

Report on an announced inspection of  
**HMP Lowdham Grange**

14 – 18 March 2011

by HM Chief Inspector of Prisons

Crown copyright 2011

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

# Contents

<b>Introduction</b>	5
<b>Fact page</b>	7
<b>Healthy prison summary</b>	9
<b>1 Arrival in custody</b>	
<hr/>	
Courts, escorts and transfers	19
First days in custody	20
<b>2 Environment and relationships</b>	
<hr/>	
Residential units	25
Staff-prisoner relationships	27
Personal officers	28
<b>3 Duty of care</b>	
<hr/>	
Bullying and violence reduction	29
Self-harm and suicide	30
Applications and complaints	31
Legal rights	33
Faith and religious activity	34
Substance use	35
<b>4 Diversity</b>	
<hr/>	
Diversity	39
Race equality	39
Religion	41
Foreign nationals	41
Disability and older prisoners	42
Gender and sexual orientation	44
<b>5 Health services</b>	
<hr/>	
General	45
Clinical governance	46
Primary care	48
Pharmacy	48
Dentistry	50
Inpatient care	50
Secondary care	51
Mental health	51

## **6 Activities**

---

Time out of cell	53
Learning and skills and work activities	54
Physical education and health promotion	59

## **7 Good order**

---

Security and rules	61
Discipline	62
Incentives and earned privileges	64

## **8 Services**

---

Catering	67
Prison shop	67

## **9 Resettlement**

---

Strategic management of resettlement	69
Offender management and planning	70
Resettlement pathways	74

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

---

## **Appendices**

---

I Inspection team	93
II Prison population profile	94
III Summary of prisoner questionnaires and interviews	97

# Introduction

Lowdham Grange is a privately managed category B training prison run by Serco. We have previously commended the prison and it is pleasing to be able to do so again. Indeed, this positive report is all the more creditable because although the prison had expanded significantly since our last visit and had taken a large number of potentially challenging prisoners serving indeterminate sentences for public protection, it was an impressively safe and decent place, with plenty of activity and a sound focus on resettlement.

Despite a growing population of serious offenders, prisoners reported feeling safe at Lowdham Grange. Early days were generally well managed and violence reduction arrangements were robust, although there was scope to further improve work with vulnerable prisoners and some mentally ill prisoners spent too long in the segregation unit. Those at risk of self-harm were well cared for – although, tragically, during the week of the inspection the prison suffered what appeared to be its first self-inflicted death in six years. Security was effective and proportionate, use of force had declined and drugs were less of a problem than at many similar jails.

Staff prisoner relationships were good, supported by an improving personal officer scheme. Staff appeared more confident and settled, and the level of turnover had fallen significantly. Accommodation was generally excellent, particularly the newest wings, and the prison benefitted from some impressive innovations such as 'ATMs', which automated many mundane administrative tasks, giving an appropriate degree of autonomy to prisoners and freeing up staff time.

We had some concerns about the fairness of the 'zero tolerance' approach to misbehaviour, but outcomes in terms of safety and good order appeared to vindicate the approach. While diversity was generally well managed, work with the large number of foreign nationals and the smaller number of prisoners with disabilities was underdeveloped. The most significant concern, however, was health care which required investment commensurate with the growth in the population.

Prisoners spent plenty of time out of cell. There was a sufficient quantity of work and education, but there was scope to improve quality and some waiting lists were too long. Overall, there was too little vocational activity for a training prison, although what there was offered impressive and marketable skills. The library was reasonable and PE provision was very good.

Resettlement had improved, although it was still not informed by a comprehensive needs analysis. Sentence planning was satisfactory. Work along the resettlement pathways varied, with little support for accommodation, finance and education, training and employment, but good support for health and family issues. Only basic substance misuse services were available and an intensive accredited programme was badly needed.

It is commendable that Lowdham Grange continues to improve, develop and innovate. It has done so despite a significant growth in population and an increase in the numbers of potentially very challenging prisoners. There are, of course, a number of areas where further improvement is required, but overall this inspection found Lowdham Grange to be not only a

safe and decent place, but also among the most impressive category B training prisons in the system.

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

**May 2011**

# Fact page

## **Task of the establishment**

HMP Lowdham Grange is a long-term category B establishment which can hold 976 convicted male prisoners.

## **Prison status**

Private: Serco

## **Region/Department**

East Midlands

## **Number held**

929 at 14 October 2010

## **Certified normal accommodation**

888

## **Operational capacity**

930

## **Date of last full inspection**

13 –17 March 2006

## **Brief history**

HMP Lowdham Grange opened in February 1998 to hold 500 male adult prisoners. The original concept was that it would be an 'industrial prison' with an indicative profile of 300 prisoners. Both the purpose and the size have changed significantly and the focus in activities has moved towards gaining accredited skills. House block 3 opened in May 2007 providing 128 additional prisoner places and house blocks 4 and 5 in February 2010 with 260 additional prisoner places. Two hundred of these places are now occupied by indeterminate sentence for public protection (IPP) prisoners.

## **Short description of residential units**

There are five house blocks, two of which consist of four wings each and three of two wings. The residential units are two tier and E wing is the first night and induction centre.

## **Escort contractor**

G4S

## **Health service commissioner and providers**

Serco Health

## **Learning and skills providers**

Serco





# Healthy prison summary

## Introduction

---

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

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

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

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

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

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

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

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

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

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

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

## Safety

---

HP3 The reception process was efficient. Most prisoners reported feeling safe on their first night in custody but first night checks were not routine. Induction was thorough.

Violence reduction work was well managed. Care for those at risk of suicide or self-harm was generally good and the buddy scheme provided a valued service. There was a measured and effective approach to security. Segregation staff were managing difficult people with care, but the unit did not provide a suitable environment for the many occupants with severe mental health problems. Use of force had decreased and de-escalation was used effectively. Substance use services were well coordinated and the mandatory drug testing (MDT) positive rate was relatively low. Outcomes for prisoners against this healthy prison test were good.

- HP4 Many prisoners complained about the difficulty of obtaining transfers closer to their homes and families, often in the south of the country. Escort staff appeared polite and respectful towards prisoners and inspected vehicles were clean. Prisoners were given refreshments during escort but not always offered a comfort break. Prisoners were routinely handcuffed on and off vehicles regardless of category and individual risk.<sup>1</sup>
- HP5 The reception area was clean and relevant information was provided in a range of languages. The cell-sharing risk assessment was completed in a confidential environment and all prisoners were seen by health care staff. Two orderlies, including a buddy, provided support to new arrivals.
- HP6 Most prisoners reported feeling safe on their first night but first night checks were not routine and first night interviews were not undertaken in a confidential environment. Most prisoners on the first night and induction unit spent considerable time out of cell. A small number were locked up for extended periods.
- HP7 Induction was thorough and useful and most prisoners were able to join induction the day after arrival. An induction orderly, a consultative committee representative and a buddy all lived on the wing and provided good support to newly arrived prisoners. The first night and induction unit was used for a number of prisoners who found it difficult to cope on normal location, and this needed to be kept under review to ensure an adequate regime and support.
- HP8 Violent incidents were infrequent and most prisoners said they felt safe. The recently updated violence reduction policy was good and there was appropriate recording and monitoring of violent incidents. Violence reduction booklets reflected good victim support and challenge to perpetrators. Violence reduction issues were appropriately addressed in safer custody meetings.

---

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

- HP9 There was a good general level of care for those at risk of self-harm. Assessment, care in custody and teamwork (ACCT) observations were detailed and initial assessments and multidisciplinary case reviews were good. Mental health input was provided in appropriate cases. Care maps were generally good but not always updated. In our sample of ACCTs, a significant number were triggered by frustrations over health care. The trained buddies provided an effective service that was valued by prisoners. Prisoners also had access to Samaritans through their in-cell phones.
- HP10 There was a mature and measured approach to the management of security. Security systems and protocols were proportionate and allowed prisoners to take part in a full regime. The security committee was properly constructed and relationships with most key areas in the prison were appropriate. Dynamic security was good and underpinned by decent staff-prisoner relationships.
- HP11 Living conditions in the segregation unit were good and day-to-day relationships between staff and prisoners were very good. Officers were looking after difficult individuals respectfully and were generally very patient when dealing with some extreme behaviour. However, the regime for the majority of prisoners was limited and longer-stay prisoners in particular spent too much time locked in their cells. Few were able to access mainstream activities. The unit held some severely disturbed prisoners and the prison as a whole was unable to provide a suitable environment for them. Some were held for extended periods without sufficient occupation or transfer. Reintegration planning had been introduced but was at best underdeveloped and in some cases poor, particularly for the more difficult prisoners. Individual care planning was inadequate.
- HP12 Given the size and nature of the prison, the number of formal adjudications was not high. Most records of adjudications reflected properly conducted formal proceedings and fair judgements. Force was used less frequently than at the previous inspection despite an increase in the population. De-escalation techniques were used appropriately and written accounts generally gave assurance that force was used as a last resort. Interventions were usually video recorded and governance arrangements were good. Portable video recorders were carried by managers for spontaneous incidents, which was good practice.
- HP13 The integrated drug treatment system (IDTS) was well established, with 72 prisoners on reduction and 20 on maintenance treatment. Co-located and well integrated clinical IDTS and counselling, assessment, referral, advice and throughcare (CARAT) services provided a good level of coordinated care. At the end of February the random MDT positive rate stood at 5.59% against a target of 7.75%. However, the suspicion test positive rate was low at about 30%. There were good links between security and substance misuse services and all prisoners testing positive under MDT were appropriately referred to the CARAT team.

## Respect

---

- HP14 The residential units provided a very decent environment for prisoners. Innovations such as the excellent ATM system offered innovative support to prisoners and staff. Staff-prisoner relationships were good and the personal officer scheme was developing appropriately. The incentives and earned privileges (IEP) scheme was well administered and the zero tolerance initiative appeared effective. The standard of

food was good and the shop provided an impressive service. Faith provision was generally good. Diversity work was appropriately managed and well supported by prisoner equality representatives. However, support for the large number of foreign nationals was weak, and work with people with disabilities was underdeveloped. Complaints were normally dealt with appropriately but the reasons for high numbers of withdrawn complaints were not clearly documented. Health services were the single biggest concern for many prisoners we spoke to. Access to health care was poor and there were unacceptably long waiting times for GP and dental appointments. Outcomes for prisoners against this healthy prison test were reasonably good.

- HP15 Residential units were light, clean and in a good state of repair. The newer units were exceptionally well designed and provided a decent environment, which was respected by prisoners. In-cell showers on blocks 3 to 5 promoted decency and safety. In-cell phones and the ATM system were effective innovations, which greatly improved communication and were much valued by prisoners and staff. Prisoner consultation was well developed and effective. Responses to emergency cell bells had improved since the last full inspection, though some were still not responded to within five minutes.
- HP16 In our survey, nearly 90% of prisoners said they were treated with respect by most staff. We observed good staff-prisoner relationships throughout the inspection and the ATM system had replaced some mundane paperwork and helped staff to spend more time interacting with prisoners. There was a good personal officer scheme and staff received appropriate training for the role. Personal officer work was reasonably effective and we saw some examples of determined work to assist prisoners with welfare needs. However, there was less focus on helping prisoners to achieve progression and resettlement targets. Records generally indicated improved frequency and quality of personal officer contact in previous months but were of variable quality.
- HP17 On the whole, the IEP scheme operated consistently across the house blocks. There was a reasonable difference between the levels. The regime for the small number of prisoners on basic included some association and allowed for telephone calls to be made in the evening. The scheme was well publicised and prisoners were clear about its criteria for promotion. There was evidence that it was encouraging good behaviour and the number of prisoners on the enhanced level was high at over 80%. The zero tolerance initiative used to support the IEP scheme was unpopular with some prisoners, especially the intrinsically unfair double jeopardy element. However, it was much praised by others and, as it currently operated in Lowdham Grange, the scheme was effective. It supported a well ordered and pro-social atmosphere and was well advertised to prisoners, who signed a zero tolerance compact. Governance arrangements were good.
- HP18 The range and standard of food was good. Cultural needs were catered for and fresh vegetables, fruit and salads were available every day. Meal times were appropriately spaced through the day and meals could be eaten communally on each wing. The kitchen was clean.
- HP19 There was good managerial oversight of the prison shop, which offered an excellent range of goods, including fresh fruit and vegetables. There was a wide range of products to meet the diverse needs of the population. Prisoner consultation was often used to inform changes or additions to the local product list.

