

Report on an announced inspection of

# **HMP/YOI High Down**

18–22 July 2011

by HM Chief Inspector of Prisons

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# Introduction

HMP High Down in Banstead, Surrey, is a local prison on the site of an old asylum. The asylum was closed in the 1980s, replaced by so-called 'care in the community'. Almost twenty-five years later, the prison's mental health team has a caseload of about 120 patients and it is hard to escape the conclusion that many of those in the prison's population are not so different from the patients incarcerated in the old asylum.

Faced with the typically needy and challenging population of a local prison, High Down did a good job of keeping most of those it held safe. There were good induction arrangements (despite grubby first night cells) and most prisoners felt safe, but although the number of violent incidents was not high, the trend was increasing. Arrangements for caring for prisoners at risk of self-harm were generally satisfactory. However, black and minority ethnic, disabled, foreign national and young adult prisoners felt significantly less safe than the population as a whole. We were concerned about the number of prisoners subject to suicide and self-harm procedures held in the segregation unit. The segregation unit also held newly arrived vulnerable prisoners for whom there was no space on the vulnerable prisoners' wing. Vulnerable prisoners generally had access to a poor regime.

For most prisoners, the environment was decent and relationships with staff were good. Health care was excellent. However, as with safety, prisoners from minority groups fared less well. Provision for foreign national prisoners was uncoordinated and despite the welcome provision of immigration advice by the Detention Advisory Service, too many foreign national prisoners had been held beyond the end of their sentence – one for 14 months. Too many disabled and older prisoners found moving around the prison difficult and did not receive some of the practical help they needed. Personal evacuation procedures were not consistently in place. Unusually, faith and religious activity was not well integrated into the life of the prison, but a new coordinating chaplain was energetically addressing this.

Twelve per cent of the population were young adults who were integrated into the general population. There was no specific strategy to meet their needs and this was evidently needed. Young adults were disproportionately represented in the use of force against them and among those held in the segregation unit. They were more likely to be the perpetrators or victims of violence than older prisoners. They had insufficient access to vocational training. Staff had low expectations of young adults, who were much more likely than older prisoners to say they felt unsafe and much less likely to say they had a member of staff they could turn to with a problem.

High Down is famous for the 'The Clink' restaurant, which provides excellent training opportunities and serves high-class cuisine to the public. The Clink was dazzlingly good – perhaps to the extent that it had blinded the prison to shortcomings in other aspects of its learning, skills and work provision. Although the quality of provision was generally good and, in theory, there were almost enough places, much of the activity was part-time and many prisoners were underemployed. To make matters worse, we found some classes and workshops only two-thirds full and were told this was normal. There was insufficient cover for staff absences. Not surprisingly we found a third of the population locked in their cells in the working part of the day.

Electricity was turned off during the working part of the day in most house blocks to encourage prisoners to go to activities. However, for those unable to take part in activities, either because there was nothing available or due to their age or disability, this was unfair. For those attending work, pay rates were exceptionally low.

Resettlement was the best story in the prison. There was good offender management and personal officers were encouraged to take part, although this needed further development. There was good work to address some of the basics – helping prisoners get a roof over their head, a job or training place, help with drug and alcohol issues and support to maintain contact with their families.

Two themes emerged from the inspection. First, provision should be improved for prisoners whose needs differ from the population as a whole – particularly because of their age, disability or nationality. Second, while the prison provides outstanding training activities for some, too many prisoners spend too much time doing nothing. However, for most of the prisoners it holds, HMP High Down provides a safe and decent environment and practical support to help those returning to the community to live useful and law-abiding lives. These strengths provide a solid platform on which to address the work still to do.

**Nick Hardwick**  
**HM Chief Inspector of Prisons**

**October 2011**

# Fact page

## **Task of the establishment**

Category B male local prison and young offender institution.

## **Prison status**

Public

## **Region**

London

## **Number held**

1,065

## **Certified normal accommodation**

999

## **Operational capacity**

1,103

## **Date of last full inspection**

Unannounced: May 2009

Announced: May 2006

## **Brief history**

High Down was opened in 1992 on the site of a former mental hospital. It serves the Crown Court at Guildford and Croydon, and surrounding magistrates' courts. It was originally a category A prison but re-roled to a category B local prison in 2002. Originally holding 747, the prison expanded in 2008/9 with two new house blocks and ancillary work.

## **Short description of residential units**

House block

- |   |  |
|---|--|
| 1 | General population.  |
| 2 | General population; vulnerable prisoners on B spur.          |
| 3 | General population; first night in custody centre on C spur. |
| 4 | General population and detoxification overflow.              |
| 5 | Drug recovery on A wing; general population on B wing.       |
| 6 | Drug recovery unit. Detoxification and step-down unit.       |

## **Escort contractor**

Serco

## **Health service commissioner and providers**

NHS Surrey Primary Care Trust  
Surrey Community Health Services  
Surrey and Borders Partnership

## **Learning and skills provider**

The Manchester College



# Healthy prison summary

## Introduction

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

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

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

**- outcomes for prisoners are good against this healthy prison test.**

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

**- outcomes for prisoners are reasonably good against this healthy prison test.**

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

**- outcomes for prisoners are not sufficiently good against this healthy prison test.**

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

**- outcomes for prisoners are poor against this healthy prison test.**

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

HP3 Each inspection is carried out jointly with Ofsted. Ofsted inspectors assess the learning and skills and work provision in the establishment against detailed criteria in the four key areas of the *Common inspection framework for further education and skills 2009*:

- achievements of prisoners engaged in learning and skills and work
- quality of learning and skills and work provision
- leadership and management of learning and skills and work
- capacity to make further improvements in learning and skills and work.

A common grading scale is used in to make judgements for each of these areas:

- grade 1: outstanding
- grade 2: good
- grade 3: satisfactory
- grade 4: inadequate.

## Safety

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HP4 Prisoners' early days in custody were generally well managed, although prisoners could be unreasonably delayed in court cells before transfer and reception procedures took too long. There was frequently insufficient space on the vulnerable prisoner wing and many of them were held on the segregation unit. Induction arrangements for vulnerable prisoners were also limited. Violence reduction and self-harm procedures were effective and most prisoners felt safe, except for some minority groups. Security procedures were proportionate and illicit drug use, although still a challenge, was not excessive. Governance of use of force was reasonably good. Use of segregation was high, although the regime was better than we normally see. A concerning number of prisoners on self-harm monitoring were segregated. Integrated drug treatment system (IDTS) procedures were well managed. Outcomes for prisoners were reasonably good against this healthy prison test.

HP5 Some prisoners were delayed in court holding cells for long periods before transfer to the prison. Reception was well equipped and processes were respectful and mostly efficient, but some new arrivals were there for lengthy periods before they were located on to the residential units, and prisoners had negative perceptions of their treatment in reception. Peer supporters and Listeners were available to provide support and begin the induction assessment process. Most new arrivals could telephone relatives while in reception.

HP6 First night safety screening took place for all new arrivals and was comprehensive. First night cells were poorly prepared, and some were dirty with much graffiti. There was insufficient space on the vulnerable prisoner wing and many were initially re-directed into segregation, which was poor practice. Handover arrangements to night staff were satisfactory on the first night unit, although less so on the vulnerable prisoner wing. The initial induction for most prisoners was effective but arrangements for those on the vulnerable prisoner wing were inadequate. However, in our survey,<sup>1</sup>

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<sup>1</sup> **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical

more prisoners than the comparator said they had attended induction and that it met their needs.

- HP7 In our survey, most prisoners said that they felt safe, but this was significantly less so for black and minority ethnic, disabled, foreign national and young adult prisoners. Violence reduction governance was adequate but the analysis of patterns and trends was limited. The number of recorded violent incidents was not excessive, although 100 incidents were recorded in 2011, which suggested an upward trend. Many indicated the use of weapons, although there was a broad definition of 'weapon' and many were not serious. Arrangements for identifying and investigating incidents of violence were satisfactory. Anti-bullying dossiers was used reasonably effectively to manage or support perpetrators and victims of violence and bullying. Prisoner violence reduction representatives on each house block made a constructive contribution to the safety of the prison. Prisoners were consulted through an annual survey and issues identified were collated into a useful violence reduction action plan.
- HP8 Arrangements to manage the prevention of self-harm were satisfactory but a high number of prisoners on assessment, care in custody and teamwork (ACCT) self-harm monitoring had been located in segregation. The number of self-harm incidents in 2011 was low, and the prison thoroughly investigated and acted on near misses. The number of ACCTs opened during 2010 and 2011 was relatively low, suggesting a proportionate response to this risk. The quality of the initial ACCT assessment and care mapping was mixed, although case reviews were generally multidisciplinary and observational entries suggested good interaction between staff and prisoners. Prisoners in crisis told us they felt supported by staff. There was a high number of Listeners and prisoners had good access to them. Listener suites were available but poorly equipped.
- HP9 There was no up-to-date vulnerability strategy. The single wing spur used to hold vulnerable prisoners was too small and too many had to reside in segregation for up to a week. Most vulnerable prisoners said that they felt safe on the vulnerable prisoner spur and that the staff who regularly worked there were supportive. They had limited purposeful activity, and some chose not to take exercise in the wing yard, where they were overlooked and subject to abuse from mainstream prisoners.
- HP10 We were assured that there was a broadly proportionate and not unnecessarily restrictive approach to security. However, some security measures, such as the overuse of closed visits without sufficient justification and the strip searching of some prisoners with no supporting intelligence, were unnecessary. Security intelligence was well managed and actions appeared responsive. Mandatory drug testing results were below target in 2010/11 and supply/reduction initiatives were reasonably well integrated.
- HP11 The number of adjudications was high but appeared justified. We had confidence in quality assurance arrangements, and records of hearings were generally of a good standard. However, some records indicated insufficient enquiry before a finding of guilt or insufficient consideration of mitigation before punishments were considered.

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significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

- HP12 The recorded use of force was high but many incidents were low level, and there was evidence of de-escalation during many interventions. Although informal, the quality assurance system for use of force documentation was effective and the records provided accountability. Not all planned interventions were filmed and we were not assured that films were routinely reviewed. Use of special accommodation was low but some uses appeared inappropriate and unjustified, such as its use for a prisoner on an open ACCT document. Some prisoners also spent longer in the cell than was justified.
- HP13 The segregation unit was clean and reasonably well equipped. The number of prisoners segregated was relatively high at 398 between January and June 2011. New arrivals were only strip searched following a risk assessment. Most residents in the unit had a better regime than we usually see, but provision for vulnerable prisoners awaiting a space on their wing needed to be improved. Segregation review paperwork was inconsistent and often lacked meaningful targets. There were constructive relationships between staff and prisoners but this was not reflected in daily history sheets or case notes.
- HP14 The quality of IDTS care was good, and prisoners had a high level of satisfaction with their treatment and support. Prisoners were initially assessed in reception by nurses and a GP with a special interest. Those subject to dual diagnosis were referred to the mental health in-reach team. There was appropriate first night prescribing. The stabilisation/detoxification unit was a well-run therapeutic environment. Prescribing regimes were flexible.

## Respect

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- HP15 The environment and accommodation were generally good, as was prisoner access to basic amenities and facilities, although the switching off in cell-electricity during the working day was unnecessary. Staff-prisoner relationships were respectful and personal officer work, although variable, had some constructive features. There was no strategy to manage young adult prisoners, whose views were more negative than adults. The perceptions of other minority groups were variable. The promotion of diversity was limited and work on some strands very underdeveloped. Prisoners lacked confidence in application and complaints arrangements, although complaints were properly addressed. Health care provision was very good. The quality of food was reasonable. Prisoners' access to the shop was limited by their very low pay. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP16 Accommodation was generally clean and adequately maintained. On the older units, some single cells were used inappropriately to hold two prisoners. These cells lacked furniture and adequate toilet screening. Prisoners appreciated their own privacy keys in the newer house blocks 5 and 6, but these were not available elsewhere.
- HP17 All house blocks had a large well-equipped association area but prisoners were unable to dine in association. Access to basic amenities such as showers, telephones, wing laundries and clothing was generally very good, although some shower privacy screening was inadequate. Most prisoners understood the application system, although many expressed little confidence in it, citing delays or failures to respond.

- HP18 The engagement we observed between staff and prisoners was generally courteous and respectful. In our survey, however, respondents from some minority groups, particularly young adults, had poorer perceptions of staff, although findings for older prisoners were very positive. There was effective and responsive consultation with prisoners. Many prisoners were uncertain of the identity of their personal officer although staff were reasonably knowledgeable about their responsibilities as personal officers. Case note entries, although variable, showed some constructive engagement. Some personal officers had begun to understand their role supporting custody planning for shorter term prisoners, but more needed to be done to sustain and develop this positive initiative.
- HP19 Attendance at the equality action team by staff from key functions was poor, and the meeting lacked a strategic dimension. There were no identified lead officers for any strands, although equality peer supporters provided effective support. Incident reporting forms were freely available and the relatively low number submitted were mostly appropriately investigated. There had been some events to celebrate prisoners' diverse backgrounds but initiatives that actively promoted diversity were very limited.
- HP20 Almost 41% of prisoners were from a black or minority ethnic background. In our survey, their perceptions were worse than white respondents in some important areas, although those we spoke to had more positive views. In our group discussions with foreign national prisoners, they were consistently negative about their treatment and access to entitlements. There were 14 detainees held beyond the end of their sentence at the time of the inspection, the longest for 14 months. Foreign national prisoners welcomed their access to independent immigration advice as well as weekly resettlement forums with the UK Border Agency.
- HP21 Initial identification of new arrivals with disabilities was good but it was unclear how data were used to inform support services. Care planning for prisoners with disabilities or older prisoners was very limited, and some were locked up all day. Support services for older prisoners were very limited, although they had more positive perceptions. There was no support under the sexual orientation diversity strand or ongoing work to address the needs of the significant Traveller population.
- HP22 Young adult prisoners were fully integrated with adult prisoners, although the prison had no specific strategy for their care. Young adults were disproportionately over-represented in some negative indicators. In our survey, young adult respondents reported significantly worse experiences than adults. Staff we spoke to had low expectations of this age group.
- HP23 The chaplaincy team was well staffed and the faith centre was large, bright and well used, but the chaplaincy programme and faith provision needed significant improvement. The chaplaincy had little engagement with community groups to facilitate pastoral support for prisoners on their return to the community.
- HP24 Prisoners told us that they had limited confidence in the complaint system and were reluctant to make complaints in case of potential repercussions. Despite this, a significant number of complaints were submitted. The quality of responses we sampled was generally good, and we were confident that there were effective quality assurance measures.

- HP25 There was no dedicated legal services officer. A probation services officer provided advice on bail issues, although prisoner perceptions of the service were worse than the comparators.
- HP26 Health care provision was very good. The health care team was large, multidisciplinary and well led, and there had been an impressive investment in the skill mix and the quality of staffing. The health care centre provided a very good range of facilities, and there were well-equipped treatment rooms on each house block. Primary care services were comprehensive. Prisoner access to GPs was good and all nurses were triaged trained and able to allocate patients for appropriate care and treatment. There was a range of nurse- and specialist-led clinics, and attendance at outside hospital appointments was well managed. Dental services were understaffed and there was a long waiting list but there were plans to address this. A large mental health in-reach team provided a good secondary care service that was well integrated with primary mental health care.
- HP27 The range and standard of food was reasonable and portions adequate. Menus were varied and a hot meal was provided at lunch and evening meals. Consultation arrangements were good, and supervision of mealtimes, including the food for vulnerable prisoners, was adequate. The kitchen area was clean and effective, and prisoners working there could gain nationally accredited qualifications.
- HP28 The shop offered a diverse range of products but prisoners could make purchases from only one catalogue. Prisoners' access to the shop was restricted because of their very low pay. There were reasonable shop consultation arrangements.

## Purposeful activity

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- HP29 Time out of cell was limited and many prisoners were locked in their cell during the working day. Many association sessions were also cancelled. There were broadly sufficient activity places to meet the needs of the population, although too much was menial wing orderly work. Many activity places were underused and allocation arrangements, although informed by need, did not address this problem. The range of education courses was satisfactory although vocational training provision was narrow. Achievements in learning and skills were at least satisfactory or better. The Clink training restaurant was very impressive. Vulnerable prisoners had limited activity. Prisoner pay was very low. There was no accredited provision in PE and under half of the population went to PE regularly. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP30 Although the core day indicated that a few prisoners could have 10 hours out of cell, our observations suggested that a fully engaged prisoner was more likely to access only approximately 7.5 hours, and for many time out of cell was considerably less. The prison kept accurate records of prisoners locked in cell during the core day. This data and our own observations indicated that over a third of prisoners were locked in their cell during the working part of the day. Association took place over nine sessions a week but many sessions were cancelled, and there was some regime slippage. Exercise was rarely cancelled but the exercise yards were bleak and, except for a few benches, lacked equipment.

- HP31 There were activity places for about 800 prisoners, which were broadly sufficient for the population, although approximately 337 prisoners were recorded as unemployed. A large proportion of prisoners were also underemployed on the wings in menial jobs, such as cleaning. Approximately 370 prisoners took part in education, although most were part time and for just one or two sessions a week. The range of education courses was broadly satisfactory but there were few courses above level 2 for longer-term prisoners or those more able to achieve.
- HP32 The range of vocational training was narrow although some provision, notably the Clink training restaurant, was outstanding. There were approximately 65 learners on accredited vocational training. Of these, 17 were young adults. Teaching and learning were mostly good. Pass rates were good in vocational training but more variable in education. Resources for education, vocational training and work were good but underused. On average, most education and some vocational training areas had only about 60% occupancy during the inspection. Many activity places were not fully used. Although processes for allocating prisoners to education and activities were reasonably well informed by prisoner need, they did not ensure that sufficient numbers were fully engaged. Pay rates were very poor and not a motivational tool, although they were not a disincentive to learning and skills. There was insufficient cover for staff absences and vocational provision was frequently suspended for lack of staff. Vulnerable prisoners had insufficient access to education and work, and could only be employed in the laundry or go to limited information and communications technology and art courses.
- HP33 Library opening hours were satisfactory and approximately 40% of the population used the library once a week. The library provided a wide range of materials, including legal texts and books in foreign languages. However, book loss was high, and the education department made insufficient use of the library.
- HP34 PE facilities were good and there was a range of recreational PE programmes, including a new session for the over-50s, but there was no accredited vocational training. It was estimated that about 45% of prisoners regularly went to PE, although our survey indicated this figure might be lower. Prisoners who worked could go to three PE sessions a week, although those who were unemployed were restricted to two.

## Resettlement

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- HP35 Resettlement and offender management were well managed strategically, with objectives consistent with the findings of needs analyses. Offender supervision work was generally of a good standard, and there was sentence or custody planning for nearly all prisoners, with priority for those who were in scope or short stay. Public protection arrangements were well managed. There was a useful pre-release resettlement clinic that benefited all prisoners, except the vulnerable. Provision across the resettlement pathways was generally very good, and in some cases impressive. Outcomes for prisoners were good against this healthy prison test.
- HP36 The reducing reoffending and offender management policies were both detailed and covered principal areas, including the resettlement pathways and work with short-term and remand prisoners. Strategic objectives were generally appropriate, and developments were managed and evaluated through the quarterly reducing

reoffending and resettlement management team meeting, which was well attended by key managers. Twice-yearly needs analyses, based on data from offender assessment system (OASys) and induction assessments, were used to inform ongoing developments, especially those oriented to pathway work.

- HP37 The offender management unit (OMU) had an appropriate emphasis on risk management and offending behaviour. Nearly all prisoners had some form of custody planning, managed through the OMU. Custody plan assessments for short-term and remand prisoners were comprehensive and generally completed well, although a few prisoners did get missed. The initiative to use personal officers to support follow-up work was positive but needed embedding further. OASys assessments for prisoners serving over 12 months were undertaken well and there was only a small backlog. Prisoners in scope for offender management were managed reasonably well, although integration with some other departments was variable. There was no case management for out-of-scope prisoners.
- HP38 Public protection was well managed, and there were clear assessment to identify prisoners requiring risk assessment. Monthly public protection review meetings were comprehensive with good inter-departmental involvement, although there needed to be better understanding of issues of risk assessment and management across the establishment.
- HP39 The observation, classification and allocation department allocated an average of 25 prisoners a week to the training estate and there were few delays. The criteria for moving prisoners were primarily sentence planning targets and the availability of offending behaviour work at the receiving prison.
- HP40 Weekly resettlement clinics were well established and a useful means of coordinating pre-release work, but excluded vulnerable prisoners. St Giles Trust offered a good range of accommodation support, and up to seven peer advisers, working towards qualifications, provided additional support. The rate of prisoners leaving with no fixed accommodation was reasonably low at 4%. A 'meet at the gate' service supported more vulnerable prisoners who were released with accommodation problems, and about 10 prisoners a month used this service.
- HP41 There was a range of education and training courses to help prepare prisoners for release. Links with employers were particularly good in catering, and improving in other areas. A good proportion of prisoners went into full-time education, training and employment on release. Prisoners had access to a range of external agencies who helped them find employment or gave support in writing applications and disclosure letters.
- HP42 Discharge planning in health care was satisfactory and prisoners received discharge packs including advice on access to NHS services and a letter to their GP outlining their care and treatment. The care programme approach was used for patients with enduring mental health problems.
- HP43 There were separate up-to-date drug and alcohol strategies, but action planning was less well developed. The RAPt Bridge programme had recently commenced and was at the heart of the work of the drug recovery unit. The prison also provided the short duration drugs programme, the IDTS 28-day psychosocial programme, Narcotics Anonymous and Cocaine Anonymous. There were excellent links with the nearest

drug intervention programme teams. Four counselling, assessment, referral, advice and throughcare (CARAT) peer advisers worked across the prison.

