

Report on an announced inspection of

# **HMP Haverigg**

2– 6 February 2009

by HM Chief Inspector of Prisons

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# Contents

<b>Introduction</b>	<b>5</b>
<b>Fact page</b>	<b>7</b>
<b>Healthy prison summary</b>	<b>9</b>
<b>1 Arrival in custody</b>	
<hr/>	
Courts, escorts and transfers	19
First days in custody	19
<b>2 Environment and relationships</b>	
<hr/>	
Residential units	23
Staff-prisoner relationships	25
Personal officers	26
<b>3 Duty of care</b>	
<hr/>	
Bullying and violence reduction	29
Self-harm and suicide	32
Diversity	34
Race equality	35
Foreign national prisoners	38
Applications and complaints	40
Legal rights	41
Substance use	42
Vulnerable prisoners	43
<b>4 Health services</b>	
<hr/>	
	45
<b>5 Activities</b>	
<hr/>	
Learning and skills and work activities	55
Physical education and health promotion	58
Faith and religious activity	59
Time out of cell	60
<b>6 Good order</b>	
<hr/>	
Security and rules	61
Discipline	62
Incentives and earned privileges	65

## **7 Services**

---

Catering	67
Prison shop	68

## **8 Resettlement**

---

Strategic management of resettlement	71
Offender management and planning	72
Resettlement pathways	75

## **9 Recommendations, housekeeping points and good practice**

---

83

## **Appendices**

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I Inspection team	97
II Prison population profile	98
III Summary of prisoner questionnaires and interviews	100

# Introduction

Haverigg is a category C training prison in a remote part of Cumbria, on a former RAF camp. Around half the accommodation is in military-style billets, with poor sightlines and difficult to supervise safely. Its large perimeter also makes it susceptible to drug supply. This all presents considerable difficulties in trying to run a safe and effective establishment.

There were two fundamental obstacles to safety at Haverigg. The first was the design and supervision of the billeted accommodation, particularly one unit, Fairfield. The extent of the problem was underlined by the fact that even the staff patrolled only in pairs. Bullying and victimisation were rife, though the assault rate had declined from the extremely high levels of six months previously. Nevertheless, over 40% of prisoners said they had felt unsafe, and 37% said they had been victimised by another prisoner. Much of the violence and victimisation stemmed from the availability of drugs: nearly two-thirds of prisoners said drugs were easily available, and one in four prisoners randomly tested for drugs either tested positive or refused to supply a sample.

These are not easy problems to solve, and managers had tried to put in place systems to deal with them and to reduce the number of potentially problematic prisoners sent to Haverigg. However, the links between security, safer custody, residential staff and healthcare, which are necessary in order to provide dynamic security and identify and challenge bullying behaviour, were weak. Though considerable attempts had been made to tackle drug supply problems, intelligence-led searching was under-resourced and the voluntary drug testing scheme was described by prisoners as 'a joke'.

Relationships between staff and prisoners were friendly and positive, but this had not been translated into effective involvement in violence reduction systems or support for resettlement work. There were also weaknesses in the operation of the suicide prevention and Listeners' schemes – and the absence of any mental health provision during the inspection, together with a lack of mental health awareness training for staff, was of serious concern.

The problems on the billeted units infected other areas of the prison. Skiddaw, the induction unit, also contained a problematic mix of prisoners seeking to escape victimisation on those units, and those who had victimised them. The segregation unit was rarely used for punishment, as it was almost entirely filled by prisoners seeking protection from others, or placed there for good order reasons. In neither case was there effective support to move prisoners back to normal location. Those units, along with the billets, were also dirty and uncared-for. Life for the 25% of prisoners in the prison's other three units, however, was considerably better. They were clean, reasonably safe and well equipped, and prisoners were understandably anxious to move there.

The most positive aspect of Haverigg was that, unlike many training prisons, there was sufficient activity for nearly all prisoners, who in general had an impressive amount of time out of their cells. The inspection confirmed that few prisoners, except for vulnerable prisoners on Skiddaw, were not able to access work or education. The quality and appropriateness of what was on offer was, however, in general poor. Education provision overall was inadequate, and there had been little effort to address failings identified at previous inspections: indeed some aspects had deteriorated, and some staff attitudes were unacceptable. Although there were some excellent opportunities for a few prisoners, for example in the smokery and the print workshop, there was, in general, insufficient vocational training, together with poor allocation procedures and few, if any, links to future employment or training. Some efforts were being made to increase the amount of training, and the education contract was being re-tendered.

Resettlement was inevitably hindered by the distance from home of many prisoners. It was also hampered by the lack of a comprehensive strategy to meet the needs the prison had identified. Follow-up offender management was patchy, as was provision across the resettlement pathways. In particular, there were no offending behaviour programmes, apart from P-ASRO for drug users, which seriously disadvantaged long-stay and indeterminate-sentenced prisoners.

At the time of the inspection, it was evident that Haverigg had come through a very troubled period, and that problems had been recognised and had begun to be tackled. Staff were, in general, committed to improving the prison and supportive of managers, and some recent improvements were evident in all four of our healthy prison areas. It is, however, indicative of the scale of the problems that Haverigg was still not a safe prison and provided too little good quality training, education and resettlement opportunities for its prisoners. Some of those problems require tighter and more focused internal systems, but some – the quality and safety of accommodation, the provision of education, training, and offending behaviour work – require investment from outside. If that cannot be provided, the role of Haverigg needs to be reviewed, as it cannot conceivably be an effective and safe training prison, whatever the efforts of its managers and staff.

**Anne Owers**  
**HM Chief Inspector of Prisons**

**March 2009**

# Fact page

## Task of establishment

Category C male training prison.

## Area organisation

North West

## Number held

28 January 2009: 583

## Certified normal accommodation

622

## Operational capacity

644

## Last inspection

Unannounced follow-up inspection: 21–23 August 2006

## Brief history

HMP Haverigg was opened in 1967 on the site of a former RAF camp and is the only prison in Cumbria. Originally, 350 prisoners were accommodated in the RAF billets but the addition of new accommodation and the rebuilding of two units, following incidents of concerted indiscipline in 1988 and 1999, increased accommodation to 558 places. Additional places were created through further new units and doubling of cells.

## Description of residential units

Skiddaw	120	Purpose-built house block with two wings, each holding 60 prisoners in single cells with integral sanitation.
Fairfield	196	Nine billets with single and double rooms with integral sanitation.
Blencathra	126	Seven billets, mainly with single rooms
Helvellyn	80	Two 40-room units; all rooms have en-suite showers and in-cell television. The unit is drug free, with prisoners subject to regular voluntary drugs testing.
Great Gable	36	Programmes wing with single rooms in two billets.
Langdale	64	
<b>Total</b>	<b>622</b>	

Scafell wing is the segregation unit, with accommodation for up to 12 prisoners.



# Healthy prison summary

## Introduction

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HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review Suicide is everyone's concern, published in 1999. The criteria are:

<b>Safety</b>	prisoners, even the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**... performing well against this healthy prison test.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

**... performing reasonably well against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

**... not performing sufficiently well against this healthy prison test.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

**... performing poorly against this healthy prison test.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

## Safety

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HP3 There were gaps in reception, first night and induction procedures. In spite of some recent improvements, levels of violence and bullying were a major concern. The management of vulnerable prisoners and their co-location with suspected bullies was unacceptable. There was ineffective support for prisoners in crisis. The segregation

unit environment was poor and it was routinely full of prisoners there on good order or discipline. The number of adjudications and referrals to the independent adjudicator was extremely high. Use of force was low, and governance arrangements good. The level of drug use was very high. Haverigg was performing poorly against this healthy prison test.

- HP4 Transfers of prisoners into Haverigg were normally pre-planned. Journey times were typically between two and three hours and prisoners were offered refreshments, and toilet stops on longer journeys. Working relationships with the escort contractors were good.
- HP5 The reception was generally clean, although the initial holding room had some graffiti, as well as little written material and no television. The second holding room was considerably better, with tables, chairs and a television. The approach of staff in reception was reasonable, but no Listeners or peer supporters were available.
- HP6 A designated first night officer saw all new arrivals in a private office for first night and cell sharing risk assessments. Those identified as higher risk were meant to have a care plan drawn up by the orderly officer, although we found only one such example. New arrivals were allocated to Skiddaw Unit, but there were no designated first night cells. Although new arrivals were identified in a first night book and on the wing board, the night patrol we spoke to were unaware of this system. Cells for new arrivals were often in a poor condition, and no Listeners or peer supporters were available.
- HP7 The rolling five-day induction programme incorporated education assessments, generic preparation for work, gym induction, and a library visit and culminated in an offender development board. Some prisoners appeared to be moved off the induction unit before completion of the programme, and checklists to track progress were often incomplete. In our survey, the proportion of respondents who said that they had completed induction was significantly below the comparator.<sup>1</sup>
- HP8 The prison had recently established a well-resourced safer custody team in recognition of the safety problems at Haverigg. A safer custody policy document had been rewritten and there was a meeting structure to provide governance. There was still a high number of incidents, however, particularly on Fairfield, Blencathra and Skiddaw units. Poor staff supervision on some units added to concerns, and wing observation books indicated poor follow-up. An indication of the problem was that staff themselves chose to walk around in pairs for their own safety on Fairfield and Blencathra. Bullying was a significant problem, and nearly half of survey respondents said that they had felt unsafe at Haverigg. Many other survey findings on prisoner-on-prisoner intimidation, victimisation and the availability of drugs were also much worse than the comparators. There were now good arrangements to identify unexplained injuries, as well as bullying incidents from complaint forms, but safer custody links with security were underdeveloped. Not all incidents were investigated, and the quality of those that had been was generally poor. The prison's own anti-bullying procedures were also ineffective. Forty weapons were found in the establishment in 2008.

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

- HP9 Skiddaw held approximately 60 prisoners who could not cope on other units. While high, this was a significant reduction from recent months. Units such as Langdale had also been used to hold prisoners with vulnerabilities. Most of these prisoners had sought protection after being bullied and intimidated on Fairfield and Blencathra. There were no safeguards for such vulnerable prisoners, and no indication of effective steps to aid their reintegration. Vulnerable prisoners were housed on the same unit (Skiddaw) as identified bullies. Prisoners who refused to move from Skiddaw were placed on basic regime, even those who clearly felt under threat. The limited supervision on Fairfield prevented staff from making appropriate risk-assessed decisions in individual cases.
- HP10 The recently revised suicide and self-harm prevention policy was comprehensive, and monthly safer custody meetings were well attended. The identity of Listeners was not well publicised on all units and access could be subject to delays. Many Listeners were disaffected with their role and suggested a lack of support. We also saw delays in the issue of the Samaritans telephone. There were still no crisis suites or safer cells. In our survey, only 14% of respondents against the comparator of 40% said that emergency cell bells were normally answered within five minutes; this was a serious safety concern. There had been 110 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened in 2008 and 17 in 2009 to date, including some opened following serious incidents of self-harm. The quality of ACCTs was generally good, although immediate plans needed to be improved. We also observed some poor handovers between staff regarding a prisoner who was at risk.
- HP11 Security committee meetings were well attended and included representatives from all areas in the prison. Objectives were set appropriately and there were good systems to process information. However, communication of intelligence generally and the analysis of information to identify trends required development, as did links between security and the violence reduction group. Better communication was needed to ensure that all relevant information on bullying and violence was properly addressed.
- HP12 The segregation unit environment was poor. Many cells were dirty and poorly furnished, and the walls in the communal corridors were dirty and in a poor state of repair. Segregation was used almost exclusively for prisoners on good order and/or discipline, and was often full to its capacity of 12. Staff were trying to help prisoners on a day-to-day basis and dealt with them respectfully, but planning, reintegration systems and the quality of record keeping needed to improve, as did the provision of a more constructive regime.
- HP13 The number of adjudications was very high at over 1,800 for 2008. Although hearings were conducted fairly, some charges were for minor infringements of rules and could have been dealt with less formally. Some charges were not fully investigated. The number of cases referred to the independent adjudicator was very high, with 193 referrals in the previous six months. A large proportion of charges were for offences that should have been dealt with by adjudicating governors.
- HP14 The use of force was low, with 81 incidents in 2008. However, this was at variance with other indicators of order and violence, and suggested that many prisoner-on-prisoner incidents were unobserved. The quality of reporting documentation was good and gave assurance that force was used as a last resort. There was also evidence that de-escalation techniques were used to good effect. There were management

HP15 About 68 prisoners were on the integrated drug treatment system (IDTS) programme. Arrangements for the administration of methadone were not adequate and better supervision was required. Comprehensive IDTS clinical assessments were not completed by the day after arrival, and some took up to two weeks to be completed due to staff shortages. In our survey, 62% of respondents said that it was easy to get drugs in the prison, against a comparator of 33%. The mandatory drug testing (MDT) positive rate for the six months July to December 2008 was high at 17.6%, and over 20% including refusals to supply a sample. Conditions and cleanliness in the MDT suite were poor.

## Respect

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HP16 Environmental standards varied across the units, with poor standards and limited effective supervision on Fairfield and Blencathra. Staff-prisoner relationships were reasonable, but the personal officer scheme was ineffective. Prisoners were very negative about the quality of food. Procedures for the management of race equality were adequate, but arrangements for foreign prisoners as well as the broader diversity agenda were underdeveloped. Prisoners had little confidence in the applications and complaints procedures. Healthcare provision was only adequate, with the exception of mental health services. Haverigg was not performing sufficiently well against this healthy prison test.

HP17 There was a wide variation in the quality of residential accommodation. Living conditions on Fairfield and Blencathra were poor. Communal areas were dirty, poorly decorated, insufficiently supervised by staff, and generally did not meet the needs of the prisoner population. Some cells were filthy and there was offensive graffiti on many walls. Skiddaw unit was well designed, but many cells were dirty and communal areas were grubby. Conditions in the other units were better. Some accommodation was semi-open and conditions were reasonably good. The new Langdale unit had an excellent and well-maintained environment. Access to showers across the prison was reasonable, although standards of cleanliness also varied greatly.

HP18 The incentives and earned privileges policy document was explained to prisoners on induction, but not well publicised on the units. About 60% of prisoners were on enhanced regime, and the scheme seemed to be applied fairly. Apart from higher levels of private cash and extra visits, which not all prisoners received, there were few additional privileges to encourage them to progress. The scheme was not operating as a motivational tool.

HP19 Prisoner attitudes to staff were similar to those found in comparator establishments, and were mostly positive. We observed reasonable levels of respectful engagement, although we saw many staff in wing offices, and some prisoners who appeared to have been ignored while waiting for staff assistance. The personal officer scheme was nominal and ineffective. Personal officer entries in wing files were mixed, but failed to show engagement with or understanding of their prisoners, and there were no links to sentence planning or resettlement.

- HP20 Prisoners were unhappy about the food. The quality of food we saw varied greatly, although some meals seemed reasonable. The results of twice-yearly surveys were little used, and food comments books were not accessible. The kitchen was clean but run down, and the food trolleys used to transport meals were dirty. The two large dining halls were unwelcoming and dirty, and prisoners often chose to take their meals away to eat in their billets.
- HP21 The shop provider had recently changed, and the number of errors had increased since then to an average of 60 a week, with 31 complaints from prisoners in December 2008 alone. In our survey, significantly fewer respondents than the comparator said there was a sufficiently wide range of goods to meet their needs..
- HP22 The full-time diversity manager was also the race equality officer (REO) and foreign national coordinator. The diversity policy focused on staff issues, although the terms of reference for the monthly race equality action team (REAT) meeting had recently been amended to cover wider diversity issues. A disability liaison officer had only been appointed two weeks before our inspection. There were no routine monitoring, assessments or up-to-date list of prisoners with disabilities, but there had been reasonable adjustments for individual prisoners. Prisoners with disabilities reported more negative outcomes, particularly on safety. Two adapted cells on Fairfield were unfit for purpose. Arrangements for older prisoners were similarly underdeveloped. The diversity manager had developed a comprehensive and useful diversity website.
- HP23 Black and minority ethnic prisoners comprised about 11% of the population. The REAT was attended by prisoner representatives and external organisations, and there was some analysis of ethnic monitoring trends. Black and minority ethnic prisoners reported a lack of cultural awareness and understanding from some staff and other prisoners, and said that race issues compounded their more general concerns about personal safety. Racist incident complaints were investigated in a timely manner and were reasonably thorough, and some formal investigations had been commissioned. Some racist incident report forms showed that staff effectively challenged and reported racist behaviour, and completed forms were scrutinised externally. The promotion of race equality was underdeveloped.
- HP24 There were 25 foreign national prisoners, three of whom had recently become detainees. The diversity manager, as the foreign national coordinator, looked after both care and immigration issues with limited support. Foreign national prisoners expressed frustration with immigration issues and access to services in the prison. This problem had been recognised, and offender management unit staff were due to take on responsibility for this area. There were no separate foreign national meetings or peer support structures, although independent support and scrutiny through partnership arrangements with the Cumbrian Multicultural Service was helpful. There was limited translated material in the prison and little use of translation services.
- HP25 Prisoners had little confidence in the application system; in our survey, only 38% of respondents, against the comparator of 53%, felt that applications were dealt with promptly. There were no arrangements to chase up unanswered applications. There were about 48 complaints a week, which was high. Prisoners were equally negative about the complaints system, although the prison met targets for timeliness of replies, and quality assurance arrangements were good. The replies we saw were generally courteous and helpful. There were no legal services.

- HP26 There was a committed chaplaincy team led by a full-time coordinating chaplain, with sessional chaplains representing the various faiths. Attendance at services was limited, but there were some faith-based groups. The work of the chaplaincy was well integrated into the life of the prison, including involvement in safer custody and diversity.
- HP27 The healthcare environment was poor. Staffing levels were reasonable, but there were no nurse prescribers or practitioners. Clinical governance arrangements were reasonable, and the prison was included in the primary care trust's clinical audit cycle. Entries in clinical notes were variable, and some were sparse. Prisoners did not know the healthcare application system, which was also not auditable. Nurse-led clinics were ad hoc, and there was no liaison between work areas and health services to ensure that prisoners in high risk jobs had the relevant vaccinations. Prisoners did not have access to a pharmacist, and there were problems with the privacy and security of the administration of medications. There was no mental health provision during the inspection, and we had difficulty in obtaining evidence of services provided. No discipline staff had received mental health awareness training.

## Purposeful activity

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- HP28 Despite some recent improvements, most aspects of educational provision were inadequate. Some teachers were inappropriately resistant to change and expressed unacceptable attitudes. Vocational training opportunities were improving. There were broadly sufficient activity places to meet the needs of the population, although some prisoners had no activity, and only 70% of education places were filled. The provision of physical education was good, as was access to time out of cell and association. The prison was not performing sufficiently well against this healthy prison test.
- HP29 There had been some recent improvements in aspects of education provision, but there had been significant delays in addressing weaknesses identified in the last two inspections. There was much tutor resistance to change, and some expressed inappropriate attitudes and comments. All education places were part-time with access to a maximum of five sessions a week. About 396 places were available in education through the week, although occupancy was only 70%. About a third of the population had some connection with education. In most aspects of education provision, including overall effectiveness, performance was graded as inadequate. The teaching of basic skills and English for speakers of other languages (ESOL) was particularly poor.
- HP30 The library was well managed, access was good and opening hours were appropriate. It had about 500 prisoner visits a week. The provision of books and technology were good and stock loss was low, and the Storybook Dads scheme was supported.
- HP31 There was broadly sufficient employment to meet the needs of the population, with about 93% occupancy of the 601 activity places. However, some prisoners were unemployed, and just 30% of those employed were taking vocational qualifications. The dropout rate for vocational qualifications was also high. In some workshops, such as woodwork, despite good commercial standards, no accreditation was available. However, the quality of vocational achievement in IT was good, and there were initiatives to develop future provision.

- HP32 Physical education was well managed, and there were appropriate indoor and outdoor facilities. Staffing levels were good, as were the range and quality of teaching and support to prisoner peer tutors. The quality of accredited courses in the gym was high, and a reasonable number of prisoners achieved awards between levels one and four.
- HP33 Prisoners' time out of cell varied according to their accommodation. In the units that were semi-open, and on Langdale, prisoners could be confined to their units but were able to associate. The prison reported a year-to-date time unlock figure of about 10.5 hours a day, which reflected the reality for many prisoners, including those in cellular accommodation. For a significant number, the experience was even better. Access to association was good.

## Resettlement

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- HP34 There was no clear strategic overview of resettlement and reducing reoffending. Offender development boards during induction were positive, but further follow-up work was required. Offender management was reasonable, but supervisor contact with prisoners was variable. There were good arrangements for public protection, although provision for indeterminate-sentenced prisoners required further work. Resettlement surgeries were appropriate, but relatively new, and links to resettlement pathways needed strengthening. Some of the resettlement pathways were underdeveloped. The prison was not performing sufficiently well against this healthy prison test.
- HP35 There was no overarching resettlement strategy, although there were documents covering the constituent parts of offender management. The reducing reoffending delivery plan mentioned the resettlement pathways, but there was no review of development objectives. The reducing reoffending policy committee met bi-monthly but lacked a strategic focus. There had been two needs analyses in the previous nine months, but only a limited number of recommendations had been pursued.
- HP36 All new arrivals had offender development boards during induction, which identified initial sentence planning objectives. This worked reasonably well, but there was substantial variation in follow-up work. All prisoners were allocated an offender supervisor, but contact for those out of scope was poor, and for those in scope (214) not consistently regular. There was limited evidence of engagement with addressing risk factors. A new database that included prisoner contact and could be accessed by different departments was positive, but its use was limited. Links to offender managers in the community were good, and there were reasonable quality assurance arrangements for offender assessment system (OASys) assessments. All prisoners were offered a resettlement surgery up to 12 weeks before their release and a release plan was constructed, but there was no quality assurance to ensure that identified issues and referrals were picked up.
- HP37 All new arrivals were assessed for public protection issues. A good system for public protection management included a monthly interdepartmental strategic risk management meeting, supported by a sub-group that reviewed individual cases.
- HP38 Many of the 38 prisoners on life sentences and 24 on indeterminate sentences for public protection (IPPs) were concerned about the level of provision for them in

- HP39 Housing advice included support from peer housing advisers, but advisers had not had specialist training, which limited their effectiveness. The average rate of prisoners released with no fixed accommodation in the previous six months was high at 9%.
- HP40 Information, advice and guidance for education, training and employment was ineffective, and pre-release arrangements were insufficiently cohesive to provide the necessary support. In our survey, half of respondents said they would have difficulty finding a job on release, yet few knew who to contact for help with, for example, getting a college place. Staff were unaware of the prison's own education, training and employment targets.
- HP41 The Citizens Advice Bureau ran two sessions a week, which covered debt and money advice but also other queries. There were no figures recording outcomes and impact. There was no money management course, although a scheme to assist prisoners open bank accounts had recently been introduced.
- HP42 Because of the absence of mental health staff, we were unable to see any evidence of use of the care programme approach for prisoners with enduring mental health needs due for release. The healthcare release process was limited, although there were palliative and end-of-life policies.
- HP43 The counselling, assessment, referral, advice and throughcare service (CARATs) had an open caseload of 240. A CARAT worker explained all drug-related services to new arrivals. Interventions included components of the IDTS psychosocial programme, one-to-one key working, motivational enhancement, harm minimisation, relaxation, and auricular acupuncture. P-ASRO (prison addressing substance related offending) was also offered, but it was not open to IDTS prisoners. There was a drug and alcohol strategy, with an above-average approach to alcohol, and CARATs staff were willing to engage with prisoners who had only alcohol problems.
- HP44 There was a well-equipped visitors' centre run by friendly and welcoming staff. Prisoners had to wear bibs in the visits room and sit at a distance from their visitors, and there was no separate room for those waiting for their visitors. Closed visits were authorised following a single drug dog indication. Sunday morning family visits were offered, but only to enhanced prisoners and a few standard prisoners, and this restriction and the distance that many families had to travel meant that they were poorly attended. Families could use a video link from the Partners of Prisoners' Manchester office, although this was also not well used.
- HP45 Although there were some locally approved programmes, including alcohol awareness, anger management and thinking skills, the only accredited programme was P-ASRO. The chaplaincy delivered four Sycamore Tree restorative justice programmes a year, but funding for this was under threat.

## Main recommendations

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- HP46 The Fairfield unit is inherently unfit and unsafe for its present purpose and should be demolished.
- HP47 There should be effective links between security, safer custody, healthcare and residential staff to record, monitor, investigate and effectively deal with all matters relating to prisoner safety.
- HP48 The drug supply strategy should be urgently reviewed, including effective intelligence-led searching, dynamic security, and an effective voluntary testing regime.
- HP49 All staff should be actively involved in monitoring and addressing violence and bullying, and the tackling anti-social behaviour (TAB) strategy should be understood and vigorously applied.
- HP50 The segregation unit should be appropriately staffed and used, and living conditions there improved.
- HP51 Support for prisoners at risk of self-harm (such as access to Samaritans and Listeners) should be provided without delay.
- HP52 Effective support should be provided for prisoners who are unable to cope on the main units, and they should not be co-located with identified bullies.
- HP53 There should be access to a full range of mental health services every week.
- HP54 The education provision should be fully overhauled, to improve the quality of teaching, increase opportunities for vocational training, and provide effective information, advice and guidance and resettlement links.
- HP55 There should be a comprehensive strategy and policy to meet the range of prisoners' resettlement needs, including the provision of relevant offending behaviour programmes.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 All transfers were planned. The reduction of reception staffing over lunchtime could lead to delays for new arrivals. Prisoners produced at court were not returned to the prison on the same day.
- 1.2 There were good relationships between escort and reception staff. All transfers were planned and there were no late arrivals. Most prisoners transferred in from HMPs Preston, Liverpool and Durham and journeys were generally under three hours. Transfers were usually received each day, although during the inspection those scheduled for Monday, Tuesday and Wednesday did not arrive.
- 1.3 Escort records we sampled were properly completed and showed that prisoners were given food and drink during the journey. However, in our survey, only 7% of respondents, significantly worse than the comparator of 14%, said the frequency of toilet breaks was good. The cellular vehicle we inspected was clean. Property had travelled with the prisoners. The prisoners who arrived on this vehicle had not been offered a toilet stop as the journey was less than two hours, and there were plastic bags on the vehicle for those who wished to urinate.
- 1.4 Reception was open over the lunch period, but staffing was reduced to one officer. If an additional member of staff could not be located, new arrivals had to remain on the vehicle. Some prisoners told us they had to wait on the vehicle when they arrived at the prison.
- 1.5 Prisoners required to attend crown court were often not returned to the prison on the same day, but remained at the nearest prison to the court until transport to Haverigg was arranged. In one case during the inspection, a prisoner returned to the prison 13 days after his court appearance.