- HP20 There was a comprehensive and up-to-date set of policies covering different diversity areas. The diversity meeting was effective and followed up issues, although it had recently met irregularly. There was limited work on celebration of diversity and the most recent Black History Month had not been well received. A programme of equality impact assessments had been carried out efficiently. There was a committed and well-supported group of prisoner equality representatives.
- HP21 Racist incident reports were dealt with effectively and quality checked by the director and external validators. Our survey showed largely positive perceptions of their treatment on the part of black and minority ethnic prisoners. However, occasional ethnic monitoring imbalances were not always swiftly noted or investigated. There were few links with outside cultural organisations and little work with the gypsy and traveller community. There was little evidence of discrimination on the basis of religion, and in our survey Muslim prisoners reported particularly positively on their experiences.
- HP22 There was a substantial number of foreign nationals but inadequate coordination or knowledge to help deal with their specific needs. The quarterly UK Border Agency surgery was well used. There were no foreign national support and information forums to help improve communication and information flow. There was limited use of telephone interpretation, although a number of prisoners spoke little or no English.
- HP23 In our survey, prisoners declaring a disability had more negative perceptions of their treatment over a wide range of issues. Nearly 400 people had identified themselves as having a disability. The disability liaison officer was at an early stage in the considerable task of ensuring that all who needed it were given multidisciplinary support. Evacuation plans were in place and were easily accessible to staff on wings. Older prisoners were largely content with their treatment, but there was little specific provision for them.
- HP24 Two prisoners had identified themselves as gay and the equality officer provided some confidential individual support. However, there was no active contact with outside agencies. A good policy on transgender issues was in place, supported by an excellent presentation on the local intranet.
- HP25 In our survey and group interviews, prisoners reported good access to chaplaincy staff and a high degree of respect for their religious beliefs. The core chaplaincy team was visible around the establishment and represented the main faiths. It was supported by a team of sessional chaplains and volunteers, though there was currently no Sikh minister. A good range of religious festivals was marked and celebrated.
- HP26 The ATM system helped to process applications quickly and efficiently. It promoted personal responsibility and autonomy among prisoners. Applications were generally treated fairly and promptly. Responses to complaints were prompt and respectful, but some investigations were perfunctory. Many prisoners told us that they had been encouraged to withdraw complaints. Twelve per cent of all complaints over the previous six months had been recorded as withdrawn but the reasons were not clearly recorded. Quality checks were apparently done but not documented. A useful training package was being delivered to staff on how to deal with complaints but it had so far reached few people.

- HP27 Prisoners reported positively on being able to exercise their legal rights. Facilities for private legal visits were good and excellent access to telephones made it easier for prisoners to stay in contact with solicitors. Some prisoners were using laptops to progress cases through the access to justice scheme and prisoners could be excused from other activities to work on legal cases.
- HP28 Health care facilities were satisfactory but access to services was poor. In our survey and throughout the inspection, prisoners were very critical about long waiting times to see a doctor and dentist, during which time symptoms could have significantly deteriorated. Prisoners had access to a good standard of dental care but there was an unacceptably long waiting time for routine appointments.
- HP29 Attendance at outside hospital appointments was well managed. The staff skill mix was satisfactory and appropriate for the population. There was a good range of nurse-led and visiting specialist clinics. Administration of medicines was poorly managed and there was evidence of secondary dispensing. There was some good quality mental health care, but the level of need for services was high. The prison was unable to meet the need and this was reflected in the use of the segregation unit for some very disturbed people. Transfers to secure units over the previous year had usually been managed expeditiously, but at the time of the inspection one prisoner had been in the unit for 12 weeks awaiting transfer.

## Purposeful activity

---

- HP30 Most prisoners spent considerable time out of cell and were engaged in some form of work or education. Overall, management of learning and skills was adequate. There was a good range of commercial partnerships to generate work. There were some impressive vocational training workshops but they were able to meet the needs of only a small number of prisoners. Success rates on most education courses were good and there was an appropriate range of such courses. However, waiting lists were very long, particularly in literacy and numeracy. Overall provision in literacy, numeracy and language was weak. The library provided a reasonable service. The organisation and provision of physical education was good. Outcomes for prisoners against this healthy prison test were reasonably good.
- HP31 Most prisoners spent between 10 and 12 hours a day out of cell. During our roll checks very few people were locked behind their doors and the majority were engaged in some form of purposeful activity.
- HP32 There was sufficient capacity for 92% of the population to be engaged in purposeful activity. The strategic direction of learning and skills was adequate, but had been disrupted by frequent changes of management. There were good relationships between prison officers and education, information and advice service and commercial workshop staff. Staff cooperated well to meet the needs of prisoners. Allocation to activity places was fair and equitable. Quality improvement processes were satisfactory but insufficient use was made of data to manage performance.
- HP33 In our survey, nearly all prisoners said they had been employed while in the prison and over 80% said they were in current employment. Business enterprise provided work for just under a fifth of prisoners. Some could gain vocational qualifications

provided by the external contract partner, and prisoners in the kitchens and bistro could also gain appropriate qualifications and develop good skills.

- HP34 Strong partnerships had been developed with over 30 large retailers and suppliers to manufacture a good range of items, from furniture to electrical products and equine blankets. All pay rates reflected the nature of the work undertaken by prisoners. A small number of prisoners attended vocational training workshops providing a reasonable standard of work and skills development. However, training in painting and decorating and plumbing had recently ceased because of a lack of qualified staff. Resources were adequate and the new electrical workshop was particularly well resourced, providing excellent facilities and qualifications to industry standards.
- HP35 About a third of prisoners attended education and had access to a satisfactory range of courses. Nearly three-quarters of education courses had success rates of 80% or higher. However, there was no evening provision and at the time of the inspection, close to 100 prisoners were on the waiting list to attend literacy and numeracy classes. Teaching and learning were mostly satisfactory. Many literacy and numeracy sessions catered for too many different levels of ability and attainment. Individual learning plans were poorly used and planning of individual learning was inadequate.
- HP36 Teaching and learning resources were very limited and there was insufficient information and learning technology. There was no specialist tutor to support learners with dyslexia. Progression opportunities beyond level two were limited. Arrangements for induction were good and prisoners were given sufficient information about educational courses.
- HP37 The library service was adequate and it was staffed by an appropriately qualified and experienced full-time librarian. New arrivals received a library induction. However, the facility was small and could become crowded. Access was generally satisfactory, but prisoners in commercial workshops on a basic regime did not have weekly access, and prisoners in house block 3 did not have regular access. Library stock was reasonable, but music CDs were not available. Stock loss was relatively low. An appropriate range of current Prison Service Orders and legal books was available.
- HP38 The gymnasium provided recreational PE and a good range of vocational and coaching qualifications. A sports and leisure tutor delivered training and coaching to small numbers of prisoners. Success rates were good. Health promotion and access to sport and activities were well promoted. The physical education department was well maintained, clean, tidy and well managed. All house block exercise yards were equipped with upper-body training equipment. All prisoners benefited from well planned and inclusive programmes of physical education.

## Resettlement

---

- HP39 Strategic management of resettlement had improved but the strategy was not based on a comprehensive needs analysis. Sentence planning was taking place for all prisoners but many were arriving with inadequate plans needing review. Offender supervisors and case administrators were doing a good job but were stretched. The new system for re-categorisation had led to considerable delays and the reasons for categorisation decisions needed to be more clearly explained to prisoners. There was limited specialist support for those with accommodation, finance and education,

training and employment (ETE) needs before release. Discharge planning for those with health problems was good. The visits hall provided a decent environment and there were some impressive initiatives to enhance family relationships. Although a range of interventions was offered, there were only two accredited offending behaviour courses. CARAT services were effective. Outcomes for prisoners against this healthy prison test were reasonably good.

- HP40 There was a firmer grasp of strategic management of resettlement in the prison and a comprehensive reducing reoffending strategy was in place. Managers and staff involved in education, public protection, offender management and resettlement were now co-located, helping to enhance communication and cooperation. Reducing reoffending meetings were well attended, though identified issues were not always followed up promptly. There were good needs analyses in respect of offending behaviour programmes and substance use, but a wider resettlement needs analysis had not been done. Offender management files showed an ongoing mismatch between the risk/needs profiles of prisoners arriving at Lowdham Grange and the interventions available. The recent successful use of temporary licences to allow offenders to undertake community service was a welcome initiative that could have been further expanded.
- HP41 All prisoners had offender assessment systems (OASys) and sentence plans, including those who were out of scope. These were mainly timely, but many prisoners arrived with sentence plans needing substantive review. There were no specific management arrangements for prisoners with indeterminate sentences, but this did not compromise the level of support they received. Offender supervisors and case administrators did a good job with large caseloads but were still catching up following the population expansion the previous year.
- HP42 A new system for handling categorisation reviews was still bedding down and the resultant delays and poor communication were causing widespread dissatisfaction. Categorisation and allocation were especially complex owing to the difficulty of allocation to the category C and D prisons to which many prisoners were due to go. The background to decisions was not explained to prisoners sufficiently clearly.
- HP43 All prisoners released in the previous year had gone to settled accommodation. The resettlement worker provided effective support to individuals, but there was no specialist housing advice. The resettlement worker gave some support on debt issues and a money management course was available in the education department, but there was limited provision for professional advice on financial matters.
- HP44 Prisoners did not have sufficient access to information, advice and guidance about ETE prior to release. The careers information and advice service (CIAS) was under-resourced. The only course available was an employability skills course which was not compulsory. The CIAS coordinator had started to attend sentence planning boards. With the exception of some links through business enterprise, there were no substantive links with local employers, education and training providers, or Jobcentre Plus.
- HP45 Discharge planning was good, with early identification of prisoners prior to their release. Good links were established with the community when required. The care programme approach was used for patients with enduring mental health problems. Palliative care was rarely required but was supported with the cooperation of local support services.



- HP46 There was effective coordination of substance misuse strategy initiatives. The drug strategy policy included alcohol and was informed by an annual needs analysis. However, it lacked performance measures. The in-house CARAT team offered a good range of services, but no evening sessions. Prisoners could still not undertake an accredited alcohol or drug treatment programme, which was a significant gap in service provision given that drug-related offending comprised 30% of index offences.
- HP47 There were no evening visits but prisoners reported positively on the number and length of visits. The visits hall provided a comfortable and relaxed environment for visitors. Snacks, sandwiches and drinks were available. The children's outside play area was a popular development but lacked clear and robust supervision arrangements. The visitors' centre was more stark and an unwelcoming environment for families. Prisoners would be given a closed visit following a drug dog indication alone, which was excessive. However, there were few prisoners on closed visits. Family visits took place regularly and were well attended. Family and relationship courses were running and well used and Storytime Dads provision was exceptionally good. There was excellent access to telephones to facilitate family contact.
- HP48 The only accredited programmes on offer were thinking skills and anger management courses, though two counsellors and members of the psychology team provided one-to-one interventions. Coping skills programmes were particularly helpful for those suffering emotionally during imprisonment. The education department also provided a broad and relevant range of short awareness courses, which complemented the treatment work of the psychology team. Management of programmes was appropriate and none of those subject to indeterminate public protection (IPP) sentences were awaiting a programme post tariff.