- HP44 Debt support and advice were limited, but Citizens Advice (CAB) had handled 104 debt-related cases in the previous six months, and referrals to CAB were generally well managed. CAB also ran four debt management courses a year. Support for prisoners in opening bank accounts was not yet in place.
- HP45 The visitors' centre was well run and provided a good range of support to visitors. Booking arrangements were reasonable but the queue ticketing system could disadvantage visitors who had travelled long distances and could not arrive early. The introduction of morning visits for enhanced prisoners to compensate for the loss of Friday visits, and an enhanced prisoners' visits room, were positive. Family support was appropriate and there were four specific visits sessions a year for both younger and older children. The 'time for families' programme continued to offer positive support for up to 90 prisoners a year.
- HP46 There was a good range of approved programmes to meet the needs of the population, with around 500 programme places in the previous 12 months, including courses on stress and anger management and the Forgiveness restorative justice programme as well as one-off and pilot courses.

## Main concerns and recommendations

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- HP47 Concern: Too many prisoners on open assessment, care in custody and teamwork (ACCT) documents were held routinely and inappropriately in the segregation unit without sufficient justification.

**Recommendation: The prison should reinforce that prisoners on an open assessment, care in custody and teamwork (ACCT) document should only be segregated in exceptional circumstances and where necessary to ensure their own or others safety.**

- HP48 Concern: There was no strategy for the management of the considerable number of vulnerable prisoners, and it was unacceptable that so many vulnerable prisoners were located in the segregation unit awaiting a space on the overcrowded vulnerable prisoner wing.

**Recommendation: The prison should implement a specific safeguarding strategy that ensures vulnerable prisoners are appropriately located and have access to a purposeful regime that is free from harm and abuse and includes formal reintegration planning.**

- HP49 Concern: Because the young adult prisoner population were fully integrated into the regime, their individual needs appeared to be overlooked, and we were concerned about the negative perceptions of their treatment in our survey.

**Recommendation: The prison should implement a specific young adult strategy and policy that address the specific needs of this population and is informed by data gathering and consultation with young adults. This strategy should include staff training.**

HP50 Concern: Too many prisoners spent too much time locked in their cells not properly allocated to activity places, compounded by regular curtailments to scheduled association.

**Recommendation: Prisoners' access to time out of cell should be improved.**

HP51 Concern: Pay for most prisoners was among the lowest we had encountered and was too low to allow them meaningful opportunities to buy items from the shop.

**Recommendation: Prisoner pay rates should be improved.**

HP52 Concern: The good resources for education, vocational training and work were too often underutilised.

**Recommendation: The prison should ensure better attendance across the learning and skills provision.**

# Section 1: Safety

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 Waiting times at court were sometimes lengthy and not all prisoners received information about High Down before they arrived. Most prisoners travelled short distances from local courts.
- 1.2 In our survey, only 2% of respondents said that they had travelled for more than four hours to High Down. Most prisoners arrived from local courts and spent relatively short periods in cellular vehicles. Some had unnecessarily lengthy waits in holding rooms after court appearances.
- 1.3 The prison provided courts with an information sheet about High Down for prisoners but none of those we spoke to had been given a copy. Despite this, in our survey more prisoners than the comparator said that they had received written information on what would happen to them.
- 1.4 Escort vehicles were clean with very little graffiti or damage, and we observed that escort staff were courteous and helpful to prisoners.
- 1.5 There was one video court but it was only used for an average of three out of around 40 court appearances daily.

## First days in custody

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### Expected outcomes:

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

- 1.6 Prisoners were negative about their treatment in reception, and first night cells were poorly prepared. Induction was positive for most prisoners although less so for vulnerable prisoners.
- 1.7 The reception area was clean and bright, and holding rooms had magazines, written information and televisions that were switched on.
- 1.8 Prisoners disembarked from escort vehicles within minutes of arrival, and booking-in procedures were efficient and thorough. Engagement between staff and prisoners was observed to be friendly. However, prisoners in our groups, and in particular our survey, were more negative about their treatment in reception than similar prisons and when we last visited. Findings were even worse among young adults, although better for older prisoners.

- 1.9 All new arrivals had a private interview with first night staff followed by a health screen and interview with health care staff. A handwritten 'passport' record of actions ensured that relevant procedures were completed.
- 1.10 Prisoner orderlies began the induction process for most new arrivals with screening for housing, feelings of safety and basic information on use of the telephone, prison shop and what would happen during the first few days. However, this was not available for new arrivals identified as vulnerable, who were taken straight to the vulnerable prisoner wing on house block 2 or to the segregation unit if this was full.
- 1.11 Waiting times in reception were too long. This was often because the induction orderlies did not start work until 4.30pm, which meant that the first night process often could not be completed before 6pm, and the evening meal was then served in reception. Prisoners in our groups told us that they had waited between four and eight hours on arrival before they were located on to their wings, and we observed similar waits.
- 1.12 All prisoners were strip searched on arrival and discharge regardless of where they were going to or had arrived from. There was a shower but it was not used by prisoners. All new arrivals not subject to public protection measures were given a £2 telephone credit that they could use in reception. There was no restriction on who they could contact in their first 48 hours. After this, calls were restricted to registered numbers only.
- 1.13 First night cells on C spur on house block 3 were dirty, ill prepared, had damaged furniture and bedding, and many had considerable graffiti, sometimes offensive. Wing cleaners told us that they were not responsible for removing graffiti and that it remained until the cells were painted. (see housekeeping point 2.16).
- 1.14 Vulnerable prisoners were mainly located into whatever cells were vacant on B spur on house block 2. Cells here were cleaner and better equipped, but the wing was often full and new arrivals were located in the segregation unit to wait for a place on the wing (see paragraph 1.44). Handover arrangements to night staff were mostly effective, although less so on the vulnerable prisoner wing.
- 1.15 For most prisoners, the induction process continued the next day (including Saturdays) with two sessions. The first session was attended by staff from key areas of the prison who gave a brief overview of processes and facilities. The second session, led by peer orderlies, went into more detail and provided a sound knowledge base for new arrivals. Following completion of the induction, the education provider assessed prisoners for literacy and numeracy, and they could then request allocation to work/education places. In our survey, 88% of respondents, against the comparator of 77%, said they had undergone induction and 64%, against 59%, said that it had covered everything they needed to know about the prison.
- 1.16 Prisoners located in the segregation unit and those on the drug support wing were visited by the induction orderlies and, except for vulnerable prisoners, underwent the main induction process on location to their wing or following a drug stabilisation period.
- 1.17 This induction process was not extended to vulnerable prisoners, and those on the vulnerable prisoner wing had less contact than those in the segregation unit. Prisoners on the vulnerable prisoner wing had an abridged version of the induction course with input from a single induction orderly.

## Recommendations

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- 1.18 Reception procedures should be expedited and much shorter.
- 1.19 First night handover arrangements for vulnerable prisoners should be improved and their induction should be more thorough and equitable.

## Housekeeping point

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- 1.20 First night cells should be appropriately prepared for new arrivals.

## 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). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and that inform all aspects of the regime.**

- 1.21 Most prisoners felt safe, except for some minority groups. Governance of violence reduction procedures was good and supported by a useful strategy. Despite low levels of recorded violence there was an upward trend, but there was limited analysis of the data. Identification of incidents was good and investigations were thorough. Bullies were managed through a four-stage process, and victim support and consultation were good. The use of prisoner representatives contributed to the safety of the prison.
- 1.22 Most prisoners said that they felt safe. In our survey, only 38% of respondents, against the comparator of 42%, said that they had ever felt unsafe in the prison and 15%, against 18%, said that they felt unsafe at the moment. While all minority groups in our survey, apart from the over-50s, indicated that they felt less safe, in discussions only foreign national prisoners told us that they felt unsafe (see also paragraph 2.30 and recommendation 2.45).
- 1.23 The prison had a comprehensive violence reduction policy that was well understood by staff. Governance arrangements were good. The head of residence was responsible and was supported by a full-time violence reduction coordinator, prisoner representatives and staff liaison officers on each house block.
- 1.24 A monthly safer custody meeting incorporated violence reduction and had good attendance, but its analysis of patterns and trends of violence and bullying was limited.
- 1.25 The violence reduction strategy was explained to prisoners during induction and further supported by the prisoner violence reduction representatives. Cell sharing risk assessments played an integral part in the strategy.
- 1.26 In the first six months of 2011, the prison had recorded 100 violent incidents. Although this was not excessive, it suggested an upward trend on the 157 incidents recorded throughout the whole of 2010. The prison had good systems to identify and record violent incidents and to differentiate between types of allegation.

- 1.27 The prison had recorded 24 uses of weapons in 2010 and 21 in the first six months of 2011. There was a broad definition of what constituted a weapon and most incidents involved weapons not deemed to be serious.
- 1.28 The prison identified incidents through the security intelligence system, observation books, unexplained injury forms and staff and prisoners. All incidents were satisfactorily investigated by the wing manager.
- 1.29 Procedures were managed through an anti-bullying dossier. Bullies were managed through four potential stages: stage one included monitoring; stage two allowed sanctions to be implemented – such as restricting access to specific areas of the prison; stage three included an incentives and earned privileges (IEP) review; and stage four mainly resulted in segregation or transfer to another prison. In 2010, 137 dossiers were opened and there had been 57 to date in 2011. No prisoners had been subjected to stages three or four in 2010.
- 1.30 Victims were also supported through the anti-bullying dossier with a range of support, including mentoring by prisoner violence reduction representatives. The representatives were highly visible throughout the prison and their contribution to the safety of prisoners was effective.
- 1.31 An annual prisoner survey included a vulnerable prisoner survey. Information from these surveys, as well as other issues identified at safer custody meetings, was collated into a useful violence reduction action plan.

## Recommendation

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- 1.32 **The monthly safer custody meeting should analyse patterns and trends for violent incidents.**

## Self-harm and suicide

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### Expected outcomes:

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

- 1.33 Governance of this work was satisfactory and supported by a useful monthly safer custody meeting. Although the numbers of incidents and open monitoring documents were relatively low, a high number of prisoners in the segregation unit were on open assessment, care in custody and teamwork (ACCT) documents. The quality of ACCT documentation was variable but prisoners felt supported. There was a good Listener scheme but the décor of the Listener suites was poor.

- 1.34 There was a comprehensive suicide prevention policy, and governance arrangements through the head of residence and a full-time suicide prevention coordinator were satisfactory. The monthly safer custody meeting was well attended by staff and prisoners and had good analyses of patterns and trends of open assessment, care in custody and teamwork (ACCT) self-harm monitoring documents and self-harm incidents.

- 1.35 The number of self-harm incidents was low at 167 in the first six months of 2011. In the same time period, 252 ACCTs had been opened, with 430 for the whole of 2010. Staff had a proportionate response to prisoners in crisis requiring support. There was a safer custody hotline, and prisoners and visitors used safer custody alert forms to alert the prison to prisoners in crisis.
- 1.36 In the first six months of 2011, 26 prisoners on ACCT monitoring were placed in the segregation unit and 12 prisoners had ACCT documents opened following their location there. Most of these prisoners were subsequently assessed by the mental health team. However, the prison had no formal measures to address this concerning statistic, and despite its own policy that prisoners on open ACCTs should only be segregated in exceptional circumstances, we were not assured that this was always the case (see main recommendation HP47).
- 1.37 There had been no self-inflicted deaths since our last inspection and all near misses were appropriately investigated and action plans formulated and acted upon. The initial ACCT assessments were of variable quality. Case reviews were, however, multidisciplinary and observational entries indicated good engagement between staff and prisoners in crisis. Prisoners told us that they felt supported by the prison and involved in the case review process.
- 1.38 There were 34 trained Listeners who were supported by the prison and the local Samaritans. A Listener attended reception and was involved in the induction process. Access to Listeners was good, including at night. Each house block had a Listener suite, but these were bare and unwelcoming. A Listener visited the health care department every day and the segregation unit twice weekly.
- 1.39 There were 21 staff trained as ACCT assessors but there were no up-to-date records for other staff who were trained in ACCT foundation or the use of anti-ligature knives.

## Housekeeping points

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- 1.40 Listener suites should be decorated and made more welcoming.
- 1.41 Staff training records should be kept up to date.

## Vulnerable prisoners

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### Expected outcomes:

**The prison promotes the welfare of adults at risk and protects them from all kinds of harm and neglect.**

- 1.42 There was no specific vulnerability strategy and vulnerable prisoners were often located inappropriately in the segregation unit. Most prisoners felt safe on the vulnerable prisoner wing but less safe attending some activities off the wing. There were limited purposeful activity opportunities, and exercise often involved abuse from other prisoners. There was no formal reintegration planning.
- 1.43 There was no strategic policy for the care of vulnerable prisoners. Vulnerable prisoners were located in one of the 75 spaces on B spur on house block 2. The spur was nearly always full to capacity. Additional prisoners were located inappropriately in the segregation unit, and those

with medical needs were sometimes placed in the health care unit (see main recommendation HP48).

- 1.44 In the first six months of 2011, 107 prisoners were located in the segregation unit for their own protection, the majority subsequently located to the vulnerable prisoner wing. The average length of stay before a move to the wing was seven days. Vulnerable prisoners located in the segregation unit had an unnecessarily restricted regime.
- 1.45 Most vulnerable prisoners said that they felt safe on the wing and that staff treated them with respect. They were, however, concerned when they left the wing and told us they felt isolated and unsafe.
- 1.46 The exercise yard used by vulnerable prisoners was next to part of the main wings. Some vulnerable prisoners said they regularly received verbal abuse and had objects thrown at them from prisoners in the cells overlooking the exercise yard. As a result, some vulnerable prisoners told us that they never took exercise.
- 1.47 Over half the vulnerable prisoners were employed but the opportunities for meaningful purposeful activity were limited to the laundry, education in ICT and art and wing jobs. Work to develop a small gardens party was embryonic. Prisoners who worked in the laundry could not always have a shower on return from work. Vulnerable prisoners could use the gym and library at least weekly, and there was also a small library on the wing.
- 1.48 There was no reintegration planning or risk reviews to enable vulnerable prisoners to move safely off the wing to a new location.

## Security

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### Expected outcomes:

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

- 1.49 Security arrangements were, with some exceptions, broadly proportionate. Dynamic security was effective and responsive. Mandatory drug testing was well managed. Drug supply and demand initiatives were reasonably well integrated.
- 1.50 Security arrangements were generally proportionate and the regime was not unnecessarily restrictive. Prisoners were able to reside in a reasonably safe environment.
- 1.51 Dynamic security was well managed and responsive. The 2,334 security information reports (SIRs) submitted between January and June 2011 were processed efficiently, and required outcomes, including searches and suspicion mandatory drug testing (MD), were completed within time.
- 1.52 The MDT suite was clean and appropriately equipped. At the end of 2010/11, the random MDT rate was 10.2% against a target of 13%. Twenty-two per cent of respondents said it was easy to get drugs in the prison, against the comparator of 30%. There had been 113 suspicion tests in the previous six months but they yielded a low average positive rate of 34.5%.

- 1.53 Prisoners and staff told us that the availability of diverted or smuggled prescription drugs was much higher than that of illicit street drugs. However, pharmacy staff had recently produced a very helpful guide for all staff on medication that could be diverted and abused. Drug supply and demand initiatives were reasonably well integrated.
- 1.54 The security committee was reasonably well attended and supported by a comprehensive intelligence report. Appropriate security objectives were set and monitored.
- 1.55 Although most security arrangements were proportionate, a minority were anomalous and unnecessary or disproportionate. Twenty-five prisoners were subject to closed visits at the time of the inspection, which was high, and it was inappropriate that only a small minority were a result of incidents or intelligence relating directly to trafficking of articles through visits. Despite monthly reviews, prisoners generally remained on closed visits for a minimum of three months, even in the absence of further intelligence to support this. It was disproportionate and unnecessary that all new arrivals were strip searched and 5% of prisoners at the end of visits, regardless of whether there was intelligence to support this.

## Recommendations

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- 1.56 **Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support this.**
- 1.57 **Strip searching of prisoners on reception and after visits should be intelligence-led or based on specific suspicion.**

## Incentives and earned privileges

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### Expected outcomes:

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

- 1.58 Most staff and prisoners understood the incentives and earned privileges scheme, although some prisoners felt that it was not administered fairly. Many thought that the differential between standard and enhanced privilege levels was not sufficiently worthwhile to aim for.
- 1.59 The established incentives and earned privileges (IEP) scheme was understood by the majority of staff and prisoners. IEP warnings and stage progression were implemented consistently and fairly. Although many prisoners regarded the difference in privileges between the standard and basic levels as sufficient to influence behaviour, many staff and prisoners told us that the difference between standard and enhanced was perceived as minimal. In our survey, 46% of respondents said that the different levels on the IEP scheme did encourage them to change their behaviour, although 43%, against the comparator of 50%, felt that the scheme did not treat them fairly.
- 1.60 At the time of the inspection, most prisoners were on the standard privilege level, approximately 20% were on enhanced and less than 1% (eight prisoners) on basic. All new arrival were allocated to standard, unless they had transferred in from another prison on

another status. Prisoners could apply for enhanced status after they had been in the prison for six weeks.

## Disciplinary procedures

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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.**

- 1.61 Use of formal disciplinary procedures was high but appeared justified. Records of hearings were generally well completed and quality assurance measures effective. The use of force was high but incidents were mostly low level and de-escalation techniques were used appropriately. Use of special accommodation, although low, was not always justified. Throughput of the segregation unit was high but it provided an adequate living space and access to a reasonable regime for most residents.
- 1.62 Between January and June 2011, there had been 1,236 adjudications, which, although high, appeared mostly justified. It was appropriate that only 34 of the most serious charges were referred to the independent judge during the same period.
- 1.63 Adjudications were held in a suitable room in the segregation unit. Prisoners were given sufficient time and information to prepare for their hearings, and we were assured that they could receive legal advice. Records were mostly of a good standard and showed that prisoners played an active role in their hearings. Quality assurance procedures were reasonably good, if lacking in formality, but despite this a small minority of records did not demonstrate sufficient enquiry before a finding of guilt, and mitigation, where offered, was not always recorded as taken into consideration.
- 1.64 Despite an impressive database of information on adjudications that informed the well-attended quarterly standardisation meeting, there was limited trend or pattern analysis.

### Recommendation

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- 1.65 **All disciplinary charges should be fully investigated with clear reasons given for the decisions reached.**

### The use of force

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- 1.66 The recorded use of force, at 146 incidents between January and June 2011, was high. However, many were low level and most appeared to be de-escalated appropriately. Handcuffs were not routinely applied.
- 1.67 Documentation following use of force was generally well completed. Although there was evidence that situations were de-escalated, this was not well described in the paperwork. Quality checking measures, although informal, were appropriately focused and reasonably effective.

- 1.68 Planned interventions were not always recorded on film and we were not assured that films were routinely reviewed.
- 1.69 Batons had been drawn or used on four occasions in 2010 and once between January and June 2011. Use appeared mostly justified and, although not routine, there was some additional scrutiny where there were concerns.
- 1.70 Use of special accommodation was low with four recorded uses between January and June 2011 and seven in 2010. We were not assured that all uses were justified and, while most prisoners spent short periods there, records indicated that some remained there longer than required. Some prisoners had their clothing removed and replaced with anti-tear gowns, which was unnecessary, and a small number of prisoners were located there on ACCT documents, which was unjustified.
- 1.71 The use of force committee met infrequently and, while reasonably well attended, did not undertake any trend or pattern analysis.

## Recommendation

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- 1.72 **There should be improvements in the governance of the use of force, particularly regarding special accommodation, planned interventions, scrutiny of drawing/use of batons and the use of force committee.**

## Segregation unit

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- 1.73 Throughput of the separation and reintegration unit (SRU) was high at 398 cases between January and June 2011. At one point during the inspection, the unit was full to its capacity of 22 spaces. The average roll was, however, usually around 14. A significant number of vulnerable prisoners were located in the SRU pending spaces becoming available on house block 2 (see paragraph 1.43 and main recommendation HP48).
- 1.74 The SRU was clean and bright and provided an appropriate living space. Cells were clean but toilets were scaled and dirty. The two exercise yards were large but, despite benches, were austere and one was almost cage like. Shower/bathing areas were clean and well maintained. The two special accommodation cells had low-level plinths but had some natural light.
- 1.75 New arrivals to the SRU were only strip searched following a risk assessment. It was inappropriate that prisoners on ACCT documents were routinely held in the SRU, but positive that most were referred for mental health assessments (see paragraph 1.36 and main recommendation HP47). Residents were given a booklet that explained the rules and regime of the unit. Prisoners had daily access to a duty manager, health care and chaplaincy staff, and regular access to a member of the Independent Monitoring Board.
- 1.76 The regime for most residents in the SRU was good and better than we see in many prisons. They had daily access to showers, telephones and exercise. Access to in-cell televisions, a small cardiovascular room on the unit and exercise in association with others were available proportionately to some residents. Education staff regularly visited to engage with prisoners, and many prisoners were permitted, subject to a risk assessment, to leave the unit to attend religious services, classes and courses, but there were no opportunities for association. The regime for vulnerable prisoners awaiting a space on house block 2 was, however, too limited and required improvement (see main recommendation HP48).

- 1.77 Multidisciplinary reviews took place as required but resulting documentation was often poorly completed and behaviour targets were too often perfunctory. At the time of the inspection, the longest resident had been in the SRU for about four months but there were no care plans for longer term prisoners to monitor potential psychological deterioration. However, there was some evidence of formal reintegration planning for a few prisoners.
- 1.78 Staff who worked in the SRU were specially selected but many had not undertaken any mental health awareness training. Relationships between staff and prisoners in the unit were professional and constructive but engagement was not reflected in the daily history sheets or P-Nomis case notes.