### Recommendations

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- 1.6 Prisoners transferred to HMP Haverigg should be offered sufficient toilet breaks.
- 1.7 Reception should remain fully open over the lunch period.

## First days in custody

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### Expected outcomes:

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

- 1.8 The reception area was small, and it was difficult for staff to supervise the initial holding room. The shower and telephone in reception appeared to be little used. There were no Listeners in reception. New arrivals received formal first night assessments, but accommodation was poor and night staff were unaware of the systems to identify those spending their first night in the prison. The induction timetable was appropriate, but some prisoners were missed and there was little use of multimedia or input from other departments in sessions.

## **Reception**

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- 1.9 The small reception area was staffed by two reception staff and a first night officer. It was clean and had two holding rooms with clean toilet and washing facilities. The initial holding room was small with only limited written information displayed, and had some graffiti. This holding room was at a distance from the main reception desk, which made effective staff supervision difficult. The second holding room was larger and appropriately equipped with tables, chairs, up-to-date written material and a television. There was a private room for health staff to carry out reception assessments, but this was not suitable for this purpose (see paragraph 4.22). There were two further holding rooms, which we were told were seldom used.
- 1.10 Reception procedures were efficient. Some prisoners said they had experienced a long wait in reception, and staff said this could happen depending on the number of new arrivals and the amount of their property. New arrivals were processed at a central desk, where their property was checked and searched, but they were interviewed in private by the first night officer. There were two searching cubicles with appropriate privacy. In our survey, 81% of respondents, significantly better than the comparator of 74%, said they were searched in a respectful way. Prisoners were given a hot drink on arrival.
- 1.11 The reception area had a single shower cubicle and a telephone, but we were not assured about their level of use. Our survey findings for the opportunity to use the telephone and shower on the day of arrival were significantly worse than the comparators. We were told that prisoners often preferred to use the facilities on the wing, although this was not possible on Friday afternoons when there were regime restrictions.
- 1.12 There was no Listener working in reception during the inspection. In our survey, only 21% of respondents, significantly below the comparator of 32%, said they had met a Listener within their first 24 hours.

## **First night**

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- 1.13 A first night officer interviewed all new arrivals in a private room in healthcare, and completed a cell sharing risk assessment (CSRA) and a local first night risk assessment. The risk assessment covered any concerns the prisoner had about his transfer to Haverigg and any immediate needs.
- 1.14 New arrivals identified as having an elevated level of risk were referred to the orderly officer and a care plan was supposed to be put in place. We could locate only one such care plan. This was incomplete, the only resulting support was to offer a single cell, no follow-up action was recorded, and the plan had not been signed by the prisoner or wing manager. However, the first night officer had made detailed entries in the prisoner's wing file, and there were subsequent good entries by staff during his early days.

- 1.15 First night staff also completed a 'promoting protective factors' interview, which included questions about family, accommodation or substance misuse problems. The results of these interviews should have been forwarded to the offender management unit, but we found some that had not been. New arrivals were also given a leaflet that explained what would happen during their first 24 hours in custody.
- 1.16 Despite these arrangements, respondents to our survey were significantly more negative than the comparators about whether staff asked them if they needed support with housing, contacting family, health problems and problems of feeling depressed or suicidal. Although first night officers had access to some written information in a variety of languages, these were general, with little specifically on policies and procedures at Haverigg.
- 1.17 All new arrivals were located on the ground floor of A wing on Skiddaw unit in either single or shared accommodation, depending on the CSRA and availability of cells. There were no designated first night cells. Although a painting programme was under way, the cells we saw on A wing were in a poor decorative state, some with a considerable amount of graffiti, and toilets were badly stained and dirty.
- 1.18 New arrivals were noted on the wing roll board and a wing log, which noted their date of arrival and CSRA and first night assessment levels. However, during the inspection night staff were not aware of this system, and we were not assured that they were aware of who was spending their first night in Haverigg. There were no Listeners on the first night unit during the first days of the inspection.
- 1.19 New arrivals had an induction compact, which recorded whether aspects of the reception and first night procedure had been completed, but the records we sampled were not fully completed. Some had no access to canteen for almost two weeks (see paragraph 7.15), which increased opportunities for debt and bullying.

## **Induction**

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- 1.20 Induction was a five-day rolling programme. It began the day after reception with an initial session delivered by induction staff, based on an information booklet that covered the prison's policies, procedures and rules. The programme also incorporated an education assessment and generic preparation for work modules, and culminated in an offender development board (see paragraph 8.9).
- 1.21 The published timetable was complicated. There was a system to fast-track prisoners who had recently been in custody in the prison, but the timetable was not clear about the sessions they were required to attend.
- 1.22 Classroom sessions were delivered in a room that was untidy and unwelcoming. The overhead projector was not working and there was little use of other media. We were told that most departments saw new arrivals individually, and there was little input in classroom sessions from staff from other departments or Listeners or prisoner race representatives.
- 1.23 Induction compacts included a tracking system, but those we sampled were not complete and we were not assured that each department had seen the prisoner during induction. Induction compacts included an audit by the wing manager, but we found no records that had been signed or quality assured.
- 1.24 Feedback was sought from prisoners during induction. In June 2008, there had been an evaluation of questionnaires collected between January and May 2008. The findings were

- 1.25 Some new arrivals appeared to be moved off Skiddaw before the end of their induction. This meant that induction staff had to collect them from other locations to complete remaining sessions.

## Recommendations

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- 1.26 Reception staff should be able to supervise prisoners in the holding rooms effectively.
- 1.27 Holding rooms should be maintained appropriately and have sufficient written materials.
- 1.28 New arrivals should have access to Listeners in reception and on the first night unit.
- 1.29 All new arrivals should be offered a shower and free telephone call.
- 1.30 Clear procedures to identify and monitor prisoners spending their first night in custody should be published and known to night staff.
- 1.31 First night cells should be clean, free from graffiti and welcoming.
- 1.32 New arrivals should remain on Skiddaw Unit until they complete their induction.
- 1.33 Induction compacts should be quality assured to ensure that prisoners have been seen by all relevant departments during induction.
- 1.34 Induction classroom sessions should include input from Insiders and prisoner race representatives.
- 1.35 Induction and first night information should be available in a range of appropriate languages.

## Housekeeping points

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- 1.36 The induction classroom should be appropriately equipped and furnished.
- 1.37 The published induction timetable should be simplified and include guidance on the sessions that returning prisoners should complete.

# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

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

2.1 There was wide variation in the quality of accommodation. Living conditions on Fairfield and Blencathra were poor, with communal areas that were dirty, poorly decorated, insufficiently supervised by staff, and generally did not meet the needs of prisoners. Skiddaw was well designed, but many cells were dirty and communal areas were grubby. Conditions in the other units were better, particularly in Langdale where cells and communal areas were clean and well maintained. Access to showers was good.

## Accommodation and facilities

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2.2 The six residential units – Skiddaw, Fairfield, Blencathra, Helvellyn, Great Gable and Langdale – held up to 622 prisoners in buildings of varying design, and were separated by secure fences. Fairfield, Blencathra and Great Gable had billets accommodating up to 19 prisoners each in a mix of single and double cells. Cells on Fairfield were secure and prisoners were locked in outside the core day and during the night. On Blencathra and Great Gable, prisoners had keys to their cells and were not locked in them, although the doors on each billet were locked.

2.3 Langdale and Skiddaw were modern purpose-built units. Half of Skiddaw was used as the induction wing, and the other half accommodated vulnerable prisoners and those suspected of bullying (see section on vulnerable prisoners). Langdale held 64 prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme. Helvellyn was an older wooden-clad building that housed up to 80 long-term prisoners, predominantly lifers and indeterminate-sentenced prisoners.

2.4 There was wide variation in the quality of residential accommodation. Living conditions on Fairfield and Blencathra were poor. Their communal areas were dirty, poorly decorated, insufficiently supervised by staff, and generally did not meet the needs of the prisoner population. Some cells were filthy, floors were worn in many places, and there was offensive graffiti on many walls. There was no evidence that the offensive displays policy was applied, and posters prohibited by the policy were clearly displayed in many cells and on cell doors facing communal corridors. Most of the prisoner notice boards in billets were broken and had no up-to-date information. Cells on Fairfield had integral sanitation, but many toilets were unscreened and dirty. Rooms on Blencathra did not have sanitation facilities, but as prisoners were not locked in their cells, they had good access to the communal toilets.

2.5 Fairfield and Blencathra had separate association billets with poorly maintained recreation equipment, such as a single pool and table tennis table. The Fairfield association billet was particularly poor. The room was filthy, poorly supervised by staff, and had no up-to-date information notices. There was, however, a well-equipped fitness room that prisoners could use during association.

- 2.6 Living conditions on Skiddaw were mixed. Although well designed with wide galleried landings that provided good sightlines, many areas were dirty and needed decoration. Floors were encrusted in dirt, particularly on the upper landing. Cells were dirty, especially those used to accommodate new arrivals, and many required painting. Although information notices were displayed, many were out of date and there was no provision for prisoners with reading difficulties.
- 2.7 The living environments in Helvellyn, Langdale and Great Gable were particularly good. Communal areas were clean and well maintained. Cells were clean, adequately furnished, and had in-cell electricity, televisions and kettles. Prisoners had open access to communal showers and toilets on Great Gable, and in-cell sanitation and showers on Helvellyn and Langdale.
- 2.8 Electronic records on the use of cell bells were not kept for Fairfield, Skiddaw or Langdale units, and it was difficult for many prisoners to get appropriate assistance when needed, particularly at night. During our inspection, we heard many bells that were rung and not answered for some time. In our survey, only 14% of respondents said that alarm bells were answered within five minutes, which was significantly worse than the comparator of 40%. Many staff said that prisoners abused the bell system, and we saw notices emphasising that these bells were only for emergency purposes, without specifying the circumstances that would constitute an emergency.
- 2.9 There was no in-cell call bell system at all on Blencathra, Great Gable or Helvellyn. A general prison alarm bell was located at the unit entrances, but prisoners said that they would press these only when there was an extreme emergency involving a serious violent incident or fire.
- 2.10 In our survey, 72% of respondents said that units were normally quiet enough for them to relax and sleep at night, which was just above the comparator of 70%.
- 2.11 There were no restrictions on the number of letters prisoners could send or receive. Supplies of stationery and stamps were available in the prison shop, and prisoners could receive one free letter a week to send. Incoming mail was received into a central post room where it was opened, checked for enclosures and sorted by residential unit. It was normally delivered to residential units within 24 hours of its arrival.
- 2.12 There were insufficient telephones on Blencathra, Fairfield, Skiddaw and Langdale, based on an acceptable ratio of one telephone to 20 prisoners. On Fairfield, telephones could only be accessed during association, which was not available on Fridays. Prisoners also told us that limited access to the telephones had led to arguments, particularly on the day that telephone credit was added to their accounts.
- 2.13 Prisoners had been consulted about the routines and facilities on residential units through consultation meetings with residential staff. However, there was little to show that changes had taken place as a result of consultation or that living conditions had improved, particularly on Fairfield and Blencathra units.

## Clothing and possessions

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- 2.14 All prisoners could wear their own clothes. Lists of approved items were published and prisoners knew the required standards. However, there were no facilities for prisoners to wash their own clothes, such as laundry rooms. Although prisoners could have their clothes washed in the prison laundry, many said that there were no systems to ensure their clothes were properly cleaned and kept safe. As a result, prisoners, particularly on Fairfield and Blencathra

- 2.15 There were good supplies of clean prison clothing for those who wanted it, and weekly prison clothing exchanges.

## Hygiene

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- 2.16 Communal showers were screened, worked properly and accessible during association. In our survey, 97% of respondents said that they could have a shower every day. Prisoners had good access to personal hygiene items supplied by the prison, and there was a good range of toiletries for sale in the prison shop.
- 2.17 Clean bedding was offered weekly, and prisoners could have blankets as they required them.

## Recommendations

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- 2.18 Living conditions on Blencathra and Fairfield units should be improved.
- 2.19 All residential areas should be clean and well maintained.
- 2.20 Association rooms should be improved and kept clean.
- 2.21 All cells should have call bells, and these should be answered within five minutes.
- 2.22 Up-to-date notices should be displayed and in formats suitable for the prison's population.
- 2.23 There should be a clear policy prohibiting offensive displays that should be applied consistently.
- 2.24 There should be additional telephones on Blencathra, Fairfield, Skiddaw and Langdale, based on an acceptable ratio of one telephone to 20 prisoners.
- 2.25 There should be facilities to allow prisoners to wash their own clothes.

## Staff-prisoner relationships

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### Expected outcomes:

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

- 2.26 Most prisoners spoke positively about staff and we saw positive interactions between staff and prisoners. However, supervision on some units was poor, and there was too little evidence of staff challenging bullying behaviour or actively supporting prisoners' resettlement needs.

- 2.27 Most responses to our survey on prisoner attitudes to staff were similar to the comparator findings, and there was little to suggest that they felt victimised by staff. These views broadly reflected the findings of the most recent measuring the quality of prison life (MQPL) survey in 2007. However, in this survey prisoners appeared to question the support and interest evidenced by staff and, in particular, that they were not seen as individuals or respected.
- 2.28 In our discussions with prisoners, they were positive about staff, even when they were generally negative about their experiences at Haverigg. Our own observations suggested reasonable levels of engagement, and we noted many examples of positive and friendly informal encounters between staff and prisoners. However, these generally good relationships were not translated into systems to assist and support prisoners, or to challenge inappropriate behaviour.
- 2.29 We also observed many staff in wing offices, and some prisoners waiting for staff assistance who appeared to have been ignored. Some staff spoke of prisoners in disparaging terms, although this was not universal. Staff did not address prisoners by their preferred names, and staff perceptions of their relationships with prisoners on Fairfield unit was such that they felt it necessary to walk around in pairs.

## Recommendation

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- 2.30 **Staff should adequately supervise prisoners on residential units and in association rooms.**

## Personal officers

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### Expected outcomes:

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

- 2.31 A policy document described the role of the 'quality of life' (personal) officer and there was a nominal scheme, but it was not effective. Personal officer entries in wing files were generally cursory, concentrated on single incidents, and did not show positive engagement with their prisoners or insight into their personal circumstances. There was no evidence that personal officers were involved with any aspect of resettlement.
- 2.32 A comprehensive policy document had been published that clearly described the duties and responsibilities of quality of life (personal) officers, alongside a system of management checks and schedule of contact with their prisoners. There were copies in most residential units. All prisoners had such officers, but many said that they did not know who they were and had not been introduced to them. In our survey, only 47% of respondents said that they had a personal officer, which was significantly worse than the comparator at 72%
- 2.33 Personal officers did not consistently maintain an accurate diary of contact with their prisoners and did not always identify significant events affecting them. Designated times for personal officers to record contact with prisoners were not consistently used, prescribed management checks were not made regularly, and the monitoring arrangements described in the policy document were not followed in most cases.

- 2.34 We found weekly entries in prisoner files from identifiable personal officers in two residential units. On many units, we found examples where no entries had been recorded for up to six weeks. Regularity of entries was particularly poor on Fairfield and Blencathra units.
- 2.35 The quality of entries was generally poor, and they were predominantly concerned with single incident behaviour rather than the personal and individual circumstances of prisoners. Personal officers did not routinely approach their prisoners to monitor their welfare or support their progress. There was no evidence that they had any involvement in sentence planning or resettlement processes.

## Recommendations

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- 2.36 There should be an effective personal officer scheme.
- 2.37 There should be routine management checks of personal officer contact time and the quality of entries in prisoners' personal files.
- 2.38 Personal officers should make appropriate contributions to sentence planning and resettlement processes.



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 Although the number of incidents had reduced from a very high level in mid-2008, bullying remained a serious problem. Fairfield and Blencathra units were difficult to supervise, and had real safety issues, to the extent that staff would only walk around these units in pairs. Findings in our survey about prisoner-on-prisoner intimidation were significantly worse than the comparators. Unexplained injuries were investigated, but links with security were underdeveloped and wing observation books were not checked. The tackling anti-social behaviour (TAB) system was largely ineffective, with little engagement by staff and no interventions for persistent bullies or victims.
- 3.2 Although the level of incidents had fallen, bullying and violence remained a significant issue at Haverigg. Procedures relating to anti-bullying and violence reduction were explained in a policy document, which had been updated in November 2008. All related issues were managed through the monthly violence reduction committee. Meetings were chaired by the policy lead for safer custody and were well attended, although the prison would have benefited from a single meeting covering all aspects of safer custody (see recommendation 3.47).
- 3.3 Monitoring data provided for the violence reduction meeting was underdeveloped and did not take into account many local indicators. For example, managers did not know the number of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents in which bullying had been a trigger, and there was no monitoring of the number of transfer requests or the number of times that new arrivals refused to move from Skiddaw to normal location.
- 3.4 Matters relating to safer custody were explained to prisoners during induction and were well publicised across the establishment. The safer custody team regularly attended the monthly prisoner consultative meetings and raised relevant issues for discussion.
- 3.5 The safer custody team had been significantly increased recently (see paragraph 3.32). This was in response to a very high level of bullying and violence during the summer of 2008, as well as a very poor local audit score at around the same time. Following the review of violence reduction procedures, the safer custody team had carried out some training. This was attended by work supervisors, but none of the uniformed grades.
- 3.6 A bullying survey was under way and waiting to be analysed. In our own survey, 43% of respondents, significantly higher than the comparator of 30%, said that they had felt unsafe at some point at Haverigg, and responses indicated a high level of prisoner-on-prisoner intimidation. For example, 34% of respondents against the comparator of only 20% said that they had been victimised by another prisoner, and 15% against only 5% said that they had been hit, kicked or assaulted by other prisoners.

- 3.7 Prisoners told us that Fairfield in particular was not safe, and there were also problems on Blencathra (see section on vulnerable prisoners). These views were echoed by staff, who only felt safe on these units when walking around in pairs, even though Blencathra was predominantly an enhanced prisoner unit.
- 3.8 Following the high number of incidents in 2008, gates into the billets were now locked off every 15 minutes and reopened 15 minutes later. Prisoners were banned from entering any billets other than their own, and these measures were intended to control the amount of movement and deter prisoners from entering other billets. While these measures had led to a reduction in incidents on Fairfield, they were universally disliked by prisoners.
- 3.9 We went on to Fairfield and Blencathra units during evening association. Despite reasonable staffing levels, the layout of the billets and association areas meant that supervision was virtually non-existent. With the exception of a spontaneous incident, staff were in no position to supervise prisoners effectively, and offered little deterrence to bullying.
- 3.10 The number of incidents was difficult to determine, particularly as the establishment's own audit had highlighted that not all assaults had been reported or investigated. The figures we were given were that there had been 52 assaults in the last six months of 2008, 46 prisoner on prisoner and six on staff. Forty weapon finds had been reported in 2008. A review of adjudications also confirmed a high level of charges relating to threatening behaviour and prisoners disobeying orders.
- 3.11 The majority of incidents took place in three units – Fairfield, Blencathra and Skiddaw. The monitoring that had taken place was based on the number of security information reports (SIRs) received each month relating to violence, which included assaults, fights, bullying, threatening behaviour and weapons. In June 2008, there had been 122 SIRs in these categories. The number had steadily reduced to 87 in October and 49 in December 2008. Despite this downward trend, we were still concerned at the number of vulnerable prisoners on Skiddaw unit (see section on vulnerable prisoners) and the level of comments in wing observation books relating to acts of violence and bullying.
- 3.12 As a response to the incidents in summer 2008, the governor had looked at the population profile. This indicated a high level of prisoners on licence recall, prolific or priority offenders (PPOs) and those with convictions for drugs and violence. This resulted in the area manager temporarily suspending allocations of PPOs and licence recalls from Preston.
- 3.13 All incidents of bullying were dealt with under tackling anti-social behaviour (TAB) arrangements. There was no system for staff to alert the safer custody team about a suspected bullying incident. Instead, unit staff were required to open a TAB document and update the TAB register on the intranet. The safer custody team had no control over this and, as a consequence, the TAB register was routinely out of date.
- 3.14 There were three TAB levels for bullies, based on staff monitoring and improvement targets, and one level for victims. Bullies were given written warnings, which remained in force for three months. The TAB documents that we reviewed for both bullies and victims were of poor standard. Investigations had not always been completed, and, where they had, were generally superficial. Monitoring entries provided little evidence of engagement by staff, and no support from personal officers. Once closed, TAB documents were filed with the prisoner's wing history file – there were no effective quality assurance arrangements. There were no interventions for persistent bullies or victims. Overall, the TAB system was ineffective.

- 3.15 Bullies monitored on the third stage of TAB were moved to B wing on Skiddaw unit, which housed most of the vulnerable prisoners; this was unacceptable (see section on vulnerable prisoners). TAB 3 prisoners were not allowed any association, although they did have daily access to showers, exercise and telephones.
- 3.16 The recently formed safer custody team had been working hard to implement procedures. It had good links with healthcare and the complaints clerk to identify potential bullying incidents. Unexplained injuries were properly investigated; we noted that several of the injuries were significant. Links with the security department were, however, underdeveloped. Although the safer custody team were informed of the number of related SIRs, they were not given specific details. There were no management checks of entries in wing observation books, and we found many examples where key information from observation books had not been entered into individual wing history files.
- 3.17 One incident highlighted the problems on Fairfield. A prisoner told staff that he had been threatened with a knife by the prisoner in the next cell. Staff searched this cell and found a weapon, and TAB documents were opened. However, the prisoner who reported the matter was still very concerned for his safety, as the prisoner who had threatened him remained in the next cell.

## Recommendations

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- 3.18 Monitoring of anti-bullying and violence reduction should be extended to include more factors indicating potential incidents.
- 3.19 Staff should be trained in the revised violence reduction and anti-bullying strategy.
- 3.20 All assaults should be reported through the incident reporting system and be fully investigated.
- 3.21 There should be an alert procedure to inform the safer custody team of suspected incidents.
- 3.22 The safer custody team should coordinate investigations into suspected incidents and be given the necessary information to maintain the tackling anti-social behaviour (TAB) register accurately.
- 3.23 TAB documents should be quality assured, and monitoring entries should provide evidence of engagement and support from staff.
- 3.24 There should be interventions for persistent bullies and victims of bullying.
- 3.25 Links between the safer custody team and security should be improved, and there should be regular management checks of wing observation books to identify potential incidents of bullying.
- 3.26 Relevant key information in wing observation books should be reflected in wing history files.

## Housekeeping point

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- 3.27 Prisoners on tackling anti-social behaviour (TAB) level three should be allowed some association each week.

## Self-harm and suicide

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### Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.28 The safer custody team had been increased significantly to address identified failings. Meetings were well attended, but monitoring of indicators needed to be expanded and used more effectively. There was good quality assurance of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents. Night orders for the emergency unlock of cells needed urgent review. At-risk prisoners did not always have access to Samaritans telephones or to see Listeners within an acceptable timeframe. Key information was not always handed over correctly between shifts, and response to emergency cell bells was poor on some units. There were no safer cells or crisis suites.
- 3.29 The suicide prevention policy document had been recently reviewed. It was well written and gave staff clear guidance on their individual responsibilities, the assessment, care in custody and teamwork (ACCT) self-harm monitoring system, and the general care of prisoners identified as at risk.
- 3.30 There had been two self-inflicted deaths in custody since the last inspection, both in 2007. Action plans were in place and progress had been made against specific recommendations.
- 3.31 There were separate committees for suicide prevention and violence reduction, both of which met monthly. The prison would have benefited from a single meeting covering all aspects of safer custody. The suicide prevention committee meetings were chaired by the safer custody team leader and were well attended, including representatives from the Samaritans and the Listeners.
- 3.32 Resources for safer custody had increased recently following the very poor self-audit score at the end of 2008. The safer custody team was based in a well-equipped office on Langdale. The team consisted of a principal officer, a senior officer, an officer and part-time administrative support. The team had worked hard to address some obvious deficiencies, and had started to produce monitoring data for suicide prevention committee meetings. However, these statistics remained basic and did not cover all useful indicators – such as the number of self-harm incidents, or the time and place these occurred. Even the basic monitoring information that was collated had not been properly analysed at subsequent meetings, and analysis of trends over time were not yet available.

- 3.33 There had been 110 ACCT documents opened in 2008 and 17 since the start of 2009. Since July 2008, there had been 42 incidents of self-harm, including some serious ones shortly before the inspection. All staff had been initially trained in the ACCT procedures when they were introduced, and there was refresher training as necessary, and new staff were trained during their induction. All permanent night staff had also been trained.
- 3.34 There were eight open ACCT documents at the time of inspection. The quality of these and recently closed ACCTs was generally good. Initial assessor reports were thorough, although immediate action plans needed to be improved, as they put the responsibility for meeting identified targets on the at-risk prisoner, with little emphasis on support from staff. Case reviews were generally well written, and there was evidence of a multidisciplinary approach to the care of prisoners at risk. Staff made regular monitoring entries, many of which showed real engagement, but the standard was inconsistent. The quality of ACCT documents had improved through good quality assurance checks by the safer custody team. Post-closure interviews were completed and recorded in the closed ACCT documents.
- 3.35 During our night visit, we came across a situation that was very poorly dealt with. A prisoner had requested the Samaritans telephone one hour 15 minutes earlier, before the day staff went off duty, and this was written in the wing observation book. The two Samaritans telephones were held by the orderly officer, but one had not been brought over. As a result, the prisoner covered his observation port, staff entered his cell, removed in-possession medication and got assurances from him that he was not going to self-harm. The prisoner also at this point declined the Samaritans telephone. The next day, most staff on the unit were unaware of the incident, as nothing had been added in the wing observation book or the prisoner's wing history file. We also learned that the prisoner had been on an open ACCT document only days earlier, one of the triggers being that he had been placed on basic, but he was due to lose privileges, including his television, later that day in line with basic procedures. This matter was brought to the attention of the governor, following which there was an ACCT post-closure review by one of the safer custody team and a summary entered in the prisoner's wing history file. The actions by staff and the quality of handover on this occasion were inadequate.
- 3.36 Night orders stated that staff should not enter a cell at night in an emergency until additional staff had arrived on the scene. We were concerned that, in view of the scale and geography of the prison, the chances of a prisoner surviving a serious self-harm attempt until other staff responded would be significantly reduced if this instruction were adhered to. All night staff carried anti-ligature shears and a cell key in a sealed pack. They should have been able to enter a cell to prevent a prisoner attempting self-harm, after alerting the orderly officer and taking sensible precautions.
- 3.37 There were five Listeners and a further three under training. At the time of inspection, there were no Listeners in reception or on the first night/induction unit on Skiddaw. In our survey, only 21% of respondents, significantly worse than the comparator of 32%, said that they had access to a Listener or Samaritan within the first 24 hours of arrival. This matter was addressed during our visit, and a Listener was allocated to attend reception each day.
- 3.38 The minutes of the suicide prevention and violence reduction committees indicated that the Listeners were generally disaffected. One Listener confirmed an incident in the minutes of the violence reduction committee where it had taken staff two hours to take a Listener to an at-risk prisoner as requested. In our survey, only 57% of respondents, significantly worse than the comparator of 64%, said that they were able to speak to a Listener at any time. The Listener we spoke with also reported that an at-risk prisoner had been relocated to another cell that had not been searched, in which the previous occupant had left some tablets. There were still no safer cells or crisis suites.