## Main concerns and recommendations

---

- HP49 Concern: Too many prisoners with mental health problems were held in the segregation unit for long periods without an adequate regime.
- Recommendation: Prisoners with severe mental health problems should not be held in the segregation unit for extended periods. While there, they should be provided with an appropriate regime, targeted interventions and day care provision.**
- HP50 Concern: The number of health care staff had not kept pace with the rise in the prison population. There were very long waits for dental and GP appointments.
- Recommendation: Health care staffing should be sufficient to meet the demand, and prisoners should have reasonably quick access to dental and GP treatment.**
- HP51 Concern: Only about 4% of prisoners were able to undertake vocational qualifications.
- Recommendation: The range of vocational training qualifications in the business enterprise workshops and other work areas should be significantly extended.**

HP52 Concern: Although drug-related offending comprised 30% of the index offences of the population, there was no accredited substance misuse programme.

**Recommendation: An accredited drug and/or alcohol programme should be introduced to meet the needs of the population.**

# Section 1: Arrival in custody

## Courts, escorts and transfers

---

### Expected outcomes:

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

- 1.1 Escort staff appeared polite and respectful towards prisoners and inspected vehicles were clean. Prisoners were routinely handcuffed while getting on and off vehicles and most reported that they did not receive comfort breaks during lengthy escorts.
- 1.2 G4S was the contracted escort provider, although escort to hospital appointments was usually undertaken by the prison. Inspected cellular escort vehicles were clean and well equipped with drinks and refreshments, although not all were fitted with CCTV cameras and none had seatbelts. On arrival at the prison, prisoners got off the vehicles promptly.
- 1.3 We observed respectful and polite interactions between escort staff and prisoners. However, in our survey 58% of prisoners reported being treated well by escort staff against the national comparator of 63% and 69% at the previous inspection. Only 24% of prisoners said they felt good attention was paid to their health needs during escort which reduced further among prisoners with disabilities and those aged over 50, at 11% and 16% respectively.
- 1.4 In our focus groups, prisoners said they were given refreshments during escort and this was confirmed in prisoner escort records that we examined. Most prisoners said they were not offered a comfort break, irrespective of the length of journey, and were required to use a bag to relieve themselves. Escort staff confirmed that this was the normal procedure.
- 1.5 All prisoners were routinely handcuffed when getting on or off vehicles, regardless of their categorisation or individual risk and despite the fact that this happened in a sterile area. This was a prison policy, and not the policy of the escort contractor. Although it was a Category B prison, a significant proportion of the prisoners were category C and D.
- 1.6 In our survey, 91% of prisoners said they knew where they were going when being transferred to the prison, against the comparator of 84%. Many complained about the difficulty of being transferred closer to their homes and families. At the time of the inspection, a third of prisoners were being held over 100 miles from their home address. Not all were given 24 hours' notice of a move. We spoke to one foreign national prisoner being transferred out during the morning, who had been told late afternoon the previous day and was feeling anxious. He had been unable to contact relatives in his home country and had received no information about the receiving prison.

## Recommendations

---

- 1.7 Escort staff should be fully aware of, and equipped to meet, the health needs of individual prisoners.
- 1.8 Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment.

- 1.9 Prisoners should not be routinely handcuffed in sterile areas unless there is evidence of significant risk.
- 1.10 Subject to evidenced security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family.

## Housekeeping point

---

- 1.11 Escort vehicles should have seatbelts.

## First days in custody

---

### Expected outcomes:

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

- 1.12 Reception was clean, with relevant information available in a range of languages. Risk assessment was completed in a confidential environment and all prisoners were seen by health care staff. Most prisoners we spoke to reported feeling safe on their first night but there were no routine first night checks. A small number of prisoners on the first night and induction wing were locked up for extended periods of time. Induction was thorough and useful.

## Reception

---

- 1.13 Reception was normally open from 7am to 5pm Monday to Friday and 8am to 5pm on Saturday and Sunday. Over the previous three months there had been 418 movements through reception, including 94 new arrivals. The counter area became cramped with significant quantities of prisoner property, but was otherwise adequate for the number of prisoners we saw passing through. There were two sterile holding rooms, two standard holding rooms, a separate room for x raying property, toilet and shower facilities and a search cubicle. The prison operated a biometric booking-in system.
- 1.14 We observed reception staff interacting well with prisoners. Cell-sharing risk assessments (CSRA) were undertaken in a confidential setting and staff demonstrated a good knowledge of the potential vulnerabilities of new arrivals. Two orderlies were also based in reception, one of whom was a Buddy. They were proactive in engaging new arrivals in discussion, answering any queries and questions, and explaining what would happen next. In our survey, 75% of prisoners said they were treated well or very well in reception against a comparator of 69%.
- 1.15 All new arrivals (and departures) were strip-searched, required to sit in the body orifice security scanner (BOSS) chair and to undertake a mandatory drug test (MDT). There was confusion among prisoners about routine MDT in reception, which they were told was required as part of the prison zero tolerance policy, while information in the prisoner handbook and on display said that MDT was undertaken on a random basis only. Prisoners were routinely seen by health care staff in a private consultation room, but the top half of the door was clear glass and did not afford total privacy. Health care staff also contributed to the CSRA.

- 1.16 All prisoners were able to have a hot drink, and hot food or sandwiches were ordered from the prison kitchen for prisoners who had not had a meal. Prisoners were able to make a free telephone call in reception and have a shower before moving to the first night and induction wing, although staff said that few prisoners did so. Each was given a pack containing tea, coffee, toilet rolls and a canteen form and those requiring it were given PIN credit to use in the in-cell phone. These items had to be paid for on receipt of wages or money sent in. A system of duty staff was employed to ensure that prisoners arriving after 5pm and up to 8.30pm still underwent reception and first night procedures.
- 1.17 The prison kept a store of secondhand clothes donated by prisoners which could be used by new prisoners arriving with only one set of clothes. Alternatively, they could receive a standard prison-issue kit.
- 1.18 An impressive prisoner information handbook described all aspects of the regime including entitlement to letters, telephone calls and visits. It was available in a range of languages, as was the information posted on notice boards throughout reception which included good information on safer custody issues. Staff reported minimal use of professional interpretation services, although 14% of the population were foreign nationals. However, staff were aware of how to use the service, and a poster was displayed advising prisoners in a number of languages to ask for the interpretation service if they required it.

## Housekeeping points

---

- 1.19 Information provided to prisoners should be up to date and reflect current practice.
- 1.20 The health care consultation room should provide complete privacy.

## First night

---

- 1.21 Most prisoners we spoke to reported feeling safe on their first night and in our survey 89% of prisoners reported positively on safety during their first night, against the national comparator of 78%. Black and minority ethnic groups and older prisoners reported particularly positively at 94% and 95% respectively, although prisoners with disabilities less so at 79%.
- 1.22 All new arrivals moved from reception on to the lower floor of E wing, which was the designated first night and induction unit. In a sample of 18 prisoner records that we looked at, the length of stay on the induction wing ranged from two to six weeks.
- 1.23 A first night and induction book which had been started in reception was completed by residential staff. It covered basic information such as what would happen over the next 24 hours, how to contact staff and how to use PIN phones. A first night questionnaire was also completed covering more sensitive information such as suicide and self-harm, which generated a risk minimisation plan if required. Staff said they undertook this on the landing, which did not guarantee privacy. Our examination of wing files showed that two versions of the questionnaire were used, one covering age and sexuality and the other not. Staff were not sure which was the most recent version.
- 1.24 Staff did not carry out and record formal first night checks on all new arrivals, but only for prisoners presenting with obvious risks or on an ACCT (assessment, care in custody and teamwork). This was a weakness in an otherwise robust system of risk management.

- 1.25 An induction orderly, prisoner information and advisory committee representative and Buddy representative all lived on the wing and provided support to newly arrived prisoners. Each prisoner was allocated a personal officer.
- 1.26 A dedicated induction officer worked Monday to Friday with responsibility for coordinating induction for each new arrival and reviewing all high- and medium-risk CSRAs within seven days of the prisoner moving to E wing. In addition, all risks were reviewed when prisoners were allocated to another wing. Wing files showed that relevant paperwork had been completed for almost all prisoners.
- 1.27 The upper floor of E wing housed prisoners on the enhanced level of the incentives and earned privileges scheme who, it was felt, helped to provide a more settled atmosphere for new prisoners. A small number of prisoners with specialist needs were also housed permanently on E wing.

## Recommendations

---

- 1.28 A system of formal checks should be undertaken and recorded for all new arrivals during their first 24 hours.
- 1.29 Use of the first night and induction unit for more vulnerable prisoners should be kept under review to ensure adequate regime and support.

## Housekeeping point

---

- 1.30 First night questionnaires should be uniform and conducted in a confidential environment.

## Induction

---

- 1.31 Induction lasted for a week and was carried out thoroughly by a multidisciplinary team. In our survey, 77% of prisoners said it covered everything they needed to know against the comparator of 59%. The induction programme director's rule dated January 2011 stated that 'formal induction... will usually take place at the beginning of the week following arrival'. Most prisoners nevertheless joined induction the day after arrival, although this had not been the experience of several prisoners that we spoke to.
- 1.32 Most prisoners on the first night and induction unit spent considerable time out of their cells, but a very small number who had completed their induction and were not yet engaged in, or had not applied for, work or education were locked up for extended periods. While it was evident that some of these prisoners were unwilling to engage in activities, others were waiting to be accepted for jobs or education places they had applied for and were largely reliant on gym sessions as their primary activity. A small number of prisoners with specialist needs were also housed permanently on E wing, although this was not a part of the vulnerable prisoner policy, and there was no systematic provision to ensure a full regime and support for this group.

## Recommendations

---

- 1.33 Induction should start on the first full working day following reception.

1.34 Newly arrived prisoners should not be locked behind their doors for extended periods.





# Section 2: Environment and relationships

## Residential units

---

### Expected outcomes:

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

2.1 Residential units were light, clean and in a good state of repair. The newer house blocks in particular were among the best accommodation in the prison estate. Prisoners on house blocks 3 to 5 had in-cell showers. ATMs on the wings promoted responsibility and autonomy among prisoners and gave officers more time. Consultation arrangements were good. Residential units were relatively calm and quiet. Procedures for incoming and outgoing mail were good. All prisoners had in-cell telephones, which promoted family contact and responsibility.

### Accommodation and facilities

---

- 2.2 The prison had five house blocks, two of which had four wings and the others two wings. Each wing had two tiers. House blocks 4 and 5 (opened in 2010) and house block 3, were for enhanced prisoners who had to sign and comply with a zero tolerance compact (see section on incentives and earned privileges).
- 2.3 Cells and communal areas were light, well decorated and in a good state of repair. Residential units were calm and quiet. In our survey, 79% of prisoners said it was quiet enough to be able to relax or sleep at night in their cells against the comparator of 70%. In terms of facilities and general environment, House blocks 4 and 5 were among the best accommodation anywhere in the prison estate.
- 2.4 Good use was made of notice boards but few notices were in foreign languages (see section on diversity). The policy on displaying offensive material was included in the mandatory notice booklet and was applied consistently, though it did not refer to the display of racist material.
- 2.5 Each exercise yard contained external gym equipment, bars for pull-ups and benches for sit-ups. All wings contained internal gym equipment. There were two microwaves on every wing, although during the inspection one was not working on G wing. There were sofas on house blocks 3, 4 and 5 and all wings contained snooker and pool tables.
- 2.6 ATMs were located on each wing and prisoners could access their personal account by entering a PIN number. This enabled them to check their prison finances and the activities timetable, make health care appointments, order goods from the shop, book visits and purchase telephone credit. This important innovation promoted responsibility and autonomy and freed officers' time. Staff could send messages to individual prisoners, although not all knew how to do this. A facility for posting notices on the ATMs was available but it was not routinely used.
- 2.7 Response times to cell emergency call bells had improved since the last inspection. However, response time data showed that 9% of calls were not responded to within five minutes. When a bell was activated, it sounded an alarm in the main staff office in each house block, which was

often empty. We were told that after three minutes unanswered call bells would be transferred to the prison control room where a member of staff would radio an officer on the wing. Average response times were not monitored.