## Recommendations

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- 1.79 **There should be care plans for longer term residents of the separation and reintegration unit (SRU).**
- 1.80 **All staff who work in the SRU should undertake mental health awareness training.**

## Housekeeping points

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- 1.81 Toilets in cells in the SRU should be thoroughly cleaned and well maintained.
- 1.82 Review documentation should be thoroughly completed and include meaningful targets.
- 1.83 Daily history sheets and P-Nomis case notes should better reflect constructive engagement between staff and prisoners in the SRU.

## Substance misuse

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### **Expected outcomes:**

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

- 1.84 New arrivals were initially assessed in reception by nurses and a GP with a special interest. There were appropriate first night prescribing and flexible prescribing regimes. Prisoners were highly satisfied with their treatment and support. Those subject to dual diagnosis were referred to the mental health in-reach team. There were separate up-to-date drug and alcohol strategies but action planning was less well developed.
- 1.85 New arrivals were initially screened for substance use problems by health care nurses in reception. Prisoners who disclosed drug or alcohol problems were then further assessed by integrated drug treatment system (IDTS) nurses and, where necessary, were seen by the duty GP with special interest in substance use.
- 1.86 There was appropriate first night prescribing for opiate substitution, alcohol and benzodiazepine detoxification. House block 6 was known as the 'step-down' unit, where drug-dependent prisoners were stabilised or detoxified. There were eight IDTS nurses, which gave scope for each prisoner to have a named IDTS nurse as well as a named counselling, assessment, referral, advice and throughcare (CARAT) worker. This facilitated good staff-

prisoner relationships and high levels of support with regular reviews and less formal interaction. Prisoners expressed high levels of satisfaction with their treatment regimens and the support they received from all clinical and psychosocial staff.

- 1.87 Prescribing regimes were flexible and, despite some issues with diversion, Subutex continued to be provided where it was clinically appropriate. There were 142 prisoners on opiate substitution treatment – 106 on maintenance and 36 on reducing doses.
- 1.88 Registered mental health nurses in the IDTS team conducted initial dual diagnosis assessments and, where necessary, referred patients to the mental health in-reach team.
- 1.89 There were separate up-to-date drug and alcohol strategies, informed in part by a recent needs analysis. While the substance use needs analysis contained a well-reasoned list of recommendations, this has not been translated into a specific action plan. The drug strategy group met monthly and separately from the supply reduction and security meetings.

## Recommendation

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- 1.90 **The drug and alcohol strategies should contain detailed action plans.**



# Section 2: Respect

## 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. Prisoners are aware of the rules and routines of the prison that encourage responsible behaviour.**

- 2.1 Single cells were used inappropriately to accommodate two prisoners. All house blocks were clean and well maintained, though some cells had graffiti, but in-cell electricity was usually switched off during working hours. Cell call bells were responded to promptly. Prisoners had access to good laundry facilities and could shower daily, although showers were mostly communal. Management of the application system was insufficient and, although effective, some prisoners had little confidence in it. Telephones could be used in private.
- 2.2 The grounds were well maintained and attractive. There were six residential house blocks. All cells in house blocks 5 and 6, which had opened in the previous two years, were single occupancy with privacy keys for prisoners, which they appreciated. Single cells in house blocks 1 to 4 currently accommodated two prisoners and had insufficient furniture for both. The toilet area was screened by a shower curtain, which did not give privacy or dignity. Prisoners on these house blocks did not have privacy keys.
- 2.3 All accommodation was generally well maintained, well lit, ventilated and clean. However, some cells had graffiti, some of which was offensive and had reportedly been there for several months.
- 2.4 All electricity in cells was switched off during normal working hours, except for the lunch period. The reason cited for this was to encourage prisoners who were reluctant to work or take part in education to do so. This policy was unnecessarily punitive to many prisoners who were locked in their cells and had no opportunity to take part in activity. Its success was difficult to determine. This policy was not applied to house blocks 5 and 6 because it was not technically possible.
- 2.5 Cell call bells were responded to promptly, although in our survey 33% of respondents believed responses took longer than five minutes, against the comparator of 36%.
- 2.6 All house blocks had a large well-equipped association area, which included table tennis, pool tables and bar football. However, all meals were taken in cell as there was no facility for prisoners to dine in association.
- 2.7 All prisoners could shower daily, but not necessarily in private, as house blocks 1-4 had communal showers, whereas house blocks 5 and 6 had single cubicles. Many prisoners wore their own clothes, which could be laundered in house block laundries. Prison-issue clothing was laundered regularly and prisoners could exchange dirty for clean clothes. Responses to our survey on the provision of clean bedding, clean clothes and the ability to take a daily shower were better than the comparators.

- 2.8 Prison rules were displayed in all house blocks and a copy given to every prisoner. All new arrivals were told about the application process during their induction, and most prisoners we spoke to understood the system. However, application forms were only available for a short time every morning. In our survey, only 75% of respondents thought it was easy to get an application form, against the comparator of 85%.
- 2.9 Applications sent outside the unit were logged but if they could be dealt with locally they were not always logged. There was no record of when the application was returned with a response. Many prisoners told us that it was common not to receive a response at all or to have significant delays. Some prisoners told us that they 'no longer bother, as nothing happens'. As there was no formal system of auditing the number and timeliness of applications, we could not gauge the situation accurately. However, we saw that many applications were returned within five days – a few took longer, but none more than 10 days. In our survey, only 43% of respondents said that their applications were dealt with within seven days, against the comparator of 47%.
- 2.10 There were sufficient telephones on units, and all had privacy hoods.

## Recommendations

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- 2.11 **Single cells should not be used to accommodate two prisoners.**
- 2.12 **The policy of isolating in-cell electricity during normal activity periods should not unnecessarily disadvantage prisoners who are not able or do not have to attend activities.**
- 2.13 **Prisoners should be able to shower in private.**
- 2.14 **Prisoners should be able to take their meals in association.**
- 2.15 **The application process should be robust, timely and have the confidence of prisoners.**

## Housekeeping point

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- 2.16 Graffiti should be removed from cells at the earliest opportunity.

## Staff-prisoner relationships

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### **Expected outcomes:**

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

- 2.17 Staff-prisoner relationships were generally courteous and respectful, but the perceptions of some minority groups, including young adults, were less positive. The personal officer scheme was developing and reasonably effective. Consultation arrangements were well established.
- 2.18 We observed professional relationships between staff and prisoners, and staff engagement with prisoners was generally courteous and respectful. However, in our survey, some minority

groups, including young adults, felt less well treated across a range of indicators, although findings for older prisoners were generally more positive.

- 2.19 Personal officers were allocated by cell but some prisoners told us they were not aware of who their personal officer was. Despite this, the scheme worked reasonably well. There was a clear policy and staff generally understood what was required of them. There was strong leadership and guidance for staff and a clear focus on resettlement, which, although developing, required further work. Staff entries on prisoners' P-Nomis case notes were not always frequent enough but were mostly of a reasonably good standard. There were some examples of impressive engagement by personal officers who demonstrated a good knowledge of prisoners' personal circumstances and offender management or custody planning targets.
- 2.20 Consultation arrangements were good and responsive and included regular house block meetings and monthly prison-wide meetings. A variety of well-established peer mentor and prisoner representative schemes operated throughout the prison, and encouraged and supported prisoners to take responsibility for their own actions and decisions.

## Recommendation

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- 2.21 **The prison should explore and address the negative perceptions of some groups of prisoners, including young adults, about relationships with staff.**

## Equality and diversity

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### Expected outcomes:

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

- 2.22 Equality meetings were mainly reflective with little evidence of strategic focus. Attention to some diversity strands had lapsed, and there was a lack of coordination for foreign national prisoners. Prisoner representatives provided a reasonably effective service.

## Strategic management

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- 2.23 A comprehensive policy identified requirements in relation to race, equality and all the diversity strands. However, this comprehensive approach was not replicated in the application of policies and practices, and there had been a loss of focus since the previous inspection.
- 2.24 Equality meetings were well attended by prisoner representatives but less so by staff from key prison functions. They were mainly consultative and reflective of the previous month, and lacked a strategic dimension.
- 2.25 The meetings reviewed SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring. Although most areas were consistently within range, there was no evidence of action where this was not the case. There was no further monitoring, such as

access to work places by nationality or religion, and consultation was mainly limited to the prisoners who attended the meetings.

- 2.26 Racist incident report forms had been replaced by the new discrimination incident report form, of which a relatively small number had been submitted (77 in the year to date). Most reports were for verbal offences or for perceived discrimination following administrative actions. Most of those we looked at showed an appropriate level of enquiry by a full-time senior officer and, where necessary, robust management action resulted. There was no external scrutiny of the reports but they had some independent scrutiny by the Independent Monitoring Board.
- 2.27 There was a prisoner diversity representative on each house block who dealt with issues brought to their attention. If they could not help, they referred prisoners to the part-time equality manager. A further three prisoner equality representatives attended the induction sessions and were foreign national orderlies. There were no support forums for specific groups of prisoners.
- 2.28 There had been a few diversity events, including black history month in October 2010 and a recent Gypsy and Traveller event, but there was little else in relation to other strands.
- 2.29 Staff diversity training was restricted to the Prison Service 'challenge it change it' programme, which had limited cultural and diversity awareness content.

## Equality and diversity strands

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- 2.30 A large proportion of prisoners, 41%, were from a black or minority ethnic background. In our groups, these prisoners were positive about their treatment and generally satisfied that they were not treated differently from the rest of the population. However, black and minority ethnic respondents to our survey were less satisfied than white prisoners on a number of issues, including feelings of safety and intimidation and treatment by staff. There was effective monitoring of prisoners known to be racist or who had racist-related histories through a central database that was accessible to all staff.
- 2.31 No prisoners were registered by the prison as being Gypsy, Romany or Traveller, although in our survey, 7% of respondents declared themselves to be so. There was a wide acceptance that there were prisoners of this background on the wings but there had been no enquiry of their needs or why they declined to declare themselves.
- 2.32 There were over 250 foreign national prisoners at the time of the inspection, who accounted for almost a quarter of the population. Prisoner nationality was initially identified during the reception screening, and induction orderlies gave advice on contacting the UK Border Agency (UKBA) and the Detention Advice Service (DAS). DAS attended monthly to offer support and advice to prisoners, and UKBA hosted a weekly pre-release drop-in surgery for a small number of prisoners.
- 2.33 There was no coordinated approach to the management of foreign national prisoners. The prisoner equality orderlies acted as go-betweens with the equality staff and dealt with problems as they arose. There were no forums to establish any ongoing or emerging issues for the large foreign national population. The provision to encourage foreign national prisoners to maintain ties with their families – including a free monthly telephone call in lieu of visits and airmail letters – were poorly publicised to staff and prisoners and were available inconsistently. Monitoring of issues affecting foreign national prisoners was minimal. In our groups and in discussion with foreign national prisoners, they consistently complained of not receiving their entitlements.

- 2.34 There were 14 prisoners currently held post sentence as detainees. The longest held had been subject to immigration detention for 14 months.
- 2.35 The equality team held a list of prisoner interpreters and there had been regular use of a professional interpreting service (an average nine times a month over the previous six months), although there was no way to distinguish by whom or for what purpose.
- 2.36 There was little consideration of religion within the equality strategy beyond the monitoring of the faiths that prisoners declared on their reception to the prison.
- 2.37 The prison recorded 105 prisoners who had declared a disability but our survey returned a figure of 21%, which equated to over 200 prisoners. There was no disability liaison officer or forums where the needs of disabled prisoners were discussed. There were personal emergency and evacuation plans (PEEPs) for some prisoners, but the application of the system was inconsistent and some staff were unaware of what a PEEP was or where they could be found. Lists in some offices were out of date.
- 2.38 Although the newer accommodation was more suitable for older prisoners and those with disabilities, they were at a distance from other areas of the prison. Some prisoners told us that they had chosen to stay in the older accommodation so that they could access visits and health care more easily.
- 2.39 There were no care plans for either older prisoners or those with disabilities. Although we were told that a nurse took the lead on behalf of health care for such prisoners, there was no integration with the equality team and the nurse was on leave during the inspection with no cover for the role.
- 2.40 Other issues that older prisoners and those with disabilities brought to our attention included the difficulty of showering due to no seating in the communal showers, and difficulty in queuing for and collecting meals and medication. Both disabled and older prisoners were mostly locked up during the day for long periods if they did not go to work. These lengthy periods of inactivity were further compounded by the prison's policy of switching off cell electricity during working hours, removing their ability to make a hot drink, watch television or listen to mains radios (see paragraph 2.4 and recommendation 2.12).
- 2.41 An over-50s gymnasium session had recently commenced on Saturday mornings but was very poorly attended and there had been little promotion of the session or engagement with older prisoners on the wings. There was no over-50s provision for vulnerable prisoners. Retired prisoners were required to pay either 50p or £1 a week for their televisions (depending on their cell sharing arrangements) out of a very low £2.50 weekly retirement pay.
- 2.42 There was no active policy for gay and bisexual prisoners. Reception staff were unaware of what to do in the event of a transgender prisoner arriving at the prison.

## Recommendations

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- 2.43 **The equality and diversity policy should be revised to ensure the delivery of support to all diversity strands.**
- 2.44 **The foreign national policy should be revised and procedures fully implemented and monitored.**

- 2.45 **The prison should regularly consult with minority groups to understand and address their poor perceptions of safety and other aspects of prison life.**
- 2.46 **The personal emergency and evacuation plan (PEEP) system should be re-launched and regularly monitored.**
- 2.47 **All older prisoners and those with disabilities should be assessed for their need for care plans, which should be regularly reviewed as necessary.**
- 2.48 **Older prisoners and those with disabilities who do not go to activities should remain unlocked during the working part of the day.**
- 2.49 **Retired prisoners should receive their televisions free of charge.**

## Young adult prisoners

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- 2.50 There was no specific strategy for the care of young adult prisoners, who were integrated alongside adult prisoners. The prison collated data about young adults but did not act on the findings, and we found that young adults were over-represented in some critical areas. Young adults had negative perceptions and staff had a low expectation of them.
- 2.51 Young adult prisoners had been integrated alongside adult prisoners for a number of years but there was no specific strategy or policy for their care and management. The prison collated significant data about young adults but did not use this to inform strategy (see main recommendation HP49).
- 2.52 Although only 12% of the population were under 21, we found that they were represented disproportionately in the use of force against them, location in the segregation unit and as perpetrators or victims of violence – where they made up approximately one third of prisoners affected.
- 2.53 The perceptions of young adults about their treatment were worse than those of adult prisoners. In our survey, young adult respondents reported less favourably than adults to more than half the questions asked.
- 2.54 Many young adults told us that they felt apprehensive on arrival at the prison, and many adult prisoners spoke of having to tolerate young adults. Some staff had low expectations of young adults, stereotyped their behaviour and responded to them in a way that validated this stereotype.

## 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.**

- 2.55 Prisoners had appropriate access to faith ministers. There was little evidence that the well-resourced chaplaincy team was effectively integrated into the prison, and there were relatively few chaplaincy activities outside formal worship.
- 2.56 Religious services had been maintained throughout a long period where there was no coordinating chaplain. All faiths represented in the prison were provided for but there were few supporting activities beyond formal services. The recently appointed coordinating chaplain was reviewing the role of the well-resourced team of four full-time chaplains and several sessional chaplain, and aimed to develop its profile across the prison.
- 2.57 New arrivals declared their faith during the reception/induction process and could then apply to attend services of that faith. Vulnerable prisoners could attend services but remained at the rear of the large chapel/faith area. The Free Church chaplain provided additional small faith sessions for vulnerable prisoners who felt uncomfortable attending the main worship. The chapel area was also well used by many other departments.
- 2.58 The spacious faith area was equipped for multi-faith use, and a curtain divided the font from the general seating when used for non-Christian worship.
- 2.59 The permanent chaplaincy staff regularly performed statutory duties and also attended most segregation reviews and segregation monitoring meetings.
- 2.60 The chaplaincy had no formal links with any community groups to develop pastoral care pre- and on release, although there had been contact with a Muslim community group to establish a post-custody mentoring scheme. There was a prison visitor scheme with approximately 14 cleared visitors.

## Recommendation

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- 2.61 **The role of the chaplaincy in the general life of the prison and the level of faith provision should be developed.**

## Complaints

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### **Expected outcomes:**

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

- 2.62 The considerable number of complaints were managed efficiently. There were effective quality assurance measures and responses were generally appropriate. Despite this, prisoners told us that they had limited confidence in the complaints system.
- 2.63 Complaint forms were freely accessible and a significant number had been submitted – 1,455 between January and June 2011. The responses to complaints that we sampled were generally personally addressed, polite, timely and answered the issues raised. Quality assurance measures were good.

- 2.64 Prisoners told us that they had limited confidence in the complaints system and some said they were reluctant to submit legitimate complaints for fear of repercussions from staff. Managers were aware of these concerns, but had done little to investigate and address them

## Recommendation

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- 2.65 **The prison should investigate and address prisoners' perceived lack of confidence in the complaints system.**

## Legal rights

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### Expected outcomes:

**Prisoners are fully aware of and understand their sentence, both on arrival and release.**

**Prisoners are supported by the prison staff to exercise their legal rights freely.**

- 2.66 There were no trained legal services staff. There was, however, good provision for legal visits.

- 2.67 Legal services were provided through the offender management unit (OMU). Advice on bail issues, especially seeking accommodation and understanding sentences, was offered through a probation services officer, usually during induction. However, in our survey only 21% of respondents said that they found it easy to obtain bail information, against the comparator of 25%.

- 2.68 There were no dedicated or trained legal services staff. Most legal queries and requests were forwarded through application to officers working in the OMU, who mainly acted as a signposting service to other providers, such as Citizens Advice or solicitors.

- 2.69 Legal visits usually took place on weekday mornings, and the 22 legal service booths were sufficient for the population.

## Recommendation

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- 2.70 **Officers providing legal services should receive relevant training.**

## Health services

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### Expected outcomes:

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

- 2.71 Health care provision was very good and supported by an impressive level and quality of staff. Prisoners were generally satisfied with the level of access to staff, apart from the dentist and some specialists. Physical health services were very comprehensive and there had been much investment in the delivery of care. Dental services were understaffed. Prisoners with mental

health problems had access to a large mental health care team that offered a broad range of therapeutic treatment.

## Governance arrangements

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- 2.72 Health services were commissioned by NHS Surrey Primary Care Trust (PCT) with primary care provided by Surrey Community Health Services and mental health care by Surrey and Borders Partnership. There were very good relationships between the commissioners, the governor and the head of health care, and evidence of much investment in the structure, staffing and delivery of health care. Our survey indicated that prisoners were satisfied with the level of access to the GP and nurses, but access to the dentist and some specialists was considered poor. The health care centre provided a very good range of facilities for the care and treatment of outpatients and an inpatient facility. There were large, clean and well-equipped treatment rooms on each house block.
- 2.73 The health needs assessment had been updated in June 2011 and provided a comprehensive review of the health services delivered with recommendations for areas for development. The partnership board met bimonthly and was chaired by the PCT. The prison was represented by the governor and head of health care. The head of health care was also the Surrey lead for prison health care and effectively managed a large team of health care staff.
- 2.74 The clinical governance meeting took place bimonthly and was well represented by the prison and the commissioning PCT. We were impressed with the relationships between the partnership board and the senior management team. The health care team was very well staffed with well-qualified health care professionals and no vacancies. A small bank of nurses provided additional cover when required.
- 2.75 The head of health care had been in post for over eight years and helped ensure the continued development of the service. The head was supported by a senior administrator who also led the administration team. The centre provided 24-hour health care throughout the week and there was a good range of appropriate services. Links with the PCT enabled the acquisition of specialist equipment when required. Monitoring of mandatory and continuing professional development was well managed, and clinical supervision was available for all health care professional staff.
- 2.76 A local primary care practice provided GPs for two clinics each weekday with out-of-hours cover from the same service as the local community. Surrey Community Health Services provided pharmacy services. The pharmacy was well staffed and prisoners had access to a pharmacist prescriber. Surrey Community Dental Services were contracted to deliver eight dental sessions a week. Due to staff vacancies, there was only one dentist at the time of our inspection who delivered four sessions a week, seeing up to eight patients at each session. The same services provided out-of-hours and holiday cover.
- 2.77 Emergency resuscitation equipment was widely available throughout the prison and appropriate checks were recorded daily. The SystemOne electronic record system had been installed since our last inspection and was used to good effect. All paper records were being archived and stored to meet the requirements of the Caldicott principles on the use and confidentiality of personal health information and the Data Protection Act. National Institute for Health and Clinical Excellence (NICE) guidelines and national service frameworks were used to guide and inform practice.

- 2.78 Health care representatives had been introduced to disseminate information and advice. They attended a dedicated health care forum to share and resolve issues raised by prisoners. A well-managed local complaint process dealt with an average of 30 complaints a month quickly and sensitively.
- 2.79 The health promotion action group was chaired by a senior member of the prison management team and included membership from the physical education department, IMB, health care, occupation health and NHS Surrey public health team. The control of communicable diseases was well organised, and there were a good range of screening and vaccination programmes for prisoners.

