i>	4 (2%)
<i>Your offence/ crime</i>	20 (12%)
<i>Gang related issues</i>	4 (2%)

**Q8.8 If you have been victimised by prisoners or staff, did you report it?**

<i>Not been victimised</i>	93 (58%)
Yes	44 (27%)
No	24 (15%)

**Section 9: Health services****Q9.1 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	8 (5%)	47 (28%)	79 (46%)	17 (10%)	17 (10%)	2 (1%)
The nurse	7 (4%)	62 (37%)	78 (47%)	10 (6%)	7 (4%)	2 (1%)
The dentist	15 (9%)	26 (15%)	59 (35%)	20 (12%)	34 (20%)	14 (8%)

**Q9.2 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	10 (6%)	52 (31%)	64 (38%)	24 (14%)	13 (8%)	6 (4%)
The nurse	8 (5%)	68 (40%)	69 (41%)	16 (9%)	4 (2%)	4 (2%)
The dentist	20 (12%)	59 (35%)	51 (30%)	21 (12%)	10 (6%)	9 (5%)

**Q9.3 What do you think of the overall quality of the health services here?**

<i>Not been</i>	3 (2%)
<i>Very good</i>	61 (36%)
<i>Good</i>	63 (37%)
<i>Neither</i>	27 (16%)
<i>Bad</i>	8 (5%)
<i>Very bad</i>	7 (4%)

<b>Q9.4</b>	<b>Are you currently taking medication?</b>	
	Yes	99 (58%)
	No	71 (42%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i>	71 (41%)
	Yes, all my meds	88 (51%)
	Yes, some of my meds	9 (5%)
	No	4 (2%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	Yes	67 (39%)
	No	103 (61%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>	
	<i>Do not have any emotional or mental health problems</i>	103 (63%)
	Yes	48 (29%)
	No	13 (8%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes	42 (25%)
	No	127 (75%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	33 (20%)
	No	136 (80%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	13 (8%)
	Easy	14 (8%)
	Neither	15 (9%)
	Difficult	10 (6%)
	Very difficult	16 (10%)
	Don't know	100 (60%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	4 (2%)
	Easy	7 (4%)
	Neither	13 (8%)
	Difficult	16 (9%)
	Very difficult	28 (16%)
	Don't know	102 (60%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	3 (2%)
	No	166 (98%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	7 (4%)
	No	160 (96%)

<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	127 (78%)
	Yes	25 (15%)
	No	11 (7%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	136 (84%)
	Yes	20 (12%)
	No	6 (4%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	123 (77%)
	Yes	35 (22%)
	No	1 (1%)

## Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	4 (2%)	35 (21%)	55 (33%)	14 (8%)	38 (23%)	20 (12%)
	Vocational or skills training	17 (10%)	13 (8%)	36 (22%)	14 (9%)	40 (25%)	43 (26%)
	Education (including basic skills)	13 (8%)	19 (12%)	61 (37%)	30 (18%)	27 (16%)	15 (9%)
	Offending behaviour programmes	14 (9%)	47 (30%)	29 (19%)	26 (17%)	16 (10%)	24 (15%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<i>Not involved in any of these</i>						6 (4%)
	Prison job						142 (86%)
	Vocational or skills training						22 (13%)
	Education (including basic skills)						47 (28%)
	Offending behaviour programmes						95 (58%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	2 (1%)	91 (59%)	50 (33%)	10 (7%)		
	Vocational or skills training	22 (20%)	61 (56%)	16 (15%)	9 (8%)		
	Education (including basic skills)	16 (13%)	84 (68%)	16 (13%)	7 (6%)		
	Offending behaviour programmes	9 (7%)	115 (87%)	6 (5%)	2 (2%)		
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>						11 (7%)
	<i>Never</i>						5 (3%)
	<i>Less than once a week</i>						53 (31%)
	<i>About once a week</i>						74 (44%)
	<i>More than once a week</i>						26 (15%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i>						14 (8%)
	Yes						122 (72%)
	No						33 (20%)