- 2.8 Prisoners were given a privacy key and signed a compact when they received it. All prisoners had a television in their cells except those on the basic level of the incentives and earned privileges scheme. They paid for their televisions and licence unless they were retired, disabled or a Buddy (see section on suicide and self-harm). As part of a trial, some prisoners had computers in their cells on which they could complete education course work using the television as a monitor.
- 2.9 Prisoners were consulted about the routines and facilities on residential units through PIAC (prisoner information and activities committee) meetings. The 14 PIAC representatives met a member of staff beforehand to agree issues for discussion. Each full PIAC meeting was attended by the senior management team, minuted and underpinned by a continuous action plan. PIAC representatives were paid for their role. Minutes demonstrated that their concerns were heeded and actions progressed.

## **Mail**

---

- 2.10 Procedures for handling mail were appropriate. In our survey, fewer prisoners (27%) than the comparator (42%) said that they had problems sending or receiving mail. Incoming mail was distributed within 24 hours of arrival in the prison, including recorded mail.

## **Telephones**

---

- 2.11 All prisoners on normal location had in-cell telephones which enabled them to make calls in private at a time of their choice. This particularly aided contact with solicitors and helped foreign national prisoners to maintain contact with families in different time zones. Prisoners were able to purchase PIN credit on the ATMs. We observed a manager arrange a meeting at short notice with two prisoners on different wings by contacting them on their in-cell telephones. There was an 'in-cell telephone compact' which regulated their use.

## **Recommendation**

---

- 2.12 **In-cell emergency call bells should be responded to within five minutes.**

## **Housekeeping points**

---

- 2.13 The display of offensive material policy should prohibit the display of racist material and images of weaponry.
- 2.14 Staff should be trained in how to post notices and messages on the ATM system.

## **Good practice**

---

- 2.15 *The ATMs and in-cell phones promoted autonomy and responsibility among prisoners and freed officers' time.*

## Clothing and possessions

---

- 2.16 Prisoners were allowed to wear their own clothes. They were responsible for laundering their own sheets and had reasonable access to laundry facilities, with three dryers and three washing machines on each wing. Despite this, for reasons that were unclear, in our survey prisoners reported relatively poorly on access to clean clothing and bedding; for example, only 35% said they were offered enough clean, suitable clothes for the week against the comparator of 54%.

## Housekeeping point

---

- 2.17 Managers should investigate the reasons for prisoners' perceptions of poor access to clean clothing and bedding.

## Hygiene

---

- 2.18 Prisoners on house blocks 3, 4 and 5 had in-cell showers. On house blocks 1 and 2, there were eight showers on each wing, four on each landing. Shower facilities were in good condition and prisoners reported very good daily access. They also had easy access to drinking water. Cells were generally clean and well looked after, though in our survey some prisoners reported slightly worse access to cleaning materials than the comparator (76% against 79%).

## Staff-prisoner relationships

---

### Expected outcomes:

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

- 2.19 Staff-prisoner relationships were very good and most prisoners felt they were treated well. New staff were mentored by more experienced officers.

- 2.20 In our survey, 88% of prisoners said they were treated with respect by most staff against a comparator of 74%. Staff-prisoner relationships were characterised by relaxed but respectful interactions and a number referred to each other by first names. It was notable that in our survey both black and minority ethnic prisoners and Muslim prisoners reported positively about respectful treatment by staff.

- 2.21 In contrast to previous inspections, we did not hear significant prisoner complaints about high staff turnover rates and staff inexperience. The annual staff turnover rate had dropped to about 8% compared to 19% at the previous inspection. All new staff were mentored by experienced officers for a period of two weeks.

# Personal officers

---

## Expected outcomes:

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

- 2.22 Personal officer work was developing reasonably well based on a comprehensive policy. Staff received helpful training for the role and we saw examples of good work to assist needy prisoners. However, there was insufficient focus on progression and resettlement targets. Personal officer records were variable but most reflected improving frequency and quality of contact and positive engagement.
- 2.23 All prisoners had a personal officer and, in our survey, 71% of prisoners said they found them helpful against a comparator of 60%. The personal officer policy was comprehensive and appropriately defined the requirements of the role. Prisoners received a summary of what they could expect from their personal officer. Each member of staff had responsibility for eight to ten prisoners and acted as back up for a similar number. Staff received a useful powerpoint presentation on the role which was also available on the local intranet.
- 2.24 Staff were expected to do an hour's personal officer work a week, including interviews with prisoners. A recent requirement to assess family related needs was reflected in a separate interview schedule, although few of these had been completed.
- 2.25 On the whole, personal officer work appeared reasonably effective and we saw examples of determined work to assist some very needy prisoners with welfare issues. In our survey, 84% of prisoners said they had someone to turn to if they needed help against a comparator of 72%. However, there was limited focus on helping prisoners to achieve progression and resettlement targets and this important aspect of personal officer work was rarely mentioned in the interview records we saw.
- 2.26 Wing files were informative and kept in good order. Personal officer records were kept in the file and generally indicated improved frequency and quality of contact in recent months. Many entries were typed and provided an accessible summary of prisoners' histories. Most reflected positive engagement between staff and prisoners. However, the quality of entries tended to be better and more frequent on the enhanced units than on house blocks 1 and 2. In our sample, there was a gap of three months between entries in one case and we saw some poor entries, which had occasionally been cut and pasted from meeting to meeting. Management checks had recently started and there was no evidence of them in our file sample.

## Recommendation

---

- 2.27 Regular personal officer work should focus on progression and resettlement needs as well as welfare issues.

## Housekeeping point

---

- 2.28 There should be robust management checks of personal officer work to help raise the frequency and standard of entries across all areas of the prison.

# Section 3: Duty of care

## Bullying and violence reduction

---

### Expected outcomes:

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

- 3.1 Violence reduction issues were appropriately addressed and followed up at the monthly safer custody meetings. There was a good up-to-date violence reduction policy. In spite of the nature and size of the population, violent incidents were relatively infrequent. Prisoners were consulted and involved in making improvements. Allegations of bullying were treated consistently and fairly through the violence reduction policy. Violence reduction booklets reflected good victim support and challenge to perpetrators.
- 3.2 The safer custody team comprised a safer custody manager and a safer custody officer. The team was responsible for violence reduction and self-harm and suicide prevention. Violence reduction issues were appropriately addressed at the monthly safer custody meetings which were underpinned by a violence reduction continuous improvement plan. The team produced a monthly newsletter for staff promoting safer custody.
- 3.3 An effective violence reduction policy had been updated in January 2011, informed by a comprehensive safer custody survey conducted in August 2010 and completed by 28% of the prison population. The findings of the survey were positive and reflected the findings of our own survey, in which only 9% of prisoners said they felt unsafe against the comparator of 18%. Twenty per cent said they had been victimised by another prisoner against a comparator of 26%. For the nature and size of the population, violent incidents were relatively infrequent: in the three months prior to the inspection, there had been an average of 15 a month.
- 3.4 Prisoners were consulted and involved in determining how they could be made safer. Buddies (see section on suicide and self-harm) attended the monthly safer custody meetings to raise issues on behalf of prisoners. Minutes and the continuous action plan confirmed that these concerns were acted upon. In addition, buddies met regularly with the safer custody manager to discuss safety issues.
- 3.5 Prisoners' families and friends could provide information to help identify prisoners likely to be at risk but this facility was not well publicised. A notice in the visits hall gave the safer custody helpline number, but this was not prominent.
- 3.6 Allegations of bullying were treated consistently and fairly through the violence reduction policy. The violence reduction booklets contained a concern form to give brief details of the event, an immediate action plan, an initial case review to be held within 24 hours of the concern being raised, a minimisation plan, further case reviews and an observation log.
- 3.7 Examined violence reduction booklets reflected good victim support and challenge to perpetrators. The appropriate steps had been taken in accordance with the policy, entries in the observation logs were detailed and post-closure reviews had been conducted. However,

we saw one inappropriate action in a victim's immediate action plan. The victim was unable to repay a drug debt and was being threatened by a dealer. It had been agreed between the prisoner and a member of staff that the prisoner should pay off his debt as soon as possible to obviate the risk. This may have taken the pressure off the prisoner but it compounded an illegal activity and rewarded the perpetrator.

## Housekeeping point

---

- 3.8 The helpline number for visitors to report safety concerns should be more prominently displayed.

## Vulnerable prisoners

---

- 3.9 While there was a comprehensive policy on the support of vulnerable people, there were no separate residential areas for them. Many lived on the main wings, although we were concerned about the use of the segregation unit to house a few particularly vulnerable prisoners (see section on segregation). Buddies gave good support to vulnerable prisoners, but there were no buddies on C and G wings (see section on self-harm and suicide).

## Recommendation

---

- 3.10 Buddies should reside on all wings.

## Self-harm and suicide

---

### Expected outcomes:

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

- 3.11 There was a comprehensive suicide and self-harm prevention strategy. Monthly safer custody meetings were multidisciplinary but attendance was inconsistent. There was a good level of care for those at risk of self-harm or suicide. ACCT entries were detailed but ACCT documentation in complex cases was not in good order. The Buddy network was effective and contributed to self-harm and suicide prevention.

- 3.12 There was a good level of care for those at risk of self-harm or suicide. The suicide and self-harm strategy issued in June 2010 set out comprehensive procedures and was promoted in the prisoner information handbook available on reception. Multidisciplinary safer custody meetings were held monthly and numbers attending were usually adequate but variable. Despite the risks for newly arrived prisoners, reception staff had not attended the previous six meetings. Incidents of self-harm were closely monitored by the safer custody manager and analysed at the meetings to establish trends and implement preventative measures. In the 10 months prior to our inspection, there had been an average of 11 incidents of self-harm a month. Tragically, during the inspection week, a prisoner on an open ACCT had died and this

was under investigation according to normal procedures. There had been no self-inflicted deaths for the six years before the inspection.

- 3.13 The ACCT documents that we reviewed demonstrated a high level of care for prisoners at risk of self-harm and suicide. It was notable that a number of the ACCTs in our sample were generated by frustration with health care. Multidisciplinary case reviews were regular and well attended: in one case eight members of staff and the prisoner were present. Mental health input was provided in appropriate cases. Prisoners' families were not involved in ACCT case reviews but they were updated with the prisoner's consent. Observation entries were detailed and on the whole reflected meaningful interactions with the prisoners. Post-closure reviews were appropriately documented. Some folders were too small for the ACCT documentation and many papers were loose and attached to the folder in the wrong order.
- 3.14 Buddies were trained by counsellors from the psychology department. Selection and training were rigorous and buddies were positive about their role. Nine buddies were paid for full-time work and nine were voluntary. They provided a listening service to prisoners in crisis and gave general advice. Buddies met on alternate weeks with the safer custody manager to discuss operational issues and the psychology department to discuss support issues. Buddy support was not confidential. Prisoners seeking a confidential service had the option of speaking to a Samaritan on their in-cell telephones.
- 3.15 A buddy was detailed to work in reception and gave all new arrivals a 10-minute session. Full-time buddies were located in a single cell with an extra bed for prisoners in crisis. Buddies told us that prisoners were brought to their cells for support even in the middle of the night. However, they complained that they had difficulty in moving between wings to support recently relocated prisoners with whom they had established a relationship.

## Housekeeping points

---

- 3.16 The safer custody meetings should be consistently well attended and include representatives from reception.
- 3.17 ACCT paperwork should be stored in the correct order and securely held together.

## Applications and complaints

---

### Expected outcomes:

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

- 3.18 Applications were usually treated promptly and some could be made through ATMs. Prisoners were encouraged to solve areas of dispute informally before making a complaint. Prisoners could easily and confidentially submit complaint forms. Responses were largely respectful and addressed the issues raised. Prisoners were often encouraged to withdraw complaints and the systems for ensuring that this was not for inappropriate reasons were not robust. Quality checking of complaints was not recorded. An excellent complaints training package had been developed but had yet to be delivered to all staff.