## Delivery of care (physical health)

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- 2.80 Primary care services were comprehensive. All new arrivals received initial screening in reception, in one of the three suitable health care rooms, with access to a specialist GP if required. Waiting lists for the twice-daily GP clinics were short. All nurses were triage trained and able to allocate patients for appropriate care and treatment. There were a very good range of nurse- and specialist-led clinics. The patient waiting room was bright, spacious and fitted with seating and a television, but had limited written information. Patients arrived for timed appointments and there were rarely any large groups waiting to be seen.
- 2.81 Prisoners were given limited written information about the health services available. We were told that the information was translated as required, but there was nothing readily available. Prisoners were directed to health care representatives on the wings for further help, which was a useful initiative.
- 2.82 Health promotion literature was available in the treatment areas but there was a limited amount displayed on notice boards in the health care centre or on the house blocks, and most information was only available in English. Staff were very well qualified to deliver health promotion and lifelong conditions clinics, including smoking cessation, sexual health, asthma and diabetes.
- 2.83 The appointment system worked well and the 'did not attend' rates were kept to an acceptable level because a member of the discipline staff ensured that patients received and acknowledged their appointment times. All patients were triaged by qualified staff and allocated to clinics when required. Patients benefited from access to a nurse practitioner and associate practitioner who could deal with many problems, avoiding the need for a GP consultation. All prisoners on the segregation unit were seen by a nurse at least once a day and by a GP three times a week.
- 2.84 The 23-bed inpatient unit had single cells and all were on the certified normal accommodation, although we were told that they were only occupied by prisoners with a health care need. The unit was almost full at the time of our inspection with a range of patients, predominantly with mental health problems. The unit was very clean and well resourced with cells appropriately equipped for the care and management of inpatients. Inpatients had access to a well-maintained exercise yard that provided a therapeutic environment. The association room was also used to dine out, and daycare was available for some inpatients and other prisoners struggling to cope on the wings. The unit was very well staffed and had support from health care officers. Electronic recording of care included good contributions to care plans with named nurses for each inpatient.

- 2.85 One of the administrators managed a small team that arranged outside hospital appointments and maintained records. The prison provided up to four escorts a day, which was usually sufficient to meet demand. Cancellation of appointments for security reasons was very rare. The health care centre had good relations with the local hospital, which was helpful in rearranging appointments if required. Patients were put on medical hold when required to ensure their continuity of care.

## Recommendations

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- 2.86 **Information about health services and health promotion should be available in the health care centre and on the house blocks in a range of languages.**
- 2.87 **All inpatients cells should be removed from the certified normal accommodation.**

## Good practice

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- 2.88 *The creation of nurse practitioner and associate practitioner posts had enhanced the level of health care for all prisoners and developed the care for those with chronic diseases.*

## Pharmacy

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- 2.89 The pharmacy was in the health care centre and patients had access to a pharmacist when requested. A nurse prescriber and pharmacist prescriber were also available. Staff were well supported and received ongoing training. Risk assessment and in-possession policies were in place and had been reviewed in June 2011. The majority of prisoners were given their medication in possession where appropriate and following the satisfactory completion of a risk assessment.
- 2.90 Patients could receive medicines at three appropriate times during the day, and 24-hour nurse cover allowed the supply of night time medication after 8.30pm. Most medication was issued on a named-patient basis with omits recorded and communicated to the prescriber. There was a special sick policy with details of items used added to prisoners' medication records for review. Prisoners could request repeat prescriptions, and this was well supported by staff.
- 2.91 Medicines were stored in an orderly manner with stock levels checked by both pharmacy and nursing staff. Although controlled drugs were stored correctly, there was some confusion over the recording of obsolete and out-of-date stock and patient returned medication. We found a small bundle of blank prescription forms used for instalment prescribing for the treatment of substance misuse in a tray in the outpatient treatment room; these should have been locked away securely. Some reference books in use were not up to date.
- 2.92 There were regular medicines and therapeutics meetings, which were generally well attended. Prescribing was in accordance with an agreed formulary based on PCT guidance and consultation with pharmacists and prescribers. Good communication with both internal and external prescribers had led to a reduction in the prescribing of items that had the potential for abuse. Prescribing trends and costs were audited effectively.
- 2.93 There were various patient group directions and standard operating procedures (SOPs) in place. Many SOPs, including that for controlled drugs, had been recently reviewed but had not been read and signed by all relevant staff. All medicines were administered and stored safely. Fridge temperatures were adequately recorded to show that medicines were stored at the

correct temperature, but staff had sometimes failed to take corrective measures when the temperatures fell outside the required 2-8°C range.

## Housekeeping points

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- 2.94 Out-of-date controlled drugs stock should be included in running balance totals in controlled drugs registers.
- 2.95 Controlled drugs returned for destruction should be recorded appropriately.
- 2.96 All blank prescription forms should be stored securely.
- 2.97 All pharmacy reference sources should be up to date.
- 2.98 All staff should be trained in all standard operating procedures relevant to their role, and training records kept.
- 2.99 Fridge temperatures should be monitored and recorded accurately.

## Dentistry

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- 2.100 The dental surgery was well equipped and maintained with appropriate measures for the control of infection. Resuscitation equipment, including oxygen, was available and emergency medicines were suitably located. At the time of our inspection, there were problems with understaffing. There were plans to recruit a further dentist to deliver the required eight sessions a week. However, a waiting list of 165 patients had built up with waiting times of over five months for a routine appointment. Applications to see the dentist were prioritised and there was a good rate of attendance. Dental care and treatment were good, and oral health promotion was given to patients individually with supporting leaflets.

## Recommendation

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- 2.101 **Patients should be able to see a dentist for routine treatment within a timescale equivalent to that in the NHS.**

## Delivery of care (mental health)

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- 2.102 A large mental health in-reach team based on site provided a secondary care service that was well integrated with primary mental health care. Patients could see a psychiatrist who provided two sessions a week. In addition, they had access to psychotherapy and sessional counselling. The demand for counselling services was high and there was no dedicated counselling service in the prison. A learning disabilities nurse had recently been appointed to deliver care to the group of prisons in Surrey. The team had an average caseload of 120 patients and there were about 80 referrals a month.
- 2.103 The in-reach team screened and triaged all referrals each day and care was managed on a multidisciplinary basis through weekly meetings with relevant departments. There were good links with the community mental health teams. In the previous 12 months, 18 patients had been transferred to secure mental health units with the longest wait being eight weeks. Two of

the community psychiatric nurses provided a programme of mental health awareness training for staff.

## Recommendation

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### 2.104 Prisoners should have access to dedicated counselling services.

## Good practice

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2.105 *The appointment of a learning disabilities lead nurse enhanced the prison's ability to identify prisoners with learning disabilities, and provided suitable care and treatment when required.*

## 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.**

- 2.106 A varied menu took account of individual needs. Food was of a good quality with sufficient quantity. Consultation arrangements were good. Areas for storing, preparing and cooking food were clean and the kitchen was well equipped. Serveries were clean and well supervised. Prisoners working in the kitchen could gain meaningful qualifications.
- 2.107 A four-week menu cycle provided opportunities for a varied diet and included a hot meal option at both lunch and evening meals. Lunch was usually served between 11.45am and 12.15pm, and the evening meal between 5.45pm and 6.15pm.
- 2.108 In our survey, black and minority ethnic respondents were less favourable about the food than other groups; only 18%, compared with 25% of white respondents, said that the food was good. In contrast, foreign national and older prisoners responded positively. We found that the food was tasty and portions adequate.
- 2.109 There was good consultation about the food through the monthly prisoner consultative committee, which was responsive to issues raised and consistently attended by a member of catering staff. Food comments books were used, and there had been a food survey in November 2010.
- 2.110 The kitchen was well equipped and had separate areas for the storing, preparing and cooking of meals. Halal food and dedicated utensils were kept separate from other food. Serveries were clean and well supervised by staff, especially on house block 2 where vulnerable prisoners resided. All prisoners in the kitchen and the serveries were correctly dressed.
- 2.111 Up to 30 prisoners worked in the kitchen and could gain meaningful accredited qualifications. There was a good working partnership between the kitchen and the Clink training restaurant (see paragraph 3.21).

# 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.**

- 2.112 Except for new arrivals, prisoners had good access to the shop, but low pay rates restricted the opportunity for some to make purchases. Prisoners were generally satisfied with the range of goods available.
- 2.113 Most prisoners had weekly access to the shop, but new arrivals could wait up to 13 days before they could receive their first shop order. During this period, and subject to available money, prisoners could apply to receive additional reception packs and telephone credit.
- 2.114 In our survey, more respondents than the comparator said that the shop sold a wide enough range of goods to meet their needs. Prisoners could buy a diverse range of goods and, following wide consultation, there were quarterly opportunities to change items on the shop list. Consultation arrangements were reasonable and the shop was a standing agenda item at the monthly prisoner consultative committee meeting.
- 2.115 Pay rates for some prisoners were very low and had the potential to restrict their opportunity to buy items from the shop (see paragraph 3.19 and main recommendation HP51).
- 2.116 Prisoners could make purchases from only one catalogue. They could order magazines and newspapers.

## **Recommendation**

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- 2.117 All prisoners should have weekly access to the shop.**

## Section 3: Purposeful activity

### Time out of cell

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**Expected outcomes:**

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities. Time out of cell includes, in addition to formal 'purposeful activity', the other times when prisoners are out of their cells, for example, to associate with other prisoners, have exercise or meals, take showers or make telephone calls.**

- 3.1 Many prisoners were locked up during the working part of the day and unemployed prisoners had less than three hours a day out of their cell. Exercise was rarely cancelled, but many association sessions were and subject to some slippage.
- 3.2 The prison's published core day indicated that some employed prisoners could have up to 10 hours a day out of their cell during the working week. In practice, however, our observations indicated that most employed prisoners were more likely to access about 7.5 hours. Unemployed prisoners had less than three hours a day out of their cell.
- 3.3 The prison was aware that many prisoners were locked in their cell during the core day and maintained daily records of this. Its records and our observations indicated that over a third of the population were locked up during the working part of the day with no access to work, learning or vocational activities (see main recommendation HP50).
- 3.4 Daily routines, including association and exercise times, were published on each house block. Association took place Monday to Thursday evenings, Friday afternoons and weekend mornings and afternoons.
- 3.5 Association was often cancelled due to staff shortages. The head of residence kept detailed records of the house blocks and spurs where association was cancelled. There was some regime slippage at the start and end of the published association times.
- 3.6 Exercise was rarely cancelled and only on the authority of the duty manager. However, exercise yards were bare and except for a few benches, had no appropriate equipment to occupy prisoners.

### Housekeeping point

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- 3.7 Exercise yards should be made more attractive.

## 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 inspector). All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their**

**sentence. The learning and skills and work provision is of a good standard and effective in meeting the needs of all prisoners.**

3.8 Management of learning and skills and work was satisfactory, and allocation to activities was reasonably well informed by prisoners' needs, although insufficiently effective. Pass rates were high for courses in vocational training but more variable in education. The quality of learners' work in many areas was good, and outstanding in catering and music, where learners demonstrated high levels of competence and flair. The quality of teaching and learning was mostly good, as was the peer mentoring support for learners in education. However, attendance in most education and training classes was low, and some classes were cancelled due staff shortages. Prisoners had good access to the library but the education department made insufficient use of the facility. The range of accredited vocational training was poor. Self-assessment was thorough and mostly accurate, although there was inadequate use of data to inform change.

3.9 Ofsted made the following assessments about the learning and skills and work provision:

Achievements of prisoners engaged in learning and skills and work:	Satisfactory
Quality of learning and skills and work provision:	Satisfactory
Leadership and management of learning and skills and work:	Satisfactory
Capacity to make further improvements in learning and skills and work:	Satisfactory

## Management of learning and skills and work

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3.10 Management of learning and skills and work was satisfactory. Strategic planning was clear and realistic. The development of catering training had led to strong links with a wide range of external organisations and companies to benefit prisoners. There were also links with several well-known chefs who offered training for prisoners and jobs on release. Recent sponsorship had been gained to build a large greenhouse to further develop horticulture training and supply more produce for the prison catering services. During the inspection, the prison was in active discussion with an external organisation to introduce an accredited textile training programme that could lead to jobs for prisoners.

3.11 Instructional officers in vocational workshops were suitably skilled and knowledgeable, as were vocational tutors from TMC. However, there was insufficient communication between instructional officers and TMC tutors running similar provision, such as in woodworking and painting and decorating. Data were collected in a variety of formats, some of which were conflicting and poorly analysed. There was insufficient use of data to inform management decisions in learning and skills. There had been no recent needs analysis to clearly identify prisoners' learning and skills requirements.

3.12 Resources for education, vocational training and work were very good but largely underused (see main recommendation HP52). Classrooms and some vocational training areas were only around 60% occupied on average, although punctuality was good and occupancy in most workshops was higher at approximately 80%. There was insufficient cover during staff leave or illness, and vocational training provision was frequently suspended because of lack of staff. Two multi-skilled construction classes had not operated for several months.

## Recommendations

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- 3.13 **The prison should make better use of learning and skills data to identify trends and inform changes to the provision.**
- 3.14 **There should be sufficient staffing to provide cover for absences in education and vocational training workshops.**

## Capacity to improve

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- 3.15 The grades awarded by the Adult Learning Inspectorate (ALI) in 2006 had been mostly satisfactory. Some actions to improve the issues identified had been slow. Since the last inspection, there had been improvements to the quality of teaching and learning and to punctuality, which were now good. However, some weaknesses identified had not been improved, including insufficient use of data to inform changes to the provision and the lack of lesson observations. Following the last inspection, ESOL and literacy pass rates had got worse and accredited PE courses were no longer offered. However, new and outstanding provision had been developed with the Clink restaurant, which gave learners a good opportunity to work at the highest level in catering. Links with employers had improved, many from contacts gained through the Clink. There had also been improvements to the work in recycling and there were plans to offer qualifications in this area.
- 3.16 The self-assessment process was thorough and used effectively as an improvement tool. The self-assessment report accurately reflected the judgements and grades given at inspection, although the quality improvement group (QIG) functioning at the last inspection had stopped. There was insufficient focus on the sharing of best practice across the provision, although there were plans to resurrect the QIG to rectify this.
- 3.17 Quality improvement processes overall were satisfactory. Observations of teaching and learning in education classes had been successful in helping staff to improve. However, there were no observations in other areas of learning and skills. Learners' views were collected but insufficiently coordinated across the provision.

## Recommendation

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- 3.18 **The prison should establish a quality improvement process to cover all the learning and skills provision, and re-introduce the quality improvement group to maintain a focus on quality and share good practice.**

## Provision of activities

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- 3.19 There were broadly sufficient purposeful activity places for the population, although almost a third of prisoners were recorded as unemployed. A large proportion of prisoners were employed in menial wing jobs, such as cleaners and orderlies, which did not fully occupy them, and many activity places were underused. Despite this outcome, processes for allocating prisoners to education and activities were adequately informed by prisoner need. Most jobs were allocated centrally, although wing jobs were allotted by wing staff, which could lead to inequality and favouritism. This practice was changed during the inspection so that all activities were centrally managed. Pay rates were very low, and although they were not a disincentive to prisoners attending education or vocational training, they did not motivate prisoners either. The

low pay also restricted some prisoners from purchasing goods through the prison shop (see main recommendation HP51).

- 3.20 Education was provided by The Manchester College (TMC). Approximately 370 prisoners took part in education although most were part-time and for just one or two sessions a week. The range of courses was broadly satisfactory and included art, business studies, music, literacy, numeracy, English for speakers of other languages (ESOL) and ICT, but there were few courses above level 2 for longer-term prisoners or those more able to achieve. Education was offered during the core day but not evenings.
- 3.21 There were approximately 65 learners in total on accredited vocational training. Just 17 young adults were engaged in vocational training. The range was narrow but some provision, notably the Clink restaurant, was outstanding and provided learners with excellent opportunities for work in the catering industry. Accredited courses were offered in catering, construction, information, advice and guidance (IAG) and industrial cleaning, and there were now qualifications in horticulture.
- 3.22 Careers information and advice support (CIAS) was insufficiently developed, and the service from the provider, Tribal, had been poor due to staffing problems. TMC had taken on some of the CIAS responsibilities at induction until Tribal was fully staffed and the situation had recently improved. Induction to learning and skills was broadly satisfactory. Assessments of prisoners' literacy and numeracy needs were completed, and although not all prisoners had learning plans, detailed custody plans were in place. Peer mentor support for prisoners on induction was good, and mentors were well trained in IAG by St Giles Trust.

## Recommendations

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- 3.23 **Processes for allocation to activities should be improved to ensure that individual prisoner needs are met.**
- 3.24 **The prison should improve the range of activities for vulnerable prisoners.**
- 3.25 **There should be a wider range of vocational training and education opportunities, including courses above level 2 for more capable prisoners.**
- 3.26 **The prison should improve the careers information and advice support for all prisoners.**

## Quality of provision

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- 3.27 Teaching and learning in education and vocational training were mostly good and lessons were generally well planned. Learners in vocational areas who required literacy and numeracy support could attend appropriate education classes, but they had no specific support in their workshop sessions. Teaching staff in education were suitably qualified, keen and enthusiastic, giving good individual support to learners. Peer mentor support for learners across the provision was good.
- 3.28 Resources in the Clink restaurant were outstanding and replicated a high quality restaurant and kitchen. Learners here were given a unique opportunity to serve the public.

## Education and vocational achievements

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- 3.29 Pass rates in vocational training were good and most prisoners who stayed gained their qualifications. Pass rates on education courses were more variable and mostly satisfactory, averaging at around 65-70%. Learners enjoyed their learning and made good progress, especially in information technology and business studies. Pass rates were high on construction, business enterprise and some ICT courses, although they were very low on literacy and ESOL courses, averaging at around 20% in 2009/10. Strategies to improve retention and success rates in these courses had started to have an effect in 2010/11. Recent data indicated mostly further improvements to pass rates across the provision.
- 3.30 Learners in the Clink restaurant demonstrated particularly high standards of catering and customer service skills. Prisoners working in the recycling area could develop good environmental skills. As well as the normal recycling of waste products, they recycled waste oil from the kitchens into biodiesel and had recently started to convert food waste into compost. However, these skills were not yet accredited. Learners demonstrated good skills in construction, particularly in woodwork. The quality of learners' work in education was mostly good, and music sessions provided by education showed high standards of musical talent. There was mutual respect between learners and staff across the learning and skills provision.

## Library

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- 3.31 Prisoners received an appropriate induction to the library. Library opening hours were satisfactory but there was no weekend opening. Approximately 40% of the prison population used the main library once a week. The library stock included a good selection of fiction, non-fiction, education and vocational training books along with books to motivate reading. CDs, DVDs, current Prison Service Orders and up-to-date legal texts were also available, although library staff had inadequate access to internet material. The Storybook Dads service was well used and was recorded in the library. There was a good library facility on the vulnerable prisoner wing, which was well used. However, the education department made little use of the library as a learning resource, and stock loss was high at around 9%.

## Housekeeping point

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- 3.32 Library staff should be given appropriate access to the internet.

## Physical education and healthy living

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### **Expected outcomes:**

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

- 3.33 Physical education (PE) facilities were good and there was an adequate range of recreational PE, but no accredited PE courses were offered. The proportion of prisoners who accessed PE regularly was low. Unemployed prisoners had less access to PE sessions than those who worked.

- 3.34 There was a suitable range of recreational PE programmes, including a recently established session for the over-50s, but the facility to offer accredited PE training had been ended. It was estimated that only about 45% of prisoners regularly accessed PE, although our survey indicated this figure might be lower, with only 36% of respondents saying that they went to the gym at least twice a week. Prisoners who worked could go to three PE sessions a week, although access for those who were unemployed was restricted to two sessions. Vulnerable prisoners could use the gym at least weekly.
- 3.35 PE staff were well qualified in a range of sport activities and highly experienced. They had good links with physiotherapists and offered remedial PE for prisoners who were overweight or had minor physical problems. However, only one member of staff was qualified to deal with full remedial cases with medical issues.
- 3.36 PE facilities included a full-size all-weather outdoor pitch, well-equipped sports hall and two gyms with a good range of cardiovascular equipment and free weights. Showers were in a good state and prisoners were given time after each session to shower and change. Prisoners had suitable access to clean kit and towels from their wings. Accidents and actions taken were appropriately recorded.

## Recommendations

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- 3.37 **The prison should re-establish a range of accredited PE qualifications for prisoners.**
- 3.38 **More prisoners should be encouraged to use the PE facilities.**
- 3.39 **All prisoners should have equitable access to PE.**

# Section 4: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

**Planning for prisoners' release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good resettlement planning ensures a seamless transition to the community or another establishment.**

- 4.1 The prison had a good range of policies and procedures to manage all aspects of resettlement. Strategic development was managed appropriately through the quarterly resettlement meeting, and objectives were set in line with issues identified in regular and comprehensive needs analyses. Risk assessment and management were emphasised in the offender management unit but had yet to be fully embraced by the whole establishment. Two recent projects to link the prison further with community provision were positive.
- 4.2 The reducing reoffending strategy was comprehensive and detailed. The document outlined the key objectives of each resettlement pathway and indicated how they would be linked together. The document was available on the prison's intranet and accessible to all staff. Information also outlined links to the comprehensive offender management and public protection policies. All three documents included sufficient detail to guide staff working in resettlement.
- 4.3 The strategic development of the reducing reoffending and offender management functions was managed through the quarterly reducing reoffending and resettlement management team meeting, which was attended by a few key managers. Identified priorities under each resettlement pathway were effectively informed by twice-yearly needs analyses based on information from initial custody plan assessments for prisoners on remand or serving sentences of less than 12 months, as well as offender assessment system (OASys) assessments for prisoners serving over 12 months.
- 4.4 The prison primarily employed probation staff, including a part-time practice manager, in the offender management unit (OMU) to ensure it had the necessary experience and expertise to assess and manage risk. The head of offender management was also a senior probation officer.
- 4.5 Although links between offender management and resettlement pathways were generally good, some aspects of the prison's regime remained isolated. There was still a lack of involvement of wing staff and some other departments in sentence planning, risk management and public protection work, although this remained a priority for the prison.
- 4.6 There had been two recent initiatives to link prison-based resettlement work more closely with that in the community. In May 2011, an integrated offender management project had begun with Surrey and Sussex probation area with a single post based part time in the prison and part time in the community. A further financial services incentive initiative, incorporating services available in Croydon, was due to come on stream later in 2011. Both projects were positive attempts to expand resettlement services but it was too early to evaluate them.