- 3.39 Another concern was the number of complaints from prisoners about poor staff response times to emergency cell bells. Although poor layout was a factor in units such as Fairfield, we also observed cell bells going unanswered on Skiddaw for lengthy periods (see paragraphs 2.8 and 2.9).

## Recommendations

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- 3.40 The range of monitoring indicators relating to suicide prevention should be increased and developed to establish emerging trends, be fully analysed by committee meetings, and used to inform policy.
- 3.41 Action plans in assessment, care in custody and teamwork (ACCT) documents should not solely place responsibility on the prisoner.
- 3.42 The quality of monitoring entries in ACCT documents should consistently demonstrate staff engagement with the prisoner.
- 3.43 Staff should hand over significant information about prisoners between shifts.
- 3.44 Night orders relating to the emergency unlock of cells should be urgently revised.
- 3.45 Cells used for at-risk prisoners should be thoroughly searched.
- 3.46 Safer cells and a crisis suite should be provided.
- 3.47 Monthly meetings of the suicide prevention and violence reduction committees should be merged into one safer custody meeting.

## Diversity

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### Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.48 The diversity policy and quarterly diversity meetings focused only on staff issues. There were significant gaps in provision. There was no routine monitoring of the number or needs of older prisoners or those with disabilities, and no assessments or reviews. A disability liaison officer had only recently been appointed. The two adapted cells were not fit for purpose.
- 3.49 The full-time diversity manager was also the race equality officer, equal opportunities officer and foreign national coordinator. The published diversity policy and the agenda of the quarterly diversity team meeting chaired by the deputy governor focused solely on staff issues. Managers had recently revised the terms of reference of the race equality action team to include consideration of other diversity issues related to prisoners. Diversity training was delivered to all staff over a three-year cycle. National training had recently been revised and few staff had yet been trained in this, but 95% of staff had been trained in the old package.
- 3.50 There was no routine monitoring of the number of older prisoners or those with disabilities, and no regular analysis of their needs or their access to amenities and facilities in the prison. We

- 3.51 In our survey, 17% of respondents said they considered themselves to have a disability. These prisoners had more negative perceptions of their treatment and conditions than prisoners who did not consider they had a disability. For example, only 55% compared with 72% said there was a member of staff they could turn to for help if they had a problem, and 32% compared with 13% said they felt unsafe currently.
- 3.52 The disability policy was dated 2006 and a recent self-audit had identified that there was no disability liaison officer in post. A principal officer had been appointed to take on this role two weeks before the inspection, but had not been given additional facility time to do so and had not yet undertaken any work.
- 3.53 There were six prisoners aged 60 and over at the time of the inspection. Until April 2008, a member of staff funded through the Impact project had worked with prisoners over 50, but this service was no longer funded and there were no alternative arrangements for the care of older prisoners. Prisoners eligible for retirement pay were still required to pay for their television.

## Recommendations

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- 3.54 The diversity manager should be supported by designated liaison officers for each of the diversity strands, with adequate facility time to carry out this work.
- 3.55 There should be a published diversity policy, based on an annual needs assessment, with clear guidance on how the needs of minority groups will be met.
- 3.56 All new arrivals should be assessed to establish whether they have a disability, a care plan drawn up and assessments reviewed at least annually.
- 3.57 All older prisoners and those with disabilities should be regularly consulted about their individual needs.
- 3.58 There should be regular monitoring of prisoners from minority groups to ensure they have equitable access to amenities and activities.
- 3.59 Prisoners past the age of retirement should not have to pay for their television.

## Race equality

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### Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.60 The race equality officer was not full time and cover arrangements were inadequate. Racist incident report form investigations were reasonably thorough. Black and minority ethnic

prisoners expressed little confidence in the complaint systems and reported a lack of cultural awareness by some staff and prisoners. There was little positive promotion or celebration of cultural and racial diversity, and scope to improve consultation arrangements with black and minority ethnic prisoners.

## Race equality

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- 3.61 Black and minority ethnic prisoners made up approximately 11% of the population. Staff from minority ethnic backgrounds made up approximately 2% of staff in contact roles. Black and minority ethnic prisoners reported a lack of cultural awareness and understanding on the part of some staff and prisoners. They told us that issues of race compounded and exacerbated their more general concerns about personal safety, particularly on Fairfield.
- 3.62 The diversity manager was the race equality officer (REO), but was also responsible for foreign national prisoners and diversity (see paragraph 3.49) and the role was not full time. Cover arrangements were inadequate, as the designated assistant REO had no facility time for the work. This had been recognised by the deputy governor, who chaired the race equality action team (REAT), and alternative arrangements were being explored.
- 3.63 The race equality policy had been published in April 2008. The diversity manager had developed a diversity website where all relevant policies and documentation were available to staff. The prison's race equality statement and photographs of the REAT chair and REO were displayed in most areas, including residential units. The diversity manager had attended previous national REO training, but still awaited a place on the revised training course. Only eight members of the REAT had attended the necessary training. The diversity manager saw all staff during their induction, which also covered race equality procedures, including how to report a racist incident.
- 3.64 The REAT met monthly. Attendance in 2008 had been reasonable, although a visit by the Prison Service race equality action group (REAG) had identified areas for improvement and, as a result, the terms of reference and membership of the meeting had been revised and extended in January 2009. The diversity manager produced a monthly report with an overview of ethnic monitoring findings and submitted racist incidents. The prison conducted some local ethnic monitoring, including the use of accommodation, although there was no longer a national requirement to do so. The REO identified some trends from ethnic monitoring, and there was some discussion and follow-up action recorded in REAT minutes, but there was scope to improve and develop the level of analysis. In our focus group, black and minority ethnic prisoners said they were not aware of the monthly ethnic monitoring or its findings. The REAT had little discussion of the race equality action plan from 2008 or monitoring of outstanding action, although its revised terms of reference placed an increased emphasis on this.
- 3.65 Some but not all the race equality prisoner representatives attended the REAT. Minutes showed that they contributed and were keen to play an active role. There were five prisoner representatives at the time of the inspection. A poster with their photographs and names was displayed in some but not all areas. Some were new to the role and not all had attended the relevant training. The diversity manager had held a meeting with prisoner representatives in November 2008, but none of the current representatives had attended this. Representatives we spoke to welcomed the opportunity to be more involved, particularly in promoting cultural diversity, and to have more regular contact with the REO.

## Managing racist incidents

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- 3.66 In 2008, 44 racist incident report forms (RIRFs) had been submitted, and there had been nine in 2009 to date, all of which were still under investigation by the REO. Approximately 39% of those in 2008 were prisoner allegations of racist treatment by staff.
- 3.67 Residential areas had a complaints box and most had a supply of RIRFs in various languages with envelopes. B wing on Skiddaw unit did not have a supply of RIRFs on the day we checked, and the complaints box on Blencathra was not locked. Complaints boxes were emptied overnight and the REO collected RIRFs the following day.
- 3.68 A staff notice published in October 2008 outlined the procedure for reporting racist incidents and commented briefly on the support for victims. The RIRFs we examined showed that some staff recognised, challenged and reported racist behaviour effectively, but in some cases they had not challenged the incidents they reported. We did not see any examples of action plans to support victims, and, in practice, support appeared to be to move victims to a different location. We spoke with a foreign national prisoner who had experienced difficulties with other prisoners and who had been relocated to another unit, and he said he felt supported by staff.
- 3.69 The REO had attended investigations training and dealt with submitted complaints. The investigations we examined were reasonably thorough. Some were simple investigations and, where appropriate, a formal investigation was recommended. We found two RIRFs submitted in 2008 that did not appear to have been investigated and the outcome was unclear. All completed investigations were signed off by the REAT chair and were quality assured by the area manager and the Cumbria Multicultural Centre, with which the prison had good links and which attended the REAT. General complaints with the racial aspect box ticked were forwarded to the REO, who raised a RIRF. RIRFs were also raised as a result of comments made by prisoners at adjudication. There were no interventions for prisoners who demonstrated racist behaviour, other than a discussion with the REO. A recent audit had identified that complainants were not provided with feedback, but systems were now in place. In focus groups, black and minority ethnic prisoners expressed little confidence in any complaint system.
- 3.70 The diversity manager submitted a report to the violence reduction meeting that included an overview of submitted racist incident complaints and a breakdown by location. Between August and November 2008, more racist incidents had been reported on Fairfield. Although racist incidents were a standing agenda item at the REAT, there was no monitoring or analysis of trends.

## Race equality duty

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- 3.71 The prison had completed 10 impact assessments, and had identified further work required. Revised impact assessments had been submitted to north west area office and were awaiting feedback.
- 3.72 There was potential to improve and extend the consultation with black and minority ethnic prisoners. There was a black and minority ethnic prisoner forum chaired by the diversity manager, but the minutes of the meetings in December 2008 and January 2009 showed that they were not well attended. The Muslim chaplain and catering manager had attended the January meeting. The prison was due to work with Partners of Prisoners (POPs) to raise the profile and awareness of race equality work and develop prisoner forums. The prison had not

- 3.73 Very little material displayed in the prison reflected the racial diversity of the population, and that had been only a few events in 2008 to celebrate cultural diversity, largely delivered through the education department. The REAT chair had recognised that better promotion of racial diversity was a priority.
- 3.74 The REO had systems to identify prisoners convicted of current or previously racially aggravated offences, and this information was available electronically to all staff.

## Recommendations

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- 3.75 There should be detailed analysis of ethnic monitoring to determine patterns and trends. This information should be accessible and clear to all prisoners and staff.
- 3.76 There should be adequately resourced arrangements to cover and support the role of the race equality officer.
- 3.77 All race equality action team members and prisoners' representatives should attend the required training.
- 3.78 Racist incident report forms should be available on all wings, and all complaint boxes should be locked.
- 3.79 The race equality action team should monitor and analyse all submitted racist incident report forms to identify trends and take action as required.
- 3.80 There should be appropriate interventions for prisoners who demonstrate racist behaviour, and action plans for victims of racist incidents.
- 3.81 There should be an annual race equality survey and regular consultation with black and minority ethnic prisoners to inform and develop the race equality action plan and policy.
- 3.82 There should be a planned calendar of events to celebrate and promote cultural, racial and ethnic diversity to which all departments contribute.

## Housekeeping point

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- 3.83 Photographs of prisoner race representatives should be displayed on wings.

## Foreign national prisoners

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### Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.84 The diversity manager was currently the foreign national coordinator, but offender supervisors were due to take on responsibility for meeting the needs of foreign national prisoners. There were links with a local Polish interpreter, but little use of telephone interpreting services and limited translated material. Arrangements for free monthly telephone calls were inflexible.
- 3.85 There were 25 foreign national prisoners during the inspection, three of whom were detainees. There was a foreign national prisoner staff information pack and policy document, which were published on the diversity website. The policy described a multidisciplinary approach to caring for and meeting the needs of foreign national prisoners, and gave staff some information about entitlements for foreign national prisoners.
- 3.86 The diversity manager had been acting as the foreign national coordinator and was responsible for the care and immigration needs of foreign national prisoners. The manager had some administrative support to ensure that immigration paperwork was properly dealt with. There was little support for this role from other departments or staff, including personal officers. Managers had recognised that these arrangements were inadequate to meet the needs of foreign national prisoners, and relied heavily on the diversity manager to the detriment of race equality and wider diversity work. Arrangements were under way to transfer responsibility for case managing foreign national prisoners and liaising with the UK Border Agency to offender management staff and individual offender supervisors.
- 3.87 There was limited translated material in the prison. There were no records of use of the telephone interpreting service, but invoices for the service showed it was used on 18 occasions from April to December 2008. The prison had a positive relationship with a local interpreter offering Polish who visited during the inspection to assist wing staff and the diversity manager explain procedures to a prisoner with little English. The diversity manager kept a list of staff and prisoners with foreign languages who were willing to interpret.
- 3.88 There were systems to identify foreign national new arrivals and records were kept and monitored. There was no separate foreign national committee. There was limited discussion of foreign national prisoners at the monthly REAT meeting, but no routine monitoring or review of the published policy to ensure their needs were met. The last foreign national prisoners' forum was held in October 2008. The meeting had been poorly attended and the agenda appeared limited.
- 3.89 Foreign national prisoners expressed some frustration with immigration matters and negative perceptions about their access to regime provision. We spoke to one foreign national prisoner through the telephone interpreting service. He had experienced bullying from other prisoners and had moved to another unit, but was positive about the support from staff.
- 3.90 All foreign national prisoners could apply for a free 10-minute international telephone call each month if they had not received a social visit. Applications only needed to be made once, but had to be countersigned by a governor, and credit was only awarded at the same time each month, which meant that new arrivals could have a delay before they could make their call. The prisoner we spoke to had applied for a call in December 2008 but had not received a reply by the first week in February.
- 3.91 The prison had good links with the Cumbrian Multicultural Centre whose members visited one day a month to see individual foreign national prisoners.

## Recommendations

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- 3.92 There should be a foreign national strategy based on an up-to-date analysis of the needs of foreign national prisoners and including a time-bound action plan, and prescribing the involvement of all relevant departments and staff.
- 3.93 Arrangements for free international telephone calls should accommodate foreign national prisoners from the day of their arrival.

## Applications and complaints

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### Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.94 Prisoners had little confidence in the arrangements for applications or complaints. Applications often went unanswered and there was no system for chasing up late responses, but the establishment exceeded its target for the timeliness of responses to complaints, which were generally appropriate and quality assured. There was no information about applications or complaints in foreign languages. Access to forms was restricted on Fairfield and Blencathra.
- 3.95 New arrivals were advised of the arrangements for applications and complaints as part of the induction programme, but none of this information had been translated into foreign languages.
- 3.96 Application and complaint forms were available on all residential units, but access was limited on Fairfield and Blencathra as they were held in the association rooms, which were locked off when not in use. In our survey, 83% of respondents against the comparator of 90% said that it was easy to get an application form, and only 78% against 86% said it was easy to get a complaint form.
- 3.97 Applications were logged on all units, but the date of reply was often not recorded. Prisoners told us that applications frequently went unanswered, and some staff accepted that this was the case. There were no arrangements to chase up unanswered or late replies. In our survey, only 38% of respondents, significantly less than the comparator of 53%, said that applications were dealt with promptly. The local forms had space for a written response.
- 3.98 Each residential unit had a lockable box for prisoners to post their complaint forms, although the box on Blencathra was not fixed to the wall and had been left open. There were ample complaint forms and confidential envelopes in the designated areas on each unit. The boxes were emptied by the night orderly officer.
- 3.99 There had been an average of approximately 48 complaints a week in the nine months to the end of December 2008. This figure was high, but had been reduced to approximately 37 a week in the first five weeks of 2009. The quality of responses was generally good, and most were courteous and helpful. Ten per cent of all responses were subject to a quality assurance check each month by the deputy governor, and there were good records of these checks.

- 3.100 The establishment had achieved a 98% year-to-date figure, against a 95% target, for responding to complaints within prescribed timescales. Any complaints that were close to falling out of time were raised at the morning meeting and chased up by functional heads. Despite the establishment's record for timely response, only 31% of survey respondents, against the comparator of 39%, felt that complaints were dealt with promptly.

## Recommendations

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- 3.101 Details about applications and complaints should be publicised in a range of languages.
- 3.102 Access to application and complaint forms should be improved on Fairfield and Blencathra units.
- 3.103 There should be arrangements to enable wing staff to chase up applications not responded to within three working days, and the date of response should be routinely recorded.

## Housekeeping point

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- 3.104 The complaint box on Blencathra Unit should be secured to the wall, and all boxes should be locked once they have been emptied.

## Legal rights

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### Expected outcomes:

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

- 3.105 There was currently no legal service and the prison was unclear about the demand for such provision. Some legal advice was available from the Citizens Advice Bureau, and the library provided a reasonable range of legal texts. Provision for legal visits was limited.
- 3.106 There was currently no legal service, as the prison was in the process of recruiting for a legal services officer vacancy. There were no figures to indicate the level of demand for such a service before the post had been vacated. In our survey, only 39% of respondents said that they could communicate easily with their solicitors, against the 49% comparator.
- 3.107 Prisoners were unclear about who to speak to about accessing legal advice, as were some staff. We were told that the Citizens Advice Bureau (CAB) could offer some advice, but were only available on two mornings a week and they primarily offered advice about finance and debt. The library had a good range of legal texts for reference, as well as Prison Service Orders and other information about prison rules.
- 3.108 Legal visits were available Monday to Friday afternoons at the same time as domestic visits. There were only two booths for legal visits, and only four one-hour or two two-hour legal visits could be held at a session. At the time of the inspection, the waiting time to book a legal visit was almost three weeks. In our survey, only 48% of respondents said it was easy to attend legal visits, significantly worse than the 55% comparator.

## Recommendations

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- 3.109 Appropriately trained legal service staff should be appointed as soon as possible.
- 3.110 The availability of legal visits should be expanded to accommodate demand.

## Substance use

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### Expected outcomes:

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

- 3.111 The integrated drug treatment system (IDTS) was in place, but methadone administration facilities were not adequate. Comprehensive substance use assessments were not completed by the end of the day after a prisoner's arrival. Dual diagnosis treatment provision was patchy. Mandatory drug testing (MDT) positive rates were relatively high. The testing facilities were not well organised and had too much crossover with voluntary drug testing.

## Clinical management

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- 3.112 Sixty-eight prisoners were on the integrated drug treatment system (IDTS) methadone programme, and a further 58 were on a waiting list for methadone treatment. There were plans to raise the IDTS capacity to 140 prisoners on daily methadone maintenance from 1 April 2009.
- 3.113 Arrangements for the administration of methadone, on the induction unit and in the healthcare centre, were not adequate (see paragraph 4.35). The waiting rooms were cramped and we observed prisoners jostling near the administration hatches. Other prisoners had to wait outside the healthcare centre in the cold before they were allowed in to receive their medication.
- 3.114 Subutex (buprenorphine) was not dispensed at Haverigg, which enabled accurate detection of its illicit use. Lofexidine was available for primary and secondary detoxification.
- 3.115 New arrivals on existing methadone prescriptions could continue their medication without any delay. However, comprehensive IDTS clinical assessments were not completed within a day of arrival. Some took up to two weeks to be completed due to staff shortages. The IDTS manager was the only person conducting the assessments.
- 3.116 Dual diagnosis was not well catered for. Mental health staff shortages meant that service provision was patchy at best. During the inspection, there were neither mental health nurses nor a counsellor.

## Drug testing

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- 3.117 The level of illicit substance misuse was high and appeared to have a significant impact on other aspects of the regime. In our survey, 62% of respondents said that it was easy to get drugs in the prison, against a comparator of 33%. The positive rate for mandatory drug testing (MDT) in the six months July to December 2008 was 17.6%, rising to over 20% once refusals were taken into account.
- 3.118 The MDT and voluntary drug testing (VDT) suites were connected by a door that was permanently open. While there was no evidence that officers from either suite shared information inappropriately, they shared a computer for their electronic record keeping. Although the MDT testing room was clean and tidy, the holding cells were dirty and covered with obscene graffiti.
- 3.119 Despite the levels of substance misuse, drug supply reduction efforts had had some success, with 55 drugs finds in the previous six months. There was a good level of intelligence gathering through the security information reporting (SIR) system, which had significantly improved the accuracy of targeted searches and suspicion drug tests. The positive test rate for the 63 suspicion tests conducted over the six months July to December 2008 was 54%. However, the drug supply reduction strategy needed to be developed further.

## Recommendations

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- 3.120 Medication should be administered in a safe and suitable environment.
- 3.121 Integrated drug treatment system (IDTS) staff should complete a comprehensive clinical assessment the day after a prisoner's arrival at the establishment.
- 3.122 There should be a specialist dual diagnosis service for prisoners with both mental health and substance-related problems.
- 3.123 Mandatory (MDT) and voluntary (VDT) drug testing suites should be separated, with separate equipment, and the MDT holding cells refurbished.

## Vulnerable prisoners

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3.124 There was a high number of vulnerable prisoners, most of whom had been threatened and intimidated by other prisoners. None of the safeguards we would expect for such prisoners were in place, and those on Skiddaw were potentially held alongside persistent bullies, which was unacceptable. Prisoners under threat who refused to move from Skiddaw were demoted to basic level. The limited supervision on Fairfield meant that staff could not make appropriate risk-assessed decisions.

3.125 Staff estimated that there were approximately 60 prisoners on Skiddaw unit who were unable to cope on normal location (10 on A wing and 50 on B wing). This was very high, particularly as there was only one sex offender in the prison; most of these prisoners had been bullied or felt intimidated by prisoners on Fairfield and Blencathra units. In a few cases, prisoners who had completed their induction were too frightened to move from Skiddaw on to Fairfield. The

- 3.126 Authorisation was required by a governor grade before a prisoner could return to Skiddaw from the other units. While not formally recognised as such, we considered these prisoners to be vulnerable prisoners and found none of the safeguards that we would expect for this type of population. Wing files were often poor and did not fully explain the circumstances leading to the prisoner's placement on the unit. Reintegration plans were not completed, and there was little evidence of engagement and support from staff. In a handful of cases, managers had placed vulnerable prisoners directly on to Langdale, which was an enhanced unit, on completion of their induction. Although no vulnerable prisoners were on Langdale at the time of inspection, there had been just a few weeks earlier. This was extremely unpopular among the mainstream prisoners on that unit who felt they could be stigmatised. There were also five prisoners held under protection in the segregation unit, which was not uncommon.
- 3.127 Prisoners who refused to move from Skiddaw to Fairfield on completion of their induction were given warnings and then demoted to basic level. This rule was applied even to prisoners who felt under threat, and we found a clear example of this. We were concerned that the limited supervision on Fairfield prevented staff from being able to make appropriate decisions to ensure the safety of individual prisoners.
- 3.128 In addition to vulnerable prisoners, B wing on Skiddaw unit was used to house persistent bullies under tacking anti-social behaviour (TAB) arrangements, which was unacceptable. Prisoners on TAB 3 (see paragraph 3.15) remained locked in their cells for most of the day, but could still shout out of their cell window or door. Those on TAB 2 were allowed some association, which meant that they mixed with vulnerable prisoners. This was potentially dangerous.
- 3.129 There was insufficient work for vulnerable prisoners, although some were employed in the contract workshop and some as cleaners.

## Recommendations

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- 3.130 Wing history files should give a full account of the reasons why a prisoner is returned to Skiddaw Unit as a vulnerable prisoner, and entries should demonstrate a high level of engagement by staff.
- 3.131 Vulnerable prisoners who refuse to move off Skiddaw should not be demoted to basic status, except on the basis of a thorough individual risk assessment.
- 3.132 There should be active plans to support the reintegration of suitable prisoners to normal location.
- 3.133 Vulnerable prisoners should not be held on Langdale unit.
- 3.134 There should be more work for vulnerable prisoners.

## Section 4: Health services

### Expected outcomes:

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

4.1 Health services were commissioned by Cumbria Primary Care Trust (PCT), but links with the PCT and commissioning arrangements were poor. The environment of the healthcare department was poor. Not all staff were aware of the location of resuscitation equipment. Staffing levels were reasonable, but there were no permanent nurse prescribers or practitioners. Clinical governance arrangements were reasonable, and the prison was included in the primary care trust (PCT) clinical audit cycle. Entries in clinical notes were variable. Prisoners were not familiar with the healthcare application system, which was not auditable. Although prisoners had relatively good access to the doctor, they did not rate the GP highly in our survey, and had poor views of the overall quality of health services. Nurse-led clinics were ad hoc, and there was no liaison between health services and other departments to ensure that prisoners working in high risk jobs had the relevant vaccinations. Prisoners did not have access to a pharmacist, and there were problems with the privacy and security of the administration of medications. There was no mental health provision during the inspection and it was difficult to obtain evidence of mental health services. No discipline staff had received mental health awareness training.

### General

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- 4.2 Health services were commissioned by Cumbria Primary Care Trust (PCT), although the service level agreement (SLA) had not been ratified and we were unable to obtain information from the PCT commissioners for the inspection. We were told that the prison-specific SLA had been superseded by a general one between the commissioning and provider arms of the PCT, which merely mentioned the prison. The partnership board met quarterly. A health needs assessment had been completed within the previous three months as part of the preparation for the inspection; there was an action plan and some evidence of progress.
- 4.3 The health services department was open from 8am to 5pm daily. At all other times there was only the GP on call. It had a large waiting room with a variety of health promotion posters, but the television did not show health-related information. The treatment room was small, and the GP surgery was poorly designed. Each room led off another, which was a design fault. There were only two telephones in the whole department, which was poor. There was some evidence of infection control measures.
- 4.4 The pharmacy room was in the main healthcare building. The room was not fit for purpose. It was secured with lockable wooden doors that were not gated, apparently because the building was not strong enough to accommodate heavy security gates. There were also treatment rooms on Scafell and Langdale units, which were used for storage and supply of medicines. While the Langdale room was reasonably clean and tidy, the room on Skiddaw was untidy and not well maintained. It also doubled as the GP surgery for that part of the prison, which was not satisfactory.