- 3.19 In our survey, 57% of prisoners said that applications were dealt with fairly and 58% promptly against comparators of 51% and 48% respectively. Prisoners submitted written applications or, in certain cases, could make them through the ATMs on the wings. Applications to see health care, transfer of monies between accounts and arranging visiting orders could all be done via an ATM, and this system appeared very efficient. Prisoners still relied on written applications for other matters. These were collected by wing staff who recorded receipt of the application in a log book and who was to deal with it. There was a column to record when the application was returned to the prisoner, but this was rarely completed, making it difficult to monitor trends and identify the reasons for delays.
- 3.20 The complaints process was adequately promoted on induction and elsewhere. Information about the procedure was reinforced by notices in a number of languages beside complaints boxes on the wings.
- 3.21 Prisoners could easily and confidentially submit complaint forms. The complaints clerk scanned and forwarded complaints to the relevant investigator by email. Investigators' responses were typed and emailed back to the clerk. Responses to complaints were generally fair and prompt. In our survey, more prisoners (33%) than the comparator (28%) said that complaints were dealt with fairly, though fewer thought so than at the previous inspection.
- 3.22 Responses to complaints were largely respectful and addressed the issues raised but some investigations were perfunctory. One prisoner complained that he had been assaulted and his hands twisted while in handcuffs. He asked for the police to investigate the allegation but the very short reply did not clarify how the investigator had dealt with the complaint, which staff had been involved or whether video footage had been reviewed. The investigator had not referred the complaint to the police as requested but stated 'If you require police involvement please apply on a general application to see the police liaison officer...'.
- 3.23 In our survey, 63% of prisoners who had made a complaint said they had been encouraged to withdraw it against the comparator of 30%. Prison data showed that 12% of individual complaints in the six months prior to the inspection were withdrawn. However, the reasons were not clear from the documentation and there was little to provide assurance that the withdrawals were legitimate. One prisoner told us that he had been unfairly downgraded to the basic level of the incentives and earned privileges scheme as a result of which his television had been removed. He had submitted a complaint and said that the following day an officer had come to his cell with both a complaint withdrawal form and a television, implying that the latter was dependent on completion of the former.
- 3.24 The contract monitor quality checked all responses and a member of the Serco management team quality checked 5%.
- 3.25 A good training package had been developed by a member of staff on how to deal with complaints sensitively and carefully. However, though it was being delivered to staff, only about 30 staff members had received the training to date.

## Recommendations

---

- 3.26 **Allegations of assault should be investigated thoroughly and, when requested, the police liaison officer should be notified immediately. Full details of the investigation should be recorded on the reply.**



- 3.27 When a complaint is withdrawn, staff should ensure that prisoners give detailed recorded reasons and all withdrawals should be monitored by managers.
- 3.28 The new complaints training package should be rolled out to all staff.

## Housekeeping points

---

- 3.29 The date an application has been concluded and returned to the prisoner should be recorded in wing office log books.
- 3.30 Quality checks of responses to complaints should be recorded and action taken on poor quality responses.

## Legal rights

---

### Expected outcomes:

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

- 3.31 In our survey, prisoners reported more positively than the comparator in all areas relating to legal rights. Good telephone access meant that contact with legal representatives was easy. The librarian acted as legal services officer but his role was not adequately promoted. There were sufficient cubicles for legal visits in the visits hall.
- 3.32 In our survey, more prisoners (71%) than the comparator (59%) said that it was easy or very easy to communicate with their legal representative, and that it was easy or very easy to attend a legal visit (72% against 57%). Prisoners told us that good telephone access made it easier to pursue legal cases.
- 3.33 The librarian acted as the legal services officer (LSO). The role of the LSO was promoted on induction and there were some notices around the establishment advising who the LSO was but with no photographs or explanation of his role. The LSO kept a log of all interactions he had with prisoners, and 25 interactions had been recorded in the three months prior to the inspection. He had his own office with computer, internet access, photocopier and printer.
- 3.34 The LSO retained lists of criminal and immigration solicitors, although some prominent local firms were not listed and he did not use the community legal advice website to source solicitors. If prisoners needed assistance, the LSO wrote to solicitors on their behalf requesting legal representation.
- 3.35 The library contained a large selection of legal text books, which were stored in a cabinet in the LSO's office next to the library to prevent book loss. There were no notices in the library alerting prisoners to their existence and some prisoners were not afforded adequate access. A list of legal publications available was included in the library induction leaflet.
- 3.36 Prison Service Orders, a book on criminal law and procedure, Archbold, and contact details of courts were available on a computer in an IT suite next to the library. This enabled prisoners to search quickly for relevant information.

- 3.37 Prisoners representing themselves could apply for an 'access to justice' laptop. They were allowed to dedicate up to two three-hour sessions a week to their legal matters and could write and print legal letters in the IT suite. During our inspection, two prisoners had laptops. Prisoners undertaking education classes had their own drive to store letters and documents.
- 3.38 There was no information on the Legal Ombudsman and the LSO referred prisoners who wished to complain to the defunct Legal Complaints Service.
- 3.39 There were sufficient cubicles for legal visits in the visits hall. They were spacious, light and fit for purpose.

## Housekeeping points

---

- 3.40 Notices should be displayed around the prison with photographs explaining the role of the legal services officer.
- 3.41 Lists of solicitors specialising in criminal, prison and immigration law should be regularly updated. Firms on the list should be contacted to confirm that they are willing and able to attend the prison.
- 3.42 The legal services officer should use the community legal advice helpline and website.
- 3.43 Legal materials, including rules and director's notices, should be visible and accessible to prisoners.
- 3.44 Notices, leaflets and complaint forms in relation to the Legal Ombudsman should be available.

## Faith and religious activity

---

### Expected outcomes:

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

- 3.45 Prisoners reported good access to chaplaincy staff and a high degree of respect for their religious beliefs. The core chaplaincy team was visible around the establishment and represented the main faiths, although there was no Sikh chaplain. A good range of religious festivals was marked and celebrated.
- 3.46 The core chaplaincy team was led by a Free Church chaplain, supported by a Church of England chaplain, Roman Catholic chaplain and two half-time Muslim chaplains. Monthly services were held by a Buddhist chaplain and a Jewish chaplain. Other minority faiths were represented by sessional chaplains and volunteers. However, there was no Sikh chaplain. A chaplaincy support and volunteer coordinator and a chaplaincy office manager provided additional support.
- 3.47 In our survey, 62% of prisoners reported respect for their religious beliefs against a comparator of 54%. Muslim prisoners reported particularly well regarding access to a private consultation with a chaplain of their faith, with 100% saying they were able to do so if required. Some

prisoners said the part-time Roman Catholic chaplain was not as visible as others, but the prison was recruiting an additional chaplain to make the post full time.

- 3.48 The chaplaincy team played a key part in induction and also provided information on services via the in-cell prison information television channel. Services were held in two multi-faith rooms, one of which had specialist facilities for Muslim prisoners to carry out ablutions. Prisoners were able to access a range of religious and faith-based television channels.
- 3.49 A range of courses was delivered by the chaplaincy, including the Alpha course, a Bible studies group and an Islamic studies group. The chaplaincy facilitated the Sycamore Tree restorative justice programme, delivered by volunteers from the Prison Fellowship. It also facilitated the National Prison Visitors' Scheme, although this was still in the early stages of development with one volunteer ready to start and two more awaiting prison security clearance. A new scheme entitled Letter Writing had started in partnership with the Prison Fellowship, enabling prisoners to send letters to, and receive letters from, volunteers.
- 3.50 Multi-faith chaplaincy family services were available to prisoners who were regular attendees at corporate worship and who met certain other security criteria. These services enabled prisoners to have a meal with their family members followed by a religious activity. Twenty-one services had been hosted by a range of chaplains, attended by 38 prisoners with 99 family members.
- 3.51 In addition to the normal statutory duties, the duty chaplain visited three house blocks and one activity area on a rotational basis to discuss emerging issues with staff and talk to prisoners. Duty chaplains also attended key meetings such as safer custody, reintegration unit (RIU) reviews, ACCT reviews and race equality action team meetings. Prisoners who were in the RIU and not considered suitable to attend core services could have the service delivered in their cell. A member of the chaplaincy support staff also acted as family liaison officer in cases of death in custody and serious illness, working in partnership with the chaplains who delivered the pastoral care in such cases.
- 3.52 Chaplaincy staff had developed partnerships with external organisations, such as a mentor scheme which prisoners could link into on release. They were also putting together a database of organisations which could provide support to prisoners pre- and post-release as part of a resettlement plan.

## Recommendation

---

- 3.53 A Sikh chaplain should be appointed.

## Substance use

---

### Expected outcomes:

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

- 3.54 Opiate-dependent prisoners could access treatment which was flexible and appropriate to their needs. Clinical and counselling, assessment, referral, advice and throughcare (CARAT) staff and the integrated drug treatment system (IDTS) worked cooperatively to provide a good level

of care, and services were well integrated. The mandatory drug testing (MDT) rate of just over 5% was within target and the number of suspicion tests and positive results were low.

## Clinical management

---

- 3.55 The integrated drug treatment system (IDTS) was well established. During the inspection week 92 prisoners received opiate substitute treatment, with 20 on maintenance and 72 on reduction regimes. All prisoners were drug tested and screened at reception and existing prescribing regimes were continued. Secondary detoxification for prisoners who had relapsed while in the prison system was also available.
- 3.56 The clinical IDTS team consisting of three nurses was fully integrated with the CARAT service and under the same management. Individual care plans and reviews were conducted jointly, treatment was flexible and prisoners were fully consulted. Only one specialist GP session had been available, which was insufficient and due to increase shortly.
- 3.57 Prisoners receiving drug treatment could be located throughout the establishment but methadone and subutex were administered from treatment rooms on house blocks 1 and 2 early in the morning, allowing prisoners to attend work and education. These treatment rooms were also used for consultations, key work sessions and reviews, which was not appropriate.
- 3.58 Clients with complex needs were referred to mental health services. While individual case reviews were sometimes conducted jointly, IDTS nurses did not attend the mental health in-reach team's weekly multidisciplinary meeting and both teams lacked dual diagnosis expertise.

## Recommendations

---

- 3.59 The establishment should ensure that appropriate, designated facilities for consultations and interviews are made available to IDTS staff and their clients.
- 3.60 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems.

## Good practice

---

- 3.61 *Clinical IDTS and CARAT teams worked in a fully integrated way and provided a high level of care to their clients.*

## Drug testing

---

- 3.62 The establishment's year-to-date random MDT positive rate stood at 5.59% against a target of 7.75%. All new receptions were tested, a high level of risk assessment testing took place and a frequent testing programme was in operation. Only 59 suspicion tests had been conducted in the previous six months, averaging a positive rate of just over 30%. The MDT programme was appropriately staffed by three designated officers but the quality of security information reports varied and delays in processing intelligence information meant that requests for suspicion testing did not always arrive in time.

- 3.63 A basic testing suite was located in the reception building but MDT was mainly undertaken in spacious, designated premises located in the new part of the prison. Appropriate procedures and systems were in place and the scheme was well monitored and coordinated.
- 3.64 Finds and test results pointed towards cannabis and some diverted medication as the main drugs in use. In our survey, 18% of respondents said it was easy to get illegal drugs against the comparator of 31%. Good links between the security department and the substance misuse team were apparent and a drug supply action plan was updated at bimonthly drug strategy meetings. All prisoners testing positive under MDT were referred to the CARAT team.
- 3.65 The establishment also operated a compliance testing scheme on all enhanced units under its zero tolerance policy. Appropriate unit compacts and procedures were in place and all officers had been trained to undertake testing. The scheme was completely separate from voluntary drug testing.

## Recommendation

---

- 3.66 Security managers should ensure that intelligence-led drug testing follows promptly upon receipt of the relevant information.