## Recommendation

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- 4.7 **The prison should pursue a whole-prison approach to resettlement, encouraging and supporting staff from all departments to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending.**

## Offender management and planning

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### Expected outcomes:

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

- 4.8 Nearly all prisoners had some form of custody or sentence planning. Remand and short-sentence prisoners were subsequently supported by personal officers, although this arrangement had yet to be fully embedded. Work with prisoners in scope for offender management was generally good, but while assessments were generally consistent, subsequent follow-up work was variable. Not all departments were actively or effectively engaged in sentence planning and public protection arrangements.
- 4.9 The OMU was staffed by four probation officers and eight probation service officers, each allocated to one of four 'pods', organised geographically by where prisoners were being released to. Five prison officers were allocated to observation, classification and allocation (OCA) but undertook other offender management functions as well.
- 4.10 Nearly all prisoners received some form of sentence or custody planning. Those serving under 12 months (approximately 163) or who were unsentenced (approximately 370) had a custody plan assessment by OMU staff during induction. Assessments were comprehensive and detailed and those we saw were completed sensitively with consideration for wider concerns, including self-harm and other potential vulnerabilities. However, prisoners in the health care centre or on the vulnerable prisoner wing did not receive an assessment.
- 4.11 Following assessment, referrals were, where appropriate, forwarded to pathway leads. Custody plans were copied to the wing and the prisoner's personal officer as well as the prisoner. Personal officers were expected to undertake subsequent work with these prisoners to support and motivate engagement with identified objectives. Although this work was built into the personal officer job description, there was little or no staff training in it and levels of engagement were variable. The OMU senior officer had recently started to make quality assurance checks and to build some training into this but the model had yet to become embedded.
- 4.12 There were 552 prisoners serving sentences of 12 months or more, including 30 indeterminate-sentenced prisoners. Appropriately, all prisoners in scope for offender management (approximately 150) or identified as a potential risk following initial public protection screening were allocated to one of the four probation officers. OASys assessments for out-of-scope prisoners were undertaken by one of the OMU probation service officers or prison officers. At the time of the inspection, a small number of assessments were outstanding, equivalent to approximately one month's work. All OASys assessments were subject to quality assurance.

- 4.13 Although sentence plans were completed for both in- and out-of-scope prisoners, arrangements were variable. Sentence planning meetings for in-scope prisoners tended to be more formal, and those for out-of-scope prisoners usually consisted of just the prisoner and offender supervisor. In the review of in-scope case files by colleagues from HM Inspectorate of Probation during the inspection, OASys and sentence plans were not reviewed consistently following a significant change in the prisoner's circumstances. Nevertheless, in our survey 57% of respondents with a sentence plan said they had been involved in its creation, compared with only 42% at the 2006 inspection.
- 4.14 Requests for information from other departments for sentence planning purposes were not made or responded to consistently. Personal officers rarely made direct contributions, although offender supervisors told us they often approached them for information. The requests did not clearly identify the information needed and, as a consequence, information received was often oriented to the prisoner's conduct rather than his risk of harm or likelihood of reoffending.
- 4.15 Probation officer offender supervisors contacted in-scope prisoners to support and motivate them to meet identified targets. A review of such contact by our colleagues from HM Inspectorate of Probation showed that it was often good standard but that frequency and quality sometimes varied. Some of the variation was compounded by the limited appropriate interviewing space on wings, although new rooms had become available the week before our inspection. The prison was aware of some of these variations and was making progress in maintaining consistency. All probation staff had regular casework supervision, including live observation at least twice a year.
- 4.16 Prisoners out-of-scope for offender management (assessed as low or medium risk of harm), but serving over 12 months had no identified caseworker to support their progress against sentence planning targets.
- 4.17 Offender supervisors were frustrated that the sharing of information by other departments and the updating of progress against identified targets were not consistent. This was reinforced by our evaluation of cases, and on some occasions interventions were undertaken in isolation.
- 4.18 Release on temporary licence (ROTL) was low. Occasionally prisoners were released for a job or college interview but this was rare.
- 4.19 Since 1 January 2011, 448 prisoners had been considered for home detention curfew (HDC) release but only 68 (15%) had been successful. Systems to identify prisoners were appropriate, as were processes to assess suitability, but there were often significant delays in acquiring reports from community-based offender managers and many applications ran out of time. Although responses to requests for information were expected within 10 days, there were usually delays. At the time of the inspection, there were over 60 requests outstanding. However, the mechanism for evaluating applications once information was collated was fair and proportionate.

## Recommendations

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- 4.20 **All prisoners, including those in health care or on the vulnerable prisoner wing, should have access to custody or sentence planning and to the resettlement clinic or its alternative.**

- 4.21 **Personal officers and staff from other departments should receive training and ongoing support to develop their involvement in custody and sentence planning processes, as well as public protection work.**
- 4.22 **Prisoners serving over 12 months but out of scope for offender management should receive support to encourage their engagement in sentence planning targets.**
- 4.23 **There should be reviews of offender assessment system (OASys) assessments and sentence plans in all relevant cases, including where there has been a significant change in the likelihood of the prisoner's reoffending or level of risk of harm.**
- 4.24 **Prisoner applications for home detention curfew should not be hampered by delays in the completion of necessary paperwork.**

### Housekeeping points

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- 4.25 Requests for information from departments contributing to sentence planning or public protection reviews should identify the information required.
- 4.26 There should be private interview spaces in the offender management unit, or elsewhere, to facilitate offender supervisor contact with prisoners.

### Public protection

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- 4.27 Public protection arrangements were good. All new arrivals were screened for risk and there were clear procedures to ensure consistency. At the time of the inspection, 149 prisoners were subject to telephone and/or mail monitoring due to child protection or harassment concerns. A further 99 were identified as likely to be subject to multi-agency public protection arrangements (MAPPA) on their release.
- 4.28 All identified public protection cases were allocated to one of the four probation officer offender supervisors to case manage and for any necessary further assessment. All cases were managed through the monthly public protection case meeting. All departments, including wing staff, were expected to contribute to these meetings, with the probation case manager taking lead responsibility. Although the quality of reviews were generally of a good standard, the understanding of issues relating to the assessment and management of risk varied across the prison. OMU staff had carried out some training for prison staff but further reinforcement was required (see recommendation 4.21).

### Categorisation

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- 4.29 At the time of the inspection, 36% of prisoners (395) were classified as category C with just 5.5% category B. There were seven category D prisoners. There were appropriate mechanisms to assess categorisation and undertake reviews.
- 4.30 Prisoners serving less than 12 months were, in practice, unlikely to be transferred to other establishments as places tended to be prioritised for those in custody for longer. There were approximately 25 transfers a week. Despite the high number of category C prisoners, once prisoners were identified as meeting the receiving prisons' criteria, priority was given to those with identified sentence planning targets that could be met by the receiving prison, and moves

were facilitated reasonably quickly. As there were no significant delays in the completion of OASys assessments, this system worked reasonably well.

## Indeterminate-sentenced prisoners

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- 4.31 At the time of the inspection, there were 15 lifers and 15 serving indeterminate sentences for public protection (IPP). All indeterminate-sentenced prisoners were allocated to one of the four probation offender supervisors. Multi-agency risk assessment panel (MARAP) and multi-agency lifer risk assessment panel (MALRAP) meetings were up to date.
- 4.32 The OMU organised two indeterminate-sentenced prisoner meetings a year. Each meeting was oriented to a specific theme, and guest speakers gave advice and guidance and answered questions. Given the relatively low number of indeterminate-sentenced prisoners, individual needs were usually picked up by offender supervisors.

## Reintegration planning

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### Expected outcomes:

**Prisoners' resettlement needs are met before release. An effective multiagency response is used to meet the specific needs of each individual prisoner to maximise the likelihood of successful reintegration into the community.**

- 4.33 There was a weekly pre-release resettlement surgery. Housing support was generally good quality with around 4% of the population leaving with no identified accommodation. There was good education and training support to prepare prisoners for release, and a good proportion went into education, training or jobs. The prison provided a range of programmes and support for those with drugs misuse needs and there were excellent links with the nearest drug intervention programmes. Debt advice and guidance were available and there was a debt management course. Arrangements to support prisoners and their families were generally appropriate. The visitors' centre was well run and welcoming, but the queuing system for visits disadvantaged those who had travelled a long distance. There were more than 500 programme places across the prison and programmes were appropriately oriented to identified need, but work was needed to address domestic violence.
- 4.34 The prison invited sentenced prisoners due to be released in the next two to three weeks to a weekly resettlement surgery. However, prisoners on the vulnerable prisoner wing were excluded and there was no alternative arrangement for this group (see paragraph 4.20). The resettlement surgery was well organised and offered good access to resettlement services before release. It was attended by representatives from all resettlement pathways and some community projects from Camden (London) to where around 40% of prisoners were released.
- 4.35 In most cases, resettlement issues for prisoners had already been identified and work undertaken on specific problems, such as housing or substance misuse. The surgery reinforced what was needed for these prisoners, with specific arrangements for further work pursued individually. For others, signposting to community provision was available.
- 4.36 Despite these arrangements, respondents to our survey were less likely than the comparators to know who to contact at the prison regarding help with a range of resettlement services. Where comparable, the findings were also significantly worse than in 2006.

## Accommodation

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- 4.37 Housing support was provided by St Giles Trust. All prisoners were seen during induction and further referrals could be made following the custody plan assessment. There was reasonable advertisement of the service across the prison.
- 4.38 St Giles employed two housing advisers and a team leader, and the team also engaged up to seven peer advisers who could train for a national vocational qualification (NVQ) in information, advice and guidance – 37 prisoners had started the programme in the 12 months to the end of March 2011 and 10 had completed the course.
- 4.39 The service focused on supporting prisoners to maintain tenancies where possible and finding accommodation on release for those likely to be homeless. In the previous year, the scheme had achieved 673 positive housing outcomes, including completion of housing applications, closing or saving tenancies, and finding accommodation on release. In this period, 106 temporary and 67 permanent housing places were secured.
- 4.40 St Giles also offered a 'meet at the gate' service for prisoners leaving and needing one-to-one support to find suitable accommodation. This was particularly necessary for the more vulnerable prisoners. Around 10 prisoners a month used this provision.
- 4.41 Overall, the service achieved an average of 82.9% of prisoners released to settled accommodation. Approximately 4% of prisoners released were homeless. This was a significant reduction in the 34% of prisoners in the last needs analysis who indicated that they were homeless on reception to the prison (although this was based on self-reporting).

## Employment, training and education

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- 4.42 There was a good range of programmes to prepare prisoners close to release, including business studies, CV writing and preparation for employment courses. Links with employers were particularly good in catering, and improving in other areas. A good proportion of prisoners were released into full-time education and training (16% in the last four months) and employment (30%). Advice and guidance were well coordinated with the weekly resettlement clinic for prisoners near release. Prisoners had access to a wide range of external agencies, including Jobcentre Plus, local charities and social enterprise companies who helped find employment, training or support for job applications and disclosure letters. Advice and guidance on education, training and employment from Tribal, the CIAS provider, had been poor due to lack of staffing, although more staff had been appointed (see paragraph 3.22 and recommendation 3.26).

## Health care

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- 4.43 Health discharge planning was satisfactory with good links with the community when required. A discharge template was used to ensure that prisoners received advice, medications when required and a letter to their GP outlining care and treatment provided in the prison. The care programme approach was used for patients with enduring mental health problems. Palliative care and an end-of-life pathway, although rarely required, were supported with the cooperation of local support services.

## Drugs and alcohol

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- 4.44 The counselling, assessment, referral, advice and throughcare (CARAT) services, provided by RAPt (Rehabilitation of Addicted Prisoners trust), had a caseload of 470 prisoners in treatment and 37 not in treatment. The standard integrated drug treatment system (IDTS) 28-day psychosocial programme was co-delivered by CARAT workers and IDTS nurses where appropriate. Pre-release information given to prisoners included harm reduction and overdose advice.
- 4.45 The RAPt Bridge programme had started in June 2011 with a target of five programmes and 39 completions a year. This programme formed the backbone of the drug recovery unit on house block 5 for drug users and those with alcohol problems, whether they were sentenced or on remand. The programme addressed step one of the 12-steps programme, with an introduction to steps two and three over six weeks. Some prisoners on this course told us that the programme was a 'life changing' experience that gave them an extremely valuable insight into recovery. In our survey, 84% of respondents who had received interventions to help with drug and alcohol problems said that these had been useful, against the comparator of 78%. Prisoners who completed the RAPt Bridge, of which there were 72, could move rapidly on to the full RAPt 12-step programme at HMP Coldingley.
- 4.46 Two RAPt peer advisers were involved in the programme. They had voluntarily transferred from Coldingley, where they had graduated from the full 12-step programme, to support the establishment of the High Down programme, even though it had meant a move from category C to category B conditions. A further four CARAT peer advisers worked across the prison. Peer advisers could pursue NVQs in information, advice and guidance, supervised by St Giles Trust.
- 4.47 Narcotics Anonymous and Cocaine Anonymous were available to prisoners on house block 5. Alcoholics Anonymous was available to prisoners on all house blocks.
- 4.48 The short duration drug programme (SDP) was also available with a target of seven groups a year. For the two groups run since April 2011, 19 prisoners had finished the course.
- 4.49 Links between CARATs and the five nearest drug intervention programme (DIP) teams (Sutton, Bromley, Croydon, Lambeth and Surrey) were described as excellent, with prison link workers attending the establishment weekly to work with prisoners six to eight weeks before their release

## Recommendation

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- 4.50 **Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous should be available to all prisoners regardless of their location in the prison.**

## Finance, benefit and debt

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- 4.51 All prisoners were informed of support under the finance, benefit and debt pathway during induction and this was also covered in the custody plan assessment for prisoners on remand and serving sentences of less than 12 months. Referrals were made to Citizens Advice (CAB), who attended the prison one day a week. In the previous six months, there had 106 specific finance and debt cases. Of the 629 referrals to the CAB in the 12 months to the end of March

2011, it was estimated that around half related to finance, benefit and debt. Where necessary, and if prisoners were to be discharged before completion of work, follow-up support was arranged in the community.

- 4.52 In the prison's most recent needs analysis (February 2011), around 8% of prisoners seen for custody plan assessments indicated that they had problems with debt and finances. This equated to approximately 80 prisoners at a time across the prison, although it was a significant reduction on the 15% identified the previous year.
- 4.53 The CAB also ran a three-session debt management course four times a year. The programme was designed to be delivered as a pre-release programme for up to 12 prisoners per course. There was currently no provision for prisoners to open a bank account before release.

## Recommendation

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- 4.54 **Prisoners should be able to open a bank account before release.**

## Children, families and contact with the outside world

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- 4.55 Prisoners with issues or concerns about their families and maintaining contact were identified during induction and assessment for their custody plan. Where necessary, there were referrals to the OMU if there were safeguarding concerns, or to the chaplaincy for family support or the 'time for families' programme.
- 4.56 The visitors' centre, run by the Downs visitors' centre association, was open from 8.30am every day. It offered good information to visitors, especially those visiting for the first time, along with refreshments and a comfortable place to wait. Arrangements for booking visits were flexible and visits could be booked by telephone or email, and prisoners could make arrangements themselves.
- 4.57 However, access to visits was on a first come, first served basis. Visitors could arrive from 8.30am and book a place in the queue before leaving to return at their allotted time. Visits started at 2pm and visitors were actually booked in from 1.30pm. While this system worked reasonably well, visitors who travelled a long distance and could not get to the prison in time to obtain an early slot were disadvantaged, as later arrivals might not get into visits until around 2.30pm, half an hour after the official start time.
- 4.58 Visits were available between 2pm and 4pm, Saturday to Thursday. The absence of Friday visits had been compensated for by weekday morning enhanced visits for prisoners on the highest IEP level.
- 4.59 The visits hall was very large and could accommodate up to 82 prisoners and their visitors at a time. Despite its size, the room was light and airy with comfortable seating. There was a refreshment bar and a children's play area, which was staffed by a combination of paid play workers and volunteers. However, workers were not available for most sessions, although there was a selection of books and toys that children could take back to their tables.
- 4.60 A small enhanced prisoner visits room could accommodate up to eight prisoners in a quieter and more relaxed environment. Access to this room was randomly determined by visits staff and it was not possible to book a place in this room when booking a visit. There were five

closed visits rooms each of which were appropriately screened to facilitate privacy. However, all prisoners attending visits had to wear bibs, which was disproportionate.

- 4.61 Arrangements for reception visits for new arrivals were appropriate. In our survey, 42% of respondents said that they had received a visit within their first week at the prison, against the comparator of 35% and 36% at the 2006 inspection.
- 4.62 The 'time for families' course had recently finished its 25<sup>th</sup> programme since it first started in August 2007. During the year 2010/11, 83 prisoners had completed the course. The programme was scheduled to run six times in 2011/12, with up to 15 prisoners, and their partner or relative, on each.
- 4.63 Children's visits were provided four times a year for younger children and a further four times for older children. These visits were usually arranged during school holidays, and the latter visits took place in the Clink restaurant. Prisoners could apply for these visits through specific application boxes on wings.
- 4.64 There had been a recent visitors' survey and, although the results appeared reasonably positive, a full evaluation and action plan to meet recommendations had yet to be completed.

## Recommendations

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- 4.65 **Visitors' position in the queue for visits should be determined at the time of booking rather than on the day of the visit.**
- 4.66 **Places in the enhanced visits room should be bookable at the time of booking a visit.**
- 4.67 **Prisoners should not have to wear bibs during visits.**

## Attitudes, thinking and behaviour

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- 4.68 Although the most recent needs analysis in February 2011 indicated that approximately 55% of the prison's population met the initial criteria for the thinking skills programme (TSP), 60% for controlling anger and learning to manage it (CALM), and that 31% required some intervention to address domestic violence, the prison was only funded to deliver the SDP and Rapt Bridge programme (see paragraphs 4.45 and 4.48).
- 4.69 The prison was making considerable efforts to find alternative ways to address outstanding offending behaviour issues, primarily through the use of approved programmes. Where possible, prisoners were transferred to alternative establishments to attend accredited programmes (see paragraph 4.30).
- 4.70 A number of one-off programmes had been delivered in the previous 12 months, along with some pilot programmes for potential further funding, including the Cassandra project to address domestic violence.
- 4.71 In the previous year, the prison had facilitated over 500 offending behaviour programme places, including stress and anger management, and the restorative justice 'living on licence' programme, facilitated by OMU staff and the Forgiveness project and delivered six times a year. Prisoners told us how powerful the programme was and how useful they found it. The programme was in high demand and there was a waiting list of 45. In our survey, 58% of respondents, against the comparator of 48% and 38% finding in 2006, said that they had been

on an offending behaviour course in the prison, and 45% of these felt that it would help them on release, compared with only 22% in 2006.