<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>	
	<i>Don't want to go</i>	51 (30%)
	<i>0</i>	24 (14%)
	<i>1 to 2</i>	56 (33%)
	<i>3 to 5</i>	30 (18%)
	<i>More than 5</i>	8 (5%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	24 (14%)
	<i>0</i>	13 (8%)
	<i>1 to 2</i>	48 (28%)
	<i>3 to 5</i>	46 (27%)
	<i>More than 5</i>	39 (23%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	3 (2%)
	<i>0</i>	3 (2%)
	<i>1 to 2</i>	3 (2%)
	<i>3 to 5</i>	4 (2%)
	<i>More than 5</i>	157 (92%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	
	<i>Less than 2 hours</i>	3 (2%)
	<i>2 to less than 4 hours</i>	7 (4%)
	<i>4 to less than 6 hours</i>	6 (4%)
	<i>6 to less than 8 hours</i>	18 (11%)
	<i>8 to less than 10 hours</i>	32 (19%)
	<i>10 hours or more</i>	96 (56%)
	<i>Don't know</i>	8 (5%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	<i>Yes</i>	118 (72%)
	<i>No</i>	46 (28%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i>	40 (24%)
	<i>No</i>	130 (76%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i>	18 (11%)
	<i>No</i>	151 (89%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	31 (18%)
	<i>Very easy</i>	13 (8%)
	<i>Easy</i>	30 (18%)
	<i>Neither</i>	17 (10%)
	<i>Difficult</i>	37 (22%)
	<i>Very difficult</i>	37 (22%)
	<i>Don't know</i>	3 (2%)

### Section I3: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	0 (0%)
	Yes	166 (98%)
	No	3 (2%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	3 (2%)
	<i>No contact</i>	15 (9%)
	Letter	118 (70%)
	Phone	94 (56%)
	Visit	90 (53%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	155 (92%)
	No	14 (8%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	0 (0%)
	Yes	144 (86%)
	No	24 (14%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	24 (14%)
	<i>Very involved</i>	69 (41%)
	<i>Involved</i>	47 (28%)
	<i>Neither</i>	8 (5%)
	<i>Not very involved</i>	17 (10%)
	<i>Not at all involved</i>	5 (3%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	24 (14%)
	<i>Nobody</i>	23 (14%)
	<i>Offender supervisor</i>	95 (57%)
	<i>Offender manager</i>	93 (56%)
	<i>Named/ personal officer</i>	100 (60%)
	<i>Staff from other departments</i>	82 (49%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	24 (14%)
	Yes	120 (72%)
	No	14 (8%)
	<i>Don't know</i>	9 (5%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	24 (14%)
	Yes	58 (35%)
	No	58 (35%)
	<i>Don't know</i>	28 (17%)

**Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**

<i>Do not have a sentence plan/ not sentenced</i>	24 (14%)
Yes	61 (37%)
No	45 (27%)
<i>Don't know</i>	36 (22%)

**Q13.10 Do you have a needs based custody plan?**

Yes	36 (22%)
No	56 (34%)
<i>Don't know</i>	73 (44%)

**Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**

Yes	81 (48%)
No	87 (52%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)**

	<i>Do not need help</i>	Yes	No
Employment	15 (10%)	59 (38%)	82 (53%)
Accommodation	12 (8%)	61 (39%)	83 (53%)
Benefits	13 (8%)	51 (33%)	90 (58%)
Finances	14 (9%)	52 (34%)	89 (57%)
Education	14 (9%)	78 (49%)	67 (42%)
Drugs and alcohol	27 (17%)	82 (53%)	47 (30%)

**Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**

<i>Not sentenced</i>	0 (0%)
Yes	149 (90%)
No	16 (10%)