## Section 4: Diversity

### Expected outcomes:

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

- 4.1 Diversity was a priority in the establishment, with effective staff leadership and prisoner representatives. Impact assessments had been properly carried out and monitoring extended to all aspects of equality. The programme of cultural events needed to be revived and energised. There was a comprehensive diversity policy.
- 4.2 The diversity and race equality action team (DREAT) had met three times in the previous six months, with a gap of over three months between two of the meetings. The meetings were chaired by the director or his deputy. Actions were carried through and recorded. There was a full-time diversity representative on each wing, covering all areas of diversity. This was an effective group of well-motivated prisoners, who genuinely tried to represent the views of all. The diversity manager and equality officer were committed and effective. The diversity policy was comprehensive and covered all major diversity strands.
- 4.3 Managers had used the impact assessment process well and had chosen a programme of areas for assessment which were of possible concern. The imbalance in complaints was being partially investigated through an impact assessment of the personal officer system, and other topics included violence reduction screening, gym access and allocation of single cells. The new short-term monitoring tool made available by NOMS had been used effectively to discern trends in relation to prisoners with disabilities, for example the incentives and earned privileges scheme, adjudications and segregation for good order and discipline.

### Housekeeping point

---

- 4.4 A regular cycle of diversity meetings should be maintained.

### Good practice

---

- 4.5 *The NOMS short-term monitoring tool had been used to explore the fairness of treatment of older and disabled prisoners.*

### Race equality

---

- 4.6 Black and minority ethnic prisoners were largely positive about life at the prison and race equality was reasonably well managed. However, some disparities in ethnic monitoring had not been investigated. There were few links with outside cultural organisations and little work with the gypsy and traveller community. Racist incident reports were dealt with thoroughly and effectively.

- 4.7 In our survey, black and minority ethnic prisoners reported positively across a wide range of questions, marking Lowdham Grange out from many other adult prisons. Ethnic monitoring figures were considered at the diversity meetings, and action had been taken to explore why white British prisoners were so consistently overrepresented, and black and minority ethnic prisoners underrepresented, in the submission of complaints. The monitoring also showed that black and minority ethnic prisoners were underrepresented on A Wing over 12 months, and even more significantly on P Wing, and markedly overrepresented on L Wing. These trends had not been mentioned at DREAT meetings, nor had any analysis or action been undertaken to address them. Some prisoners on P wing felt that there had been 'cherry-picking' of prisoners deemed suitable for a quieter wing, and some said that black prisoners were thrown off the wing for minor acts of non-compliance. Some staff and prisoners felt that prisoners 'worked the system' to move wings and there was a widespread reluctance amongst managers to see these consistent imbalances as a potential problem.
- 4.8 Few black and minority ethnic prisoners were held in segregation, but in four of the previous five months the number of black prisoners segregated for good order and discipline had been at or above the expected range, a trend which needed monitoring. Even more marked was the low proportion of black and minority ethnic prisoners charged with a disciplinary offence during the previous year.
- 4.9 Staff diversity training packages had been designed locally, incorporating elements of national training materials, and were in the process of being delivered. Similar training had been delivered to the equality representatives.
- 4.10 Members of gypsy and traveller communities had proved reluctant to disclose the fact in a survey conducted the previous year. Diversity staff were in touch with the East Midlands contact for the gypsy and traveller community, and with an expert from another establishment, but a higher profile was needed to encourage members of this group to identify themselves, support each other and celebrate their identity. Overall, there was a lack of active links with external community and cultural organisations.

### **Managing racist incidents**

---

- 4.11 Racist incident report forms (RIRFs) were seen by the equality officer before sending them to the relevant department for a reply. She returned any responses which she felt to be inadequate. There had been 174 RIRFs in the previous year, of which most had been judged not to have a genuine racist element. The director (or deputy, in a small number of cases) signed off all the investigations and referred the matter for further investigation and/or action if he felt it necessary. Processes appeared thorough and fair, although records did not always fully demonstrate how judgements had been arrived at, for example, in one case the evidence of five prisoner witnesses against that of one officer had been discounted and no reasons given. The quality of investigation was monitored by external partners including the regional arm of the Equality and Human Rights Commission, the NOMS controller and the NOMS area adviser on equalities.

### **Race equality duty**

---

- 4.12 A spreadsheet was kept up to date listing prisoners with, for example, racially aggravated offences and staff and departments who had been informed.



- 4.13 The chaplaincy had produced striking displays of multi-faith and multi-cultural information. Professional photographs of scenes and people in Lowdham Grange were displayed in many areas, reflecting the diversity of the population.
- 4.14 There was relatively little celebration of special cultural events. Despite thorough planning, the most recent Black History Month had disappointed prisoners who did not feel that their views had been taken into account. Little other than cultural menus was currently in hand. We were told that this was a deliberate pause to regroup and organise a proper programme.

## Recommendations

---

- 4.15 An impact assessment should be carried out on the ethnic imbalance in A, L and P wings.
- 4.16 Links with community organisations supporting ethnic diversity should be strengthened, especially in relation to the gipsy and traveller communities.
- 4.17 A programme of regular cultural events should be implemented, involving prisoners at every stage.

## Housekeeping point

---

- 4.18 Reports on racist incident investigations should always include an explanation of how conclusions were reached from the evidence.

## Religion

---

- 4.19 Prisoners were positive about the degree of respect accorded to their religious beliefs. Muslim prisoners reported in general a similar quality of experience in the prison to non-Muslims.
- 4.20 Prisoners reported a high degree of respect for their religious beliefs. The good range of religious activities and the high profile of the chaplaincy evidently contributed to the positive perceptions (see section on faith and religious activities).
- 4.21 Our survey was analysed to compare responses of Muslim prisoners with others. Fifty-four per cent of their answers were not significantly different, 22% were more positive and 24% more negative. One third of the more negative responses related to experiences of victimisation. Although there were clearly some issues to address, the reported experience of Muslim prisoners appeared broadly the same as that of the other prisoners. This was in stark contrast to many prisons inspected recently and was a positive sign of religious tolerance and communication.

## Foreign nationals

---

- 4.22 Foreign national prisoners did not feel that they were well supported. Equality representatives followed up foreign national issues, but there were no meetings for this group. The UK Border Agency (UKBA) surgery was valuable, but more encouragement was needed for prisoners who did not speak English to use telephone interpretation.

- 4.23 There were 129 foreign national prisoners at the time of the inspection. Until some months before the inspection, the race equality officer had also fulfilled the role of foreign national coordinator and had had a very visible presence on the wings. A new system was bedding in, where responsibility for support of foreign nationals and the associated administrative processes lay in the offender management unit. In our groups, foreign national prisoners reported very little provision. They did not know of the availability of telephone credits for prisoners who had not received a visit in the preceding month or extra visiting orders. A foreign national prisoner had recently spoken to his family by video link and it was hoped to extend this.
- 4.24 Four of the equality representatives were foreign nationals and they represented their peers effectively. However, there were no meetings specifically for foreign national prisoners and the value of such meetings was shown by their appreciation of meeting in a group during the inspection. UKBA held a quarterly surgery at the prison, which was very well attended and provided effective help. A member of the local UKBA office staff was due to come in shortly to provide further support and training for staff.
- 4.25 Twenty-nine prisoners had reported not speaking English as their main language (the largest group being six Turkish speakers), and there were a few prisoners who spoke almost no English. Telephone interpretation was used infrequently, an average of seven times a month in the previous seven months. There had been more frequent use of interpretation over a short period during 2010 to support a prisoner who only spoke French, and it had been used for adjudications. Translation software was used effectively for simple local documents.
- 4.26 At the time of the inspection, no foreign nationals were held beyond the end of sentence.

## Recommendation

---

- 4.27 The foreign nationals coordinator should visit the wings regularly and arrange regular support and information meetings with groups of foreign national prisoners.

## Housekeeping point

---

- 4.28 Managers should encourage greater use of telephone interpretation and monitor its use.

## Good practice

---

- 4.29 *A foreign national prisoner had recently been able to speak to his family by video link, and it was hoped to extend this.*

## Disability and older prisoners

---

- 4.30 A multidisciplinary approach was needed to support the large number of prisoners identified as having a disability. Prisoners with disabilities had considerably more negative perceptions of their treatment than other prisoners, across a wide range of issues. Reasonable adjustments were not in place for two prisoners with significant mobility difficulties. Their recent transfer from other prisons without advance notice of their needs had contributed to this. Older prisoners were well integrated into the population, but did not engage in a wide range of activity. Some plans for further provision were in hand and an action plan was needed.

- 4.31 The high number of 396 prisoners identified as having a disability had been confirmed by the health care department: just under 300 of these had mental health difficulties. The disability liaison officer had recently taken on this role. The significant task of making and tracking provision for so many people clearly needed a multidisciplinary approach. In our survey, prisoners with disabilities, who formed 19% of the total sample, were the one group who were mainly negative in their responses. The responses to 49% of the questions were significantly more negative and only on 8% were they more positive than the rest of the population. Forty-six per cent of disabled prisoners had at some time felt unsafe in Lowdham Grange, compared with only 28% of the rest of the population. They also had consistently poorer perceptions of health care services.
- 4.32 During the inspection, a man was received with a prosthetic limb. He was appropriately provided for, with involvement from the disability liaison officer. However, there were two prisoners whose access and mobility needs were not being adequately met. Both had been transferred to Lowdham without notification by the sending prison of the adjustments that would be required. Both sometimes used wheelchairs. One was in a cell adapted for people with disabilities, but still found it unsuitable because the bed and sink were too high, there were no grip rails in the cell and he could not flush the toilet by himself. Despite a delay in receiving and assembling his wheelchair, he was able to access all goods, facilities and services and his visitors were able to visit him on his wing.
- 4.33 There was no committee or group representing the views of disabled prisoners. Their needs were encompassed by the equality representatives. The establishment was shortly to pilot a learning disability screening tool.
- 4.34 Personal emergency evacuation plans were kept in the centre office on each wing and in the control room. Braille translation was carried out in partnership with a nearby prison. There was no recognised carers' scheme, although one disabled prisoner had the support of a paid peer carer. Prisoners unable to work as a result of disability were unlocked throughout the working day.

### **Older prisoners**

---

- 4.35 There were 103 prisoners over 50 at the time of the inspection. Our survey showed that the 22 older prisoners among the respondents felt safe and in some respects reported lower levels of victimisation than others. The only area in which their responses were more often negative was activity. Although half of them were in education, significantly fewer than the under-50s said that they were working, undertaking vocational or skills training, taking part in an offending behaviour programme, going to the gym at least twice a week, or going outside for exercise at least three times each week. In our groups, prisoners aged over 50 said that there was insufficient provision for them and that about a month before the inspection a questionnaire had been sent to them about their needs, but they did not know the outcome.
- 4.36 The gym provided sessions for over-40s, as well as remedial sessions. There were plans for some evening activities and classes for older prisoners. Contact had been made with Age UK, so far with no practical involvement. A granddads' day had been held in the visits area, and further such days were planned. Four prisoners were retired. They were unlocked during the working day and did not have to pay for their televisions.

## Recommendations

---

- 4.37 Managers should implement a plan to provide, record and monitor multidisciplinary support for the large number of prisoners with disabilities.
- 4.38 An impact assessment should be carried out on the involvement of older prisoners in structured and unstructured activity, and the findings implemented.

## Housekeeping point

---

- 4.39 The support of external agencies such as Age UK should be secured to inform and help provide practical support for older prisoners.

## Gender and sexual orientation

---

- 4.40 Published policies, training packages and displays provided positive material about gender and sexuality, but it was difficult for gay prisoners to disclose their sexual orientation.
- 4.41 A new policy provided an appropriate framework for the management of transgender people, but it had not yet been tested in practice. An excellent presentation had been devised and put on the local intranet, introducing staff to transgender issues. A staff awareness pack had been produced. There was no contact with outside agencies on support to gay, bisexual or transgender prisoners.
- 4.42 Gay or bisexual prisoners had a very low profile: two had disclosed to induction staff in confidence and the equality officer had spoken with them, keeping in touch fortnightly with one on the in-cell telephone. It was made clear to all equality representatives that their role included support for prisoners of any sexual orientation, but the representatives were ambivalent about this. It remained challenging for gay prisoners to disclose and work was needed to raise the profile and acceptance. Some steps had been taken, for example, locally designed diversity posters included images representing gay lifestyles.