- 4.5 The three rooms had security hatches, through which medicines were supplied to patients during the daily medication times. The hatches appeared to be adequate, although they provided no opportunity for confidential discussion. All medicines in the pharmacy room and the Scafell treatment room were stored in locked metal cupboards, but the Langdale treatment room had only flimsy lockers.
- 4.6 Controlled drugs were not stored in the main pharmacy room because it was not solid enough to mount a cabinet. This meant that methadone mixture had to be transported from the Skiddaw treatment room and back each day. Some controlled drugs were stored in the Langdale treatment room, but the storage facilities there were inadequate, consisting of an unsecured lockable metal box, with keys in the lock, stored inside one of the lockers. There was a satisfactory controlled drugs cupboard in the Skiddaw room, which was used to store all the methadone mixture at the prison. Only the main pharmacy room had a fridge for storage of heat-sensitive medicines. A doctor's bag with suturing materials and minor analgesics was held at the desk, but when we looked at it there was no seal on the bag and no evidence that it had been checked regularly.
- 4.7 Resuscitation equipment was kept in two of the rooms and also in the gymnasium. It was not all checked thoroughly or regularly, and some staff, both nursing and discipline (day and night staff), were not aware of its location. We were also concerned that, despite a colour-coded system for staff to summon health services staff in an emergency, nurses said that they would not automatically take the automated external defibrillator to a 'code blue'. Given the sprawling nature of the site, this was unsafe.
- 4.8 The dental surgery was in the healthcare department, had disabled access, and was spacious. Cleaning was reported to be intermittent but was satisfactory on the day of inspection. The flooring was not sealed at the edges. The equipment and cabinetry were in good working order. An amalgam separator was incorporated. A connecting decontamination room contained sinks, the ultrasonic cleaning bath and autoclave. A further connecting room, shared with the optician, provided some office space and housed a spare autoclave and the x-ray machine.
- 4.9 The prison chiropodist used the dental surgery on Mondays. This had been agreed by the dentist following advice from the British Dental Association, with the proviso that the chiropodist employed the same cross-infection control procedures as the dentist. Cross-infection control procedures in the dental surgery were good, with disposables used in accordance with current guidelines. A washer/disinfector was awaiting installation. Clinical and hazardous waste were appropriately stored, and contract details for disposal were held by the healthcare manager.
- 4.10 A prisoner health services information leaflet was currently unavailable as it was being reviewed by the PCT's speech and language therapy lead. Prisoners said that they had received little or no information about health services during their induction.

## Clinical governance

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- 4.11 The head of health services attended the provider governance reference group, and the health services department was included in the PCT's clinical audit cycle.
- 4.12 The head of health services was a band 8b registered general and mental health nurse. There was no agreed structure for her team, which at the time of the inspection amounted to a band 6 (funded by and solely for IDTS) and six full-time band 5 registered general nurses. There

- 4.13 All staff had received resuscitation training within the previous 12 months and had opportunities for continuing professional development, subject to adequate staffing levels. The head of health services had a system for checking nurse registration details in conjunction with the PCT. There were no clinical supervision arrangements.
- 4.14 Some community specialist nurses attended the prison to run specific clinics. There was no lead nurse for older people. A variety of allied health professionals, such as an optician, podiatrist and physiotherapist, ran regular clinics and had reasonable waiting lists. There were systems for the loan of occupational therapy equipment, and a single point referral system to refer prisoners to health and social care services.
- 4.15 There was one GP who provided five surgeries a week and was on call at all other times. In our survey, 44% of respondents said it was easy to see the doctor, against a comparator of 35%, but only 28%, against 52%, rated the quality of care from the GP as good. Discipline staff told us that it was rare for the GP to attend the prison out of hours, and they regularly sent prisoners out to hospital on his advice. The nearest hospitals were both over 20 miles away. There were several administrative staff who worked in a general office shared by nursing staff.
- 4.16 All clinical records were paper based, although there were plans to introduce an electronic clinical information system. We found some good entries in notes, but also some poor ones. A recent clinical audit by the PCT had found similar problems: for example, not all entries were timed or dated. Records were kept securely, and there were shredders in all health services locations for any confidential waste. Clinical records of prisoners who had been released were kept in the department for a couple of months before they were archived. There was no Caldicott guardian to oversee the use and confidentiality of personal health information.
- 4.17 Prescriptions were handwritten on standard prescription and administration charts. The doctor indicated on the prescription whether the medicine was to be supplied for daily, three times a week, weekly or monthly in possession. Not all prescriptions were faxed to the pharmacy, and so full patient medication records could not be maintained on the pharmacy computer.
- 4.18 Controlled drugs were obtained via signed order using a duplicate book. Records were maintained using a combination of paper and electronic controlled drug registers, although it was not possible to display the electronic register in such a way as to be able to examine the necessary records. Without this function, the records were not adequate.
- 4.19 Dental record keeping was on NHS paper records and was of a satisfactory standard. Claim forms were completed for each patient and submitted to Dental Services as a record of activity. Signed, dated medical history forms were present. Record cards were stored in metal filing cabinets in the dental surgery. Records of dental treatment were not transferred to the clinical records, and personal dental treatment plan forms were not used. There was a computer in the dental surgery awaiting installation of the software for record keeping and digital radiography. Radiographs were currently developed off site, which was unsatisfactory.
- 4.20 Health services staff attended prisoner forum meetings when they were informed about them, but were not always sent the minutes, and there was little action from the meetings. Prisoners used the prison complaints system for healthcare complaints. Some responses were short and lacked explanation. Posters around the site advertised the independent complaints advocacy

- 4.21 Staff had access to PCT policies and protocols through the Trust's intranet. Not all were prison specific. The communicable diseases policy did not mention Haverigg. There was an information-sharing protocol, and prisoners signed a compact about information sharing when they arrived.

## Primary care

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- 4.22 A nurse saw new arrivals in reception. The room used was unsuitable and could only be reached through a space that had a urinal and sink. Screening was undertaken and prisoners were identified, physically, for appropriate levels of work during the reception interview with the nurse.
- 4.23 Most prisoners worked, but health services staff did not know who worked where and therefore could not provide relevant vaccinations or occupational health advice. For example, not all prisoners who worked in the recycling area or with the birds of prey had received tetanus vaccinations. This was poor practice.
- 4.24 Prisoners could see health services staff by filling in an application form, which was available from wing officers, and submitted this directly to health services staff. During a medication time that we observed, a prisoner presented at the main pharmacy room complaining of a bad back and asked for an appointment with the doctor. He was told that he needed to go back to the wing to get an application form and then return to the pharmacy room to hand it in, and to hurry to avoid missing the end of the medication time.
- 4.25 Application forms were not dated, so there was no audit of the time prisoners waited for appointments. We received complaints of long waits to see the GP and other health professionals following an application, and not all prisoners were aware that they had to hand the forms directly to health services staff. Prisoners said they usually waited no more than one or two days to see the GP, assuming that their application was received, but there were no specific appointment times for the surgeries. The GP had a band 5 nurse in his surgery at all times, as a security measure.
- 4.26 Nurses ran triage clinics daily but did not use triage algorithms, and there were no nurse prescribers or nurse practitioners. There were some nurse-led clinics. For example, the community respiratory nurse specialist saw patients with respiratory problems, provided care in line with evidence-based guidelines, and was a nurse prescriber. There was also a clinic for diabetic prisoners, but the nurse did not have the relevant qualifications. A well man clinic was only run when staffing levels allowed. There was a similar arrangement for hepatitis B vaccinations, and there were several examples of prisoners not receiving their hepatitis B vaccinations or failing to complete a course.
- 4.27 Health services staff did not always follow up prisoners who failed to attend for appointments. These included many prisoners with unexplained injuries who were not seen by health services staff because they failed to attend the department.
- 4.28 Smoking cessation clinics had not been available for several months due to staffing shortages and because peer trainers had moved to other prisons or been released. A policy to ensure that prisoners had access to condoms had been ratified by the PCT. There was a health promotion action plan that involved several departments.

## Pharmacy

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- 4.29 A pharmacist and a pharmacy technician from Lloyds each spent about half a day a week at the prison. They checked medicine stocks, reviewed prescriptions and records, and oversaw the general operation of the service, but had no direct contact with prisoners and were not involved in any healthcare initiatives at the prison.
- 4.30 All prisoners received their medicines in possession, either daily, every three days, weekly or monthly at the discretion of the doctor. In theory, all new arrivals were risk assessed by a nurse, and this was used to inform the doctor's discretion. However, we were told that risk assessments were not always carried out, and we found many examples where this was the case.
- 4.31 Prescriptions were issued by the doctor and passed to the nursing staff. The prescriptions were normally faxed to the pharmacy to be dispensed in appropriate pack sizes in accordance with the in possession specified. The pharmacy delivered to the prison daily, although it was often two or three days before the dispensed medicines were received. This meant that prisoners often had to wait before starting a new treatment. Some medicines were available from stock as pre-packs and were supplied by the nurse.
- 4.32 We found a few examples where a pre-pack had been split, and sometimes medicines were re-packaged into Henley bags for supply to prisoners. In one case, a prisoner's dose of Gabapentin (for epilepsy/neuropathic pain) had increased, and the nurse had supplied extra capsules to supplement the three-day pack provided by the pharmacy. We also found this practice for prisoners in the segregation unit. This practice constituted dispensing and was contrary to Nursing and Midwifery Council guidance.
- 4.33 Patient information leaflets were supplied sometimes but not always, because of the small packs used.
- 4.34 All special sick medicines were supplied in accordance with patient group directions. Only a very limited range was available. Medicines were supplied in possession as pre-packs, including packs of 16 paracetamol tablets. The nurses were unclear about how often they could supply special sick medication without referral to the doctor, and confirmed they did not necessarily know if the patient had passed a risk assessment to allow in-possession medication. Special sick supplies were recorded on the front of the patient's prescription chart. The pharmacist reviewed these records during her visits.
- 4.35 Methadone was administered by nurses against prescriptions from the doctor. Many of the prescriptions we inspected were poorly written, and commonly with a direction that the supply was 'ongoing', but with no time period or quantity specified. The nurses administered for 28 days then referred back to the doctor, who wrote a further prescription stating just 'methadone mixture' with no quantity or dose specified. At all the methadone administration sessions we observed, prisoners crowded around the hatch. There was no confidentiality, and we had concerns about security. Indeed, there was documentary evidence about an incident in the previous two months, when one prisoner had consumed another's methadone in error.
- 4.36 There was a medicines and therapeutics committee, which had met three times. The doctor did not attend. There was no review of prescribing data, although the pharmacy supplier invoiced the PCT for all medicines supplied, and this information had been used as a guide to statistics on medicines use. The pharmacist reviewed prescribing informally during her visits.

## Dentistry

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- 4.37 The dental surgery was staffed by two dentists, who provided 10 sessions a month. There were also part-time dental surgery assistants and three part-time therapists, who provided four sessions a week. Documentation on staff registration, indemnity, cardiopulmonary resuscitation training, continuing professional development, radiograph training and hepatitis B status was said to be up to date, but was mostly held elsewhere.
- 4.38 New arrivals were told about the dental service, and prisoners could submit an application for dental treatment at any time. The healthcare office passed these on to the dental staff. Urgent cases were seen at the next available session. Non-urgent cases were placed on a waiting list and seen when treatment time became available. At the time of the inspection, 38 prisoners were on this waiting list, with an average waiting time of five to six weeks, which was less than previously recorded. There was a separate waiting list for therapist treatment, with an average wait of two weeks from the dentist's formulation of the treatment plan. The therapists had recently begun triaging patients from the dentists' waiting list, taking a history and photographs, which enabled the dentist to prioritise patients more accurately. The dentists treated approximately 10 patients each session, the therapists slightly fewer. We were told that complaints about the dental service had gone down considerably with the increase in treatment sessions and reduction in the waiting list.
- 4.39 A full range of NHS treatment was provided. Treatment needs were high. Treatment with sedation was provided very occasionally, with equipment for this loaned from healthcare or brought in. Attendance was usually good. Vulnerable prisoners were treated during designated sessions. The non-attendance rate was higher during these sessions, usually due to lack of escort availability.
- 4.40 Patients were not informed of future appointments. The dentists allocated treatment time and the office rang the wings for patients to be informed on the day. There was no structured cover for the dentists' annual leave, but they did not take leave at the same time. A therapist occasionally worked a dentist treatment session. Out-of-hours emergency treatment was provided at a local surgery, a local dental access centre or hospital accident and emergency. There were referrals to the local hospital for oral surgery or occasionally to the local dental surgery for treatment with sedation.
- 4.41 Long-stay patients were advised of appropriate recall intervals and were required to submit an application for re-examination. There was no oral health education literature and no wall displays. Toothbrushes and toothpaste were available from the prison shop, and prisoners could order oral health supplies, including floss, from a local pharmacist.

## Secondary care

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- 4.42 Prisoners requiring secondary care were usually referred to one of two acute hospitals, depending on their needs. Appointments were made in a diary and a maximum of two appointments a day were allowed. Administrative staff told us that the GP often had to prioritise patients to attend appointments and, as a consequence, some appointments were cancelled and rebooked. There was no clear system to record cancellations to ensure that all prisoners requiring secondary care consultations were seen within NHS time limits. There were some arrangements for ECGs (electrocardiograph readings) to be sent and reported via telemedicine links, and there were plans to extend the links. Prisoners requiring an x-ray were sent to the local community hospital if they were non-urgent. The wait was about one month.

## Mental health

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- 4.43 Cumbria NHS Partnership Trust delivered mental health services. During the week of the inspection, which was announced, no mental health staff were available in the prison, and it was very difficult for us to find accurate evidence of the provision. The head of healthcare did not have access to any of the mental health team's records or data. It was also unclear whether the team only cared for prisoners with severe and enduring mental health needs or whether they also took on primary mental healthcare patients.
- 4.44 The team comprised one full-time registered nurse (mental health), who was on leave, 0.8 whole time equivalent counsellor, who was sick, and a clinical psychiatrist who visited once a month, but not during the inspection. An additional nurse had been recruited and was due to join the team. We were unable to obtain any data on the current caseload of any of the team, patient throughput or the use of the care programme approach (CPA). Staff in the segregation unit said that the nurse attended the unit regularly.
- 4.45 The team apparently used its own documentation, which was then duplicated in the main clinical record. We were told that contact was maintained with the care coordinators in the community teams, and transfers to secure units were not unduly delayed, but we were unable to see any evidence to support this. There were no day care facilities for prisoners requiring additional therapeutic support. No members of discipline staff had received mental health awareness training, although a programme for such training was due to commence.

## Recommendations

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- 4.46 The primary care trust (PCT) commissioners should play an active role in defining and agreeing the service level agreement for the provision of health services.
- 4.47 The health services department should be redesigned and be clean, tidy and fit for purpose, with more telephones.
- 4.48 The health services room in reception should be relocated and redesigned.
- 4.49 There should be a full security assessment of the treatment rooms, including the storage arrangements for controlled drugs.
- 4.50 All resuscitation equipment should be checked regularly, and all staff should be aware of its location and how to use it.
- 4.51 Prisoners should be fully informed of the health services available and how to access them.
- 4.52 The staffing levels and skill mix of the department should be clarified, and expeditious efforts made to recruit relevant staff.
- 4.53 All health services staff should have clinical supervision.
- 4.54 There should be a lead nurse with sufficient seniority and knowledge to be responsible for the overall care of older prisoners.
- 4.55 The arrangements for GP services should be altered so that the same GP does not work every day.

- 4.56 There should be a local Caldicott guardian to oversee the use and confidentiality of personal health information.
- 4.57 The system of faxed prescriptions should be subject to audit, and the pharmacist should compare a random selection of dispensed faxes against the original prescription forms held at the prison.
- 4.58 All prescriptions issued at the prison should be faxed to the pharmacy for the pharmacist to maintain full patient medication records on the pharmacy computer.
- 4.59 Computer software should be installed in the dental surgery to facilitate record keeping and enable digital radiography.
- 4.60 Prisoners should have full access to the PCT's complaints system, including free telephone numbers if required.
- 4.61 The partnership board should ensure that all clinical policies and protocols are prison specific.
- 4.62 Prisoners working at the prison should have appropriate occupational health checks and vaccinations.
- 4.63 The health services application system should be reliable and auditable.
- 4.64 There should be effective management of patients with long-term conditions, including nurse-led clinics, in line with good practice.
- 4.65 Health services staff should follow up all prisoners who fail to attend for appointments, in particular those requiring assessment following the completion of an injury to inmate (F213) form.
- 4.66 Smoking cessation courses should be available.
- 4.67 Prisoners should have access to barrier protection.
- 4.68 Prisoners should be able to see a pharmacist.
- 4.69 Documented risk assessments of prisoners should be available and consulted before any medicines, including special sick, are given in possession.
- 4.70 The responsible pharmacist should have professional control of the stock supplied, and all pre-packs should be dual-labelled to facilitate auditing.
- 4.71 Dispensing by nurses should stop immediately.
- 4.72 The medicines and therapeutics committee should formally review and adopt all procedures and policies, and all staff should read and sign the agreed procedures.
- 4.73 All prescriptions and written directions issued to authorise supplies of methadone mixture should be clear and complete.
- 4.74 Controlled drugs registers should be properly maintained and capable of inspection and audit.

- 4.75 All medications should be administered in a safe and secure manner.
- 4.76 Outside hospital appointments should be monitored to ensure that no prisoner is disadvantaged.
- 4.77 Uniformed staff should have mental health awareness training.
- 4.78 Prisoners with mental health needs should be supported by a mental health team who work with other areas of the prison regime.
- 4.79 Resuscitation equipment, including the automated external defibrillator, should be taken to all 'code blue' emergencies.

### Housekeeping points

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- 4.80 Appropriate health promotion multimedia (including oral health) should be displayed in the health services department waiting room.
- 4.81 The doctor's bag in the main gate should be sealed and any equipment and medications contained recorded.
- 4.82 The dental floor covering should be sealed at the edges and reliably cleaned.
- 4.83 Personal dental treatment plan forms should be used in accordance with General Dental Council regulations, and dental records should be included in the main clinical records.
- 4.84 Dental patients should be made aware of future appointments.



# Section 5: Activities

## Learning and skills and work activities

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### Expected outcomes:

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

- 5.1 Little had been done to address weaknesses in learning and skills provision identified at previous inspections, indeed some provision had declined and much teaching was inadequate, with evidence of some inappropriate staff attitudes. Though there were activity places for nearly all the population, allocation did not reflect need. There was insufficient vocational training, though there were plans to seek additional funding for this.
- 5.2 The education contractor was Action for Employment (A4E). All education places were part-time, and prisoners were released from their employment to attend a maximum of five sessions a week. Based on figures produced at the time, there was 70% occupancy of the 396 places, which involved around 30% of the population.
- 5.3 Education offered included literacy, numeracy, English for speakers of other languages (ESOL), social and life courses, preparation for work, cookery, art and music. Around 15 prisoners were taking higher level distance learning courses, and the governor had recently bought laptop computers, which they could take to their cells for qualification studies.
- 5.4 Achievement was good for the small number of prisoners who completed courses. In the last 12 months, overall rates in literacy were only 41% and in numeracy 57%. Literacy entry levels 2 and 3 were particularly poor, and only 25% and 35% respectively of prisoners who started courses received qualifications. In ESOL none of the 43 prisoners who started courses in the last year had achieved a qualification. Drop-out rates on the short duration classes, such as the two-day preparation for work and the two-week social and life skills courses were also extremely high, at around a quarter.
- 5.5 There was low achievement of art awards (with only 6 out of 63 prisoners achieving level 1 over the last year) but some prisoners' work was of outstanding quality. Prisoners used a good range of reference materials, but had insufficient ICT for research. In cookery, only half of the prisoners who started level 1 courses completed them, though their achievements were good; at entry level, however, only eight of the 19 completing the course gained awards. Health and safety standards were not adequately followed in cookery classes. Unaccredited music classes ran well.
- 5.6 There was too much poor teaching, especially in core literacy, numeracy and ESOL subjects, and little that was even satisfactory. Across the education classes, planning for classes and learning materials and teaching strategies were frequently poor. The quality of individual learning plans was too varied and targets set were insufficiently challenging. Unsuitable materials and learning strategies were used with some prisoners in literacy, numeracy and social and life skills. Prisoners in ESOL classes had too few dictionaries.

- 5.7 There was too narrow a range of subjects: for example, budgeting and money management were not provided in support of resettlement. There was little outreach work to support literacy and numeracy skills development alongside vocational qualifications. Vulnerable prisoners and those in the segregation unit had too few educational opportunities.
- 5.8 Most teaching staff, while teacher qualified, did not hold appropriate qualifications to deliver literacy, numeracy and language awards. Diagnostic assessment of prisoners' learning needs was ineffective, slow and inconsistent. Support for prisoners with additional learning needs, such as dyslexia, was inadequate.
- 5.9 Prisoners in the same education class received different rates of pay for attendance, as this was based on their full-time employment and pay rates varied according to their job.
- 5.10 There had been inadequate action to make improvements, and there was an unusually high level of teacher resistance to change, as well as inappropriate attitudes and comments. For example, inspectors were refused entry to a class by a teacher who said it had finished, though it was only a third into the allocated time and wholly inappropriate statements made about the way in which he proposed to challenge work that prisoners were doing.
- 5.11 There was too little accredited training provision. Of the 601 prisoners in work and training, only 176 were taking accredited awards. There were no opportunities to accredit skills in recycling, the IT data workshop, contract services and the 53 orderlies' posts. Work and vocational training places were full-time and delivered by a mix of prison and A4E staff.
- 5.12 Training was generally satisfactory, and resources had improved since the previous inspection. Some prisoners received good individual support and coaching, for example in ICT workshops, but in others progress was poor. The quality of planning varied, and learning plans were insufficiently detailed
- 5.13 Many prisoners dropped out of taking vocational qualifications too quickly. Information, advice and guidance (IAG) was often insufficient to ensure prisoners knew the requirements of vocational awards. Many prisoners did not fully complete the induction programme. Staff did not use information about prisoners sufficiently well to ensure that they were allocated to areas that best suited their abilities, needs and interests.
- 5.14 The smokery and print workshop both provided innovative and high quality work and training environments, linked to employment opportunities and high level qualifications. However, they could only employ eleven prisoners in total between them.
- 5.15 There was good achievement of vocational awards in industrial cleaning and construction crafts. In cleaning there were good progression routes to higher level awards, and prisoners were trained as peer tutors or assessors to assist others to take qualifications.
- 5.16 There were good commercial standards in woodwork, and 60 prisoners were able to acquire satisfactory practical skills, but these were not yet accredited. In construction crafts, awards were restricted to level one, which was too low for many prisoners' abilities and to meet the needs of employers. Only 33% of prisoners in painting and decorating obtained qualifications, and too many did not complete courses. Similarly, only 41% gained trowel work qualifications, though 66% achieved qualifications in joinery. Staff absences had restricted developments in this area.

- 5.17 The prison kitchen provided a poor environment for learning and achievement of NVQ level two qualifications was poor at 16%. It was of concern that only about half of those working in prison catering jobs held food hygiene awards.
- 5.18 There had been recent prison initiatives to introduce more vocational awards, for example forklift truck training, prison staff were training as instructors. Managers were also taking action in putting forward a variety of external bids to source additional financing to the contracted provision.
- 5.19 There were no vocational training opportunities for the 60 vulnerable prisoners on Skiddaw, and little work available for them. Only half of those on the unit were able to take part in the contract workshop that was available. No work off the unit was available for the remainder.

## Library

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- 5.20 Access to the library was good, and adequate for those with limited mobility. It had long opening hours, including weekends, and an average of over 500 prisoner visits a week. The library was well managed by experienced, professional librarians who were assisted by eight trained staff, including four orderlies. The staff had good links with teachers, who told them of any specific learning needs, such as dyslexia.
- 5.21 There was adequate provision of fiction and non-fiction books, including large print, quick read and talking books, and magnifying sheets were also available. There were too few books and newspapers in foreign languages to meet prisoners' needs. Stock loss was very low at 1.6%. Technological resources were good, and included four portable computers, a television and a media player unit. Prisoners could access videos to assist them prepare for job interviews and interactive driving theory tests.
- 5.22 The library had a comprehensive selection of up-to-date legal textbooks, covering topics such as immigration law, and Prison Service Orders.
- 5.23 To celebrate the year of reading in 2008, prisoners had taken part in a reading competition and obtained certificates. The library successfully supported the Storybook Dads scheme, with capacity for 12 learners, and positive feedback. Prisoner feedback about the library overall was good.

## Recommendations

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- 5.24 The diagnostic assessment of prisoners should be improved to meet individual learning needs.
- 5.25 Information about prisoners should be used more effectively to ensure their diverse needs are recognised and provided for.
- 5.26 There should be improved target setting for effective use of prisoners' time and achievement of awards.
- 5.27 Qualifications should be available for English for speakers of other languages (ESOL).
- 5.28 The quality of learning materials used in education should be improved, and they should be appropriate for use with adult male prisoners.

- 5.29 All prisoners attending education should receive the same rate of pay.
- 5.30 Vulnerable prisoners should have increased access to activities.
- 5.31 The dropout rates from qualification courses should be significantly reduced.
- 5.32 Accredited training should be available in all work areas.
- 5.33 The development of general employability skills in workplaces should be recognised and recorded.
- 5.34 The library should stock more foreign language books and newspapers.

## Physical education and health promotion

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### Expected outcomes:

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

- 5.35 The physical education department was well managed, and there was achievement of PE qualifications up to level four. There were good facilities, although showers were inadequately screened.
- 5.36 The physical education department was well managed. Data was used well to inform continuous improvement. Staffing levels were good, and staff were skilled and had a range of PE specialisms. The provision had improved further since the previous inspection, when it was considered good.
- 5.37 There were indoor and outdoor PE facilities and gyms on three residential units. Access to PE courses and recreational PE was good and promoted well across the prison. PE included specific provision for prisoners' individual medical and support needs. Prisoners who did not complete the full induction programme often missed the PE induction, and staff were making alternative arrangements to provide gym access.
- 5.38 Achievement of PE qualifications for football referees, gym instructors and community sports leaders was generally good, and 217 prisoners (78%) had gained awards at levels one to four in 2008. A programme of around six courses was offered on weekdays. Teaching was good and there was use of qualified peer tutors. Prisoners on courses met staff's expectations of professional behaviour and respect for others. Prisoners made good progression through qualification levels and on to other related skill areas, and they were given challenging targets to support their resettlement goals.
- 5.39 Many prisoners preferred to shower on their units after PE. Effective supervision of gym showers was not always practical as they had inadequate screening.