Main comparator and comparator to last time



Prisoner survey responses HMP Grendon 2013

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>177</b>	<b>1329</b>	<b>177</b>	<b>88</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	0%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	
1.3	Are you on recall?	2%	3%	2%	0%
1.4	Is your sentence less than 12 months?	0%	2%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	36%	26%	36%	15%
1.5	Are you a foreign national?	5%	13%	5%	5%
1.6	Do you understand spoken English?	100%	98%	100%	
1.7	Do you understand written English?	100%	97%	100%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	22%	31%	22%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	
1.1	Are you Muslim?	9%	14%	9%	7%
1.11	Are you homosexual/gay or bisexual?	10%	3%	10%	11%
1.12	Do you consider yourself to have a disability?	21%	21%	21%	11%
1.13	Are you a veteran (ex-armed services)?	6%	13%	6%	
1.14	Is this your first time in prison?	28%	40%	28%	25%
1.15	Do you have any children under the age of 18?	36%	49%	36%	47%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	72%	63%	72%	69%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	81%	77%	81%	
2.3	Were you offered a toilet break?	14%	12%	14%	
2.4	Was the van clean?	70%	71%	70%	
2.5	Did you feel safe?	89%	71%	89%	
2.6	Were you treated well/very well by the escort staff?	83%	66%	83%	68%
2.7	Before you arrived here were you told that you were coming here?	74%	58%	74%	
2.7	Before you arrived here did you receive any written information about coming here?	30%	19%	30%	
2.8	When you first arrived here did your property arrive at the same time as you?	92%	87%	92%	90%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	83%	72%	83%	
3.2	When you were searched in reception, was this carried out in a respectful way?	95%	79%	95%	94%
3.3	Were you treated well/very well in reception?	92%	72%	92%	95%
	When you first arrived:				
3.4	Did you have any problems?	59%	59%	59%	64%
3.4	Did you have any problems with loss of property?	7%	20%	7%	15%
3.4	Did you have any housing problems?	5%	7%	5%	8%
3.4	Did you have any problems contacting employers?	1%	3%	1%	6%
3.4	Did you have any problems contacting family?	21%	20%	21%	22%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%	0%	6%
3.4	Did you have any money worries?	12%	13%	12%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	2%	13%	2%	11%
3.4	Did you have any physical health problems?	11%	19%	11%	
3.4	Did you have any mental health problems?	11%	17%	11%	
3.4	Did you have any problems with needing protection from other prisoners?	2%	6%	2%	7%
3.4	Did you have problems accessing phone numbers?	32%	20%	32%	34%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	61%	41%	61%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	68%	54%	68%	74%
3.6	A shower?	52%	41%	52%	69%
3.6	A free telephone call?	43%	46%	43%	46%
3.6	Something to eat?	61%	67%	61%	81%
3.6	PIN phone credit?	41%	14%	41%	
3.6	Toiletries/ basic items?	54%	49%	54%	
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	59%	38%	59%	

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3.7	Someone from health services?	77%	59%	77%	
3.7	A Listener/Samaritans?	27%	30%	27%	
3.7	Prison shop/ canteen?	25%	20%	25%	18%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	87%	47%	87%	80%
3.8	Support was available for people feeling depressed or suicidal?	64%	41%	64%	69%
3.8	How to make routine requests?	69%	38%	69%	66%
3.8	Your entitlement to visits?	64%	38%	64%	75%
3.8	Health services?	72%	49%	72%	78%
3.8	The chaplaincy?	66%	42%	66%	72%
3.9	Did you feel safe on your first night here?	91%	82%	91%	93%
3.10	Have you been on an induction course?	89%	91%	89%	82%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	75%	65%	75%	81%
3.12	Did you receive an education (skills for life) assessment?	75%	83%	75%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	71%	60%	71%	75%
4.1	Attend legal visits?	60%	61%	60%	61%
4.1	Get bail information?	11%	11%	11%	20%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	46%	39%	51%
4.3	Can you get legal books in the library?	75%	56%	75%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	95%	68%	95%	87%
4.4	Are you normally able to have a shower every day?	100%	98%	100%	100%
4.4	Do you normally receive clean sheets every week?	96%	74%	96%	88%
4.4	Do you normally get cell cleaning materials every week?	97%	80%	97%	85%
4.4	Is your cell call bell normally answered within five minutes?	67%	47%	67%	73%

## Main comparator and comparator to last time

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4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	83%	73%	83%	84%
4.4	Can you normally get your stored property, if you need to?	38%	35%	38%	46%
4.5	Is the food in this prison good/very good?	74%	36%	74%	69%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	49%	55%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	32%	63%	32%	30%
4.8	Are your religious beliefs are respected?	73%	57%	73%	69%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	77%	64%	77%	79%
4.10	Is it easy/very easy to attend religious services?	65%	47%	65%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	93%	86%	93%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	84%	55%	84%	82%
5.2	Do you feel applications are dealt with quickly (within seven days)?	54%	51%	54%	62%
5.3	Is it easy to make a complaint?	73%	68%	73%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	69%	33%	69%	49%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	55%	33%	55%	51%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	17%	19%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	62%	35%	62%	73%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	86%	62%	86%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	60%	47%	60%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	4%	3%	
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	13%	51%	13%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	92%	78%	92%	93%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	91%	77%	91%	97%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	63%	54%	63%	

## Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
7.4	Do staff normally speak to you most of the time/all of the time during association?	55%	30%	55%	50%
7.5	Do you have a personal officer?	91%	85%	91%	89%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	78%	64%	78%	84%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	42%	39%	42%	37%
8.2	Do you feel unsafe now?	17%	16%	17%	11%
8.4	Have you been victimised by other prisoners here?	39%	25%	39%	37%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	27%	13%	27%	21%
8.5	Hit, kicked or assaulted you?	4%	6%	4%	3%
8.5	Sexually abused you?	2%	1%	2%	3%
8.5	Threatened or intimidated you?	25%	25%	25%	
8.5	Taken your canteen/property?	3%	5%	3%	1%
8.5	Victimised you because of medication?	5%	6%	5%	
8.5	Victimised you because of debt?	0%	3%	0%	
8.5	Victimised you because of drugs?	1%	3%	1%	3%
8.5	Victimised you because of your race or ethnic origin?	8%	5%	8%	6%
8.5	Victimised you because of your religion/religious beliefs?	6%	3%	6%	3%
8.5	Victimised you because of your nationality?	6%	4%	6%	
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.5	Victimised you because of your sexual orientation?	5%	1%	5%	3%
8.5	Victimised you because of your age?	2%	3%	2%	
8.5	Victimised you because you have a disability?	5%	3%	5%	2%
8.5	Victimised you because you were new here?	2%	3%	2%	6%
8.5	Victimised you because of your offence/crime?	26%	6%	26%	14%

## Main comparator and comparator to last time

### Key to tables

		HMP Grendon 2013	Category B training prisons comparator	HMP Grendon 2013	HMP Grendon 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Victimised you because of gang related issues?	3%	1%	3%	
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	28%	29%	28%	30%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	14%	12%	14%	7%
8.7	Hit, kicked or assaulted you?	2%	3%	2%	0%
8.7	Sexually abused you?	0%	1%	0%	0%
8.7	Threatened or intimidated you?	12%	19%	12%	
8.7	Victimised you because of medication?	2%	3%	2%	
8.7	Victimised you because of debt?	0%	2%	0%	
8.7	Victimised you because of drugs?	1%	2%	1%	0%
8.7	Victimised you because of your race or ethnic origin?	5%	7%	5%	6%
8.7	Victimised you because of your religion/religious beliefs?	2%	4%	2%	2%
8.7	Victimised you because of your nationality?	3%	4%	3%	
8.7	Victimised you because you were from a different part of the country?	1%	5%	1%	3%
8.7	Victimised you because you are from a Traveller community?	0%	0%	0%	
8.7	Victimised you because of your sexual orientation?	3%	1%	3%	1%
8.7	Victimised you because of your age?	3%	3%	3%	
8.7	Victimised you because you have a disability?	4%	3%	4%	1%
8.7	Victimised you because you were new here?	3%	5%	3%	2%
8.7	Victimised you because of your offence/crime?	12%	5%	12%	7%
8.7	Victimised you because of gang related issues?	3%	2%	3%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	65%	45%	65%	51%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	74%	32%	74%	67%
9.1	Is it easy/very easy to see the nurse?	84%	59%	84%	89%
9.1	Is it easy/very easy to see the dentist?	51%	12%	51%	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:				

## Main comparator and comparator to last time

### Key to tables

		HMP Grendon 2013	Category B training prisons comparator	HMP Grendon 2013	HMP Grendon 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
9.2	The doctor?	73%	40%	73%	77%
9.2	The nurse?	85%	54%	85%	95%
9.2	The dentist?	73%	42%	73%	66%
9.3	The overall quality of health services?	75%	34%	75%	83%
9.4	Are you currently taking medication?	58%	48%	58%	45%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	96%	94%	96%	
9.6	Do you have any emotional well being or mental health problems?	39%	27%	39%	39%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	78%	53%	78%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	25%	13%	25%	35%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	12%	20%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	16%	28%	16%	20%
10.4	Is it easy/very easy to get alcohol in this prison?	6%	15%	6%	
10.5	Have you developed a problem with drugs since you have been in this prison?	2%	6%	2%	2%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	8%	4%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	70%	64%	70%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	77%	58%	77%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	98%	77%	98%	78%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	54%	60%	54%	
11.1	Vocational or skills training?	30%	39%	30%	
11.1	Education (including basic skills)?	49%	54%	49%	
11.1	Offending behaviour programmes?	49%	30%	49%	
	Are you currently involved in any of the following activities:				