## Section 5: Health services

### Expected outcomes:

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

- 5.1 The health care service was undergoing a period of change. There were long waits to see a doctor and dentist and prisoners were very critical of this. There was also a high 'did not attend' rate. Facilities had expanded to accommodate the growth in population, but staffing had not increased sufficiently. Clinical supervision and professional development were satisfactory, but clinical governance meetings were infrequent. There was a good range of nurse-led and visiting specialist clinics. There were significant shortcomings in the pharmacy, including concerns about secondary dispensing, accounting for stock medicines and the prescribing policy. Attendance at outside hospital appointments was well managed. There was some good mental health care, but the level of need for services was high. Community links were strong, but there was no day care provision. The segregation unit was used as a refuge for some very disturbed prisoners. Transfers to secure units over the previous year had been reasonably prompt, but at the time of the inspection one prisoner had been in the unit for 12 weeks awaiting transfer.

### General

---

- 5.2 The majority of health care services were commissioned by the Prison Service with secondary mental health services commissioned by Nottinghamshire County Primary Care Trust (PCT). Serco Health was the main provider with secondary mental health and integrated drug treatment system (IDTS) services delivered by the provider arm of the PCT. Prisoners were very critical of the delays in access to health care services, particularly the GP and dentist, and some reported worsening conditions as a result. This negative view was reflected in our survey, although some good services were delivered. The health care centre had been extended following our last inspection and, together with treatment rooms on each of the house blocks, provided a good facility for the treatment and care of patients. Staff numbers had increased but with the subsequent rise in the prison population a further increase was required, especially in administrative support services.
- 5.3 A health needs assessment had been completed in 2009 and this had been followed by an expansion of the workforce. A further assessment was nearing completion at the time of the inspection. The establishment had created a liaison group to monitor the contract which met quarterly and was attended by representatives from the prison, Serco Health and the PCT. A new head of health care had been recruited and interim arrangements were in place.
- 5.4 Primary and secondary health care services were of satisfactory quality to meet the needs of the population. The health care centre included clinic rooms, consultation rooms, a dental suite, a telemedicine room, waiting room and offices. All areas for the treatment of patients were clean, bright and very well decorated. The treatment rooms in the house blocks were used for medication and some minor treatments and nurse consultations. One permanent member of discipline staff was employed in the health care centre managing the movement of patients to clinics. At the start of the day up to 14 patients could be located in the waiting room

with further patients collected when required by wing staff. The waiting room was small with little information available for prisoners while they waited for their appointments.

- 5.5 There was a separate health care room in the reception area of the prison. Despite a notice on the door indicating access only by health care staff, the door was not secured with a health care suite key. The room was of sufficient size and equipped for the initial screening of prisoners but there was no telephone, which inhibited the use of the telephone interpretation service.

## Recommendation

---

- 5.6 A review of the workforce plan in conjunction with the health needs assessment should take into account the increase in the prison population and the increased demand for health care services.

## Housekeeping points

---

- 5.7 The health care room in reception should be secured with a separate health care suite key.
- 5.8 The health care room in reception should be provided with a telephone.

## Clinical governance

---

- 5.9 Clinical governance meetings had been sporadic but they were now held each quarter, but this did not seem sufficiently frequent in view of changes to health services. Attendance included representation from the PCT and communication was maintained with the Serco clinical governance lead. The health care team comprised a stable workforce with some additional staff who had been employed following our last inspection. There were no vacancies and four further staff were about to start work following security clearance. The team provided a 24-hour service and there was evidence of some good investment in their professional development.
- 5.10 The management of the department was being reorganised at the time of the inspection and interim arrangements had been made. A new head of health care was selected during the inspection. Health care services were well represented on the director's senior management team and health care issues were prominent on the agenda of meetings. The team were supported by two full-time administrators who focused on internal health care appointments and outside hospital appointments. As the population had increased, the administrators had become overwhelmed by the quantity of work and further development of this service was needed to support the effective delivery of health care to prisoners.
- 5.11 Health care services were provided throughout the week, including four night staff, with GP and specialist clinics provided on weekdays. The range of nursing and specialist clinics was appropriate for the population but some clinics were too infrequent. There were adequate resources to buy or loan specialist and occupational therapy equipment when required. The head of health care effectively monitored the professional development and mandatory training of staff and there were good links with the GP practice that provided care in the prison and gave opportunities to staff to gain further experience. Clinical supervision was available to all staff with regular group supervision and one-to-one arrangements as required.
- 5.12 Four GPs delivered five clinics each week and the practice provided an advanced nurse practitioner two days a week. The contract for the out-of-hours service delivered telephone

support and two senior nurses were on call if required. Pharmacy services were provided by a local pharmacy supplier who visited the prison once a fortnight. Prescription items were supplied in a timely manner. There were no pharmacist-led clinics. A full-time pharmacy technician, employed by SERCO, had little professional supervision and guidance.

- 5.13 The dentist and dental nurse were employed by Serco Health, but a contract had also been registered on the NHS dental services systems by Nottinghamshire County PCT, which contributed to the cost of the dental service. There were four dental sessions a week with approximately 10 patients booked per session. A protocol was in place for providing out-of-hours dental cover, but there was no cover for annual leave.
- 5.14 Emergency resuscitation equipment and portable oxygen were available in the health care centre and the prison was well supplied with automated emergency defibrillators. Appropriate checks were made of equipment and the defibrillators had audible warnings for battery charge. All nursing staff were in date for mandatory training in basic life support, including the use of defibrillators.
- 5.15 The electronic recording system SystemOne was used to maintain prisoners' clinical records and a contract to summarise the paper records had been put out to tender. All paper records including archived records were stored appropriately and only accessible to professional health care staff. We observed evidence of the use of NICE guidelines and National Service Frameworks in the health care centre. These were less overt in the treatment rooms on the house blocks.
- 5.16 A prisoners' forum dedicated to health care issues met weekly. Representatives from each of the house blocks attended and minutes of the meetings were posted on wing notice boards. There were between five and 10 health care complaints each day, almost exclusively relating to delays in access to routine appointments. These were replied to promptly.
- 5.17 Policies and plans had been developed in conjunction with the Health Protection Agency for the management and control of communicable diseases. A satisfactory range of screening and vaccination programmes was available. Information-sharing protocols were used appropriately.

## Recommendations

---

- 5.18 There should be sufficient administrative support for health care services to meet the health care needs of the population.
- 5.19 The pharmacist should provide adequate supervision, counselling sessions, pharmacist-led clinics, clinical audit and medication review.

## Housekeeping points

---

- 5.20 Suitable dental cover for annual leave should be arranged.
- 5.21 Clinical governance meetings should occur with sufficient frequency to address health care issues promptly.

## Primary care

---

- 5.22 Initial screening was carried out by general nurses for all new prisoners in reception. A standard screening tool was completed electronically using SystmOne. All prisoners received secondary screening over the following three days and were given the opportunity to see a GP. Health care information was provided in the general prison information guide and a separate health care information leaflet had been produced. None of the literature was available in languages other than English.
- 5.23 Health promotion literature was available in the health care centre in a range of languages but was more limited in the waiting room and on the wing notice boards. National health promotion campaigns were marked by additional literature and displays.
- 5.24 Prisoners were assessed for their fitness to use the gymnasium but we were informed by the PE staff that there was a lack of communication with the health care staff. Smoking cessation courses were available to prisoners. Sexual health clinics were provided by a visiting specialist and condoms were available on request from the health care centre. The range of primary care clinics was satisfactory and staff had received appropriate training and continued to develop the services. Chronic disease registers were maintained and staff had received further training in the management of patients with lifelong conditions. Most clinics were delivered in the health care centre with wing treatment rooms used occasionally for overspill. Prisoners in the reintegration unit were seen daily by nursing staff and three times each week by a GP.
- 5.25 There was a high 'did not attend' (DNA) rate for routine nurse and GP appointments, reaching over 30% at the time of our inspection. This problem had been highlighted at our previous inspections and by the health needs assessment. The process for obtaining appointments had changed a number of times and a new electronic system (ATM) for all applications had been introduced six months prior to the inspection. The health care element of the system was effective and prisoners received a response within 24 hours. A written option was available if a prisoner needed to provide more detail about his problem. All routine patients were allocated initially to a nurse triage clinic and then treated or referred to a GP clinic. The waiting time for the nurse clinic was one week and for the GP clinic two weeks. We were told that, despite additional GP clinics, the problem had been exacerbated by the rise in demand. The combination of DNA rates, waiting space, number of nurse clinics and appropriateness of referrals needed review to improve patients' access to an otherwise satisfactory service.

## Recommendation

---

- 5.26 **The appointment system and number of routine nurse clinics should be reviewed and the waiting time for routine consultations should be reduced.**

## Housekeeping point

---

- 5.27 The sharing of information with PE staff should be developed to ensure that healthy lifestyle programmes are managed safely.

## Pharmacy

---

- 5.28 The pharmacy was tidy. The audit of medicines management procedures was poor and managers lacked knowledge about staff compliance with procedures. Heat sensitive products could not be proved to have been stored in appropriate conditions and staff were unaware that



they should reset the maximum and minimum temperatures after recording on a daily basis. Methadone measuring equipment was regularly cleaned and calibrated but records of completion were not maintained.

- 5.29 Nursing staff administered medication via a screened hatch from the treatment rooms in each house block; consideration was given to patient confidentiality. The in-possession policy allowed for seven or 28 days' medication to be supplied but the doctor prescribed daily in possession for some patients. The policy was company wide and not tailored to the needs of the establishment. Risk assessments were not always attached to the prescription and administration charts. Some patients required supervised administration and for these patients night time medication was administered under the door of their cell using a Henley bag.
- 5.30 Stock medication was taken from the pharmacy room by nursing staff who secondarily dispensed from stock and gave out medication in possession that was not labelled in accordance with the regulations. There were no records of what stock had been used and use of stock was not audited. A limited list of medication was available to supply on special sick and under patient group direction and these supplies were appropriately recorded on SystemOne. There were a lot of loose foils in the stock in the pharmacy room and some out-of-date medicines were found. The drugs trolley in one of the house blocks was not chained to the wall. All of these storage issues constituted risks to patient safety.
- 5.31 A medicines and therapeutics committee met quarterly and was attended by the support pharmacist and the PCT. We did not observe evidence-based prescribing: quantities of diazepam and amitriptyline were prescribed and there was widespread prescribing of gabapentin. Patient group directions were in place and used by nursing staff, allowing patients access to medication including paracetamol, aspirin, a flu jab and Gaviscon, as well as more potent medication.
- 5.32 Controlled drugs were obtained via signed order using a duplicate book. Records were maintained in a paper-based controlled drug register in the pharmacy room. Pharmacy data and prescribing were collated from a financial viewpoint but not for clinical audit.

## Recommendations

---

- 5.33 Secondary dispensing should stop forthwith.
- 5.34 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.
- 5.35 The in-possession policy should be reviewed and adhered to.
- 5.36 The medicines and therapeutics committee should ensure that prescribing is evidence based.

## Housekeeping points

---

- 5.37 Stock to be issued to patients should be labelled appropriately.
- 5.38 The medicines trolleys should be secured in the treatment room and kept locked when not in use.

- 5.39 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock.
- 5.40 Maximum-minimum temperatures should be recorded daily for the drug refrigerators in the treatment rooms and pharmacy.
- 5.41 Regular out-of-date checks should be done on all medicines and testing strips.
- 5.42 Prescribing data should be used to promote effective medicines management.