## Recommendation

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- 5.40 The PE showers should be appropriately screened.

## Faith and religious activity

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### Expected outcomes:

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

- 5.41 There was a small but active chaplaincy team. Formal services were not well attended, but a range of faith-based groups was offered, and the team actively provided pastoral support as well as support for the wider work of the prison. Facilities in the chaplaincy centre were welcoming and well used.
- 5.42 The chaplaincy team was led by a full-time coordinating chaplain, but made up mainly of sessional chaplains. A full-time chaplaincy post was currently vacant. The prison's location had affected recruitment but there were additional hours for part-time chaplains. Faith leaders from all the main denominations and faiths attended the prison, including a Muslim chaplain who led Friday prayers as well as an Islamic teaching class. The Muslim population was 37 or just over 6% of prisoners.
- 5.43 Facilities in the chaplaincy centre were good and included a small ecumenical chapel as well as a large, welcoming and flexibly used multi-faith room. Other facilities included a group room, offices and storage facilities.
- 5.44 The main Christian service was an ecumenical service on a Sunday morning, although a Catholic Mass was also said on Fridays. Both services were not particularly well attended, with only about 12 prisoners at each. The chaplaincy was, however, active in providing a breadth of well-attended groups and sessions through the week. These included four Sycamore Tree restorative justice courses, delivered in partnership with the Prison Fellowship, a Bible study and a discipleship class, as well as hosting Alcoholics and Narcotics Anonymous groups. Chaplaincy-sponsored faith-based events were also organised.
- 5.45 A representative of the chaplaincy saw all new arrivals during their induction. In our survey, about half of respondents said that they were given information about the chaplaincy on their day of arrival, and that they were able to meet a religious leader within 24 hours, which were similar to the comparators. However, only 49% of respondents believed their religious beliefs were respected, worse than the comparator of 55%, and only 50%, against 59%, said they could speak to a religious leader in private. This latter finding was a concern to the chaplain, who said the team saw their accessibility around the establishment as a key component of their ministry. The team shared statutory responsibilities, and we were confident that those prisoners in segregation could access the chaplaincy as appropriate.
- 5.46 The chaplaincy was committed to the wider work of the prison, with significant involvement in areas such as equality and safer custody. The coordinating chaplain had also recently been given lead responsibility for the children and families resettlement pathway.

# Time out of cell

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## Expected outcomes:

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

- 5.47 Prisoners' experience of time unlocked varied between units, but was generally good for those engaged in the regime, and met our expectations of at least 10 hours a day. Access to association was also good and, although structured exercise periods were limited, this was mitigated by the ability of some to associate in the open air, access to wing-based gyms, and the full working day.
- 5.48 Prisoners' experience of time out of cell varied greatly, depending on their accommodation. Units such as Helvellyn, Great Gable and Blencathra were semi-open, accommodation was not cellular, all prisoners had keys to their rooms, and, in the case of Great Gable and Helvellyn, levels of staff supervision were very low. Prisoners were required to attend their units at times through the day, and on Blencathra were locked into their billets, but this was for relatively short periods, and at all times prisoners were free to associate. Langdale, Skiddaw and Fairfield were more traditional cellular accommodation. Prisoners on Skiddaw and Fairfield were confined to their cells after meal times and for roll checks. On Langdale, prisoners were sometimes required to return to their cell spurs where they could be accounted for, but they were not locked up at all during the day and were free to associate.
- 5.49 The prison reported a time unlock figure of 10.5 hours a day in the year to date, although in some months it had been higher. This broadly reflected the experience of prisoners actively engaged in the regime and held in cellular accommodation. It met our expectations of 10 hours. For those in semi-open conditions, the experience was probably even better. The working part of the day lasted about 6.5 hours and, with most prisoners engaged in activity, the prison was able to report a purposeful activity figure of about 28 hours. However, 50 prisoners were registered as unemployed and, on a random roll check, we found a further 40 across the prison who had been returned from activity for various reasons. Those not working were confined to cell or billet dependent upon the type of accommodation. In our survey, 26% of respondents said they spent 10 or more hours out of cell on a weekday, significantly better than the comparator of 17%.
- 5.50 Access to association was good, rarely cancelled and lasted for more than two hours each evening. In the semi-open and compound-based accommodation, association could also take place outside within the compound, although there were no formal exercise periods, except for inductees held on Skiddaw. In our survey, 69% of respondents, significantly better than the comparator of 50%, said that they were able to exercise more than three times a week. Unit-based gyms were accessible during association, but other association equipment and activities were more limited.

# Section 6: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 Security committee meetings included representatives from all areas. There were good systems to process information, but the communication and analysis of intelligence, and links between security and violence reduction initiatives, were underdeveloped. There were delays in the communication of information on security-related incidents and operational requirements, and the security department was under-resourced to carry out intelligence-led searches.

### Security

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- 6.2 The security committee was properly constructed and meetings were attended by representatives from appropriate internal departments and external agencies. These included, the part-time police liaison intelligence officer, prison managers and staff from all areas in the establishment. Meetings were held monthly and were chaired by an operational governor grade. The level of support for the meeting indicated the priority given to security information and intelligence.
- 6.3 The standing agenda was comprehensive and included an analysis of security information reports (SIRs), and monthly security objectives were agreed through the appropriate consideration of intelligence. However, there were no reports from other areas of the prison, such as the safer custody officer or residential staff (see recommendation 3.25).
- 6.4 The small security department was managed by a governor grade supported by a principal officer and four senior officers. There were effective systems to process information and use intelligence to inform risk, including information about a prisoner's recent custodial behaviour as well as historic information to complete assessments. However, intelligence was not generally communicated effectively to other areas, particularly the safer custody group and the residential areas, to allow staff to make informed decisions about prisoners or to take necessary action.
- 6.5 Links between security and other departments, particularly the safer custody group, were not sufficiently developed. Although the safer custody officer attended security committee meetings, day-to-day communication was poor (see paragraph 3.16). Information received by the security department through SIRs was not communicated quickly, and some issues that needed an immediate response were missed. Although information on the number of SIRs about bullying were sent to the safer custody officer every day, details of the report were not included and no one checked that appropriate action was taken.

- 6.6 The security department received an average of 90 SIRs a week. They were processed and categorised by security collators following an initial check by a security senior officer. However, information was not always acted on quickly due to a lack of resources for intelligence-based searching and suspicion drug testing. The department had been allocated 72 hours a week from residential units – about two officers a day – to help with intelligence-led searching and respond to security issues, but this allocation was often not met. There was no record of the number of officers deployed to security, but managers said that they were often not supplied because of shortages on the residential units. During our inspection, no officers had been allocated to the security department.
- 6.7 Staff were encouraged to submit SIRs, and many were given replies, but we noted that few were from the education department and information received through the reports was not communicated effectively to staff through monthly security bulletins or a published security analysis.

## Rules

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- 6.8 The rules of the establishment were incorporated into the induction process and incentives and earned privileges (IEP) compacts.

## Recommendations

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- 6.9 Communication between the security department and the rest of the establishment should improve.
- 6.10 Information from security information reports should be communicated to relevant areas, particularly the safer custody officer, every day.
- 6.11 The security department should be adequately resourced to carry out all its functions, particularly intelligence-led searches.

## Discipline

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Expected outcomes:

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

- 6.12 The number of adjudications was high, with some for minor infringements of rules that could have been dealt with less formally, and many cases that should have been dealt with by adjudicating governors were referred to the independent adjudicator. The use of force was low, and generally as a last resort, and de-escalation was used. The environment and regime in the segregation unit was poor. Segregation was used almost exclusively for good order or discipline, and there was no constructive regime or reintegration planning.

## Disciplinary procedures

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- 6.13 The number of formal adjudications was high at 1,816 in 2008. This included over 300 referrals to an independent adjudicator (a visiting district judge).

- 6.14 The adjudication room was in the segregation unit and was large and comfortable with natural light. It had a large table and comfortable chairs for the prisoner, adjudicating governor, assisting senior officer and two escorting officers.
- 6.15 The governor's adjudication hearings we observed were well conducted. The prisoner was put at his ease and referred to by first name. The adjudicator also took time to ensure that he understood the process, and prisoners were offered the opportunity to seek legal advice. The prisoner was allowed an opportunity to challenge the evidence and put his version of events. When there was a finding of guilt, the details of the award and appeal processes were explained.
- 6.16 Records of adjudications showed that, although punishments were generally awarded consistently and, in some cases, adjudicating governors had dismissed charges due to lack of evidence or anomalies, they did not always indicate a full investigation of the charges. Descriptions of incidents were limited and adjudicators did not record questions that probed into issues. Cases where prisoners had pleaded guilty were not followed through, and we were not assured that mitigation was always taken into consideration. Some charges were relatively petty, such as for the use of abusive language, and could have been dealt with less formally.
- 6.17 Referrals to the independent adjudicator were very high at 193 in the previous six months, and regularly included some charges that were entirely inappropriate and should have been dealt with by prison governors, such as abusive language to staff and refusal to obey orders. We believed that this practice was connected to the lack of space in the segregation unit for those undergoing cellular confinement, due to its use for prisoners seeking protection and other good order issues. Such referrals led to punishments of additional days to sentences, whereas punishments for similar offences dealt with by governors – particularly refusal to obey an order – were much less severe.
- 6.18 Regular monthly standardisation meetings were well attended by adjudicating governors. They discussed monthly statistics on adjudications, and noted and categorised results of proven offences to identify trends and deal with problem areas as they arose.

## The use of force

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- 6.19 The use of force was low for the size and nature of the establishment, especially in view of the evident safety concerns. In 2008, there were 81 incidents, including 30 where full control and restraint (C&R) techniques were not used.
- 6.20 Planned intervention was well organised and properly carried out, documentation was completed correctly and incidents were videotaped. Proper authority was recorded and all incidents were appropriately supervised by senior staff. Accident report forms were completed in all cases, whether or not injuries were sustained, and health staff saw all prisoners immediately following an incident. Prisoners were searched sensitively after an incident, and were only strip-searched following a risk assessment. The C&R coordinator regularly checked the quality of documentation. De-escalation was often used to good effect during difficult situations, and there was evidence that managers encouraged these responses.
- 6.21 A control and restraint committee had been appointed and was scheduled to meet quarterly to review all incidents and to identify and deal with emerging patterns and trends. Minutes of meetings showed that there was appropriate discussion of relevant issues, and that trends were identified and action taken as required. Information on incidents, including their nature

- 6.22 There were good communication protocols between the C&R coordinator and the security department. All incidents were reviewed at the monthly security meeting, and information was shared effectively through regular security reports.

## Segregation unit

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- 6.23 The segregation unit had 12 cells, a holding room and a special cell used as a searching room. There was also a staff office, an adjudication room, interview room, prisoners' shower and a secure external exercise yard.
- 6.24 Living conditions on the unit were poor. Communal corridors were ingrained with dirt, despite attempts to keep them clean, walls were damaged, and there was no natural light. There were no displays of art or any other normalising features. Cells were dirty and poorly maintained with graffiti on many walls. In-cell toilets needed deep cleaning.
- 6.25 There was no specific strategy document that set out the management arrangements and expected working practices of the unit, and we found no evidence of a distinct staff selection policy with published criteria.
- 6.26 A basic regime programme included showers, exercise and daily access to telephones for all prisoners. In practice, however, because of the time it took staff to deal with the large number of prisoners on adjudication, the regime was often late, and prisoners were sometimes unable to shower or take exercise. Apart from some in-cell education provided by the education department on request, there was little purposeful activity.
- 6.27 The segregation unit was used almost exclusively to accommodate prisoners under prison rule 45 for their own protection or for the good order or discipline of the establishment. This was connected to the safety concerns outlined in the violence reduction section. Prisoners were seeking sanctuary, or seeking to move out of Haverigg, or were located in segregation because of anti-social behaviour. At the time of the inspection, five of those in the unit were there for their own protection. Of the 192 prisoners segregated in 2008, about 96% were located under rule 45, with only 4% located for punishment following adjudication.
- 6.28 Planning to return prisoners segregated under good order or discipline to normal prison location were underdeveloped. Although segregation reviews were completed on time, there was little information to show that progress in behaviour and circumstances was monitored or acted upon. Behaviour targets were not set, and segregation unit staff were not engaged in the planning process. Written observations in personal files were generally poor, and mostly focused on the daily regime, such as access to exercise and showers. They did not indicate that prisoners' emotional and mental wellbeing were monitored effectively.
- 6.29 Staff-prisoner relationships were, however, good. Officers dealt with difficult prisoners respectfully, using appropriate levels of care. There was extensive use of preferred names and titles, and residents said that the staff were kind and helpful.

## Recommendations

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- 6.30 Records of adjudications should always show that charges have been sufficiently investigated.

- 6.31 Referrals to the independent adjudicator should only be made for serious charges.
- 6.32 Minor infringements of prison rules should be dealt with through less formal procedures.
- 6.33 There should be reintegration planning to ensure prisoners in the segregation unit can return quickly to the main prison.
- 6.34 A clear selection policy and criteria for segregation unit staff should be published.
- 6.35 The segregation unit regime should be developed and include purposeful activity.
- 6.36 All prisoners in the segregation unit should have access to showers and exercise every day.

## Incentives and earned privileges

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### Expected outcomes:

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

- 6.37 The incentives and earned privileges (IEP) scheme was not a motivational tool for many prisoners, who could not benefit from the privileges available to enhanced prisoners. Wing history files did not always accurately reflect prisoners' behaviour, and there was little personal officer engagement with those on basic level. Review boards did not routinely take account of the views of work supervisors.
- 6.38 The incentives and earned privileges (IEP) scheme was explained in a policy document last updated in July 2008. It had the usual three IEP levels – basic, standard and enhanced. At the time of inspection, 2% of the population were on basic, 35% standard and 63% enhanced. The scheme was explained on induction, but not publicised on the residential units.
- 6.39 New arrivals were allowed to retain their previous enhanced status if this could be evidenced, or otherwise joined the scheme on the standard level. They could be considered for enhanced status after a minimum of three months. To achieve enhanced status, prisoners had to be compliant with sentence planning targets, and been free of proven adjudications, closed visits and basic privileges for at least two months. They also had to be employed and should not have been sacked by an employer during the previous two months. Prisoners also had to be willing to participate in voluntary drug testing, which was inappropriate.
- 6.40 Incentives for enhanced prisoners included four rather than two privileged visits a month, as well as an increase in their private cash entitlement. While these were meaningful incentives for many, a significant number of prisoners did not have access to private cash or their full quota of visits. Enhanced prisoners could also buy a range of games consoles, subject to private cash. The only other incentive was consideration for some select jobs, but these were too few for the 360 enhanced prisoners. Prisoners and staff said that there was insufficient variance between standard and enhanced levels for the scheme to act as a motivational tool.

- 6.41 While not linked to the IEP scheme, accommodation was the one factor that motivated the majority of prisoners. On completion of induction, prisoners were normally moved to Fairfield, which was poorly supervised and had a high number of incidents (see paragraph 3.7). Most prisoners were keen to progress from Fairfield, although this was not possible for all. Once they achieved enhanced status, Fairfield prisoners could apply for a move, which was normally initially to Blencathra, although this was subject to risk assessment because of the proximity of the external fence. We spoke to several enhanced prisoners on Fairfield who had been unable to move. Blencathra prisoners were predominantly enhanced, and Great Gable, Helvellyn and Langdale were exclusively enhanced units.
- 6.42 Demotion within the scheme was normally through a pattern of behaviour, although a single serious incident could trigger an IEP review. Formal warnings were recorded in wing history files and remained valid for three months. Two formal warnings within a three-month period triggered an IEP review. These reviews were normally completed by a senior officer and a unit officer. The prisoner was also able to attend or make written representations. The scheme allowed contributions from work supervisors, but we saw little evidence that their views were routinely taken into account.
- 6.43 Prisoners on basic were split between Fairfield and Skiddaw units. We reviewed the documentation for several basic prisoners and found that in general their status was based on patterns of behaviour. Placement on basic had to be authorised by a principal officer or above. Reviews of basic privileges were held after the initial seven days and then at 14-day intervals. Those on basic could continue to attend work, subject to risk assessment. They were allowed daily access to showers, exercise and telephones, a weekly visit to the library, and 30 minutes of association on Saturday and Sunday.
- 6.44 Basic-level prisoners were given improvement targets, but there was little evidence in wing history files of any engagement by personal officers to help them modify their behaviour. We also found many negative entries in wing observation books that had not been duplicated in the prisoner's wing history files, and wing files did not always provide an accurate reflection of the prisoner's behaviour, to ensure that this was appropriately dealt with under IEP procedures.

## Recommendations

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- 6.45 Prisoners should not be required to sign a voluntary drug testing compact to gain enhanced status.
- 6.46 The range of privileges available to enhanced prisoners should be increased.
- 6.47 Work supervisors should routinely contribute to incentives and earned privileges (IEP) reviews.
- 6.48 Personal officers should work with basic prisoners to help them modify their behaviour, and this should be evidenced in wing history files.
- 6.49 Wing history files should accurately reflect the behaviour of individual prisoners and ensure that they are appropriately dealt with under the IEP scheme.

# Section 7: Services

## Catering

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### Expected outcomes:

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

- 7.1 The quality of food varied, and some meals did not offer enough healthy choices. Prisoners had poor views about the quality of food, and catering surveys were not used to inform menu changes. The kitchen had some damp areas and needed painting, but was clean. Most food trolleys were dirty.
- 7.2 The main kitchen was large and reasonably clean, but some walls near to the food storage rooms needed painting and there was some damp in food preparation areas. Food was stored in proper conditions, and there were regular recorded stock control and quality checks. Religious and cultural dietary requirements were observed.
- 7.3 Prisoners were offered pre-select menus for midday and evening meals over a four-week cycle. Although some menus were adequately balanced, and fresh fruit was offered on most days, choices were limited and they did not always include a healthy option. The quality of food we tasted during inspection was mixed, and bread was not offered with the evening meal. The provision of breakfast was poor. Packs with a small amount of cereal and milk were issued during the evening meal on request, but most were eaten that evening.
- 7.4 Our survey results on the quality of food were particularly poor. Only 14% of respondents said that the food was good, which was significantly worse than the low comparator of 32%. There were monthly consultation meetings between the catering manager and prisoners, but there were no arrangements for prisoners to comment on the quality of meals when they received them, and no food comments books where food was served. We saw no evidence that the results of twice-yearly catering surveys were used to inform menu changes.
- 7.5 Prisoners in Fairfield and Blencathra could eat their meals in one of two large dining halls near to their units. Conditions in both rooms were poor. They were dirty, poorly decorated and the fixed plastic chairs were uncomfortable. In practice, many prisoners collected their meals and took them back to their billets to eat, although the food was cold by the time they reached their rooms. There were no containers to keep food warm. Prisoners on the other residential units could eat together or dine alone in their cells.
- 7.6 Meals were transported from the main kitchen on heated trolleys. Although they worked properly and food temperatures were taken on arrival at the serveries, most were dirty and some were encrusted with old food.

## Recommendations

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- 7.7 Damp in the kitchen should be treated, and all areas should be clean and properly decorated.
- 7.8 Food comments books should be available for prisoners.

- 7.9 There should be meaningful consultation with prisoners about the catering, and their suggestions should be used to inform the provision of meals.
- 7.10 An adequate breakfast should be provided to prisoners in the morning.
- 7.11 Conditions in the two dining halls should be improved.
- 7.12 Containers to keep food warm should be provided to prisoners who wish to take their meals to their residential unit.
- 7.13 The heated food trolleys should be kept clean.

## Prison shop

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### Expected outcomes:

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

7.14 The recent change in provision of the prison shop had caused many complaints, and there continued to be problems with orders. The range of goods was limited, and prisoners were charged for catalogue orders. New arrivals could wait almost two weeks to receive their first shop order

7.15 The provision of the prison shop had changed from Aramark to DHL in December 2008, and the service was no longer based at Haverigg but at HMP Kirkham, where the store served seven prisons in the area. The change of shop provider had meant a less flexible service than previously, and access for new arrivals was poor. All orders had to be submitted by Monday morning and all deliveries were made on Friday afternoons. If a prisoner arrived on a Monday, he could wait almost two weeks before he received an order. In our survey, only 6% of respondents, against a comparator of 26%, said they had access to the prison shop within their first 24 hours. A leaflet for new arrivals on the management of prisoners' monies had not been updated since the change of provider.

7.16 Arrangements for managing shop orders had been problematic since the change of provider. On average, there had been approximately 60 errors a week and, although this had fallen to 48 the week before the inspection, we were told that this was significantly worse than previously. Prisoners had made 31 formal complaints in December 2008, which was equal to the total in the previous six months. The main problems were the availability of items advertised, and mistakes in the packing. Some spare items were brought to the prison on Fridays to rectify errors, but the quantities were low and problems were often not resolved until the following week.

7.17 The range of shop items was limited, at only 348. In our survey, only 41% of respondents, significantly worse than the comparator of 48%, said the shop sold a sufficiently wide range of items to meet their need.

7.18 Prisoners could also order goods from catalogues, but were charged 50p per order. Newspapers and magazines could be ordered and bought via the library.

- 7.19 The prison shop was not a standing item at prisoner forums, although issues could be raised and responded to at these groups. There had been a prisoner shop survey in June 2007, but response rates had been low and there was no indication that issues raised had been taken forward.

## Recommendations

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- 7.20 New arrivals should be able to buy items from the prison shop within their first 24 hours.
- 7.21 The shop goods list should include a wider range of items.
- 7.22 Prisoners should not be charged an administrative fee for catalogue orders.
- 7.23 The prison shop should be a standing item at the prisoner consultation forum.
- 7.24 There should be a prisoner survey on the prison shop at least annually, and the results used to inform product and service development.

## Housekeeping point

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- 7.25 The leaflet for new arrivals on the management of their money should be updated.



# Section 8: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

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

- 8.1 There was no overarching reducing reoffending policy and some aspects of resettlement work operated in isolation. Two separate needs analyses gave a good picture of treatment and service need, but some identified issues still required development. The operational and strategic roles of the reducing reoffending function were not clear.
- 8.2 There was no overarching resettlement or reducing reoffending policy. There were good policies on all aspects of offender management, but only the drugs and alcohol resettlement pathway had a clear outline of role and function. A reducing reoffending delivery plan compiled in August 2008 covered each resettlement pathway, as well as issues relating to victims of crime, and was linked to the area development plan. Each pathway had identified appropriate development objectives, but there was no mechanism to map their progress. No development objectives had been identified for the offender management unit.
- 8.3 The reducing reoffending policy committee met bi-monthly with representation from across the establishment, including resettlement pathway leads. However, its role was unclear. It had little strategic overview and was primarily operational, although there was also an operational-based weekly meeting. Although there was progress in some areas of resettlement, much of this operated in isolation, and there were no clear links between pathways to ensure the needs of prisoners were met.
- 8.4 The offender management unit had carried out two needs analyses in 2008, one on prisoners' perceptions of their needs and the other an analysis of their criminogenic needs. When combined, these gave a comprehensive analysis of the needs of the population. Although some specific recommendations from these analyses had been included in the reducing reoffending delivery plan, others had not. These included the development of a wider range of offending behaviour programmes, further provision under the finance, benefit and debt pathway, and better links with families and friends.

### Recommendations

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- 8.5 There should be an overarching reducing reoffending policy incorporating the roles of each resettlement pathway and offender management.
- 8.6 Progress against development objectives should be reviewed regularly.
- 8.7 There should be a clear distinction between the strategic and operational functions of the reducing reoffending policy group.

# Offender management and planning

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## Expected outcomes:

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

8.8 All new arrivals were given an initial sentence plan, but follow-up was inconsistent and their contact with an offender supervisor varied. An offender management database had been set up, but was not yet fully implemented. The recently introduced resettlement surgeries required further work, as did provision for indeterminate-sentenced prisoners. There were good arrangements to manage public protection work. Prisoners were not always swiftly moved after recategorisation.

## Sentence planning and offender management

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- 8.9 All new arrivals attended an offender development board at the end of their induction. The board usually met twice a week and included staff from employment, training and education as well as the offender management unit (OMU). It considered information relating to the prisoner's training and education needs, as well as an evaluation of offender assessment system (OASys) data and any previous sentence plan targets. The board set initial targets and outlined any specific needs. There were referrals to other departments, for example if offending behaviour programmes were identified. Copies of targets were given to prisoners, but did not include offending behaviour objectives or details of referrals to other departments. For prisoners in scope for offender management (214 at the time of the inspection, along with 38 mandatory lifers), offender supervisors usually picked up any identified need at subsequent meetings, but this was not the case for other prisoners.
- 8.10 The OMU was large and well organised. It had 11 offender managers, three probation officers, three probation service officers and five uniformed staff. The probation officers managed allocations and took on the more complex cases and all indeterminate-sentenced prisoners.
- 8.11 All new arrivals were allocated an offender supervisor. For those prisoners not in scope, including the 20 serving sentences less than 12 months, subsequent contact was usually limited to annual OASys reviews and sentence plans for those eligible. Contact was also low for many in-scope prisoners, and not all were seen consistently at least monthly. Infrequent contact with offender supervisors had been raised in the prisoners' perception needs analysis in 2008, but little had changed to date. In our survey, only 25% of respondents said that they had received help in addressing their offending behaviour, against the 30% comparator. Our review of a random selection of cases showed that many prisoners had only infrequent offender supervisor contact, although we found that staff generally had a good understanding of the needs of their prisoners.
- 8.12 An offender management database had been introduced in October 2008. This included details of all prisoners, and staff from departments across the establishment could make entries and contribute to an assessment of risk. However, this positive initiative was used almost exclusively by OMU staff. There were virtually no entries by personal officers, and staff in other departments were unclear about what was wanted and how they could contribute. Some staff remained unaware of the database.