## Recommendation

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- 4.72 **Programmes to address domestic violence should always be available.**

# Section 5: 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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- 5.1 The prison should reinforce that prisoners on an open assessment, care in custody and teamwork (ACCT) document should only be segregated in exceptional circumstances and where necessary to ensure their own or others safety. (HP47)
  - 5.2 The prison should implement a specific safeguarding strategy that ensures vulnerable prisoners are appropriately located and have access to a purposeful regime that is free from harm and abuse and includes formal reintegration planning. (HP48)
  - 5.3 The prison should implement a specific young adult strategy and policy that address the specific needs of this population and is informed by data gathering and consultation with young adults. This strategy should include staff training. (HP49)
  - 5.4 Prisoners' access to time out of cell should be improved. (HP50)
  - 5.5 Prisoner pay rates should be improved. (HP51)
  - 5.6 The prison should ensure better attendance across the learning and skills provision. (HP52)

## Recommendations

To the governor

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### First days in custody

- 
- 5.7 Reception procedures should be expedited and much shorter. (1.18)
  - 5.8 First night handover arrangements for vulnerable prisoners should be improved and their induction should be more thorough and equitable. (1.19)

### Bullying and violence reduction

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- 5.9 The monthly safer custody meeting should analyse patterns and trends for violent incidents. (1.32)

### Security

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- 5.10 Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support this. (1.56)

- 5.11 Strip searching of prisoners on reception and after visits should be intelligence-led or based on specific suspicion. (1.57)

### **Disciplinary procedures**

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- 5.12 All disciplinary charges should be fully investigated with clear reasons given for the decisions reached. (1.65)
- 5.13 There should be improvements in the governance of the use of force, particularly regarding special accommodation, planned interventions, scrutiny of drawing/use of batons and the use of force committee. (1.72)
- 5.14 There should be care plans for longer term residents of the separation and reintegration unit (SRU). (1.79)
- 5.15 All staff who work in the SRU should undertake mental health awareness training. (1.80)

### **Substance misuse**

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- 5.16 The drug and alcohol strategies should contain detailed action plans. (1.90)

### **Residential units**

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- 5.17 Single cells should not be used to accommodate two prisoners. (2.11)
- 5.18 The policy of isolating in-cell electricity during normal activity periods should not unnecessarily disadvantage prisoners who are not able or do not have to attend activities. (2.12)
- 5.19 Prisoners should be able to shower in private. (2.13)
- 5.20 Prisoners should be able to take their meals in association. (2.14)
- 5.21 The application process should be robust, timely and have the confidence of prisoners. (2.15)

### **Staff-prisoner relationships**

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- 5.22 The prison should explore and address the negative perceptions of some groups of prisoners, including young adults, about relationships with staff. (2.21)

### **Equality and diversity**

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- 5.23 The equality and diversity policy should be revised to ensure the delivery of support to all diversity strands. (2.43)
- 5.24 The foreign national policy should be revised and procedures fully implemented and monitored. (2.44)
- 5.25 The prison should regularly consult with minority groups to understand and address their poor perceptions of safety and other aspects of prison life. (2.45)

- 5.26 The personal emergency and evacuation plan (PEEP) system should be re-launched and regularly monitored. (2.46)
- 5.27 All older prisoners and those with disabilities should be assessed for their need for care plans, which should be regularly reviewed as necessary. (2.47)
- 5.28 Older prisoners and those with disabilities who do not go to activities should remain unlocked during the working part of the day. (2.48)
- 5.29 Retired prisoners should receive their televisions free of charge. (2.49)

### **Faith and religious activity**

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- 5.30 The role of the chaplaincy in the general life of the prison and the level of faith provision should be developed. (2.61)

### **Complaints**

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- 5.31 The prison should investigate and address prisoners' perceived lack of confidence in the complaints system. (2.65)

### **Legal rights**

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- 5.32 Officers providing legal services should receive relevant training. (2.70)

### **Health services**

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- 5.33 Information about health services and health promotion should be available in the health care centre and on the house blocks in a range of languages. (2.86)
- 5.34 All inpatients cells should be removed from the certified normal accommodation. (2.87)
- 5.35 Patients should be able to see a dentist for routine treatment within a timescale equivalent to that in the NHS. (2.101)
- 5.36 Prisoners should have access to dedicated counselling services. (2.104)

### **Shop**

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- 5.37 All prisoners should have weekly access to the shop. (2.117)

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

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- 5.38 The prison should make better use of learning and skills data to identify trends and inform changes to the provision. (3.13)
- 5.39 There should be sufficient staffing to provide cover for absences in education and vocational training workshops. (3.14)

- 5.40 The prison should establish a quality improvement process to cover all the learning and skills provision, and re-introduce the quality improvement group to maintain a focus on quality and share good practice. (3.18)
- 5.41 Processes for allocation to activities should be improved to ensure that individual prisoner needs are met. (3.23)
- 5.42 The prison should improve the range of activities for vulnerable prisoners. (3.24)
- 5.43 There should be a wider range of vocational training and education opportunities, including courses above level 2 for more capable prisoners. (3.25)
- 5.44 The prison should improve the careers information and advice support for all prisoners. (3.26)

### **Physical education and healthy living**

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- 5.45 The prison should re-establish a range of accredited PE qualifications for prisoners. (3.37)
- 5.46 More prisoners should be encouraged to use the PE facilities. (3.38)
- 5.47 All prisoners should have equitable access to PE. (3.39)

### **Strategic management of resettlement**

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- 5.48 The prison should pursue a whole-prison approach to resettlement, encouraging and supporting staff from all departments to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending. (4.7)

### **Offender management and planning**

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- 5.49 All prisoners, including those in health care or on the vulnerable prisoner wing, should have access to custody or sentence planning and to the resettlement clinic or its alternative. (4.20)
- 5.50 Personal officers and staff from other departments should receive training and ongoing support to develop their involvement in custody and sentence planning processes, as well as public protection work. (4.21)
- 5.51 Prisoners serving over 12 months but out of scope for offender management should receive support to encourage their engagement in sentence planning targets. (4.22)
- 5.52 There should be reviews of offender assessment system (OASys) assessments and sentence plans in all relevant cases, including where there has been a significant change in the likelihood of the prisoner's reoffending or level of risk of harm. (4.23)
- 5.53 Prisoner applications for home detention curfew should not be hampered by delays in the completion of necessary paperwork. (4.24)

## **Reintegration planning**

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- 5.54 Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous should be available to all prisoners regardless of their location in the prison. (4.50)
- 5.55 Prisoners should be able to open a bank account before release. (4.54)
- 5.56 Visitors' position in the queue for visits should be determined at the time of booking rather than on the day of the visit. (4.65)
- 5.57 Places in the enhanced visits room should be bookable at the time of booking a visit. (4.66)
- 5.58 Prisoners should not have to wear bibs during visits. (4.67)
- 5.59 Programmes to address domestic violence should always be available. (4.72)

## **Housekeeping points**

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### **First days in custody**

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- 5.60 First night cells should be appropriately prepared for new arrivals. (1.20)

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

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- 5.61 Listener suites should be decorated and made more welcoming. (1.40)
- 5.62 Staff training records should be kept up to date. (1.41)

### **Disciplinary procedures**

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- 5.63 Toilets in cells in the SRU should be thoroughly cleaned and well maintained. (1.81)
- 5.64 Review documentation should be thoroughly completed and include meaningful targets. (1.82)
- 5.65 Daily history sheets and P-Nomis case notes should better reflect constructive engagement between staff and prisoners in the SRU. (1.83)

### **Residential units.**

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- 5.66 Graffiti should be removed from cells at the earliest opportunity. (2.16)

### **Health services**

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- 5.67 Out-of-date controlled drugs stock should be included in running balance totals in controlled drugs registers. (2.94)
- 5.68 Controlled drugs returned for destruction should be recorded appropriately. (2.95)

- 5.69 All blank prescription forms should be stored securely. (2.96)
- 5.70 All pharmacy reference sources should be up to date. (2.97)
- 5.71 All staff should be trained in all standard operating procedures relevant to their role, and training records kept. (2.98)
- 5.72 Fridge temperatures should be monitored and recorded accurately. (2.99)

### **Time out of cell**

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- 5.73 Exercise yards should be made more attractive. (3.7)

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

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- 5.74 Library staff should be given appropriate access to the internet. (3.32)

### **Offender management and planning**

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- 5.75 Requests for information from departments contributing to sentence planning or public protection reviews should identify the information required. (4.25)
- 5.76 There should be private interview spaces in the offender management unit, or elsewhere, to facilitate offender supervisor contact with prisoners. (4.26)

### **Good practice**

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- 5.77 The creation of nurse practitioner and associate practitioner posts had enhanced the level of health care for all prisoners and developed the care for those with chronic diseases. (2.88)
- 5.78 The appointment of a learning disabilities lead nurse enhanced the prison's ability to identify prisoners with learning disabilities, and provided suitable care and treatment when required. (2.105)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Paul Rowlands	Inspector
Gary Boughen	Inspector
Adam Altoft	Researcher
Laura Nettleingham	Senior researcher

### **Specialist inspectors**

Mick Bowen	Health services inspector
Paul Roberts	Drugs inspector
Eilean Robson	Pharmacist
Neil Edwards	Ofsted inspector
Richard Beaumont	Ofsted inspector
Jane Robinson	Ofsted inspector
Joe Simpson	HMI Probation inspector
Eileen O'Sullivan	HMI Probation inspector
Ian Simpkins	HMI Probation inspector
Huw Jenkins	Care Quality Commission inspector

## Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	59	595	60.3
Recall	7	60	6.2
Convicted unsentenced	15	70	7.8
Detainee	0	11	1
Other	47	221	24.7
<b>Total</b>	<b>128</b>	<b>957</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	62	308	34.1
Less than 6 months	17	77	8.7
6 months to less than 12 months	6	63	6.4
12 months to less than 2 years	16	105	11.2
2 years to less than 4 years	17	168	17.1
4 years to less than 10 years	10	184	17.9
10 years and over (not life)	0	30	2.8
Life	0	22	2
<b>Total</b>	<b>128</b>	<b>957</b>	<b>100</b>

Age	Number of prisoners	%
Under 21 years	128	11.8
21 years to 29 years	386	35.6
30 years to 39 years	268	24.7
40 years to 49 years	190	17.5
50 years to 59 years	67	6.2
60 years to 69 years	31	2.9
70 plus years: maximum age=79	15	1.4
<b>Total</b>	<b>1.085</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	99	720	75.5
Foreign nationals	23	194	20
Not stated	6	43	4.5
<b>Total</b>	<b>128</b>	<b>957</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised	1	1	0.2
Unclassified	90	466	51.2
Unsentenced	2	22	2.2
Category B	0	59	5.4
Category C	0	394	36.3
Category D	1	7	0.6
YOI closed	35	8	4
<b>Total</b>	<b>128</b>	<b>957</b>	<b>100</b>

Ethnicity	18–20 yr olds	21 and over	%
White:			
British	55	491	50.3
Irish	1	9	0.9
Other white	5	82	8
Mixed:			
White and black Caribbean	8	20	2.6
White and black African	1	3	0.4
White and Asian	0	3	0.3
Other mixed	3	9	1.1
Asian or Asian British:			
Indian	0	11	1
Pakistani	0	10	0.9
Bangladeshi	0	5	0.5
Other Asian	12	38	4.6
Black or black British:			
Caribbean	17	133	13.8
African	16	47	5.8
Other black	6	53	5.4
Chinese or other ethnic group:			
Chinese	0	3	0.3
Other ethnic group	1	10	1
Not stated	3	30	3.0
<b>Total</b>	<b>128</b>	<b>957</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Church of England	10	190	18.4
Roman Catholic	15	146	14.8
Other Christian denominations	23	123	13.5
Muslim	31	147	16.4
Sikh	0	8	0.7
Hindu	3	7	0.9
Buddhist	1	16	1.6
Jewish	0	3	0.3
Other	0	4	0.4
No religion	43	284	30.1
Not stated	1	29	2.9
<b>Total</b>	<b>128</b>	<b>957</b>	<b>100</b>

#### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	22	2.0	132	12.2
1 month to 3 months	23	2.1	162	14.9
3 months to 6 months	12	1.1	151	13.9
6 months to 1 year	7	0.6	128	11.8
1 year to 2 years	2	0.2	64	5.9
2 years to 4 years	0	0.0	11	1
4 years or more	0	0.0	1	0.1
<b>Total</b>	<b>66</b>	<b>6.1</b>	<b>649</b>	<b>59.8</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18-20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	30	8.1	105	28.4
1 month to 3 months	19	5.1	107	28.9
3 months to 6 months	10	2.7	43	11.6
6 months to 1 year	1	0.3	27	7.3
1 year to 2 years	2	0.5	8	2.2
2 years to 4 years	0	0.0	18	4.9
<b>Total</b>	<b>62</b>	<b>5.7</b>	<b>308</b>	<b>28.4</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 20 June 2011, the prisoner population at HMP/YOI High Down was 1,063. The sample size was 214. Overall, this represented 20% of the prisoner population.

### Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. One respondent was interviewed.

## Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- 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, 171 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 80%. In addition to the nine respondents who refused to complete a questionnaire, 25 questionnaires were not returned and nine 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 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP High Down 2006.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2011 survey between those who are aged 21 and under and those over 21.

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.

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

## Summary

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In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. 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 are cleaned to be consistent.

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

# Survey results

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	25 (15%)
	<i>21 - 29</i> .....	60 (35%)
	<i>30 - 39</i> .....	38 (22%)
	<i>40 - 49</i> .....	29 (17%)
	<i>50 - 59</i> .....	10 (6%)
	<i>60 - 69</i> .....	8 (5%)
	<i>70 and over</i> .....	1 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	101 (59%)
	<i>Yes - on recall</i> .....	15 (9%)
	<i>No - awaiting trial</i> .....	32 (19%)
	<i>No - awaiting sentence</i> .....	23 (13%)
	<i>No - awaiting deportation</i> .....	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	55 (33%)
	<i>Less than 6 months</i> .....	15 (9%)
	<i>6 months to less than 1 year</i> .....	16 (9%)
	<i>1 year to less than 2 years</i> .....	19 (11%)
	<i>2 years to less than 4 years</i> .....	30 (18%)
	<i>4 years to less than 10 years</i> .....	27 (16%)
	<i>10 years or more</i> .....	3 (2%)
	<i>IPP (indeterminate sentence for public protection)</i> .....	1 (1%)
	<i>Life</i> .....	3 (2%)
<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> .....	55 (36%)
	<i>6 months or less</i> .....	58 (38%)
	<i>More than 6 months</i> .....	39 (26%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	31 (18%)
	<i>1 to less than 3 months</i> .....	49 (29%)
	<i>3 to less than 6 months</i> .....	37 (22%)
	<i>6 to less than 12 months</i> .....	28 (16%)
	<i>12 months to less than 2 years</i> .....	15 (9%)
	<i>2 to less than 4 years</i> .....	8 (5%)
	<i>4 years or more</i> .....	2 (1%)
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>	
	<i>Yes</i> .....	18 (11%)

No ..... 149 (89%)

**Q1.8 Is English your first language?**

Yes ..... 148 (90%)  
 No ..... 17 (10%)

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

<i>White - British</i> .....	93 (55%)	<i>Asian or Asian British - Bangladeshi</i> .....	1 (1%)
<i>White - Irish</i> .....	2 (1%)	<i>Asian or Asian British - Other</i> ..	5 (3%)
<i>White - other</i> .....	6 (4%)	<i>Mixed race - white and black Caribbean</i> .....	14 (8%)
<i>Black or black British - Caribbean</i> .....	21 (12%)	<i>Mixed race - white and black African</i> .....	0 (0%)
<i>Black or black British - African</i> ..	12 (7%)	<i>Mixed race - white and Asian</i> ..	0 (0%)
<i>Black or black British - other</i> ..	1 (1%)	<i>Mixed race - other</i> .....	2 (1%)
<i>Asian or Asian British - Indian</i> ..	2 (1%)	<i>Chinese</i> .....	1 (1%)
<i>Asian or Asian British - Pakistani</i> .....	4 (2%)	<i>Other ethnic group</i> .....	5 (3%)

**Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?**

Yes ..... 12 (7%)  
 No ..... 152 (93%)

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

<i>None</i> .....	46 (27%)	<i>Hindu</i> .....	0 (0%)
<i>Church of England</i> .....	53 (32%)	<i>Jewish</i> .....	0 (0%)
<i>Catholic</i> .....	27 (16%)	<i>Muslim</i> .....	25 (15%)
<i>Protestant</i> .....	4 (2%)	<i>Sikh</i> .....	0 (0%)
<i>Other Christian denomination</i> ..	8 (5%)	<i>Other</i> .....	2 (1%)
<i>Buddhist</i> .....	3 (2%)		

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

*Heterosexual/straight* ..... 163 (98%)  
*Homosexual/gay* ..... 2 (1%)  
*Bisexual* ..... 2 (1%)  
*Other* ..... 0 (0%)

**Q1.13 Do you consider yourself to have a disability?**

Yes ..... 35 (21%)  
 No ..... 135 (79%)

**Q1.14 How many times have you been in prison before?**

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
56 (33%)	26 (15%)	54 (32%)	34 (20%)

**Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?**

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
100 (60%)	58 (35%)	10 (6%)

<b>Q1.16</b>	<b>Do you have any children under the age of 18?</b>	
	Yes .....	103 (61%)
	No .....	66 (39%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>We want to know about the most recent journey you have made either to or from court or between prisons. How was:</b>							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van?	20 (12%)	66 (39%)	34 (20%)	22 (13%)	12 (7%)	10 (6%)	4 (2%)
	Your personal safety during the journey?	19 (12%)	67 (43%)	27 (17%)	27 (17%)	10 (6%)	4 (3%)	3 (2%)
	The comfort of the van?	6 (4%)	17 (10%)	23 (14%)	54 (33%)	62 (38%)	1 (1%)	2 (1%)
	The attention paid to your health needs?	8 (5%)	32 (20%)	54 (34%)	28 (17%)	24 (15%)	4 (2%)	11 (7%)
	The frequency of toilet breaks?	5 (3%)	16 (10%)	35 (22%)	22 (14%)	49 (30%)	4 (2%)	30 (19%)

<b>Q2.2</b>	<b>How long did you spend in the van?</b>				
	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
	67 (40%)	71 (43%)	21 (13%)	3 (2%)	5 (3%)

<b>Q2.3</b>	<b>How did you feel you were treated by the escort staff?</b>					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	24 (14%)	74 (44%)	48 (29%)	10 (6%)	7 (4%)	4 (2%)

<b>Q2.4</b>	<b>Please answer the following questions about when you first arrived here:</b>			
		<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?	107 (63%)	61 (36%)	2 (1%)
	Before you arrived here did you receive any written information about what would happen to you?	31 (18%)	135 (79%)	4 (2%)
	When you first arrived here did your property arrive at the same time as you?	136 (80%)	28 (17%)	5 (3%)

## Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>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>		
	<i>Didn't ask about any of these</i> .....	35 (22%)	<i>Money worries</i> ..... 25 (16%)
	<i>Loss of property</i> .....	20 (12%)	<i>Feeling depressed or suicidal</i> .....
	<i>Housing problems</i> .....	48 (30%)	<i>Health problems</i> ..... 100 (62%)

Contacting employers .....	18 (11%)	Needing protection from other prisoners.....	27 (17%)
Contacting family.....	58 (36%)	Accessing phone numbers...	62 (39%)
Ensuring dependants were being looked after .....	22 (14%)	Other.....	3 (2%)

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

<b>Didn't have any problems</b> ....	36 (24%)	Money worries.....	33 (22%)
Loss of property.....	28 (18%)	Feeling depressed or suicidal.	36 (24%)
Housing problems.....	40 (26%)	Health problems.....	63 (41%)
Contacting employers .....	12 (8%)	Needing protection from other prisoners.....	9 (6%)
Contacting family.....	52 (34%)	Accessing phone numbers.....	52 (34%)
Ensuring dependants were looked after .....	12 (8%)	Other.....	7 (5%)

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

	Yes	No	Don't remember
Were you seen by a member of health services?	155 (92%)	11 (7%)	3 (2%)
When you were searched, was this carried out in a respectful way?	113 (71%)	37 (23%)	10 (6%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
18 (11%)	62 (37%)	47 (28%)	25 (15%)	14 (8%)	3 (2%)

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

Information about what was going to happen to you .....	71 (43%)
Information about what support was available for people feeling depressed or suicidal .....	96 (58%)
Information about how to make routine requests .....	59 (36%)
Information about your entitlement to visits.....	78 (47%)
Information about health services .....	82 (50%)
Information about the chaplaincy .....	62 (38%)
<b>Not offered anything</b> .....	40 (24%)

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

A smokers/non-smokers pack.....	146 (86%)
The opportunity to have a shower.....	24 (14%)
The opportunity to make a free telephone call.....	59 (35%)
Something to eat.....	139 (82%)
<b>Did not receive anything</b> .....	11 (6%)

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

Chaplain or religious leader .....	28 (17%)
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Someone from health services .....	120 (73%)
A Listener/Samaritans .....	37 (23%)
<b>Did not meet any of these people</b> .....	33 (20%)

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

Yes .....	8 (5%)
No .....	160 (95%)

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

Yes .....	109 (65%)
No .....	42 (25%)
Don't remember.....	17 (10%)

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

<b>Have not been on an induction course</b> .....	20 (12%)
Within the first week .....	120 (72%)
More than a week .....	20 (12%)
Don't remember.....	7 (4%)

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

<b>Have not been on an induction course</b> .....	20 (12%)
Yes .....	94 (56%)
No .....	36 (22%)
Don't remember.....	17 (10%)

## 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?	18 (11%)	48 (28%)	25 (15%)	42 (25%)	26 (15%)	10 (6%)
Attend legal visits?	22 (14%)	67 (42%)	32 (20%)	12 (7%)	7 (4%)	21 (13%)
Obtain bail information?	11 (7%)	21 (13%)	40 (26%)	20 (13%)	19 (12%)	45 (29%)

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

<b>Not had any letters</b> .....	22 (13%)
Yes .....	64 (39%)
No .....	80 (48%)

**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?	115 (69%)	45 (27%)	4 (2%)	3 (2%)
Are you normally able to have a shower every day?	137 (82%)	30 (18%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	148 (89%)	16 (10%)	1 (1%)	2 (1%)
Do you normally get cell cleaning materials every week?	88 (54%)	71 (43%)	5 (3%)	0 (0%)
Is your cell call bell normally answered within five minutes?	53 (33%)	81 (50%)	19 (12%)	9 (6%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	97 (58%)	67 (40%)	1 (1%)	1 (1%)
Can you normally get your stored property, if you need to?	43 (26%)	81 (49%)	31 (19%)	10 (6%)

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

Very good	Good	Neither	Bad	Very bad
4 (2%)	32 (19%)	38 (23%)	42 (25%)	50 (30%)

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

<i>Have not bought anything yet</i> .....	10 (6%)
Yes .....	87 (53%)
No .....	68 (41%)

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

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form?	52 (31%)	71 (42%)	14 (8%)	13 (8%)	5 (3%)	13 (8%)
An application form?	46 (28%)	77 (47%)	16 (10%)	11 (7%)	6 (4%)	7 (4%)

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

Yes .....	139 (83%)
No .....	28 (17%)

**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?	28 (18%)	67 (44%)	58 (38%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	28 (18%)	55 (35%)	73 (47%)

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

Yes .....	55 (34%)
No .....	108 (66%)

<b>Q4.10</b>	<b>Please answer the following questions concerning complaints:</b> (If you have not made a complaint please tick the 'not made one' option.)				
		<b>Not made one</b>	<b>Yes</b>	<b>No</b>	
	Do you feel <i>complaints</i> are dealt with fairly?	108 (67%)	11 (7%)	43 (27%)	
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	108 (66%)	16 (10%)	39 (24%)	
	Were you given information about how to make an appeal?	77 (49%)	28 (18%)	51 (33%)	
<b>Q4.11</b>	<b>Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?</b>				
	<i>Not made a complaint</i> .....			108 (66%)	
	Yes .....			18 (11%)	
	No .....			38 (23%)	
<b>Q4.12</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>				
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
	68 (42%)	7 (4%)	23 (14%)	33 (20%)	20 (12%)
					12 (7%)
<b>Q4.13</b>	<b>What level of the IEP scheme are you on now?</b>				
	<i>Don't know what the IEP scheme is</i> .....				20 (12%)
	<i>Enhanced</i> .....				49 (29%)
	<i>Standard</i> .....				93 (56%)
	<i>Basic</i> .....				2 (1%)
	<i>Don't know</i> .....				3 (2%)
<b>Q4.14</b>	<b>Do you feel you have been treated fairly in your experience of the IEP scheme?</b>				
	<i>Don't know what the IEP scheme is</i> .....				20 (13%)
	Yes .....				68 (43%)
	No .....				43 (27%)
	<i>Don't know</i> .....				27 (17%)
<b>Q4.15</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour?</b>				
	<i>Don't know what the IEP scheme is</i> .....				20 (13%)
	Yes .....				72 (46%)
	No .....				42 (27%)
	<i>Don't know</i> .....				22 (14%)
<b>Q4.16</b>	<b>Please answer the following questions about this prison</b>				
		<b>Yes</b>	<b>No</b>		
	In the last six months have any members of staff physically restrained you (C&R)?	8 (5%)	159 (95%)		
	In the last six months have you spent a night in the segregation/care and separation unit?	25 (15%)	139 (85%)		