## Main comparator and comparator to last time

### Key to tables

		HMP Grendon 2013	Category B training prisons comparator	HMP Grendon 2013	HMP Grendon 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
11.2	A prison job?	86%	76%	86%	74%
11.2	Vocational or skills training?	13%	16%	13%	27%
11.2	Education (including basic skills)?	28%	35%	28%	40%
11.2	Offending behaviour programmes?	58%	22%	58%	57%
11.3	Have you had a job while in this prison?	99%	90%	99%	
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	60%	46%	60%	
11.3	Have you been involved in vocational or skills training while in this prison?	80%	76%	80%	
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	71%	60%	71%	
11.3	Have you been involved in education while in this prison?	87%	86%	87%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	78%	68%	78%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	93%	78%	93%	
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	93%	58%	93%	
11.4	Do you go to the library at least once a week?	59%	47%	59%	58%
11.5	Does the library have a wide enough range of materials to meet your needs?	72%	42%	72%	
11.6	Do you go to the gym three or more times a week?	23%	48%	23%	57%
11.7	Do you go outside for exercise three or more times a week?	50%	47%	50%	29%
11.8	Do you go on association more than five times each week?	92%	84%	92%	91%
11.9	Do you spend ten or more hours out of your cell on a weekday?	56%	17%	56%	15%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	72%	39%	72%	78%
12.2	Have you had any problems with sending or receiving mail?	24%	39%	24%	31%
12.3	Have you had any problems getting access to the telephones?	11%	14%	11%	9%
12.4	Is it easy/ very easy for your friends and family to get here?	26%	9%	26%	
<b>SECTION 13: Preparation for release</b>					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	98%	92%	98%	

## Main comparator and comparator to last time

### Key to tables

		HMP Grendon 2013	Category B training prisons comparator	HMP Grendon 2013	HMP Grendon 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	9%	28%	9%	
13.2	Contact by letter?	71%	39%	71%	
13.2	Contact by phone?	57%	40%	57%	
13.2	Contact by visit?	54%	31%	54%	
13.3	Do you have a named offender supervisor in this prison?	92%	84%	92%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	86%	86%	86%	91%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	79%	55%	79%	80%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	16%	41%	16%	
13.6	Offender supervisor?	67%	38%	67%	
13.6	Offender manager?	66%	34%	66%	
13.6	Named/ personal officer?	71%	28%	71%	
13.6	Staff from other departments?	58%	19%	58%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	84%	68%	84%	79%
13.8	Are there plans for you to achieve any of your targets in another prison?	41%	34%	41%	
13.9	Are there plans for you to achieve any of your targets in the community?	43%	18%	43%	
13.10	Do you have a needs based custody plan?	22%	6%	22%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	48%	15%	48%	45%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	42%	26%	42%	
13.12	Accommodation?	42%	28%	42%	
13.12	Benefits?	36%	31%	36%	
13.12	Finances?	37%	26%	37%	
13.12	Education?	54%	29%	54%	
13.12	Drugs and alcohol?	64%	28%	64%	
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	90%	63%	90%	95%