- 8.13 For prisoners in scope, there were reasonable links with offender managers in the community, who attended sentence planning boards. However, these boards were usually convened by the offender managers, rather than internal case administrators, and there were often delays in setting them up. Sentence planning boards for prisoners not in scope were usually internal reviews with offender supervisors. In our survey, only 61% of respondents who had a sentence plan said they could achieve some or all of the targets at Haverigg, which was significantly worse than the 69% comparator.
- 8.14 At the time of the inspection, there were 10 outstanding OASys assessments and 75 late reviews, which equated to about a two-month delay. All OASys cases were quality assured by probation officer offender supervisors, and the head of offender management checked a further 10% each month. There were no checks on the frequency, nature and type of contact.
- 8.15 All prisoners were offered a resettlement surgery before release. This should have been 10 to 12 weeks pre-release, but was often later than this. The surgery had started in October 2008, and included representatives from offender management, education and the accommodation service. Prisoners saw these representatives and the meeting could identify any shortfalls in release plans. Although a good initiative, there was no system to follow up referrals to other departments, and the surgery could also be too close to release to deal with significant issues.
- 8.16 As there was limited contact with offender supervisors, few post-offender development board links and no formal follow-up of resettlement surgeries, some key resettlement issues could be potentially missed. This was compounded by the lack of advertising of resettlement services across the prison. In our survey, responses to all resettlement questions, especially knowledge about services to support release, were significantly worse than the comparators.
- 8.17 There were weekly home detention curfew (HDC) and release on temporary licence (ROTL) boards. Cases were appropriately considered. In the previous six months, 89 HDC cases were reviewed and 25 (28%) were granted, and 22 of the 66 cases considered for ROTL (33%) were successful, but none were for resettlement purposes (see paragraph 8.81). All ROTL successes had been for one of two projects run by the prison – a community party, with usually six prisoners, undertaking voluntary work in the local community, or a wood delivery party, usually using just two prisoners. At the time of the inspection, eight prisoners had been cleared for this work but, because the community party had recently been suspended, work was focused on the smaller project. In the previous six months, there had been no ROTL failures.
- 8.18 Prisoners able to apply for category D status were appropriately screened, and those who were successful were considered by a weekly board. An appeal process was in place. In the previous six months, 68 cases had been considered and 24 (30%) had been granted. Although transfers for category D prisoners were reasonably easy, 13 potential category D prisoners were still at Haverigg at the time of the inspection.

## Public protection

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- 8.19 OMU staff screened all new arrivals to identify public protection cases. All such cases were allocated an offender supervisor and allocations were managed through the probation officer offender supervisors, which ensured a further safety net.
- 8.20 Monthly inter-departmental risk management meetings reviewed the strategic approach to public protection and reviewed all level three MAPPAs (multi-agency public protection arrangements) cases; there were two at the time of the inspection. This meeting was well attended and included police liaison and security staff. MAPPAs level two cases (19 at the time

## Indeterminate-sentenced prisoners

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- 8.21 At the time of the inspection, there were 38 lifers and 24 prisoners on indeterminate sentences for public protection (IPP), all of whom were allocated to one of the probation officer offender supervisors. These two groups were largely managed separately. There was no formal unit for lifers, but most were allocated to Skiddaw. IPPs were more likely to be spread across the establishment.
- 8.22 All lifers were seen within a week of arrival by their offender supervisor and were allocated to one of 15 lifer officers, who had undertaken the updated managing indeterminate sentences and risk (MISAR) training. The two roles were not clearly defined, and confused further by a lack of clarity about the role of personal officers. Lifer officers expressed some frustration about the lack of facility time for face-to-face contact or report writing. Although 22 of the 38 lifers at Haverigg were eligible for town visits, no staff time was allocated for this and some took place in the staff's own time.
- 8.23 There was no clear strategy for the management of lifers. Some lifers at Haverigg still needed to undertake offending behaviour work, of which there was very little (see section on attitudes thinking and behaviour). There was little or no one-to-one work and only limited psychology input. Although Haverigg had a contract for the attendance of one psychologist from HMP Lancaster Castle, this was not always available and, due to illness, there was likely to be no cover for the next two months. At the time of the inspection, there was one outstanding psychology report from November 2008.
- 8.24 There were two lifer family days a year, and separate lifer and IPP meetings each month. However, staff and prisoners said these meetings were frustrating and unfocused; the minutes indicated that they sometimes ran as question-and-answer sessions.
- 8.25 Although IPPs were prioritised for offending behaviour work, the lack of accredited programmes was even more problematic for this group. There were no IPP family days, and monthly meetings had only just started. There were no dedicated IPP officers.

## Recommendations

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- 8.26 **All objectives identified at offender development boards should be written up and copied to prisoners.**
- 8.27 **The level of offender supervisor contact should be clearly defined and monitored, and the level and quality of input should be subject to quality assurance.**
- 8.28 **The offender management database should be used more widely across the establishment**
- 8.29 **Sentence planning boards should be arranged and managed by case administrators.**

- 8.30 All prisoners should have a resettlement surgery no later than 12 weeks before their release, and there should be a follow-up meeting to ensure that issues are appropriately addressed before release.
- 8.31 Information and advice about pre-release support and services should be provided at induction and advertised throughout the prison.
- 8.32 There should be a lifer strategy to ensure there are appropriate resources and procedures to manage this population.
- 8.33 There should be appropriate provision to meet the needs of prisoners on indeterminate sentences for public protection (IPPs), including IPP family days and IPP officers.
- 8.34 Prisoners who have provisionally passed their category D board should be transferred as soon as possible.

## Resettlement pathways

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### Expected outcomes:

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

### Reintegration planning

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8.35 Accommodation support was reasonable, but limited by the lack of specialist training for the housing adviser. Outcomes were poor, although improving. There was no pre-release programme oriented to education and training, and staff were unaware of the targets. Finance, benefit and debt provision was very limited. There were some attempts to ensure appropriate healthcare links for prisoners before their release, and good end-of-life and palliative care procedures.

### Accommodation

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- 8.36 The accommodation service was provided through the Foundation Centre. Up to three housing advisers were employed, although only one was in post at the time of the inspection. Further support was offered from the senior officer in charge, who also managed the resettlement surgeries. The senior officer and the housing adviser were undertaking a generic advisers' course run by the Citizens Advice Bureau (CAB). While helpful, this did not offer specific housing training. The adviser obtained up-to-date information on available community provision and legislation informally.
- 8.37 Basic housing advice and guidance was available and, although this was a primary focus during resettlement surgeries, prisoners could access this at any point during their sentence. Despite this, in our survey only 21% of respondents said they knew who to contact in the prison for help with accommodation on release, which was significantly worse than the 50% comparator.

- 8.38 There were reasonable links with external agencies including the ACE (assisted community engagement) programme offering community-based support, although this initiative was only available for prisoners from Cumbria. Shelter also provided a weekly housing surgery, which covered such issues as legal problems and disputes over housing.
- 8.39 Outcome data was limited. There was a target of 85% of prisoners to be released into stable accommodation, but the rate had been less than 78% in the last six months, although there had been an improvement since October 2008. Equally, the number released with no fixed accommodation was high, at an average of 9%.

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

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*For further details, see Learning and skills and work activities in Section 5*

- 8.40 Information, advice and guidance (IAG) was ineffective in planning and target setting for prisoners in preparation for resettlement (see main recommendation HP54). There was no education, training and employment (ETE) pre-release programme, and the alternative arrangements gave insufficient ETE support for release. Few prisoners were working towards vocational qualifications, and there was little recognition and reinforcement of where behavioural change could contribute positively to finding employment.
- 8.41 In our survey, only 11% of respondents said they knew who to contact for help in getting a college place, and only 18% for help in finding a job, which were significantly below the comparators of 37% and 49% respectively. Yet 50% said that they would have a problem finding a job on release, significantly above the comparator of 45%.
- 8.42 Staff were not familiar with the performance targets of 20% into employment and 2% into further education, and progress against these was not actively targeted and monitored.

### **Finance, benefit and debt**

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- 8.43 There was no specific finance, benefit and debt advice. The CAB offered two half-day sessions a week, which could, and often did, centre on debt. No figures were collected on the focus of contact or outcome data, so it was not possible for the prison to establish the extent of money concerns.
- 8.44 In our survey, only 9% of respondents said they knew who to speak to in the prison about money and finance on release, which was significantly worse than the comparator of 36%. The need for more extensive finance and debt support had been recognised in the needs analysis in September 2008, although there had been no significant progress since then.
- 8.45 In the week before the inspection, the prison had secured an agreement with a bank for prisoners to set up a bank account, where necessary, before their release. However, there was no money management course.

### **Mental and physical health**

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- 8.46 There was some evidence of joint work between the health services department and the rest of the prison for prisoners due for release. There were efforts to provide prisoners who did not have a GP with a list of GPs in the area of their discharge. They were given a letter for the GP that stated whose care they had been under, rather than naming the prison. However, there was little health promotion advice or information before release.

- 8.47 Due to the lack of mental health staff during the inspection, we were unable to obtain any data on the use of the care programme approach (CPA). We were told that contact was maintained with the care coordinators in the community teams and transfers to secure units were not unduly delayed, but we were unable to view any evidence to support this.
- 8.48 The prison had good links with local palliative care services, and an end-of-life protocol.

## Recommendations

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- 8.49 There should be specific housing training for staff and prisoners involved in providing accommodation advice and support.
- 8.50 There should be procedures to recognise and record behavioural or other progress that will contribute to finding employment.
- 8.51 Staff should actively target and monitor the performance targets for prisoners progressing into employment and further training and/or education on their release.
- 8.52 There should be more cohesive pre-release arrangements, including support for job applications (including online), CV writing and job interview practice.
- 8.53 There should be better promotion of the help available for arranging further education and/or training and finding employment on release.
- 8.54 Outcome data on finance, benefit and debt should be agreed and monitored to establish the extent of prisoner need, and there should be appropriate support to address identified issues.
- 8.55 There should be a money management programme.
- 8.56 Prisoners should be given information and assistance about health and social services before their release, including on health promotion and disease prevention information.
- 8.57 Mental health services should be structured to ensure continuity of care on release or transfer.

## Drugs and alcohol

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- 8.58 The counselling, assessment, referral, advice and throughcare (CARAT) service had a high caseload, but was coping well, and also worked with alcohol abusers. The P-ASRO (prison addressing substance related offending) course achieved its targets, although it was not open to prisoners on the integrated drug treatment system (IDTS). Alcohol awareness, Alcoholics Anonymous and Narcotics Anonymous were also offered. The voluntary drug testing (VDT) programme had broken down, with many prisoners on compacts failing to supply samples. There was limited contact with outside agencies.
- 8.59 The counselling, assessment, referral, advice and throughcare (CARAT) service had an open caseload of 240, covered by four keyworkers and a manager. One CARAT worker explained all drug-related services to new arrivals during induction.

- 8.60 In our survey, responses indicating knowledge of drug and alcohol services and perceptions of the effectiveness of interventions were significantly below the comparators. Several prisoners we spoke to had approached CARATs as the correct referral point for integrated drug treatment system (IDTS) methadone treatment, but were told there was a waiting list and believed that CARATs had failed them by denying immediate treatment. However, CARATs actively supported all prisoners who were on IDTS.
- 8.61 CARATs delivered components of the IDTS psychosocial programme on a one-to-one basis, although Haverigg was not funded for this officially. Other CARATs interventions included one-to-one keyworking, motivational enhancement, harm minimisation, relaxation, and auricular acupuncture.
- 8.62 P-ASRO (prison addressing substance related offending) was the only other drug-related intervention, but it was not open to IDTS prisoners (i.e. those on methadone treatment). This had been decided by the national interventions and substance misuse group (ISMG). Staff and prisoners were frustrated at this decision, especially as there were no other offending behaviour programmes dealing with drug-related offending. P-ASRO was achieving its targets of 96 starts and 62 completions, with year-to-date actual completions of 57. Communication and co-working between P-ASRO facilitators, offender managers and the CARAT workers were good, with all actively involved in prisoners' P-ASRO course reviews.
- 8.63 There was a current drug and alcohol strategy, with a better than average approach to alcohol. CARATs staff were willing to engage with prisoners who had alcohol-only related problems, who made up a high number of the prison's population (28% of those in our survey). The programmes unit also ran an alcohol awareness group, although this faced the threat of funding cuts.
- 8.64 Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups were available, and referrals were handled by the chaplaincy. The AA facilitator was a certified counsellor who also provided one-to-one sessions for prisoners with specific alcohol problems. There was also a peer tutor for AA groups.
- 8.65 The voluntary drug testing (VDT) programme had broken down to the point where prisoners described it as 'a joke'. There were 320 VDT compacts in place. The positive rate was 10.2%, of which 8.1% was 'failure to supply'. The VDT system included some compliance testing of wing cleaners on Skiddaw, though these were still called 'voluntary'. Prisoners were routinely given full strip searches before they provided a VDT sample.
- 8.66 Links with community drug intervention programmes (DIP) were variable. The prison's remoteness seemed to be a barrier to regular visits from DIP teams, which affected the effectiveness of resettlement initiatives.
- 8.67 Prisoners could transfer to other establishments to engage in programmes, such as the 12-step programme or short duration programme, or in therapeutic communities. The CARAT service took the lead in making suitability assessments and the necessary referrals.

## Recommendations

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- 8.68 The establishment should ensure that alcohol awareness training continues as a priority.

- 8.69 Prisoners on voluntary drug testing (VDT) compacts should not be strip searched routinely.
- 8.70 Compliance and voluntary drug testing provision and compacts should be clearly differentiated.
- 8.71 Prisoners receiving methadone maintenance treatment should not be prevented from engaging in offending behaviour programmes solely on the grounds of their treatment.

## Children and families of offenders

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- 8.72 Many prisoners were at a significant distance from their homes, and public transport to Haverigg was poor. The visitors' centre and the refreshment bar and the crèche in the main visits room were good, but the fixed seating in the visits room was poor and prisoners had to wear bibs during visits. There were no proper arrangements to hold prisoners whose visitors were delayed. The criteria for family visits were linked with a prisoner's privileges level, and there were limited opportunities for release on temporary licence.
- 8.73 Almost half the prison population (285 prisoners, 49%) were more than 100 miles from their home. Haverigg was in an isolated site with poor public transport links. In our survey, only 60% of respondents, against the comparator of 69%, said they had opportunity to have the number and length of their visits entitlement.
- 8.74 Domestic visits were available every afternoon. Domestic and legal visits had to be booked through a visits telephone booking line, which was staffed between 1pm and 4pm on weekdays. Although these times were restrictive, we tried the number and got through without difficulty. Visitors often asked staff about booking their next visit while they were in the establishment, and staff rang the booking line on their behalf.
- 8.75 The visitors' centre was clean and bright, with a refreshment bar staffed by the Haverigg visitor support group and a small children's play area. Staff were friendly and welcoming to visitors. The centre advertised information about a range of prison visitor support groups and the assisted prison visits scheme. Visitors who were concerned about a prisoner could raise the matter directly with staff or complete a visitor concern form, which went to the safer custody team. General comment sheets were also available in the centre, although only a few of these had been completed and no concerns had been raised.
- 8.76 The visits room was a good facility, but the fixed seating put prisoners too far from their visitors. There was a good refreshment bar staffed by the Haverigg visitor support group, which also staffed the well-equipped crèche. Prisoners had to wear bibs during visits, which was inappropriate. There was no waiting room for prisoners, who had to sit in the visits rooms to wait for visitors who were late or failed to turn up. Visits staff appeared vigilant and patrolled regularly, and the CCTV system was monitored. There were no designated seats for vulnerable prisoners, but they were escorted to and from visits separately.
- 8.77 We did not see drug dogs in action, but were told that a single indication by the drug dog resulted in a closed visit without any requirement for supporting intelligence. There were three closed visit booths with a microphone/speaker system, in which it was relatively easy to hold a conversation. Fourteen prisoners were subject to closed visits at the time of inspection, and there were monthly reviews by the security committee meetings. There were 16 banned visitors.

- 8.78 Sunday morning family visits had recently been introduced. These were only available to enhanced-status prisoners and those on standard within the last six weeks of their sentence, which was unnecessarily restrictive. The take-up of these visits had been poor, with only two at most since their introduction, which was not surprising given the distance many visitors had to travel.
- 8.79 Under an initiative with the Manchester-based Partners of Prisoners (POPs), visitors could have a visit via video link instead of having to travel to Haverigg. The take-up of this facility had also been poor, however, although there were plans to publicise it more widely. Accumulated visits could be arranged with the receiving establishment.
- 8.80 The chaplaincy provided one-to-one support to prisoners as required, and referrals for general counselling could be made through healthcare. The education department ran a parentcraft course, and 28 of the 58 prisoners who went on it in 2008 (48%) had completed it.
- 8.81 Release on temporary licence was generally only used to facilitate work in the local community (see paragraph 8.17). It had been granted only a few times to allow prisoners to spend time with their families before release, and not at all in the previous six months.

## Recommendations

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- 8.82 The seating in the visits room should allow prisoners to sit closer to their visitors.
- 8.83 Prisoners should not have to wear bibs during visits.
- 8.84 There should be a separate holding room for prisoners waiting to receive visits.
- 8.85 A positive indication by a drug dog should only result in a closed visit where there is other supporting intelligence.
- 8.86 Family visits should be available to prisoners regardless of their incentives and earned privileges status.
- 8.87 There should be more opportunities for release on temporary licence.

## Attitudes, thinking and behaviour

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- 8.88 There were insufficient accredited programmes to address offending behaviour, and there were delays in access to the non-accredited courses available. The non-accredited programmes, including the Sycamore Tree course, faced curtailment because of lack of funding.
- 8.89 The only nationally accredited programme available at the prison was P-ASRO (prison addressing substance related offending), scheduled to run eight times a year (see paragraph 8.62). The prison's attempts to introduce enhanced thinking skills (ETS) had failed to date, and this was a significant absence. Although prisoners could, in theory, transfer to another prison to complete ETS, or its equivalent, before returning to Haverigg, only one prisoner had done this.

- 8.90 A small attitudes, thinking and behaviour (ATB) team, made up of two civilian and one prisoner facilitator, delivered some groupwork courses, approved by the North West area – thinking skills in the workplace, anger management, and alcohol awareness (see paragraph 8.63). The programmes were run on a regular cycle, depending on need, but given the demand and the priority given to prisoners on indeterminate sentence for public protection or due for release, prisoners could have a long wait to get on a programme. Some prisoners had been waiting since November 2007 to get on a programme.
- 8.91 As the programmes delivered by the ATB group were not formally accredited, there were no post-programme meetings or reports. The perception of many prisoners, and some staff, was that they were of relatively little value in evidencing that prisoners had addressed offending behaviour and identified risk factors. Although the prison's needs analyses had identified the need to expand the current offending behaviour programmes, it had been decided to terminate these non-accredited courses at the end of March 2009.
- 8.92 The chaplaincy had begun running the Sycamore Tree victim awareness programme and had delivered four programmes in less than 12 months. Although this was the only formal victim work in the prison, funding for this programme was also under threat.

## Recommendations

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- 8.93 The prison should provide a full range of accredited programmes to meet the offending behaviour needs of the population.
- 8.94 Non-accredited offending behaviour programmes should continue to be provided as a supplement and support for accredited courses.
- 8.95 The Sycamore Tree victim awareness programme should be appropriately funded to continue delivery.



# Section 9: Recommendations, housekeeping points and good practice

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

## Main recommendations

To the governor

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- 9.1 The Fairfield unit is inherently unfit and unsafe for its present purpose and should be demolished. (HP46)
  - 9.2 There should be effective links between security, safer custody, healthcare and residential staff to record, monitor, investigate and effectively deal with all matters relating to prisoner safety. (HP47)
  - 9.3 The drug supply strategy should be urgently reviewed, including effective intelligence-led searching, dynamic security, and an effective voluntary testing regime. (HP48)
  - 9.4 All staff should be actively involved in monitoring and addressing violence and bullying, and the tackling anti-social behaviour (TAB) strategy should be understood and vigorously applied. (HP49)
  - 9.5 The segregation unit should be appropriately staffed and used, and living conditions there improved. (HP50)
  - 9.6 Support for prisoners at risk of self-harm (such as access to Samaritans and Listeners) should be provided without delay. (HP51)
  - 9.7 Effective support should be provided for prisoners who are unable to cope on the main units, and they should not be co-located with identified bullies. (HP52)
  - 9.8 There should be access to a full range of mental health services every week. (HP53)
  - 9.9 The education provision should be fully overhauled, to improve the quality of teaching, increase opportunities for vocational training, and provide effective information, advice and guidance and resettlement links. (HP54)
  - 9.10 There should be a comprehensive strategy and policy to meet the range of prisoners' resettlement needs, including the provision of relevant offending behaviour programmes. (HP55)

## Recommendation

To interventions and substance misuse group

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- 9.11 Prisoners receiving methadone maintenance treatment should not be prevented from engaging in offending behaviour programmes solely on the grounds of their treatment. (8.71)

### **Courts, escorts and transfers**

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- 9.12 Prisoners transferred to HMP Haverigg should be offered sufficient toilet breaks. (1.6)
- 9.13 Reception should remain fully open over the lunch period. (1.7)

### **First days in custody**

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- 9.14 Reception staff should be able to supervise prisoners in the holding rooms effectively. (1.26)
- 9.15 Holding rooms should be maintained appropriately and have sufficient written materials. (1.27)
- 9.16 New arrivals should have access to Listeners in reception and on the first night unit. (1.28)
- 9.17 All new arrivals should be offered a shower and free telephone call. (1.29)
- 9.18 Clear procedures to identify and monitor prisoners spending their first night in custody should be published and known to night staff. (1.30)
- 9.19 First night cells should be clean, free from graffiti and welcoming. (1.31)
- 9.20 New arrivals should remain on Skiddaw Unit until they complete their induction. (1.32)
- 9.21 Induction compacts should be quality assured to ensure that prisoners have been seen by all relevant departments during induction. (1.33)
- 9.22 Induction classroom sessions should include input from Insiders and prisoner race representatives. (1.34)
- 9.23 Induction and first night information should be available in a range of appropriate languages. (1.35)

### **Residential units**

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- 9.24 Living conditions on Blencathra and Fairfield Units should be improved. (2.18)
- 9.25 All residential areas should be clean and well maintained. (2.19)
- 9.26 Association rooms should be improved and kept clean. (2.20)
- 9.27 All cells should have call bells, and these should be answered within five minutes. (2.21)
- 9.28 Up-to-date notices should be displayed and in formats suitable for the prison's population. (2.22)
- 9.29 There should be a clear policy prohibiting offensive displays that should be applied consistently. (2.23)

- 9.30 There should be additional telephones on Blencathra, Fairfield, Skiddaw and Langdale, based on an acceptable ratio of one telephone to 20 prisoners. (2.24)
- 9.31 There should be facilities to allow prisoners to wash their own clothes. (2.25)

### **Staff-prisoner relationships**

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- 9.32 Staff should adequately supervise prisoners on residential units and in association rooms. (2.30)

### **Personal officers**

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- 9.33 There should be an effective personal officer scheme. (2.36)
- 9.34 There should be routine management checks of personal officer contact time and the quality of entries in prisoners' personal files. (2.37)
- 9.35 Personal officers should make appropriate contributions to sentence planning and resettlement processes. (2.38)

### **Bullying and violence reduction**

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- 9.36 Monitoring on anti-bullying and violence reduction should be extended to include more factors indicating potential incidents. (3.18)
- 9.37 Staff should be trained in the revised violence reduction and anti-bullying strategy. (3.19)
- 9.38 All assaults should be reported through the incident reporting system and be fully investigated. (3.20)
- 9.39 There should be an alert procedure to inform the safer custody team of suspected incidents. (3.21)
- 9.40 The safer custody team should coordinate investigations into suspected incidents and be given the necessary information to maintain the tackling anti-social behaviour (TAB) register accurately. (3.22)
- 9.41 TAB documents should be quality assured, and monitoring entries should provide evidence of engagement and support from staff. (3.23)
- 9.42 There should be interventions for persistent bullies and victims of bullying. (3.24)
- 9.43 Links between the safer custody team and security should be improved, and there should be regular management checks of wing observation books to identify potential incidents of bullying. (3.25)
- 9.44 Relevant key information in wing observation books should be reflected in wing history files. (3.26)

## **Self-harm and suicide**

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- 9.45 The range of monitoring indicators relating to suicide prevention should be increased and developed to establish emerging trends, be fully analysed by committee meetings, and used to inform policy. (3.40)
- 9.46 Action plans in assessment, care in custody and teamwork (ACCT) documents should not solely place responsibility on the prisoner. (3.41)
- 9.47 The quality of monitoring entries in ACCT documents should consistently demonstrate staff engagement with the prisoner. (3.42)
- 9.48 Staff should hand over significant information about prisoners between shifts. (3.43)
- 9.49 Night orders relating to the emergency unlock of cells should be urgently revised. (3.44)
- 9.50 Cells used for at-risk prisoners should be thoroughly searched. (3.45)
- 9.51 Safer cells and a crisis suite should be provided. (3.46)
- 9.52 Monthly meetings of the suicide prevention and violence reduction committees should be merged into one safer custody meeting. (3.47)

## **Diversity**

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- 9.53 The diversity manager should be supported by designated liaison officers for each of the diversity strands, with adequate facility time to carry out this work. (3.54)
- 9.54 There should be a published diversity policy, based on an annual needs assessment, with clear guidance on how the needs of minority groups will be met. (3.55)
- 9.55 All new arrivals should be assessed to establish whether they have a disability, a care plan drawn up and assessments reviewed at least annually. (3.56)
- 9.56 All older prisoners and those with disabilities should be regularly consulted about their individual needs. (3.57)
- 9.57 There should be regular monitoring of prisoners from minority groups to ensure they have equitable access to amenities and activities. (3.58)
- 9.58 Prisoners past the age of retirement should not have to pay for their television. (3.59)

## **Race equality**

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- 9.59 There should be detailed analysis of ethnic monitoring to determine patterns and trends. This information should be accessible and clear to all prisoners and staff. (3.75)
- 9.60 There should be adequately resourced arrangements to cover and support the role of the race equality officer. (3.76)

- 9.61 All race equality action team members and prisoners' representatives should attend the required training. (3.77)
- 9.62 Racist incident report forms should be available on all wings, and all complaint boxes should be locked. (3.78)
- 9.63 The race equality action team should monitor and analyse all submitted racist incident report forms to identify trends and take action as required. (3.79)
- 9.64 There should be appropriate interventions for prisoners who demonstrate racist behaviour, and action plans for victims of racist incidents. (3.80)
- 9.65 There should be an annual race equality survey and regular consultation with black and minority ethnic prisoners to inform and develop the race equality action plan and policy. (3.81)
- 9.66 There should be a planned calendar of events to celebrate and promote cultural, racial and ethnic diversity to which all departments contribute. (3.82)