<b>Q4.17</b>	<b>Please answer the following questions about your religious beliefs</b>	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	88 (52%)	26 (15%)	54 (32%)
	Are you able to speak to a religious leader of your faith in private if you want to?	69 (42%)	18 (11%)	76 (47%)
<b>Q4.18</b>	<b>Can you speak to a Listener at any time if you want to?</b>	Yes 99 (59%)	No 10 (6%)	<i>Don't know</i> 58 (35%)
<b>Q4.19</b>	<b>Please answer the following questions about staff in this prison</b>	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	115 (71%)	48 (29%)	
	Do <b>most</b> staff treat you with respect?	113 (70%)	48 (30%)	

## Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>	Yes ..... 63 (38%)	No ..... 105 (63%)																				
<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>	Yes ..... 25 (15%)	No ..... 142 (85%)																				
<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)</b>	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i> ..... 105 (69%)</td> <td><i>At mealtimes</i> ..... 7 (5%)</td> </tr> <tr> <td><i>Everywhere</i> ..... 8 (5%)</td> <td><i>At health services</i> ..... 4 (3%)</td> </tr> <tr> <td><i>Segregation unit</i> ..... 3 (2%)</td> <td><i>Visits area</i> ..... 7 (5%)</td> </tr> <tr> <td><i>Association areas</i> ..... 15 (10%)</td> <td><i>In wing showers</i> ..... 10 (7%)</td> </tr> <tr> <td><i>Reception area</i> ..... 4 (3%)</td> <td><i>In gym showers</i> ..... 8 (5%)</td> </tr> <tr> <td><i>At the gym</i> ..... 12 (8%)</td> <td><i>In corridors/stairwells</i> ..... 11 (7%)</td> </tr> <tr> <td><i>In an exercise yard</i> ..... 18 (12%)</td> <td><i>On your landing/wing</i> ..... 15 (10%)</td> </tr> <tr> <td><i>At work</i> ..... 3 (2%)</td> <td><i>In your cell</i> ..... 15 (10%)</td> </tr> <tr> <td><i>During movement</i> ..... 15 (10%)</td> <td><i>At religious services</i> ..... 2 (1%)</td> </tr> <tr> <td><i>At education</i> ..... 5 (3%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> ..... 105 (69%)	<i>At mealtimes</i> ..... 7 (5%)	<i>Everywhere</i> ..... 8 (5%)	<i>At health services</i> ..... 4 (3%)	<i>Segregation unit</i> ..... 3 (2%)	<i>Visits area</i> ..... 7 (5%)	<i>Association areas</i> ..... 15 (10%)	<i>In wing showers</i> ..... 10 (7%)	<i>Reception area</i> ..... 4 (3%)	<i>In gym showers</i> ..... 8 (5%)	<i>At the gym</i> ..... 12 (8%)	<i>In corridors/stairwells</i> ..... 11 (7%)	<i>In an exercise yard</i> ..... 18 (12%)	<i>On your landing/wing</i> ..... 15 (10%)	<i>At work</i> ..... 3 (2%)	<i>In your cell</i> ..... 15 (10%)	<i>During movement</i> ..... 15 (10%)	<i>At religious services</i> ..... 2 (1%)	<i>At education</i> ..... 5 (3%)	
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<i>During movement</i> ..... 15 (10%)	<i>At religious services</i> ..... 2 (1%)																						
<i>At education</i> ..... 5 (3%)																							
<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>	Yes ..... 27 (16%)	No ..... 138 (84%)																				
			<b>If No, go to question 5.6</b>																				
<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends) .....</i></td> <td>12 (7%)</td> <td><i>Because of your sexuality .....</i></td> <td>1 (1%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends) .....</i>	12 (7%)	<i>Because of your sexuality .....</i>	1 (1%)																
<i>Insulting remarks (about you or your family or friends) .....</i>	12 (7%)	<i>Because of your sexuality .....</i>	1 (1%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	11 (7%)	<i>Because you have a disability</i>	2 (1%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your religion/religious beliefs.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	5 (3%)	<i>Because of your age.....</i>	3 (2%)
<i>Because of drugs.....</i>	4 (2%)	<i>Being from a different part of the country than others.....</i>	7 (4%)
<i>Having your canteen/property taken.....</i>	5 (3%)	<i>Because of your offence/crime.....</i>	7 (4%)
<i>Because you were new here..</i>	8 (5%)	<i>Because of gang related issues.....</i>	5 (3%)

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

Yes.....	40 (24%)	<b>If No, go to question 5.8</b>
No.....	124 (76%)	

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

<i>Insulting remarks (about you or your family or friends).....</i>	19 (12%)	<i>Because you have a disability</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	4 (2%)	<i>Because of your religion/religious beliefs.....</i>	9 (5%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	12 (7%)	<i>Being from a different part of the country than others.....</i>	2 (1%)
<i>Because of drugs.....</i>	8 (5%)	<i>Because of your offence/crime.....</i>	12 (7%)
<i>Because you were new here..</i>	11 (7%)	<i>Because of gang related issues.....</i>	2 (1%)
<i>Because of your sexuality.....</i>	1 (1%)		

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

<b>Not been victimised</b> .....	110 (69%)
Yes.....	16 (10%)
No.....	33 (21%)

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

Yes.....	36 (22%)
No.....	129 (78%)

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

Yes.....	37 (23%)
No.....	127 (77%)

**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>
22 (13%)	15 (9%)	13 (8%)	8 (5%)	9 (5%)	98 (59%)

## Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:**
- |              | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor   | 24 (15%)          | 9 (6%)           | 39 (24%)    | 17 (11%)       | 49 (31%)         | 22 (14%)              |
| The nurse    | 14 (9%)           | 41 (25%)         | 72 (45%)    | 13 (8%)        | 16 (10%)         | 5 (3%)                |
| The dentist  | 34 (22%)          | 2 (1%)           | 6 (4%)      | 4 (3%)         | 46 (29%)         | 64 (41%)              |
| The optician | 63 (40%)          | 4 (3%)           | 7 (4%)      | 8 (5%)         | 35 (22%)         | 41 (26%)              |
- Q6.2 Are you able to see a pharmacist?**
- Yes ..... 53 (36%)  
 No ..... 93 (64%)
- Q6.3 What do you think of the quality of the health service from the following people?**
- |              | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor   | 36 (22%)        | 20 (12%)         | 52 (32%)    | 21 (13%)       | 20 (12%)   | 12 (7%)         |
| The nurse    | 17 (11%)        | 33 (21%)         | 45 (28%)    | 22 (14%)       | 24 (15%)   | 19 (12%)        |
| The dentist  | 78 (50%)        | 5 (3%)           | 13 (8%)     | 18 (12%)       | 15 (10%)   | 26 (17%)        |
| The optician | 90 (59%)        | 7 (5%)           | 11 (7%)     | 21 (14%)       | 10 (7%)    | 13 (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> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
|  | 14 (9%)         | 15 (9%)          | 50 (32%)    | 23 (15%)       | 38 (24%)   | 18 (11%)        |
- Q6.5 Are you currently taking medication?**
- Yes ..... 85 (53%)  
 No ..... 76 (47%)
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- Not taking medication* ..... 76 (49%)  
 Yes ..... 55 (35%)  
 No ..... 25 (16%)
- Q6.7 Do you feel you have any emotional well-being/ mental health issues?**
- Yes ..... 48 (30%)  
 No ..... 113 (70%)
- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- Do not have any issues/not receiving any help* ..... 132 (84%)  
*Doctor* ..... 13 (8%)  
*Nurse* ..... 9 (6%)  
*Psychiatrist* ..... 6 (4%)  
*Mental health in-reach team* ..... 9 (6%)  
*Counsellor* ..... 3 (2%)  
*Other* ..... 5 (3%)

<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>				
			Yes	No	
	Drugs		54 (34%)	106 (66%)	
	Alcohol		33 (22%)	118 (78%)	
<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>				
	Yes .....			9 (5%)	
	No .....			156 (95%)	
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>				
	Yes .....			55 (34%)	
	No .....			9 (6%)	
	<b><i>Did not /do not have a drug or alcohol problem</i></b> .....			98 (60%)	
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, whilst in this prison?</b>				
	Yes .....			36 (22%)	
	No .....			30 (18%)	
	<b><i>Did not/do not have a drug or alcohol problem</i></b> .....			98 (60%)	
<b>Q6.13</b>	<b>Was the intervention or help you received, while in this prison, helpful?</b>				
	Yes .....			27 (17%)	
	No .....			5 (3%)	
	<b><i>Did not have a problem/have not received help</i></b> .....			128 (80%)	
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>				
			Yes	No	Don't know
	Drugs		18 (11%)	115 (72%)	26 (16%)
	Alcohol		15 (10%)	112 (73%)	26 (17%)
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>				
	Yes .....			23 (15%)	
	No .....			25 (16%)	
	N/A .....			104 (68%)	

## Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>	
	Prison job .....	82 (52%)
	Vocational or skills training .....	19 (12%)
	Education (including basic skills) .....	56 (36%)
	Offending behaviour programmes .....	13 (8%)
	<b><i>Not involved in any of these</i></b> .....	36 (23%)

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

	<b>Not been involved</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Prison job	27 (20%)	48 (36%)	41 (31%)	16 (12%)
Vocational or skills training	43 (42%)	35 (34%)	13 (13%)	12 (12%)
Education (including basic skills)	32 (26%)	61 (50%)	15 (12%)	14 (11%)
Offending behaviour programmes	42 (42%)	26 (26%)	19 (19%)	13 (13%)

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

<b>Don't want to go</b> .....	23 (14%)
<i>Never</i> .....	24 (15%)
<i>Less than once a week</i> .....	37 (23%)
<i>About once a week</i> .....	52 (32%)
<i>More than once a week</i> .....	16 (10%)
<i>Don't know</i> .....	9 (6%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
33 (21%)	31 (19%)	33 (21%)	27 (17%)	29 (18%)	1 (1%)	5 (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
17 (11%)	7 (4%)	60 (38%)	40 (25%)	30 (19%)	4 (3%)

**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> .....	31 (20%)
<i>2 to less than 4 hours</i> .....	43 (28%)
<i>4 to less than 6 hours</i> .....	36 (23%)
<i>6 to less than 8 hours</i> .....	21 (13%)
<i>8 to less than 10 hours</i> .....	9 (6%)
<i>10 hours or more</i> .....	7 (4%)
<i>Don't know</i> .....	9 (6%)

**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
2 (1%)	4 (3%)	15 (10%)	67 (43%)	56 (36%)	13 (8%)

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

<b>Do not go on association</b> .....	4 (3%)
<i>Never</i> .....	28 (18%)
<i>Rarely</i> .....	54 (34%)
<i>Some of the time</i> .....	53 (33%)
<i>Most of the time</i> .....	15 (9%)
<i>All of the time</i> .....	6 (4%)

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>					
	<i>Still have not met him/her</i> .....					92 (56%)
	<i>In the first week</i> .....					28 (17%)
	<i>More than a week</i> .....					26 (16%)
	<i>Don't remember</i> .....					17 (10%)
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	92 (57%)	19 (12%)	27 (17%)	15 (9%)	2 (1%)	7 (4%)
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....					55 (34%)
	<i>Yes</i> .....					40 (25%)
	<i>No</i> .....					67 (41%)
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					122 (77%)
	<i>Very involved</i> .....					12 (8%)
	<i>Involved</i> .....					9 (6%)
	<i>Neither</i> .....					4 (3%)
	<i>Not very involved</i> .....					4 (3%)
	<i>Not at all involved</i> .....					8 (5%)
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					122 (77%)
	<i>Yes</i> .....					22 (14%)
	<i>No</i> .....					14 (9%)
<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> .....					122 (76%)
	<i>Yes</i> .....					16 (10%)
	<i>No</i> .....					22 (14%)
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?</b>					
	<i>Not sentenced</i> .....					55 (34%)
	<i>Yes</i> .....					23 (14%)
	<i>No</i> .....					82 (51%)
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....					24 (15%)
	<i>No</i> .....					132 (85%)
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>					
	<i>Yes</i> .....					74 (46%)

No ..... 72 (44%)  
 Don't know..... 16 (10%)

**Q8.10 Have you had any problems getting access to the telephones?**

Yes ..... 45 (28%)  
 No ..... 111 (69%)  
 Don't know..... 5 (3%)

**Q8.11 Did you have a visit in the first week that you were here?**

*Not been here a week yet* ..... 8 (5%)  
 Yes ..... 67 (42%)  
 No ..... 81 (50%)  
 Don't remember..... 5 (3%)

**Q8.12 How many visits did you receive in the last week?**

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
8 (5%)	87 (56%)	58 (37%)	3 (2%)	0 (0%)

**Q8.13 How are you and your family/friends usually treated by visits staff?**

*Not had any visits* ..... 32 (20%)  
*Very well* ..... 25 (16%)  
*Well* ..... 36 (23%)  
*Neither* ..... 25 (16%)  
*Badly* ..... 14 (9%)  
*Very badly* ..... 3 (2%)  
*Don't know*..... 24 (15%)

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

Yes ..... 46 (29%)  
 No ..... 111 (71%)

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

<i>Don't know who to contact</i> .	96 (64%)	<i>Help with your finances in preparation for release</i> .....	14 (9%)
<i>Maintaining good relationships</i> .....	20 (13%)	<i>Claiming benefits on release</i> ..	30 (20%)
<i>Avoiding bad relationships</i> .....	12 (8%)	<i>Arranging a place at college/continuing education on release</i> .....	15 (10%)
<i>Finding a job on release</i> .....	26 (17%)	<i>Continuity of health services on release</i> .....	21 (14%)
<i>Finding accommodation on release</i> .....	36 (24%)	<i>Opening a bank account</i> .....	15 (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 to you.)**

<i>No problems</i> .....	66 (42%)	<i>Help with your finances in preparation for release</i> .....	50 (32%)
<i>Maintaining good relationships</i> .....	21 (13%)	<i>Claiming benefits on release</i> ..	47 (30%)
<i>Avoiding bad relationships</i> .....	24 (15%)	<i>Arranging a place at college/continuing education on release</i> .....	31 (20%)
<i>Finding a job on release</i> .....	67 (43%)	<i>Continuity of health services on release</i> .....	25 (16%)
<i>Finding accommodation on release</i> .....	57 (36%)	<i>Opening a bank account</i> .....	42 (27%)

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

<i>Not sentenced</i> .....	55 (34%)
<i>Yes</i> .....	48 (30%)
<i>No</i> .....	58 (36%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP High Down 2011

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

#### Key to tables

		HMP High Down	Local prisons comparator	HMP High Down 2011	HMP High Down 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		171	5144	171	107
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	15%	5%	15%	12%
3a	Are you sentenced?	68%	67%	68%	54%
3b	Are you on recall?	9%	11%	9%	
4a	Is your sentence less than 12 months?	18%	19%	18%	16%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	
5	Do you have six months or less to serve?	38%	34%	38%	24%
6	Have you been in this prison less than a month?	18%	21%	18%	25%
7	Are you a foreign national?	11%	13%	11%	31%
8	Is English your first language?	90%	89%	90%	83%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	40%	26%	40%	39%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	5%	7%	
11	Are you Muslim?	15%	11%	15%	
12	Are you homosexual/gay or bisexual?	2%	3%	2%	
13	Do you consider yourself to have a disability?	21%	20%	21%	
14	Is this your first time in prison?	33%	28%	33%	31%
15	Have you been in more than five prisons this time?	6%	8%	6%	
16	Do you have any children under the age of 18?	61%	55%	61%	52%
<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?	51%	49%	51%	56%
1b	Was your personal safety during the journey good/very good?	55%	60%	55%	63%
1c	Was the comfort of the van good/very good?	14%	13%	14%	18%
1d	Was the attention paid to your health needs good/very good?	25%	29%	25%	31%
1e	Was the frequency of toilet breaks good/very good?	13%	16%	13%	14%
2	Did you spend more than four hours in the van?	2%	3%	2%	2%
3	Were you treated well/very well by the escort staff?	59%	64%	59%	77%
4a	Did you know where you were going when you left court or when transferred from another prison?	63%	74%	63%	70%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	15%	18%	14%
4c	When you first arrived here did your property arrive at the same time as you?	81%	82%	81%	83%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better	HMP High Down	Local prisons comparator	HMP High Down 2011	HMP High Down 2006
Any percentage highlighted in blue is significantly worse				
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Percentages which are not highlighted show there is no significant difference				
<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%	13%	12%	
<b>1c</b> Housing problems?	30%	31%	30%	
<b>1d</b> Problems contacting employers?	11%	13%	11%	
<b>1e</b> Problems contacting family?	36%	52%	36%	
<b>1f</b> Problems ensuring dependants were looked after?	14%	15%	14%	
<b>1g</b> Money problems?	16%	17%	16%	
<b>1h</b> Problems of feeling depressed/suicidal?	53%	53%	53%	
<b>1i</b> Health problems?	62%	62%	62%	
<b>1j</b> Problems in needing protection from other prisoners?	17%	21%	17%	
<b>1k</b> Problems accessing phone numbers?	39%	42%	39%	
<b>2</b> When you first arrived:				
<b>2a</b> Did you have any problems?	77%	76%	77%	76%
<b>2b</b> Did you have any problems with loss of property?	18%	14%	18%	15%
<b>2c</b> Did you have any housing problems?	26%	25%	26%	22%
<b>2d</b> Did you have any problems contacting employers?	8%	7%	8%	9%
<b>2e</b> Did you have any problems contacting family?	34%	34%	34%	32%
<b>2f</b> Did you have any problems ensuring dependants were being looked after?	8%	8%	8%	10%
<b>2g</b> Did you have any money worries?	22%	23%	22%	26%
<b>2h</b> Did you have any problems with feeling depressed or suicidal?	24%	22%	24%	15%
<b>2i</b> Did you have any health problems?	41%	30%	41%	25%
<b>2j</b> Did you have any problems with needing protection from other prisoners?	6%	9%	6%	7%
<b>2k</b> Did you have problems accessing phone numbers?	34%	31%	34%	
<b>3a</b> Were you seen by a member of health services in reception?	92%	88%	92%	88%
<b>3b</b> When you were searched in reception, was this carried out in a respectful way?	71%	73%	71%	65%
<b>4</b> Were you treated well/very well in reception?	47%	57%	47%	61%
<b>5</b> On your day of arrival, were you offered information about any of the following:				
<b>5a</b> What was going to happen to you?	43%	47%	43%	39%
<b>5b</b> Support was available for people feeling depressed or suicidal?	58%	46%	58%	41%
<b>5c</b> How to make routine requests?	36%	38%	36%	25%
<b>5d</b> Your entitlement to visits?	47%	44%	47%	43%
<b>5e</b> Health services?	50%	50%	50%	
<b>5f</b> The chaplaincy?	38%	47%	38%	

## Main comparator and comparator to last time

### Key to tables

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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?	86%	86%	86%	78%
<b>6b</b>	The opportunity to have a shower?	14%	35%	14%	13%
<b>6c</b>	The opportunity to make a free telephone call?	35%	59%	35%	37%
<b>6d</b>	Something to eat?	82%	80%	82%	82%
<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?	17%	47%	17%	54%
<b>7b</b>	Someone from health services?	73%	76%	73%	57%
<b>7c</b>	A Listener/Samaritans?	23%	23%	23%	28%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	5%	15%	5%	18%
<b>9</b>	Did you feel safe on your first night here?	65%	71%	65%	71%
<b>10</b>	Have you been on an induction course?	88%	77%	88%	75%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	64%	59%	64%	64%
<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%	40%	39%	
<b>1b</b>	Attend legal visits?	55%	58%	55%	
<b>1c</b>	Obtain bail information?	21%	25%	21%	
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	40%	39%	38%
<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?	69%	49%	69%	60%
<b>3b</b>	Are you normally able to have a shower every day?	82%	79%	82%	79%
<b>3c</b>	Do you normally receive clean sheets every week?	89%	81%	89%	93%
<b>3d</b>	Do you normally get cell cleaning materials every week?	54%	63%	54%	69%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	33%	36%	33%	40%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	64%	58%	66%
<b>3g</b>	Can you normally get your stored property, if you need to?	26%	25%	26%	30%
<b>4</b>	Is the food in this prison good/very good?	22%	24%	22%	36%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	45%	53%	33%
<b>6a</b>	Is it easy/very easy to get a complaints form?	73%	79%	73%	72%
<b>6b</b>	Is it easy/very easy to get an application form?	75%	85%	75%	82%
<b>7</b>	Have you made an application?	83%	85%	83%	78%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	54%	55%	54%	46%
8b	Do you feel applications are dealt with promptly (within seven days)?	43%	47%	43%	36%
9	Have you made a complaint?	34%	41%	34%	56%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	20%	29%	20%	28%
10b	Do you feel complaints are dealt with promptly (within seven days)?	29%	33%	29%	25%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	32%	26%	32%	32%
10c	Were you given information about how to make an appeal?	18%	21%	18%	33%
12	Is it easy/very easy to see the Independent Monitoring Board?	18%	23%	18%	23%
13	Are you on the enhanced (top) level of the IEP scheme?	29%	27%	29%	13%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	50%	43%	40%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	44%	46%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	7%	5%	10%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	10%	15%	13%
13a	Do you feel your religious beliefs are respected?	52%	55%	52%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	42%	56%	42%	49%
14	Are you able to speak to a Listener at any time if you want to?	59%	57%	59%	63%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	71%	70%	71%	64%
15b	Do most staff in this prison treat you with respect?	70%	69%	70%	72%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	38%	42%	38%	27%
2	Do you feel unsafe in this prison at the moment?	15%	18%	15%	
4	Have you been victimised by another prisoner?	16%	22%	16%	13%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	7%	11%	7%	3%
5b	Hit, kicked or assaulted you?	7%	7%	7%	7%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	1%
5e	Victimised you because of drugs?	2%	4%	2%	0%
5f	Taken your canteen/property?	3%	5%	3%	3%
5g	Victimised you because you were new here?	5%	6%	5%	1%
5h	Victimised you because of your sexuality?	1%	1%	1%	
5i	Victimised you because you have a disability?	1%	3%	1%	
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
5m	Victimised you because of your offence/crime?	4%	4%	4%	
5n	Victimised you because of gang related issues?	3%	4%	3%	