## Diversity analysis



### Key question responses (ethnicity) HMP Grendon 2013

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>39</b>	<b>136</b>
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	12%	3%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%
1.1	Are you Muslim?	36%	1%
1.12	Do you consider yourself to have a disability?	15%	23%
1.13	Are you a veteran (ex-armed services)?	0%	7%
1.14	Is this your first time in prison?	24%	29%
2.6	Were you treated well/very well by the escort staff?	79%	85%
2.7	Before you arrived here were you told that you were coming here?	85%	70%
3.2	When you were searched in reception, was this carried out in a respectful way?	96%	95%
3.3	Were you treated well/very well in reception?	92%	91%
3.4	Did you have any problems when you first arrived?	63%	57%
3.7	Did you have access to someone from health care when you first arrived here?	76%	77%
3.9	Did you feel safe on your first night here?	84%	93%
3.10	Have you been on an induction course?	98%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	69%	71%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	96%	95%
4.4	Are you normally able to have a shower every day?	98%	100%
4.4	Is your cell call bell normally answered within five minutes?	74%	66%
4.5	Is the food in this prison good/very good?	58%	78%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	40%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	39%	30%
4.8	Do you feel your religious beliefs are respected?	84%	69%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	78%
5.1	Is it easy to make an application?	87%	95%
5.3	Is it easy to make a complaint?	70%	74%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	86%	87%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	74%	57%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	1%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	87%	93%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	89%	91%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	57%	54%
7.4	Do you have a personal officer?	89%	92%
8.1	Have you ever felt unsafe here?	35%	44%
8.2	Do you feel unsafe now?	16%	17%
8.3	Have you been victimised by other prisoners?	39%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	16%	28%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	26%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	13%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	4%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	6%
8.6	Have you been victimised by a member of staff?	38%	24%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	0%
8.7	Have you been victimised because of your nationality? (By staff)	2%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%
9.1	Is it easy/very easy to see the doctor?	59%	79%
9.1	Is it easy/ very easy to see the nurse?	71%	88%
9.4	Are you currently taking medication?	49%	61%
9.6	Do you feel you have any emotional well being/mental health issues?	30%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	17%
11.2	Are you currently working in the prison?	86%	87%
11.2	Are you currently undertaking vocational or skills training?	26%	11%
11.2	Are you currently in education (including basic skills)?	40%	25%
11.2	Are you currently taking part in an offending behaviour programme?	70%	54%
11.4	Do you go to the library at least once a week?	57%	59%
11.6	Do you go to the gym three or more times a week?	36%	19%
11.7	Do you go outside for exercise three or more times a week?	44%	52%
11.8	On average, do you go on association more than five times each week?	88%	93%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	54%	58%
12.2	Have you had any problems sending or receiving mail?	28%	22%
12.3	Have you had any problems getting access to the telephones?	14%	9%

## Diversity Analysis



### Key question responses (disability, age over 50) HMP Grendon 2013

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

#### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>37</b>	<b>139</b>		<b>42</b>	<b>133</b>
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	0%	6%		4%	4%
1.6	Do you understand spoken English?	100%	100%		100%	100%
1.7	Do you understand written English?	100%	100%		100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	24%		14%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	2%		4%	3%
1.1	Are you Muslim?	5%	10%		0%	11%
1.12	Do you consider yourself to have a disability?				20%	22%
1.13	Are you a veteran (ex-armed services)?	9%	5%		10%	4%
1.14	Is this your first time in prison?	24%	29%		29%	28%
2.6	Were you treated well/very well by the escort staff?	71%	86%		90%	81%
2.7	Before you arrived here were you told that you were coming here?	64%	75%		71%	74%
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	96%		96%	95%
3.3	Were you treated well/very well in reception?	89%	92%		88%	92%
3.4	Did you have any problems when you first arrived?	69%	56%		54%	60%
3.7	Did you have access to someone from health care when you first arrived here?	69%	79%		80%	76%
3.9	Did you feel safe on your first night here?	78%	94%		92%	90%
3.10	Have you been on an induction course?	86%	89%		88%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	74%	70%		71%	70%