### **Foreign national prisoners**

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- 9.67 There should be a foreign national strategy based on an up-to-date analysis of the needs of foreign national prisoners and including a time-bound action plan, and prescribing the involvement of all relevant departments and staff. (3.92)
- 9.68 Arrangements for free international telephone calls should accommodate foreign national prisoners from the day of their arrival. (3.93)

### **Applications and complaints**

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- 9.69 Details about applications and complaints should be publicised in a range of languages. (3.101)
- 9.70 Access to application and complaint forms should be improved on Fairfield and Blencathra units. (3.102)
- 9.71 There should be arrangements to enable wing staff to chase up applications not responded to within three working days, and the date of response should be routinely recorded. (3.103)

### **Legal rights**

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- 9.72 Appropriately trained legal service staff should be appointed as soon as possible. (3.109)
- 9.73 The availability of legal visits should be expanded to accommodate demand. (3.110)

### **Substance use**

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- 9.74 Medication should be administered in a safe and suitable environment. (3.120)
- 9.75 Integrated drug treatment system (IDTS) staff should complete a comprehensive clinical assessment the day after a prisoner's arrival at the establishment. (3.121)

- 9.76 There should be a specialist dual-diagnosis service for prisoners with both mental health and substance-related problems. (3.122)
- 9.77 Mandatory (MDT) and voluntary (VDT) drug testing suites should be separated, with separate equipment, and the MDT holding cells refurbished. (3.123)

### **Vulnerable prisoners**

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- 9.78 Wing history files should give a full account of the reasons why a prisoner is returned to Skiddaw Unit as a vulnerable prisoner, and entries should demonstrate a high level of engagement by staff. (3.130)
- 9.79 Vulnerable prisoners who refuse to move off Skiddaw should not be demoted to basic status, except on the basis of a thorough individual risk assessment. (3.131)
- 9.80 There should be active plans to support the reintegration of suitable prisoners to normal location. (3.132)
- 9.81 Vulnerable prisoners should not be held on Langdale unit. (3.133)
- 9.82 There should be more work for vulnerable prisoners. (3.134)

### **Health services**

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- 9.83 The primary care trust (PCT) commissioners should play an active role in defining and agreeing the service level agreement for the provision of health services. (4.46)
- 9.84 The health services department should be redesigned and be clean, tidy and fit for purpose, with more telephones. (4.47)
- 9.85 The health services room in reception should be relocated and redesigned. (4.48)
- 9.86 There should be a full security assessment of the treatment rooms, including the storage arrangements for controlled drugs. (4.49)
- 9.87 All resuscitation equipment should be checked regularly, and all staff should be aware of its location and how to use it. (4.50)
- 9.88 Prisoners should be fully informed of the health services available and how to access them. (4.51)
- 9.89 The staffing levels and skill mix of the department should be clarified, and expeditious efforts made to recruit relevant staff. (4.52)
- 9.90 All health services staff should have clinical supervision. (4.53)
- 9.91 There should be a lead nurse with sufficient seniority and knowledge to be responsible for the overall care of older prisoners. (4.54)
- 9.92 The arrangements for GP services should be altered so that the same GP does not work every day. (4.55)

- 9.93 There should be a local Caldicott guardian to oversee the use and confidentiality of personal health information. (4.56)
- 9.94 The system of faxed prescriptions should be subject to audit, and the pharmacist should compare a random selection of dispensed faxes against the original prescription forms held at the prison. (4.57)
- 9.95 All prescriptions issued at the prison should be faxed to the pharmacy for the pharmacist to maintain full patient medication records on the pharmacy computer. (4.58)
- 9.96 Computer software should be installed in the dental surgery to facilitate record keeping and enable digital radiography. (4.59)
- 9.97 Prisoners should have full access to the PCT's complaints system, including free telephone numbers if required. (4.60)
- 9.98 The partnership board should ensure that all clinical policies and protocols are prison specific. (4.61)
- 9.99 Prisoners working at the prison should have appropriate occupational health checks and vaccinations. (4.62)
- 9.100 The health services application system should be reliable and auditable. (4.63)
- 9.101 There should be effective management of patients with long-term conditions, including nurse-led clinics, in line with good practice. (4.64)
- 9.102 Health services staff should follow up all prisoners who fail to attend for appointments, in particular those requiring assessment following the completion of an injury to inmate (F213) form. (4.65)
- 9.103 Smoking cessation courses should be available. (4.66)
- 9.104 Prisoners should have access to barrier protection. (4.67)
- 9.105 Prisoners should be able to see a pharmacist. (4.68)
- 9.106 Documented risk assessments of prisoners should be available and consulted before any medicines, including special sick, are given in possession. (4.69)
- 9.107 The responsible pharmacist should have professional control of the stock supplied, and all pre-packs should be dual-labelled to facilitate auditing. (4.70)
- 9.108 Dispensing by nurses should stop immediately. (4.71)
- 9.109 The medicines and therapeutics committee should formally review and adopt all procedures and policies, and all staff should read and sign the agreed procedures. (4.72)
- 9.110 All prescriptions and written directions issued to authorise supplies of methadone mixture should be clear and complete. (4.73)
- 9.111 Controlled drugs registers should be properly maintained and capable of inspection and audit. (4.74)

- 9.112 All medications should be administered in a safe and secure manner. (4.75)
- 9.113 Outside hospital appointments should be monitored to ensure that no prisoner is disadvantaged. (4.76)
- 9.114 Uniformed staff should have mental health awareness training. (4.77)
- 9.115 Prisoners with mental health needs should be supported by a mental health team who work with other areas of the prison regime. (4.78)
- 9.116 Resuscitation equipment, including the automated external defibrillator, should be taken to all 'code blue' emergencies. (4.79)

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

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- 9.117 The diagnostic assessment of prisoners should be improved to meet individual learning needs. (5.24)
- 9.118 Information about prisoners should be used more effectively to ensure their diverse needs are recognised and provided for. (5.25)
- 9.119 There should be improved target setting for effective use of prisoners' time and achievement of awards. (5.26)
- 9.120 Qualifications should be available for English for speakers of other languages (ESOL). (5.27)
- 9.121 The quality of learning materials used in education should be improved, and they should be appropriate for use with adult male prisoners. (5.28)
- 9.122 All prisoners attending education should receive the same rate of pay. (5.29)
- 9.123 Vulnerable prisoners should have increased access to activities. (5.30)
- 9.124 The dropout rates from qualification courses should be significantly reduced. (5.31)
- 9.125 Accredited training should be available in all work areas. (5.32)
- 9.126 The development of general employability skills in workplaces should be recognised and recorded. (5.33)
- 9.127 The library should stock more foreign language books and newspapers. (5.34)

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

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- 9.128 The PE showers should be appropriately screened. (5.40)

### **Security and rules**

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- 9.129 Communication between the security department and the rest of the establishment should improve. (6.9)

- 9.130 Information from security information reports should be communicated to relevant areas, particularly the safer custody officer, every day. (6.10)
- 9.131 The security department should be adequately resourced to carry out all its functions, particularly intelligence-led searches. (6.11)

### **Discipline**

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- 9.132 Records of adjudications should always show that charges have been sufficiently investigated. (6.30)
- 9.133 Referrals to the independent adjudicator should only be made for serious charges. (6.31)
- 9.134 Minor infringements of prison rules should be dealt with through less formal procedures. (6.32)
- 9.135 There should be reintegration planning to ensure prisoners in the segregation unit can return quickly to the main prison. (6.33)
- 9.136 A clear selection policy and criteria for segregation unit staff should be published. (6.34)
- 9.137 The segregation unit regime should be developed and include purposeful activity. (6.35)
- 9.138 All prisoners in the segregation unit should have access to showers and exercise every day. (6.36)

### **Incentives and earned privileges**

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- 9.139 Prisoners should not be required to sign a voluntary drug testing compact to gain enhanced status. (6.45)
- 9.140 The range of privileges available to enhanced prisoners should be increased. (6.46)
- 9.141 Work supervisors should routinely contribute to incentives and earned privileges (IEP) reviews. (6.47)
- 9.142 Personal officers should work with basic prisoners to help them modify their behaviour, and this should be evidenced in wing history files. (6.48)
- 9.143 Wing history files should accurately reflect the behaviour of individual prisoners and ensure that they are appropriately dealt with under the IEP scheme. (6.49)

### **Catering**

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- 9.144 Damp in the kitchen should be treated, and all areas should be clean and properly decorated. (7.7)
- 9.145 Food comments books should be available for prisoners. (7.8)
- 9.146 There should be meaningful consultation with prisoners about the catering, and their suggestions should be used to inform the provision of meals. (7.9)
- 9.147 An adequate breakfast should be provided to prisoners in the morning. (7.10)

- 9.148 Conditions in the two dining halls should be improved. (7.11)
- 9.149 Containers to keep food warm should be provided to prisoners who wish to take their meals to their residential unit. (7.12)
- 9.150 The heated food trolleys should be kept clean. (7.13)

### **Prison shop**

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- 9.151 New arrivals should be able to buy items from the prison shop within their first 24 hours. (7.20)
- 9.152 The shop goods list should include a wider range of items. (7.21)
- 9.153 Prisoners should not be charged an administrative fee for catalogue orders. (7.22)
- 9.154 The prison shop should be a standing item at the prisoner consultation forum. (7.23)
- 9.155 There should be a prisoner survey on the prison shop at least annually, and the results used to inform product and service development. (7.24)

### **Strategic management of resettlement**

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- 9.156 There should be an overarching reducing reoffending policy incorporating the roles of each resettlement pathway and offender management. (8.5)
- 9.157 Progress against development objectives should be reviewed regularly. (8.6)
- 9.158 There should be a clear distinction between the strategic and operational functions of the reducing reoffending policy group. (8.7)

### **Offender management and planning**

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- 9.159 All objectives identified at offender development boards should be written up and copied to prisoners. (8.26)
- 9.160 The level of offender supervisor contact should be clearly defined and monitored, and the level and quality of input should be subject to quality assurance. (8.27)
- 9.161 The offender management database should be used more widely across the establishment. (8.28)
- 9.162 Sentence planning boards should be arranged and managed by case administrators. (8.29)
- 9.163 All prisoners should have a resettlement surgery no later than 12 weeks before their release, and there should be a follow-up meeting to ensure that issues are appropriately addressed before release. (8.30)
- 9.164 Information and advice about pre-release support and services should be provided at induction and advertised throughout the prison. (8.31)
- 9.165 There should be a lifer strategy to ensure there are appropriate resources and procedures to manage this population. (8.32)

- 9.166 There should be appropriate provision to meet the needs of prisoners on indeterminate sentences for public protection (IPPs), including IPP family days and IPP officers. (8.33)
- 9.167 Prisoners who have provisionally passed their category D board should be transferred as soon as possible. (8.34)

### **Resettlement pathways**

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- 9.168 There should be specific housing training for staff and prisoners involved in providing accommodation advice and support. (8.49)
- 9.169 There should be procedures to recognise and record behavioural or other progress that will contribute to finding employment. (8.50)
- 9.170 Staff should actively target and monitor the performance targets for prisoners progressing into employment and further training and/or education on their release. (8.51)
- 9.171 There should be more cohesive pre-release arrangements, including support for job applications (including online), CV writing and job interview practice. (8.52)
- 9.172 There should be better promotion of the help available for arranging further education and/or training and finding employment on release. (8.53)
- 9.173 Outcome data on finance, benefit and debt should be agreed and monitored to establish the extent of prisoner need, and there should be appropriate support to address identified issues. (8.54)
- 9.174 There should be a money management programme. (8.55)
- 9.175 Prisoners should be given information and assistance about health and social services before their release, including on health promotion and disease prevention information. (8.56)
- 9.176 Mental health services should be structured to ensure continuity of care on release or transfer. (8.57)
- 9.177 The establishment should ensure that alcohol awareness training continues as a priority. (8.68)
- 9.178 Prisoners on voluntary drug testing (VDT) compacts should not be strip searched routinely. (8.69)
- 9.179 Compliance and voluntary drug testing provision and compacts should be clearly differentiated. (8.70)
- 9.180 The seating in the visits room should allow prisoners to sit closer to their visitors. (8.82)
- 9.181 Prisoners should not have to wear bibs during visits. (8.83)
- 9.182 There should be a separate holding room for prisoners waiting to receive visits. (8.84)
- 9.183 A positive indication by a drug dog should only result in a closed visit where there is other supporting intelligence. (8.85)

- 9.184 Family visits should be available to prisoners regardless of their incentives and earned privileges status. (8.86)
- 9.185 There should be more opportunities for release on temporary licence. (8.87)
- 9.186 The prison should provide a full range of accredited programmes to meet the offending behaviour needs of the population. (8.93)
- 9.187 Non-accredited offending behaviour programmes should continue to be provided as a supplement and support for accredited courses. (8.94)
- 9.188 The Sycamore Tree victim awareness programme should be appropriately funded to continue delivery. (8.95)

## Housekeeping points

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### **First days in custody**

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- 9.189 The induction classroom should be appropriately equipped and furnished. (1.36)
- 9.190 The published induction timetable should be simplified and include guidance on the sessions that returning prisoners should complete. (1.37)

### **Bullying and violence reduction**

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- 9.191 Prisoners on tackling anti-social behaviour (TAB) level three should be allowed some association each week. (3.27)

### **Race equality**

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- 9.192 Photographs of prisoner race representatives should be displayed on wings. (3.83)

### **Applications and complaints**

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- 9.193 The complaint box on Blencathra Unit should be secured to the wall, and all boxes should be locked once they have been emptied. (3.104)

### **Health services**

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- 9.194 Appropriate health promotion multimedia (including oral health) should be displayed in the health services department waiting room. (4.80)
- 9.195 The doctor's bag in the main gate should be sealed and any equipment and medications contained recorded. (4.81)
- 9.196 The dental floor covering should be sealed at the edges and reliably cleaned. (4.82)
- 9.197 Personal dental treatment plan forms should be used in accordance with General Dental Council regulations, and dental records should be included in the main clinical records. (4.83)

9.198 Dental patients should be made aware of future appointments. (4.84)

**Prison shop**

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9.199 The leaflet for new arrivals on the management of their money should be updated. (7.25)



## Appendix I: Inspection team

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Anne Owers	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Gordon Riach	Inspector
Steve Moffatt	Inspector
Andrea Walker	Inspector
Samantha Booth	Researcher
Rachel Murray	Research trainee

### **Specialist inspectors**

Elizabeth Tysoe	Healthcare inspector
Paul Roberts	Substance use inspector
Jen Davies	Dental inspector
Steve Gascoigne	Pharmacy inspector
Julia Horsman	Ofsted inspector

## Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	580	99.5
Detainees (single power status)	4	0.5
<b>Total</b>	<b>583</b>	<b>100</b>

(ii) Sentence	Number of prisoners	%
Less than 6 months	6	1.1
6 months-less than 12 months	14	2.4
12 months-less than 2 years	67	11.5
2 years-less than 4 years	192	32.9
4 years-less than 10 years	221	37.9
10 years and over (not life)	21	3.6
Life	38 plus 24 ISPP	10.6
<b>Total</b>	<b>583</b>	<b>100</b>

(iii) Length of stay	Number of prisoners	%
Less than 1 month	56	9.6
1 month to 3 months	126	21.6
3 months to 6 months	149	25.6
6 months to 1 year	161	27.6
1 year to 2 years	75	12.9
2 years to 4 years	16	2.7
<b>Total</b>	<b>583</b>	<b>100</b>

(iv) Main offence	Number of prisoners	%
Violence against the person	163	27.9
Sexual offences	1	0.2
Burglary	103	17.7
Robbery	81	13.9
Theft and handling	20	3.4
Fraud and forgery	5	0.9
Drugs offences	158	27.1
Other offences	52	8.9
<b>Total</b>	<b>583</b>	<b>100</b>

(v) Age	Number of prisoners	%
21 years to 29 years	236	40.5
30 years to 39 years	216	37
40 years to 49 years	102	17.5
50 years to 59 years	23	5.9
60 years to 69 years	5	0.8
70 plus years	1	0.1
<b>Total</b>	<b>583</b>	<b>100</b>

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	129	22.2
Between 50 and 100 miles of the prison	153	26.2
Over 100 miles from the prison	285	48.9
Overseas	16	2.7
<b>Total</b>	<b>583</b>	<b>100</b>

<b>(vii) Nationality</b>	<b>Number of prisoners</b>	<b>%</b>
British	558	95.7
Foreign nationals	25	4.3
<b>Total</b>	<b>583</b>	<b>100</b>

<b>(viii) Ethnicity</b>	<b>Number of prisoners</b>	<b>%</b>
<i>White:</i>		
British	504	86.4
Irish	6	1
Other White	10	1.7
<i>Mixed:</i>		
White and Black Caribbean	5	0.9
White and Asian	3	0.5
Other mixed	3	0.5
<i>Asian or Asian British:</i>		
Indian	4	0.7
Pakistani	13	2.2
Bangladeshi	1	0.2
Other Asian	8	1.4
<i>Black or Black British:</i>		
Caribbean	11	1.9
African	1	0.2
Other Black	4	0.7
<i>Chinese or other ethnic group:</i>		
Chinese	3	0.5
Other ethnic group	6 plus 1 not stated	1.2
<b>Total</b>	<b>583</b>	<b>100</b>

<b>(ix) Religion</b>	<b>Number of prisoners</b>	<b>%</b>
Church of England	215	36.9
Roman Catholic	168	28.8
Other Christian denominations	24	4.1
Muslim	37	6.4
Sikh	2	0.3
Hindu	2	0.3
Buddhist	13	2.2
Other	7	1.2
No religion	115	19.7
<b>Total</b>	<b>583</b>	<b>99.9</b>

# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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

### Choosing the sample size

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

At the time of the survey on 6 January 2009, the prisoner population at HMP Haverigg was 601. The sample size was 135. Overall, this represented 22% of the prisoner population.

### Selecting the sample

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

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

Interviews are carried out with any respondents with literacy difficulties. In this case, none were required.

## Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

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

## **Response rates**

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In total, 121 respondents completed and returned their questionnaires. This represented 20% of the prison population. The response rate was 90%. In addition to the five respondents who refused to complete a questionnaire, three questionnaires were not returned and six were returned blank.

## **Comparisons**

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C trainer prisons since April 2003.
- A comparison within the 2009 survey between the responses of prisoners who considered themselves to have a disability and those who did not.

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

## **Summary**

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

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

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

## Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	0%
	<i>21 - 29</i> .....	46%
	<i>30 - 39</i> .....	36%
	<i>40 - 49</i> .....	15%
	<i>50 - 59</i> .....	3%
	<i>60 - 69</i> .....	0%
	<i>70 and over</i> .....	0%
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	96%
	<i>Yes - on recall</i> .....	4%
	<i>No - awaiting trial</i> .....	0%
	<i>No - awaiting sentence</i> .....	0%
	<i>No - awaiting deportation</i> .....	0%
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	0%
	<i>Less than 6 months</i> .....	5%
	<i>6 months to less than 1 year</i> .....	4%
	<i>1 year to less than 2 years</i> .....	9%
	<i>2 years to less than 4 years</i> .....	28%
	<i>4 years to less than 10 years</i> .....	38%
	<i>10 years or more</i> .....	3%
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	4%
	<i>Life</i> .....	8%
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b><i>Not sentenced</i></b> .....	0%
	<i>6 months or less</i> .....	40%
	<i>More than 6 months</i> .....	60%
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	3%
	<i>1 to less than 3 months</i> .....	13%
	<i>3 to less than 6 months</i> .....	24%
	<i>6 to less than 12 months</i> .....	26%
	<i>12 months to less than 2 years</i> .....	21%

	2 to less than 4 years .....	10%		
	4 years or more .....	3%		
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>			
	Yes .....	2%		
	No.....	98%		
<b>Q1.8</b>	<b>Is English your first language?</b>			
	Yes .....	96%		
	No.....	4%		
<b>Q1.9</b>	<b>What is your ethnic origin?</b>			
	White - British.....	90%		
	White - Irish.....	1%		
	White - Other .....	2%		
	Black or Black British - Caribbean.....	0%		
	Black or Black British - African.....	0%		
	Black or Black British - Other....	0%		
	Asian or Asian British - Indian..	3%		
	Asian or Asian British - Pakistani .....	3%		
	Asian or Asian British - Bangladeshi.....	0%		
	Asian or Asian British - Other...	0%		
	Mixed Race - White and Black Caribbean.....	3%		
	Mixed Race - White and Black African.....	0%		
	Mixed Race - White and Asian.....	0%		
	Mixed Race - Other .....	0%		
	Chinese .....	0%		
	Other ethnic group .....	0%		
<b>Q1.10</b>	<b>What is your religion?</b>			
	None .....	29%		
	Church of England.....	38%		
	Catholic.....	21%		
	Protestant.....	3%		
	Other Christian denomination..	0%		
	Buddhist.....	0%		
	Hindu .....	2%		
	Jewish.....	1%		
	Muslim.....	3%		
	Sikh.....	1%		
	Other.....	2%		
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>			
	Heterosexual/ Straight.....	98%		
	Homosexual/Gay.....	1%		
	Bisexual.....	1%		
	Other.....	0%		
<b>Q1.12</b>	<b>Do you consider yourself to have a disability?</b>			
	Yes .....	17%		
	No.....	83%		
<b>Q1.13</b>	<b>How many times have you been in prison before?</b>			
	0	1	2 to 5	More than 5
	21%	13%	26%	40%

**Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?**

1	2 to 5	More than 5
2%	87%	11%

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

Yes.....	47%
No.....	53%

**Section 2: Courts, transfers and escorts**

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

	Very good	Good	Neither	Bad	Very bad	Don't remember	N/A
The cleanliness of the van	6%	44%	15%	28%	5%	3%	0%
Your personal safety during the journey	3%	61%	16%	17%	2%	0%	1%
The comfort of the van	0%	17%	12%	27%	42%	0%	1%
The attention paid to your health needs	1%	22%	32%	25%	12%	2%	6%
The frequency of toilet breaks	0%	7%	18%	20%	42%	1%	12%

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

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
1%	23%	68%	8%	0%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
7%	61%	20%	9%	2%	1%

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

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	92%	8%	0%
Before you arrived here did you receive any written information about what would happen to you?	11%	88%	1%
When you first arrived here did your property arrive at the same time as you?	93%	7%	0%

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

**Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)**

<b>Didn't ask about any of these</b> .....	26%	<i>Money worries</i> .....	13%
<i>Loss of property</i> .....	12%	<i>Feeling depressed or suicidal</i> ..	44%
<i>Housing problems</i> .....	17%	<i>Health problems</i> .....	57%
<i>Contacting employers</i> .....	7%	<i>Needing protection from other prisoners</i> .....	17%
<i>Contacting family</i> .....	28%	<i>Accessing phone numbers</i> .....	16%
<i>Ensuring dependants were being looked after</i> .....	14%	<i>Other</i> .....	4%

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

<b>Didn't have any problems</b> .....	38%	<i>Money worries</i> .....	10%
<i>Loss of property</i> .....	14%	<i>Feeling depressed or suicidal</i> ..	15%
<i>Housing problems</i> .....	15%	<i>Health problems</i> .....	21%
<i>Contacting employers</i> .....	4%	<i>Needing protection from other prisoners</i> .....	10%
<i>Contacting family</i> .....	25%	<i>Accessing phone numbers</i> .....	16%
<i>Ensuring dependants were looked after</i> .....	1%	<i>Other</i> .....	3%

**Q3.3 Please answer the following questions about reception:**

	Yes	No	<i>Don't remember</i>
Were you seen by a member of health services?	84%	14%	2%
When you were searched, was this carried out in a respectful way?	81%	12%	7%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
6%	63%	19%	8%	3%	1%

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

<i>Information about what was going to happen to you</i> .....	48%
<i>Information about what support was available for people feeling depressed or suicidal</i> .....	50%
<i>Information about how to make routine requests</i> .....	41%
<i>Information about your entitlement to visits</i> .....	42%
<i>Information about health services</i> .....	54%
<i>Information about the chaplaincy</i> .....	53%
<b>Not offered anything</b> .....	27%

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)**
- A smokers/non-smokers pack*..... 89%
  - The opportunity to have a shower*..... 33%
  - The opportunity to make a free telephone call*..... 32%
  - Something to eat*..... 70%
  - Did not receive anything***..... 2%
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)**
- Chaplain or religious leader*..... 48%
  - Someone from health services* ..... 81%
  - A listener/Samaritans* ..... 21%
  - Did not meet any of these people***..... 12%
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- Yes* ..... 6%
  - No*..... 94%
- Q3.9 Did you feel safe on your first night here?**
- Yes* ..... 81%
  - No*..... 15%
  - Don't remember*..... 4%
- Q3.10 How soon after your arrival did you go on an induction course?**
- Have not been on an induction course*** ..... 10%
  - Within the first week*..... 74%
  - More than a week*..... 16%
  - Don't remember*..... 0%
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- Have not been on an induction course***..... 10%
  - Yes* ..... 50%
  - No*..... 33%
  - Don't remember*..... 7%

## Section 4: Legal rights and respectful custody

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

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	6%	33%	16%	34%	4%	7%
Attend legal visits?	6%	42%	14%	13%	7%	18%
Obtain bail information?	3%	12%	28%	9%	4%	45%

**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**  
*Not had any letters*..... 11%  
 Yes..... 46%  
 No..... 44%

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	75%	23%	2%	0%
Are you normally able to have a shower every day?	97%	3%	0%	0%
Do you normally receive clean sheets every week?	91%	5%	2%	2%
Do you normally get cell cleaning materials every week?	50%	46%	4%	0%
Is your cell call bell normally answered within five minutes?	14%	51%	9%	26%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	27%	0%	1%
Can you normally get your stored property, if you need to?	29%	44%	22%	5%

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

	Very good	Good	Neither	Bad	Very bad
	0%	14%	16%	32%	38%

**Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**  
*Have not bought anything yet*..... 3%  
 Yes..... 41%  
 No..... 57%

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

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	27%	50%	9%	10%	2%	2%
An application form	32%	51%	5%	8%	3%	1%

**Q4.7 Have you made an application?**  
 Yes..... 91%  
 No..... 9%

**Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)**

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	10%	51%	39%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	10%	34%	56%

**Q4.9 Have you made a complaint?**  
 Yes ..... 56%  
 No..... 44%

**Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)**

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	45%	19%	36%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	46%	17%	38%
Were you given information about how to make an appeal?	35%	16%	49%

**Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**

**Not made a complaint** ..... 46%  
 Yes ..... 11%  
 No..... 43%

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

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
37%	4%	12%	23%	14%	10%

**Q4.13 Please answer the following questions about your religious beliefs**

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	49%	18%	33%
Are you able to speak to a religious leader of your faith in private if you want to?	50%	12%	38%

**Q4.14 Can you speak to a listener at any time, if you want to?**

Yes	No	<i>Don't know</i>
57%	4%	39%

**Q4.15 Please answer the following questions about staff in this prison**

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	70%	30%
Do <b>most</b> staff treat you with respect?	76%	24%

## Section 5: Safety

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

Yes ..... 43%  
 No..... 57%

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

Yes ..... 17%  
No..... 83%

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

<b>Never felt unsafe</b> .....	60%	<i>At meal times</i> .....	14%
<i>Everywhere</i> .....	13%	<i>At health services</i> .....	5%
<i>Segregation unit</i> .....	0%	<i>Visits area</i> .....	4%
<i>Association areas</i> .....	13%	<i>In wing showers</i> .....	13%
<i>Reception area</i> .....	2%	<i>In gym showers</i> .....	5%
<i>At the gym</i> .....	5%	<i>In corridors/stairwells</i> .....	12%
<i>In an exercise yard</i> .....	15%	<i>On your landing/wing</i> .....	21%
<i>At work</i> .....	8%	<i>In your cell</i> .....	9%
<i>During movement</i> .....	17%	<i>At religious services</i> .....	3%
<i>At education</i> .....	4%		

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

Yes ..... 34%  
No..... 66%

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

<i>Insulting remarks (about you or your family or friends) .....</i>	15%	<i>Because you were new here...</i>	11%
<i>Physical abuse (being hit, kicked or assaulted) .....</i>	15%	<i>Because of your sexuality .....</i>	1%
<i>Sexual abuse</i> .....	2%	<i>Because you have a disability</i> .....	4%
<i>Because of your race or ethnic origin</i> .....	3%	<i>Because of your religion/religious beliefs</i> .....	2%
<i>Because of drugs</i> .....	8%	<i>Being from a different part of the country than others</i> .....	10%
<i>Having your canteen/property taken</i> .....	9%	<i>Because of your offence/ crime</i> .....	3%

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

Yes ..... 21%  
No..... 79%

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

<i>Insulting remarks (about you or your family or friends) .....</i>	9%	<i>Because of your sexuality .....</i>	1%
<i>Physical abuse (being hit, kicked or assaulted) .....</i>	5%	<i>Because you have a disability</i> .....	2%
<i>Sexual abuse</i> .....	1%	<i>Because of your religion/religious beliefs</i> .....	1%
<i>Because of your race or ethnic origin</i> .....	3%	<i>Being from a different part of the country than others</i> .....	9%

Because of drugs..... 6%    Because of your offence/ 3%  
 crime.....  
 Because you were new here... 4%

**Q5.8 If you have been victimised by prisoners or staff, did you report it?**  
*Not been victimised*..... 55%  
 Yes ..... 15%  
 No..... 31%

**Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**  
 Yes ..... 37%  
 No..... 63%

**Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**  
 Yes ..... 14%  
 No..... 86%

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

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	45%	17%	6%	3%	3%	27%

## Section 6: Health services

**Q6.1 How easy or difficult is it to see the following people:**

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	10%	9%	35%	16%	25%	5%
The nurse	10%	16%	50%	9%	13%	3%
The dentist	13%	0%	10%	7%	39%	31%
The optician	34%	1%	9%	15%	24%	17%

**Q6.2 Are you able to see a pharmacist?**  
 Yes ..... 35%  
 No..... 65%

**Q6.3 What do you think of the quality of the health service from the following people:**

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	<i>know</i>	<i>good</i>				
The doctor	19%	4%	19%	8%	22%	28%
The nurse	20%	9%	35%	15%	12%	10%
The dentist	32%	2%	25%	13%	13%	15%
The optician	48%	2%	12%	17%	11%	9%

**Q6.4 What do you think of the overall quality of the health services here?**

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	<i>know</i>					
	13%	8%	18%	15%	31%	16%

- Q6.5 Are you currently taking medication?**  
 Yes ..... 48%  
 No..... 52%
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**  
**Not taking medication** ..... 52%  
 Yes ..... 41%  
 No..... 8%
- Q6.7 Do you feel you have any emotional wellbeing/ mental health issues?**  
 Yes ..... 27%  
 No..... 73%
- Q6.8 Are your emotional wellbeing/ mental health issues being addressed by any of the following? (Please tick all that apply)**  
**Do not have any issues / Not receiving any help** ..... 84%  
 Doctor..... 7%  
 Nurse..... 4%  
 Psychiatrist..... 3%  
 Mental Health In Reach team..... 7%  
 Counsellor..... 7%  
 Other..... 3%
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- |         | Yes | No  |
|---------|-----|-----|
| Drugs   | 38% | 62% |
| Alcohol | 27% | 73% |
- Q6.10 Have you developed a problem with either of the following since you have been in this prison?**
- |         | Yes | No  |
|---------|-----|-----|
| Drugs   | 20% | 80% |
| Alcohol | 2%  | 98% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**  
 Yes ..... 41%  
 No..... 12%  
**Did not / do not have a drug or alcohol problem**..... 47%
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**  
 Yes ..... 37%  
 No..... 15%  
**Did not / do not have a drug or alcohol problem**..... 48%
- Q6.13 Was the intervention or help you received, whilst in this prison, helpful?**  
 Yes ..... 22%

No..... 17%  
**Did not have a problem/Have not received help**..... 61%

**Q6.14 Do you think you will have a problem with either of the following when you leave this prison?**

	Yes	No	Don't know
Drugs	15%	64%	21%
Alcohol	7%	81%	13%

**Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**

Yes..... 25%  
 No..... 13%  
 N/A..... 62%

### Section 7: Purposeful activity

**Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)**

Prison job..... 77%  
 Vocational or skills training ..... 17%  
 Education (including basic skills) ..... 23%  
 Offending behaviour programmes..... 15%  
**Not involved in any of these** ..... 14%

**Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?**

	<b>Not been involved</b>	Yes	No	Don't know
Prison job	23%	34%	41%	1%
Vocational or skills training	83%	12%	3%	3%
Education (including basic skills)	79%	15%	6%	0%
Offending behaviour programmes	85%	12%	1%	2%

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

**Don't want to go**..... 11%  
 Never..... 14%  
 Less than once a week..... 23%  
 About once a week..... 36%  
 More than once a week..... 13%  
 Don't know ..... 3%

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

<b>Don't want to go</b>	0	1	2	3 to 5	More than 5	Don't know
21%	29%	3%	7%	28%	10%	3%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
8%	8%	11%	22%	46%	4%

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

<i>Less than 2 hours</i> .....	11%
<i>2 to less than 4 hours</i> .....	7%
<i>4 to less than 6 hours</i> .....	15%
<i>6 to less than 8 hours</i> .....	17%
<i>8 to less than 10 hours</i> .....	17%
<i>10 hours or more</i> .....	26%
<i>Don't know</i> .....	7%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3%	3%	3%	11%	75%	6%

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

<b><i>Do not go on association</i></b> .....	4%
<i>Never</i> .....	18%
<i>Rarely</i> .....	35%
<i>Some of the time</i> .....	29%
<i>Most of the time</i> .....	7%
<i>All of the time</i> .....	7%

## Section 8: Resettlement

**Q8.1 When did you first meet your personal officer?**

<b><i>Still have not met him/her</i></b> .....	53%
<i>In the first week</i> .....	15%
<i>More than a week</i> .....	9%
<i>Don't remember</i> .....	22%

**Q8.2 How helpful do you think your personal officer is?**

<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
54%	10%	17%	7%	7%	4%

**Q8.3 Do you have a sentence plan/OASys?**

<b><i>Not sentenced</i></b> .....	0%
<i>Yes</i> .....	64%
<i>No</i> .....	36%

**Q8.4 How involved were you in the development of your sentence plan?**

<b><i>Do not have a sentence plan/OASys</i></b> .....	36%
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	<i>Very involved</i> .....	9%
	<i>Involved</i> .....	29%
	<i>Neither</i> .....	9%
	<i>Not very involved</i> .....	10%
	<i>Not at all involved</i> .....	6%
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	37%
	Yes.....	39%
	No.....	25%
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	38%
	Yes.....	29%
	No.....	33%
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>	
	<i>Not sentenced</i> .....	0%
	Yes.....	25%
	No.....	75%
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>	
	Yes.....	12%
	No.....	88%
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>	
	Yes.....	41%
	No.....	57%
	<i>Don't know</i> .....	3%
<b>Q8.10</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes.....	19%
	No.....	81%
	<i>Don't know</i> .....	0%
<b>Q8.11</b>	<b>Did you have a visit in the first week that you were here?</b>	
	<i>Not been here a week yet</i> .....	1%
	Yes.....	18%
	No.....	80%
	<i>Don't remember</i> .....	1%
<b>Q8.12</b>	<b>Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)</b>	
	<i>Don't know what my entitlement is</i> .....	22%
	Yes.....	60%
	No.....	18%

**Q8.13 How many visits did you receive in the last week?**

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
1%	77%	21%	0%	1%

**Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**

Yes.....	27%
No.....	73%

**Q8.15 Do you know who to contact to get help with the following within this prison?: (please tick all that apply)**

<i>Don't know who to contact</i> .....	63%	<i>Help with your finances in preparation for release</i> .....	9%
<i>Maintaining good relationships</i> .....	12%	<i>Claiming benefits on release</i> .....	26%
<i>Avoiding bad relationships</i> .....	7%	<i>Arranging a place at college/continuing education on release</i> .....	11%
<i>Finding a job on release</i> .....	18%	<i>Continuity of health services on release</i> .....	15%
<i>Finding accommodation on release</i> .....	21%	<i>Opening a bank account</i> .....	10%

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

<i>No problems</i> .....	34%	<i>Help with your finances in preparation for release</i> .....	31%
<i>Maintaining good relationships</i> .....	20%	<i>Claiming benefits on release</i> .....	27%
<i>Avoiding bad relationships</i> .....	20%	<i>Arranging a place at college/continuing education on release</i> .....	15%
<i>Finding a job on release</i> .....	50%	<i>Continuity of health services on release</i> .....	19%
<i>Finding accommodation on release</i> .....	32%	<i>Opening a bank account</i> .....	30%

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

<i>Not sentenced</i> .....	0%
Yes.....	43%
No.....	57%

**Thank you for completing this survey**



## Prisoner survey responses HMP Haverigg 2009

**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

		HMP Haverigg	Category C trainer prisons comparator
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<b>Number of completed questionnaires returned</b>		<b>121</b>	<b>3737</b>
<b>SECTION 1: General information</b>			
2	Are you under 21 years of age?	0%	1%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	4%	9%
4a	Is your sentence less than 12 months?	9%	6%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	2%
5	Do you have six months or less to serve?	40%	36%
6	Have you been in this prison less than a month?	3%	7%
7	Are you a foreign national?	2%	13%
8	Is English your first language?	96%	87%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	8%	27%
10	Are you Muslim?	3%	11%
11	Are you homosexual/gay or bisexual?	2%	4%
12	Do you consider yourself to have a disability?	17%	15%
13	Is this your first time in prison?	21%	35%
14	Have you been in more than 5 prisons this time?	11%	13%
15	Do you have any children under the age of 18?	47%	54%
<b>SECTION 2: Transfers and escorts</b>			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	50%	52%
1b	Was your personal safety during the journey good/very good?	64%	61%
1c	Was the comfort of the van good/very good?	17%	19%
1d	Was the attention paid to your health needs good/very good?	23%	32%
1e	Was the frequency of toilet breaks good/very good?	7%	14%
2	Did you spend more than four hours in the van?	9%	9%
3	Were you treated well/very well by the escort staff?	68%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	92%	82%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	17%
4c	When you first arrived here did your property arrive at the same time as you?	93%	87%

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<b>SECTION 3: Reception, first night and induction</b>			
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:		
<b>1b</b>	Problems with loss of property?	12%	14%
<b>1c</b>	Housing problems?	17%	22%
<b>1d</b>	Problems contacting employers?	7%	11%
<b>1e</b>	Problems contacting family?	28%	49%
<b>1f</b>	Problems ensuring dependants were looked after?	14%	14%
<b>1g</b>	Money problems?	13%	17%
<b>1h</b>	Problems of feeling depressed/suicidal?	44%	53%
<b>1i</b>	Health problems?	57%	62%
<b>1j</b>	Problems in needing protection from other prisoners?	17%	20%
<b>1k</b>	Problems accessing phone numbers?	16%	40%
<b>2</b>	When you first arrived:		
<b>2a</b>	Did you have any problems?	62%	58%
<b>2b</b>	Did you have any problems with loss of property?	14%	13%
<b>2c</b>	Did you have any housing problems?	15%	15%
<b>2d</b>	Did you have any problems contacting employers?	4%	4%
<b>2e</b>	Did you have any problems contacting family?	25%	20%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	1%	5%
<b>2g</b>	Did you have any money worries?	10%	16%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	15%	14%
<b>2i</b>	Did you have any health problems?	21%	18%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	10%	5%
<b>2k</b>	Did you have problems accessing phone numbers?	16%	20%
<b>3a</b>	Were you seen by a member of health services in reception?	84%	89%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	81%	74%
<b>4</b>	Were you treated well/very well in reception?	69%	72%
<b>5</b>	On your day of arrival, were offered any of the following information:		
<b>5a</b>	Information about what was going to happen to you?	48%	51%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	50%	44%
<b>5c</b>	Information about how to make routine requests?	41%	39%
<b>5d</b>	Information about your entitlement to visits?	42%	46%
<b>5e</b>	Information about health services?	54%	61%
<b>5f</b>	Information about the chaplaincy?	53%	52%

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<b>SECTION 3: Reception, first night and induction continued</b>			
<b>6</b>	On your day of arrival, were you offered any of the following:		
<b>6a</b>	A smokers/non-smokers pack?	89%	80%
<b>6b</b>	The opportunity to have a shower?	33%	42%
<b>6c</b>	The opportunity to make a free telephone call?	32%	49%
<b>6d</b>	Something to eat?	70%	78%
<b>7</b>	Within the first 24 hours did you meet any of the following people:		
<b>7a</b>	The chaplain or a religious leader?	48%	49%
<b>7b</b>	Someone from health services?	81%	74%
<b>7c</b>	A listener/Samaritans?	21%	32%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	6%	26%
<b>9</b>	Did you feel safe on your first night here?	81%	83%
<b>10</b>	Have you been on an induction course?	90%	93%
For those who have been on an induction course:			
<b>11</b>	Did the course cover everything you needed to know about the prison?	56%	63%
<b>SECTION 4: Legal rights and respectful custody</b>			
<b>1</b>	In terms of your legal rights, is it easy/very easy to:		
<b>1a</b>	Communicate with your solicitor or legal representative?	39%	49%
<b>1b</b>	Attend legal visits?	48%	55%
<b>1c</b>	Obtain bail information?	15%	19%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	41%
<b>3</b>	For the wing/unit you are currently on:		
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	75%	61%
<b>3b</b>	Are you normally able to have a shower every day?	97%	92%
<b>3c</b>	Do you normally receive clean sheets every week?	91%	83%
<b>3d</b>	Do you normally get cell cleaning materials every week?	50%	75%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	14%	40%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	70%
<b>3g</b>	Can you normally get your stored property, if you need to?	29%	30%
<b>4</b>	Is the food in this prison good/very good?	14%	32%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	48%
<b>6a</b>	Is it easy/very easy to get a complaints form?	78%	86%
<b>6b</b>	Is it easy/very easy to get an application form?	83%	90%
<b>7</b>	Have you made an application?	91%	85%

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<b>SECTION 4: Legal rights and respectful custody continued</b>			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	57%	59%
8b	Do you feel applications are dealt with promptly? (within 7 days)	38%	53%
9	Have you made a complaint?	56%	56%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	34%	36%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	31%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	20%	24%
10c	Were you given information about how to make an appeal?	16%	32%
12	Is it easy/very easy to see the Independent Monitoring Board?	17%	40%
13a	Do you feel your religious beliefs are respected?	49%	55%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	59%
14	Are you able to speak to a Listener at any time, if you want to?	57%	64%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	72%
15b	Do most staff, in this prison, treat you with respect?	76%	74%
<b>SECTION 5: Safety</b>			
1	Have you ever felt unsafe in this prison?	43%	30%
2	Do you feel unsafe in this prison at the moment?	17%	15%
4	Have you been victimised by another prisoner?	34%	20%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	15%	10%
5b	Hit, kicked or assaulted you?	15%	5%
5c	Sexually abused you?	2%	1%
5d	Victimised you because of your race or ethnic origin?	3%	4%
5e	Victimised you because of drugs?	8%	2%
5f	Taken your canteen/property?	9%	3%
5g	Victimised you because you were new here?	11%	4%
5h	Victimised you because of your sexuality?	1%	1%
5i	Victimised you because you have a disability?	4%	2%
5j	Victimised you because of your religion/religious beliefs?	2%	3%
5k	Victimised you because you were from a different part of the country?	10%	5%
5l	Victimised you because of your offence/crime?	3%	3%

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<b>SECTION 5: Safety continued</b>			
6	Have you been victimised by a member of staff?	21%	21%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	9%	10%
7b	Hit, kicked or assaulted you?	5%	2%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	3%	4%
7e	Victimised you because of drugs?	6%	3%
7f	Victimised you because you were new here?	4%	4%
7g	Victimised you because of your sexuality?	1%	1%
7h	Victimised you because you have a disability?	2%	2%
7i	Victimised you because of your religion/religious beliefs?	1%	3%
7j	Victimised you because you were from a different part of the country?	9%	4%
7k	Victimised you because of your offence/crime?	3%	4%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	33%	39%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	37%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	14%	18%
11	Is it easy/very easy to get illegal drugs in this prison?	62%	33%
<b>SECTION 6: Health services</b>			
1a	Is it easy/very easy to see the doctor?	44%	35%
1b	Is it easy/very easy to see the nurse?	65%	63%
1c	Is it easy/very easy to see the dentist?	10%	12%
1d	Is it easy/very easy to see the optician?	10%	19%
2	Are you able to see a pharmacist?	35%	54%
For those who have been to the following services, do you think the quality of the health service from following is good/very good:			
3a	The doctor?	28%	52%
3b	The nurse?	55%	67%
3c	The dentist?	40%	45%
3d	The optician?	27%	49%
4	The overall quality of health services?	29%	48%

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<b>Health services continued</b>			
<b>5</b>	Are you currently taking medication?	48%	42%
For those currently taking medication:			
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	84%	90%
<b>7</b>	Do you feel you have any emotional well being/mental health issues?	27%	25%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
<b>8a</b>	Not receiving any help?	40%	34%
<b>8b</b>	A doctor?	23%	29%
<b>8c</b>	A nurse?	17%	20%
<b>8d</b>	A psychiatrist?	10%	18%
<b>8e</b>	The Mental Health In-Reach Team?	27%	34%
<b>8f</b>	A counsellor?	27%	9%
<b>9a</b>	Did you have a drug problem when you came into this prison?	38%	15%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	28%	8%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	20%	11%
<b>10b</b>	Have you developed an alcohol problem since you have been in this prison?	2%	2%
For those with drug or alcohol problems:			
<b>11</b>	Do you know who to contact in this prison for help?	78%	85%
<b>12</b>	Have you received any help or intervention while in this prison?	71%	76%
For those who have received help or intervention with their drug or alcohol problem:			
<b>13</b>	Was this intervention or help useful?	56%	70%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	36%	22%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	19%	16%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	67%	54%
<b>SECTION 7: Purposeful activity</b>			
<b>1</b>	Are you currently involved in any of the following activities:		
<b>1a</b>	A prison job?	77%	64%
<b>1b</b>	Vocational or skills training?	17%	20%
<b>1c</b>	Education (including basic skills)?	23%	33%
<b>1d</b>	Offending Behaviour Programmes?	15%	18%

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<b>Purposeful activity continued</b>			
2ai	Have you had a job while in prison?	77%	85%
For those who have had a prison job while in prison:			
2aii	Do you feel the job will help you on release?	45%	44%
2bi	Have you been involved in vocational or skills training while in prison?	17%	76%
For those who have had vocational or skills training while in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	70%	56%
2ci	Have you been involved in education while in prison?	21%	82%
For those who have been involved in education while in prison:			
2cii	Do you feel the education will help you on release?	71%	62%
2di	Have you been involved in offending behaviour programmes while in prison?	15%	73%
For those who have been involved in offending behaviour programmes while in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	82%	53%
3	Do you go to the library at least once a week?	49%	47%
4	On average, do you go to the gym at least twice a week?	45%	54%
5	On average, do you go outside for exercise three or more times a week?	69%	50%
6	On average, do you spend ten or more hours out of your cell on a weekday?	26%	17%
7	On average, do you go on association more than five times each week?	75%	75%
8	Do staff normally speak to you most of the time/all of the time during association?	14%	19%
<b>SECTION 8: Resettlement</b>			
1	Do you have a personal officer?	47%	72%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	60%	64%
For those who are sentenced:			
3	Do you have a sentence plan?	64%	61%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	60%	63%
5	Can you achieve some/all of you sentence plan targets in this prison?	61%	69%
6	Are there plans for you to achieve some/all your targets in another prison?	47%	35%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	25%	30%
8	Do you feel that any member of staff has helped you to prepare for release?	12%	17%
9	Have you had any problems with sending or receiving mail?	41%	38%
10	Have you had any problems getting access to the telephones?	20%	20%
11	Did you have a visit in the first week that you were here?	18%	25%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	60%	69%

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<b>Resettlement continued</b>			
13	Did you receive one or more visits in the last week?	22%	31%
14	Have you been helped to maintain contact with family/friends while in this prison?	27%	40%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	12%	16%
15c	Avoiding bad relationships?	7%	11%
15d	Finding a job on release?	18%	49%
15e	Finding accommodation on release?	21%	50%
15f	With money/finances on release?	9%	36%
15g	Claiming benefits on release?	26%	48%
15h	Arranging a place at college/continuing education on release?	11%	37%
15i	Accessing health services on release?	15%	40%
15j	Opening a bank account on release?	10%	33%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	20%	15%
16c	Avoiding bad relationships?	20%	14%
16d	Finding a job?	50%	45%
16e	Finding accommodation?	32%	42%
16f	Money/finances?	32%	44%
16g	Claiming benefits?	27%	31%
16h	Arranging a place at college/continuing education?	15%	27%
16i	Accessing health services?	19%	21%
16j	Opening a bank account?	30%	37%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	43%	58%



## Key questions (disability analysis) HMP Haverigg 2009

**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.

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<b>Number of completed questionnaires returned</b>		<b>20</b>	<b>97</b>
<b>1.9</b>	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	<b>5%</b>	<b>8%</b>
<b>2.1d</b>	On the most recent journey you have made either to or from court or between prisons, how was the attention paid to your health needs? (good/very good)	<b>11%</b>	<b>25%</b>
<b>2.3</b>	Were you treated well/very well by the escort staff?	<b>55%</b>	<b>70%</b>
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	<b>95%</b>	<b>92%</b>
<b>3.1d</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	<b>56%</b>	<b>23%</b>
<b>3.1g</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	<b>61%</b>	<b>43%</b>
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	<b>72%</b>	<b>56%</b>
<b>3.2a</b>	Did you have any problems when you first arrived?	<b>69%</b>	<b>60%</b>
<b>3.4</b>	Were you treated well/very well in reception?	<b>55%</b>	<b>72%</b>
<b>3.7b</b>	Did you have access to someone from healthcare within the first 24 hours?	<b>85%</b>	<b>80%</b>
<b>3.9</b>	Did you feel safe on your first night here?	<b>70%</b>	<b>84%</b>
<b>3.10</b>	Have you been on an induction course?	<b>100%</b>	<b>88%</b>
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	<b>80%</b>	<b>74%</b>
<b>4.3b</b>	Are you normally able to have a shower every day?	<b>95%</b>	<b>97%</b>
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	<b>25%</b>	<b>11%</b>
<b>3.6a</b>	Is it easy/very easy to get a complaints form?	<b>65%</b>	<b>80%</b>
<b>3.6b</b>	Is it easy/very easy to get an application form?	<b>74%</b>	<b>84%</b>

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<b>3.9</b>	Have you made a complaint?	55%	55%
<b>3.14</b>	Are you able to speak to a Listener at any time, if you want to?	65%	55%
<b>3.15a</b>	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	55%	72%
<b>3.15b</b>	Do <b>most</b> staff, in this prison, treat you with respect?	63%	77%
<b>5.1</b>	Have you ever felt unsafe in this prison?	45%	44%
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	32%	13%
<b>5.4</b>	Have you been victimised by another prisoner?	40%	33%
<b>5.6</b>	Have you been victimised by a member of staff?	25%	20%
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	50%	35%
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	25%	13%
<b>6.1a</b>	Is it easy/very easy to see the doctor?	40%	42%
<b>6.1b</b>	Is it easy/very easy to see the nurse?	68%	63%
<b>6.2</b>	Are you able to see a pharmacist?	37%	35%
<b>6.5</b>	Are you currently taking medication?	75%	45%
<b>6.7</b>	Do you feel you have any emotional well being/mental health problems?	55%	23%
<b>7.1a</b>	Are you currently working in the prison?	63%	79%
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	21%	16%
<b>7.1c</b>	Are you currently in education (including basic skills)?	42%	19%
<b>7.1d</b>	Are you currently taking part in an Offending Behaviour Programme?	5%	16%
<b>7.3</b>	Do you go to the library at least once a week?	42%	51%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	32%	46%

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<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	<b>68%</b>	<b>69%</b>
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	<b>21%</b>	<b>27%</b>
<b>7.7</b>	On average, do you go on association more than five times each week?	<b>79%</b>	<b>76%</b>
<b>7.8</b>	Do staff normally speak to you most of the time/all of the time during association time?	<b>15%</b>	<b>14%</b>
<b>8.1</b>	Do you have a personal officer?	<b>40%</b>	<b>47%</b>
<b>8.9</b>	Have you had any problems with sending or receiving mail?	<b>45%</b>	<b>38%</b>
<b>8.10</b>	Have you had any problems getting access to the telephones?	<b>25%</b>	<b>19%</b>
<b>8.12</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length visit)	<b>63%</b>	<b>58%</b>