## Main comparator and comparator to last time

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	24%	26%	24%	32%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	12%	12%	12%	18%
<b>7b</b>	Hit, kicked or assaulted you?	3%	5%	3%	3%
<b>7c</b>	Sexually abused you?	1%	1%	1%	0%
<b>7d</b>	Victimised you because of your race or ethnic origin?	7%	5%	7%	6%
<b>7e</b>	Victimised you because of drugs?	5%	5%	5%	6%
<b>7f</b>	Victimised you because you were new here?	7%	6%	7%	5%
<b>7g</b>	Victimised you because of your sexuality?	1%	1%	1%	
<b>7h</b>	Victimised you because you have a disability?	1%	3%	1%	
<b>7i</b>	Victimised you because of your religion/religious beliefs?	6%	3%	6%	
<b>7j</b>	Victimised you because of your age?	2%	2%	2%	
<b>7k</b>	Victimised you because you were from a different part of the country?	1%	4%	1%	5%
<b>7l</b>	Victimised you because of your offence/crime?	7%	5%	7%	
<b>7m</b>	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	33%	34%	33%	34%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	25%	22%	15%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	23%	24%	23%	24%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	22%	30%	22%	26%
<b>SECTION 6: Health services</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	30%	27%	30%	
<b>1b</b>	Is it easy/very easy to see the nurse?	70%	50%	70%	
<b>1c</b>	Is it easy/very easy to see the dentist?	5%	10%	5%	
<b>1d</b>	Is it easy/very easy to see the optician?	7%	12%	7%	
<b>2</b>	Are you able to see a pharmacist?	36%	44%	36%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
<b>3a</b>	The doctor?	58%	44%	58%	57%
<b>3b</b>	The nurse?	55%	58%	55%	71%
<b>3c</b>	The dentist?	23%	32%	23%	30%
<b>3d</b>	The optician?	29%	35%	29%	50%
<b>4</b>	The overall quality of health services?	45%	40%	45%	47%

## Main comparator and comparator to last time

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<b>Health services continued</b>					
<b>5</b>	Are you currently taking medication?	53%	49%	53%	
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	69%	57%	69%	
<b>7</b>	Do you feel you have any emotional well-being/mental health issues?	30%	34%	30%	
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?	42%	40%	42%	
<b>8b</b>	A doctor?	29%	33%	29%	
<b>8c</b>	A nurse?	20%	18%	20%	
<b>8d</b>	A psychiatrist?	13%	19%	13%	
<b>8e</b>	The mental health in-reach team?	20%	27%	20%	
<b>8f</b>	A counsellor?	7%	12%	7%	
<b>9a</b>	Did you have a drug problem when you came into this prison?	34%	36%	34%	27%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	22%	26%	22%	15%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	6%	9%	6%	
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	86%	81%	86%	
<b>12</b>	Have you received any help or intervention while in this prison?	55%	67%	55%	
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	84%	78%	84%	
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	28%	32%	28%	32%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	27%	26%	27%	27%
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?	48%	60%	48%	45%

## Main comparator and comparator to last time

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<b>SECTION 7: Purposeful activity</b>				
<b>1</b> Are you currently involved in any of the following activities:				
<b>1a</b> A prison job?	52%	42%	52%	
<b>1b</b> Vocational or skills training?	12%	10%	12%	
<b>1c</b> Education (including basic skills)?	36%	25%	36%	
<b>1d</b> Offending behaviour programmes?	8%	7%	8%	
<b>2ai</b> Have you had a job while in this prison?	80%	67%	80%	56%
For those who have had a prison job while in this prison:				
<b>2aii</b> Do you feel the job will help you on release?	46%	41%	46%	55%
<b>2bi</b> Have you been involved in vocational or skills training while in this prison?	58%	52%	58%	47%
For those who have had vocational or skills training while in this prison:				
<b>2bii</b> Do you feel the vocational or skills training will help you on release?	58%	51%	58%	54%
<b>2ci</b> Have you been involved in education while in this prison?	74%	62%	74%	62%
For those who have been involved in education while in this prison:				
<b>2cii</b> Do you feel the education will help you on release?	68%	60%	68%	63%
<b>2di</b> Have you been involved in offending behaviour programmes while in this prison?	58%	48%	58%	38%
For those who have been involved in offending behaviour programmes while in this prison:				
<b>2dii</b> Do you feel the offending behaviour programme(s) will help you on release?	45%	49%	45%	22%
<b>3</b> Do you go to the library at least once a week?	42%	36%	42%	44%
<b>4</b> On average, do you go to the gym at least twice a week?	36%	43%	36%	48%
<b>5</b> On average, do you go outside for exercise three or more times a week?	44%	38%	44%	39%
<b>6</b> On average, do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	5%
<b>7</b> On average, do you go on association more than five times each week?	36%	48%	36%	23%
<b>8</b> Do staff normally speak to you most of the time/all of the time during association?	13%	17%	13%	20%
<b>SECTION 8: Resettlement</b>				
<b>1</b> Do you have a personal officer?	44%	47%	44%	13%
For those with a personal officer:				
<b>2</b> Do you think your personal officer is helpful/very helpful?	66%	62%	66%	92%
For those who are sentenced:				
<b>3</b> Do you have a sentence plan?	37%	41%	37%	43%
For those with a sentence plan?				
<b>4</b> Were you involved/very involved in the development of your plan?	57%	58%	57%	42%
<b>5</b> Can you achieve some/all of your sentence plan targets in this prison?	61%	62%	61%	
<b>6</b> Are there plans for you to achieve some/all your targets in another prison?	42%	45%	42%	
For those who are sentenced:				
<b>7</b> Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	22%	27%	22%	
<b>8</b> Do you feel that any member of staff has helped you to prepare for release?	15%	14%	15%	
<b>9</b> Have you had any problems with sending or receiving mail?	46%	44%	46%	56%
<b>10</b> Have you had any problems getting access to the telephones?	28%	31%	28%	39%
<b>11</b> Did you have a visit in the first week that you were here?	42%	35%	42%	36%
<b>12</b> Did you receive one or more visits in the last week?	39%	40%	39%	

## Main comparator and comparator to last time

### Key to tables

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<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	48%	48%	48%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	29%	35%	29%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	13%	13%	
15c	Avoiding bad relationships?	8%	10%	8%	
15d	Finding a job on release?	17%	26%	17%	45%
15e	Finding accommodation on release?	24%	29%	24%	49%
15f	With money/finances on release?	9%	18%	9%	25%
15g	Claiming benefits on release?	20%	32%	20%	44%
15h	Arranging a place at college/continuing education on release?	10%	16%	10%	34%
15i	Accessing health services on release?	14%	21%	14%	33%
15j	Opening a bank account on release?	10%	16%	10%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	13%	14%	13%	
16c	Avoiding bad relationships?	15%	14%	15%	
16d	Finding a job?	43%	49%	43%	
16e	Finding accommodation?	36%	40%	36%	
16f	Money/finances?	32%	34%	32%	
16g	Claiming benefits?	30%	32%	30%	
16h	Arranging a place at college/continuing education?	20%	21%	20%	
16i	Accessing health services?	16%	19%	16%	
16j	Opening a bank account?	27%	29%	27%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	45%	47%	45%	46%

## Diversity analysis



### Key question responses (ethnicity, nationality and religion) HMP High Down 2011

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>68</b>	<b>101</b>	<b>18</b>	<b>149</b>	<b>25</b>	<b>143</b>
1.3	Are you sentenced?	62%	72%	50%	71%	68%	67%
1.7	Are you a foreign national?	18%	5%			24%	9%
1.8	Is English your first language?	82%	95%	44%	95%	68%	93%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			71%	37%	84%	32%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	11%	6%	8%	4%	8%
1.11	Are you Muslim?	31%	4%	33%	13%		
1.12	Do you consider yourself to have a disability?	15%	24%	11%	22%	16%	20%
1.13	Is this your first time in prison?	35%	31%	67%	29%	44%	31%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	19%	29%	42%	22%	21%	26%
2.3	Were you treated well/very well by the escort staff?	56%	60%	61%	58%	44%	63%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	51%	71%	55%	64%	44%	66%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	31%	39%	55%	34%	38%	37%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	46%	57%	61%	52%	38%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	57%	66%	78%	60%	54%	64%
3.2a	Did you have any problems when you first arrived?	78%	75%	69%	78%	82%	75%
3.3a	Were you seen by a member of health care staff in reception?	87%	95%	89%	92%	80%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	63%	76%	75%	70%	52%	74%
3.4	Were you treated well/very well in reception?	37%	54%	50%	46%	24%	51%
3.7b	Did you have access to someone from health care within the first 24 hours?	68%	76%	71%	73%	57%	77%
3.9	Did you feel safe on your first night here?	52%	74%	45%	66%	46%	69%
3.10	Have you been on an induction course?	88%	88%	78%	89%	83%	89%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	40%	45%	38%	40%	40%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	68%	69%	95%	66%	62%	70%
4.3b	Are you normally able to have a shower every day?	76%	86%	89%	81%	83%	82%
4.3e	Is your cell call bell normally answered within five minutes?	26%	38%	50%	29%	25%	35%
4.4	Is the food in this prison good/very good?	18%	25%	44%	18%	21%	22%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	55%	47%	54%	48%	53%
4.6a	Is it easy/very easy to get a complaints form?	72%	74%	61%	74%	56%	77%
4.6b	Is it easy/very easy to get an application form?	68%	80%	61%	77%	46%	81%
4.9	Have you made a complaint?	25%	39%	11%	37%	38%	32%
4.13	Are you on the enhanced (top) level of the IEP scheme?	34%	27%	35%	29%	29%	30%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	49%	35%	45%	25%	47%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	47%	50%	46%	35%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	4%	0%	6%	13%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	18%	11%	16%	21%	15%
4.17a	Do you feel your religious beliefs are respected?	55%	52%	83%	49%	67%	50%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	46%	41%	61%	41%	54%	40%
4.18	Are you able to speak to a Listener at any time if you want to?	51%	66%	39%	61%	46%	61%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	66%	81%	69%	67%	72%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	68%	72%	75%	70%	69%	72%
5.1	Have you ever felt unsafe in this prison?	43%	33%	50%	37%	42%	36%
5.2	Do you feel unsafe in this prison at the moment?	21%	10%	24%	14%	13%	15%
5.4	Have you been victimised by another prisoner?	11%	20%	6%	18%	13%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	0%	3%	8%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	2%	0%	1%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%	0%	2%	4%	1%
5.6	Have you been victimised by a member of staff?	29%	22%	0%	27%	38%	22%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	4%	0%	8%	21%	5%

## Diversity analysis

### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
5.7h	Have you been victimised because you have a disability? (By staff)	2%	1%	0%	1%	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	4%	0%	6%	21%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	20%	23%	18%	23%	17%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	19%	0%	25%	38%	20%
5.11	Is it easy/very easy to get illegal drugs in this prison?	15%	28%	0%	25%	17%	24%
6.1a	Is it easy/very easy to see the doctor?	26%	32%	25%	30%	26%	31%
6.1b	Is it easy/ very easy to see the nurse?	74%	68%	53%	72%	83%	69%
6.2	Are you able to see a pharmacist?	31%	40%	47%	35%	52%	34%
6.5	Are you currently taking medication?	49%	54%	24%	56%	39%	55%
6.7	Do you feel you have any emotional well being/mental health issues?	17%	39%	6%	33%	17%	32%
7.1a	Are you currently working in the prison?	52%	53%	24%	56%	50%	53%
7.1b	Are you currently undertaking vocational or skills training?	13%	12%	11%	12%	9%	13%
7.1c	Are you currently in education (including basic skills)?	43%	29%	53%	32%	45%	34%
7.1d	Are you currently taking part in an offending behaviour programme?	11%	7%	11%	8%	18%	7%
7.3	Do you go to the library at least once a week?	45%	41%	25%	44%	50%	42%
7.4	On average, do you go to the gym at least twice a week?	43%	31%	25%	38%	26%	37%
7.5	On average, do you go outside for exercise three or more times a week?	44%	44%	33%	45%	61%	42%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	4%	7%	5%	0%	5%
7.7	On average, do you go on association more than five times each week?	34%	38%	40%	35%	26%	38%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	11%	15%	7%	13%	14%	13%
8.1	Do you have a personal officer?	34%	50%	35%	45%	26%	47%
8.9	Have you had any problems sending or receiving mail?	51%	42%	19%	49%	35%	47%
8.10	Have you had any problems getting access to the telephones?	30%	26%	20%	29%	23%	29%

Diversity analysis - disability



Key questions (disability analysis) HMP High Down 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>35</b>	<b>135</b>
1.3	Are you sentenced?	66%	69%
1.7	Are you a foreign national?	6%	12%
1.8	Is English your first language?	94%	89%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	29%	43%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	17%	5%
1.11	Are you Muslim?	12%	16%
1.14	Is this your first time in prison?	17%	37%
2.1d	Was the attention paid to your health needs good/very good?	18%	27%
2.3	Were you treated well/very well by the escort staff?	46%	63%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	66%	63%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	21%	39%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	45%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	65%
3.2a	Did you have any problems when you first arrived?	88%	73%
3.3a	Were you seen by a member of health care staff in reception?	85%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	66%	72%
3.4	Were you treated well/very well in reception?	47%	48%
3.7b	Did you have access to someone from health care within the first 24 hours?	72%	73%
3.9	Did you feel safe on your first night here?	59%	67%
3.10	Have you been on an induction course?	79%	90%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	40%

Diversity analysis - disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	65%	70%
4.3b	Are you normally able to have a shower every day?	73%	84%
4.3e	Is your cell call bell normally answered within five minutes?	32%	33%
4.4	Is the food in this prison good/very good?	21%	22%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	52%
4.6a	Is it easy/very easy to get a complaints form?	76%	72%
4.6b	Is it easy/very easy to get an application form?	79%	75%
4.9	Have you made a complaint?	47%	31%
4.13	Are you on the enhanced (top) level of the IEP scheme?	24%	31%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	45%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	50%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	17%
4.17a	Do you feel your religious beliefs are respected?	53%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	44%	42%
4.18	Are you able to speak to a Listener at any time if you want to?	59%	60%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	57%	73%
4.19b	Do <b>most</b> staff in this prison treat you with respect?	71%	71%
5.1	Have you ever felt unsafe in this prison?	56%	32%
5.2	Do you feel unsafe in this prison at the moment?	24%	12%
5.4	Have you been victimised by another prisoner?	25%	14%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	3%
5.5i	Victimised you because you have a disability?	6%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%
5.6	Have you been victimised by a member of staff?	35%	22%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	6%
5.7h	Victimised you because you have a disability?	6%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	5%

## Diversity analysis - disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	35%	19%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	41%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	34%	20%
6.1a	Is it easy/very easy to see the doctor?	25%	32%
6.1b	Is it easy/ very easy to see the nurse?	75%	70%
6.2	Are you able to see a pharmacist?	27%	39%
6.5	Are you currently taking medication?	69%	48%
6.7	Do you feel you have any emotional well being/mental health issues?	61%	22%
7.1a	Are you currently working in the prison?	45%	54%
7.1b	Are you currently undertaking vocational or skills training?	16%	11%
7.1c	Are you currently in education (including basic skills)?	48%	33%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	9%
7.3	Do you go to the library at least once a week?	31%	45%
7.4	On average, do you go to the gym at least twice a week?	16%	41%
7.5	On average, do you go outside for exercise three or more times a week?	42%	45%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	6%
7.7	On average, do you go on association more than five times each week?	30%	37%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	16%	13%
8.1	Do you have a personal officer?	42%	44%
8.9	Have you had any problems sending or receiving mail?	44%	47%
8.10	Have you had any problems getting access to the telephones?	34%	27%



**Diversity analysis - age**  
**Key question responses (age - under 21, over 50) HMP High Down 2011**

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

**Key to tables**

		Young adults under the age of 21	Prisoners aged 21 and over	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>25</b>	<b>146</b>	<b>19</b>	<b>152</b>
<b>1.3</b>	Are you sentenced?	56%	70%	63%	68%
<b>1.7</b>	Are you a foreign national?	8%	11%	6%	11%
<b>1.8</b>	Is English your first language?	92%	89%	82%	91%
<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)?	44%	40%	26%	42%
<b>1.1</b>	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	7%	6%	7%
<b>1.11</b>	Are you Muslim?	24%	13%	0%	17%
<b>1.13</b>	Do you consider yourself to have a disability?	16%	21%	37%	19%
<b>1.14</b>	Is this your first time in prison?	32%	33%	48%	31%
<b>2.1d</b>	Was the attention paid to your health needs good/very good?	13%	27%	37%	23%
<b>2.3</b>	Were you treated well/very well by the escort staff?	40%	62%	69%	57%
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	72%	61%	42%	66%
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	37%	36%	17%	39%
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	41%	55%	50%	54%
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	41%	65%	55%	63%
<b>3.2a</b>	Did you have any problems when you first arrived?	62%	79%	67%	78%
<b>3.3a</b>	Were you seen by a member of health care staff in reception?	75%	95%	100%	91%
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	65%	72%	79%	70%

## Diversity analysis - age

### Key to tables

		Young adults under the age of 21	Prisoners aged 21 and over	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.4	Were you treated well/very well in reception?	33%	50%	69%	45%
3.7b	Did you have access to someone from health care within the first 24 hours?	54%	77%	88%	72%
3.9	Did you feel safe on your first night here?	43%	68%	74%	64%
3.10	Have you been on an induction course?	88%	88%	95%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	40%	37%	39%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	42%	74%	90%	66%
4.3b	Are you normally able to have a shower every day?	87%	81%	69%	84%
4.3e	Is your cell call bell normally answered within five minutes?	21%	35%	39%	32%
4.4	Is the food in this prison good/very good?	16%	23%	37%	20%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	53%	67%	51%
4.6a	Is it easy/very easy to get a complaints form?	56%	76%	79%	73%
4.6b	Is it easy/very easy to get an application form?	64%	78%	83%	75%
4.9	Have you made a complaint?	38%	33%	12%	36%
4.13	Are you on the enhanced (top) level of the IEP scheme?	12%	32%	37%	28%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	43%	50%	42%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	46%	22%	49%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%	0%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	33%	12%	5%	16%
4.17a	Do you feel your religious beliefs are respected?	33%	56%	63%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	29%	45%	35%	43%

## Diversity analysis - age

### Key to tables

		Young adults under the age of 21	Prisoners aged 21 and over	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.18	Are you able to speak to a Listener at any time if you want to?	46%	62%	67%	58%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	54%	73%	76%	70%
4.15b	Do <b>most</b> staff in this prison treat you with respect?	61%	72%	90%	68%
5.1	Have you ever felt unsafe in this prison?	50%	35%	26%	39%
5.2	Do you feel unsafe in this prison at the moment?	22%	14%	10%	16%
5.4	Have you been victimised by another prisoner?	41%	13%	0%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	2%	0%	3%
5.5i	Victimised you because you have a disability?	0%	1%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	1%	0%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	9%	1%	0%	2%
5.6	Have you been victimised by a member of staff?	31%	23%	0%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	9%	0%	8%
5.7h	Victimised you because you have a disability?	0%	1%	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	6%	0%	6%
5.7j	Have you been victimised because of your age? (By staff)	8%	1%	0%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	31%	20%	21%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	21%	11%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	18%	23%	16%	23%
6.1a	Is it easy/very easy to see the doctor?	18%	32%	39%	29%
6.1b	Is it easy/ very easy to see the nurse?	64%	71%	67%	71%

## Diversity analysis - age

### Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
6.2	Are you able to see a pharmacist?	32%	37%	19%	38%
6.5	Are you currently taking medication?	26%	57%	63%	51%
6.7	Do you feel you have any emotional well-being/mental health issues?	31%	30%	21%	31%
7.1a	Are you currently working in the prison?	40%	54%	50%	53%
7.1b	Are you currently undertaking vocational or skills training?	0%	14%	17%	12%
7.1c	Are you currently in education (including basic skills)?	40%	35%	67%	32%
7.1d	Are you currently taking part in an offending behaviour programme?	15%	7%	5%	9%
7.3	Do you go to the library at least once a week?	45%	42%	45%	42%
7.4	On average, do you go to the gym at least twice a week?	37%	36%	17%	38%
7.5	On average, do you go outside for exercise three or more times a week?	55%	43%	28%	46%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	5%	5%	4%
7.7	On average, do you go on association more than five times each week?	45%	34%	42%	35%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	4%	15%	5%	14%
8.1	Do you have a personal officer?	37%	45%	53%	42%
8.9	Have you had any problems sending or receiving mail?	55%	44%	42%	46%
8.10	Have you had any problems getting access to the telephones?	23%	29%	31%	28%