## Key to tables

## Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	90%	96%	96%	95%
4.4	Are you normally able to have a shower every day?	100%	99%	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	55%	70%	75%	65%
4.5	Is the food in this prison good/very good?	74%	74%	78%	74%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	58%	63%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	41%	30%	44%	29%
4.8	Do you feel your religious beliefs are respected?	73%	73%	83%	70%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	81%	76%	79%	76%
5.1	Is it easy to make an application?	83%	96%	98%	92%
5.3	Is it easy to make a complaint?	73%	73%	77%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	88%	86%	98%	83%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	62%	59%	60%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%	0%	3%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	84%	94%	92%	92%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	93%	90%	91%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	46%	56%	53%	56%
7.4	Do you have a personal officer?	88%	92%	96%	90%
8.1	Have you ever felt unsafe here?	64%	37%	27%	47%
8.2	Do you feel unsafe now?	27%	15%	11%	19%
8.3	Have you been victimised by other prisoners?	58%	34%	39%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	44%	20%	25%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	8%	8%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	14%	4%	0%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	14%	4%	4%	7%
8.5	Have you been victimised because of your age? (By prisoners)	2%	1%	2%	1%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	23%	0%	4%	5%
8.6	Have you been victimised by a member of staff?	39%	26%	33%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	27%	9%	15%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	3%	8%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	12%	0%	2%	3%
8.7	Have you been victimised because of your age? (By staff)	5%	1%	4%	1%
8.7	Have you been victimised because you have a disability? (By staff)	20%	0%	4%	4%
9.1	Is it easy/very easy to see the doctor?	62%	77%	88%	69%
9.1	Is it easy/ very easy to see the nurse?	76%	86%	96%	81%
9.4	Are you currently taking medication?	84%	51%	65%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	70%	31%	29%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	13%	13%	17%
11.2	Are you currently working in the prison?	87%	86%	75%	89%
11.2	Are you currently undertaking vocational or skills training?	11%	14%	17%	11%
11.2	Are you currently in education (including basic skills)?	19%	30%	36%	27%
11.2	Are you currently taking part in an offending behaviour programme?	46%	61%	64%	56%
11.4	Do you go to the library at least once a week?	65%	58%	60%	59%
11.6	Do you go to the gym three or more times a week?	13%	25%	25%	22%
11.7	Do you go outside for exercise three or more times a week?	30%	55%	49%	50%
11.8	On average, do you go on association more than five times each week?	90%	93%	90%	93%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	45%	59%	51%	58%
12.2	Have you had any problems sending or receiving mail?	25%	23%	16%	26%
12.3	Have you had any problems getting access to the telephones?	18%	9%	2%	13%

## Diversity analysis



### Key question responses (sexual orientation) HMP Grendon 2013

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

#### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>17</b>	<b>158</b>
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	10%	4%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	3%
1.1	Are you Muslim?	0%	10%
1.12	Do you consider yourself to have a disability?	10%	22%
1.13	Are you a veteran (ex-armed services)?	0%	6%
1.14	Is this your first time in prison?	30%	28%
2.6	Were you treated well/very well by the escort staff?	95%	82%
2.7	Before you arrived here were you told that you were coming here?	60%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	95%	95%
3.3	Were you treated well/very well in reception?	95%	91%
3.4	Did you have any problems when you first arrived?	56%	58%
3.7	Did you have access to someone from health care when you first arrived here?	95%	75%
3.9	Did you feel safe on your first night here?	95%	90%
3.10	Have you been on an induction course?	95%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	68%	71%

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4.4	Are you normally offered enough clean, suitable clothes for the week?	100%	94%
4.4	Are you normally able to have a shower every day?	100%	100%
4.4	Is your cell call bell normally answered within five minutes?	63%	67%
4.5	Is the food in this prison good/very good?	81%	74%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	60%	55%
4.7	Are you able to speak to a Listener at any time, if you want to?	37%	32%
4.8	Do you feel your religious beliefs are respected?	70%	73%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	77%
5.1	Is it easy to make an application?	100%	92%
5.3	Is it easy to make a complaint?	81%	72%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	90%	86%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	63%	60%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	95%	91%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	90%	91%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	65%	53%
7.4	Do you have a personal officer?	100%	90%
8.1	Have you ever felt unsafe here?	48%	42%
8.2	Do you feel unsafe now?	10%	18%
8.3	Have you been victimised by other prisoners?	40%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	40%	23%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	6%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	35%	1%
8.5	Have you been victimised because of your age? (By prisoners)	0%	2%

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8.5	Have you been victimised because you have a disability? (By prisoners)	0%	5%
8.6	Have you been victimised by a member of staff?	26%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
8.7	Have you been victimised because of your sexual orientation? (By staff)	20%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	4%
9.1	Is it easy/very easy to see the doctor?	70%	74%
9.1	Is it easy/ very easy to see the nurse?	76%	85%
9.4	Are you currently taking medication?	76%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	60%	38%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	16%
11.2	Are you currently working in the prison?	80%	88%
11.2	Are you currently undertaking vocational or skills training?	20%	13%
11.2	Are you currently in education (including basic skills)?	37%	27%
11.2	Are you currently taking part in an offending behaviour programme?	50%	59%
11.4	Do you go to the library at least once a week?	74%	57%
11.6	Do you go to the gym three or more times a week?	0%	24%
11.7	Do you go outside for exercise three or more times a week?	65%	48%
11.8	On average, do you go on association more than five times each week?	100%	91%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	60%	56%
12.2	Have you had any problems sending or receiving mail?	10%	25%
12.3	Have you had any problems getting access to the telephones?	10%	11%