## Dentistry

---

- 5.43 The dental surgery was sited in the health care centre. The equipment was about eight years old but worked satisfactorily, apart from the x-ray developer, and was serviced regularly. Cross-infection controls appeared satisfactory, but a washer disinfector had yet to be fitted in the decontamination room. A surgery inspection had been carried out in January 2009. No emergency oxygen was available in the dental surgery.
- 5.44 Applications to see the dentist were placed on the initial waiting list and prioritised by the dental nurse. Following an initial assessment, patients requiring further treatment were placed on the treatment waiting list. On the day of the inspection, there were 224 names on the initial waiting list, the longest wait being 10.5 weeks, and 129 names on the treatment waiting list, the longest wait being 22 weeks. The dental team were concerned about the length of the waiting lists and agreed that the waiting times were unacceptable. The failure to attend rate was 28%.
- 5.45 Dental checks and treatment were provided at least to the level available in the NHS and oral health information was provided on a one-to-one basis by the dentist. Dentistry appeared to have been fully integrated into the health care system, but communication between the dental team and health care management was poor.

## Recommendation

---

- 5.46 **The unacceptable waiting times for initial dental assessment and treatment, together with the high failure to attend rate should be addressed.**

## Housekeeping points

---

- 5.47 Regular meetings between the dental team and health care management should be arranged to improve communication.
- 5.48 The x-ray developer should be replaced.
- 5.49 A washer disinfector should be provided.
- 5.50 Emergency oxygen should be available in the dental surgery.

## Inpatient care

---

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

## Secondary care

---

- 5.52 One of the administrators managed the outside hospital appointments and was in the process of transferring information to SystmOne to enable greater scrutiny of the data. The prison provided two escort opportunities each day, which was occasionally insufficient to meet demand. The health care centre had established good relationships with two local hospitals and there had only been five cancellations of appointments in the six months prior to our inspection. Patients were retained on a medical hold when required but this was rarely necessary. A new telemedicine service was due to start the week after the inspection which was expected to help with the demand for appointments and reduce the need for escorts to outside consultations.

## Recommendation

---

- 5.53 **The prison should provide sufficient escort opportunities to meet the need for outside hospital appointments.**

## Mental health

---

- 5.54 Two primary care mental health nurses were based full time at the prison, each with a caseload of over 100 patients and about five referrals a week. Some patients required more care than others but this high level was difficult to manage with the resources and this was reflected in the use of the reintegration unit for some prisoners with severe mental health problems. Secondary care was provided by an in-reach team comprising one full-time and one part-time forensic community psychiatric nurse. A psychiatrist visited patients each week. The caseload for the team was 25 at the time of the inspection and referrals averaged between two and five each week. All patients with enduring mental health problems were treated using the care programme approach.
- 5.55 All patients were managed by a multidisciplinary team which had weekly case meetings. Good links had been established with the community and previous care and future management of patients were discussed. There had only been three patient transfers to secure mental health units in the year prior to the inspection and they had all been managed expeditiously. However, at the time of the inspection, one patient had been referred for transfer to a specialist unit and he had been waiting for 12 weeks.
- 5.56 Prisoners had access to professional counselling services based in the establishment. There were no day care services. Mental health awareness training was only provided for new members of staff and there was a need to develop this into a rolling programme with priority for staff in the reintegration unit.

## Recommendations

---

- 5.57 **Prisoners should have access to day care services.**
- 5.58 **A rolling programme of mental health awareness training should be provided for all prison staff.**



# Section 6: Activities

## Time out of cell

---

### Expected outcomes:

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

- 6.1 Time out of cell was good for most prisoners and very few were locked behind their doors during our roll checks. Prisoners could exercise seven days a week. Some prisoners reported delays in attending scheduled activities.
- 6.2 The prison recorded an average of 12 hours time out of cell. This was accurate for the published core day, although the actual time was dependent on the IEP level of the prisoner. House blocks 3, 4 and 5, where all prisoners were on the enhanced level, recorded the best time out of cell at 12 hours 45 minutes a day on weekdays and 9 hours 45 minutes at weekends. Prisoners on house blocks 1 and 2 spent 11 hours 20 minutes out of cell on weekdays and 9 hours 5 minutes at weekends, with the exception of those on the basic level who spent 9 hours 50 minutes out of cell on weekdays. Prisoners were given information on daily routines as part of their induction, and the core day was set out in the prisoner information handbook.
- 6.3 We conducted two roll checks on each house block during the inspection, one in the morning and one in the afternoon. On the morning check, 47% of prisoners were off the wing at activities and during the afternoon check, 58% of prisoners were off the wing. During both, only 2% of prisoners were locked behind their doors.
- 6.4 Exercise was scheduled seven days a week and each wing had its own exercise area with fixed upper body gym equipment. Prisoners were able to play pool during association, although space was limited as the main body of the wings was taken up with fixed seating. We observed good interaction between some staff and prisoners during association. In our survey, 38% of prisoners said that staff spoke to them during association against a comparator of 25% and 28% at the previous inspection. However, older prisoners and foreign national prisoners reported less positive interaction at 28% and 18% respectively.
- 6.5 A few prisoners said that they were experiencing significant delays in being collected and escorted to religious services and sometimes missed most of the service.

### Recommendation

---

- 6.6 Prisoners attending corporate worship should be enabled to attend regularly and punctually.

## Learning and skills and work activities

---

### Expected outcomes:

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

6.7 There were sufficient places for over 90% of the population to be engaged in purposeful activity and most prisoners were able to develop good personal and work skills. Management and strategic direction of learning and skills was adequate and quality improvement processes were satisfactory. Equality and diversity arrangements were satisfactory. Vocational training facilities were good, particularly in the electrical and plumbing workshops. Success rates on most education courses were good. Literacy, numeracy and language provision was weak. Individual learning plans were poorly used and teaching and learning resources were very limited. The library service was adequate but the facility was small. The management and organisation of PE provision was good and all prisoners benefited from well-planned and inclusive PE programmes.

## Leadership and management

---

- 6.8 The management of learning and skills was satisfactory. The role of senior education manager had been vacant for over nine months and three deputy education managers had operational responsibility for the provision. The implementation of some key quality assurance measures, such as observations of teaching and learning, had been delayed. Staff turnover was high. Relationships between prison officers and education, information and advice service and commercial workshop staff were very productive. All staff cooperated well to meet the needs of prisoners. The prison had developed good external partnerships resulting in the provision of busy commercial workshops which effectively promoted the development of prisoners' personal and employability skills.
- 6.9 Allocation to activities, based on risk assessment and other information, was fair and equitable. Individual prisoner timetables were appropriately planned and managed. Prisoners could have up to 10 sessions of planned activity a week. There were long waiting lists for many activities; for example, about 100 people were waiting for a literacy and numeracy place. There were sufficient places for 92% of the population to participate in purposeful activity. Feedback on prisoners' training needs was used to inform curriculum developments. The learning and skills provision had sufficient breadth to meet most prisoners' needs but the need to introduce access to level 3 provision was recognised.
- 6.10 Equality and diversity in learning and skills were satisfactorily promoted. Pay rates reflected the nature of the work undertaken, with prisoners earning significantly more in the commercial workshops than those attending education. However, the disparity in wage rates did not act as a disincentive to participation in education. Safeguarding arrangements were good. All staff were appropriately vetted and received Criminal Records Bureau clearance. Arrangements to record completed checks and monitor applications were effective. All staff had received relevant equality and safeguarding training.

- 6.11 Quality improvement processes were satisfactory. Until recently, the self-assessment process had been in abeyance and the current self-assessment report had been written in anticipation of the inspection. It was too descriptive and did not evaluate learners' outcomes sufficiently. However, key curriculum development needs were accurately identified and informed an effective action plan for improvement. Data were not used sufficiently well to manage performance of the provision.

## Recommendations

---

- 6.12 All quality assurance arrangements should be fully implemented.
- 6.13 Managers should plan and implement a strategy to reduce activities staff turnover.
- 6.14 Waiting lists should be reduced.
- 6.15 Appropriate level 3 provision should be introduced.

## Housekeeping point

---

- 6.16 Managers should make effective use of data to manage performance.

## Induction

---

- 6.17 Arrangements for induction were good. After health care assessments and induction to wing routines had been covered, the carefully structured induction programme ran over five mornings, beginning on a Monday. The induction room was quiet, clean, light and appropriately laid out. Induction to education took place on the second morning when prisoners were introduced to the range of educational and vocational courses and drama. Information was effectively presented orally and visually and prisoners received informative brochures. They were encouraged to apply quickly for courses that appealed to them as some were over-subscribed and waiting times could be long. Prisoners' initial assessment was detailed. It included the completion of basic dyslexia screening and learning styles questionnaires and a literacy and numeracy assessment.
- 6.18 Each prisoner received an initial Careers Information and Advisory Service (CIAS) interview. However, the prison did not have enough staff to ensure the frequency and effectiveness of CIAS interventions. Prisoners were given a detailed gym induction on the third morning when they were introduced to the equipment and instructed in manual handling techniques.
- 6.19 Learners who did not have level 2 certificates in literacy and numeracy were required to complete a detailed diagnostic assessment to identify their current levels. However, information on agreed actions to improve a prisoner's literacy and numeracy was not always transferred to individual learning plans.

## Housekeeping point

---

- 6.20 Managers should ensure that all actions relevant to improving prisoners' literacy and numeracy skills are transferred to their individual learning plans.

## Work

---

- 6.21 In our survey, nearly all prisoners said they had been employed while in the prison and over 80% said they were in current employment. Purposeful work in the prison was sufficient to occupy approximately 460 prisoners during the core working day. Most prisoners developed good personal and work skills and a useful understanding of the workplace, and contributed to an effective working environment. Work consisted of gardening, recycling, teaching assistance and wing work, including cleaning, painting, food servery and laundry duties. The business enterprise workshops were the largest employer, providing 177 work places for approximately 19% of the population. Work consisted of warehousing, contract manufacturing in textiles, electrical, paper hat and cardboard pallets, and cleaner roles. All the workshops were very well equipped and produced some high quality products. In the furniture and upholstery workshop prisoners constructed frames and high quality furniture. In textiles, they produced good quality pet products sold by major retailers. Some prisoners gained vocational qualifications provided by an external contract partner. Prisoners worked in the prison kitchens and staff bistro. They gained appropriate qualifications and developed good skills. However, the range and availability of vocational training qualifications in the business enterprise workshops and work areas were very limited (see main recommendations).
- 6.22 Particularly purposeful partnerships had been developed with over 30 large retailers and suppliers to manufacture a good range of items from furniture to electrical products and equine blankets. Partners visited the prison regularly, leading on training and quality control. The partnerships were particularly important in providing prisoners with a good range of different work activities. In addition, they offered prisoners the opportunity to gain qualifications and to experience production line workshops which reflected commercial pressures and standards.

## Vocational training

---

- 6.23 Satisfactory vocational training was delivered to approximately 4% (40) of the prisoners and consisted of accredited employability training in electrical, construction and cleaning skills. Training in painting and decorating and plumbing had recently stopped because there were not enough qualified staff. The standard of work and skills development in vocational training workshops was satisfactory. Vocational training facilities were good, particularly in the electrical and plumbing workshops which were new and well resourced. They offered prisoners the opportunity to pursue industry standard qualifications. However, there was no provision for prisoners to demonstrate occupational competence to prospective employers through the acquisition of the Construction Skills Certification Scheme card.
- 6.24 Prisoners received a satisfactory induction to the workshops. All training areas were well lit and provided a pleasant working environment. The availability of consumable resources in workshops was good and equipment was well maintained. Health and safety was effectively promoted and personal protective equipment appropriately used. Good use was made of prisoners as teaching support assistants in all workshops. Many had completed a relevant training course while others were being trained. Links between prisoners' initial assessment and individual learning plans and activities were poor and not consistently linked to sentence planning.



## Recommendations

---

- 6.25 Prisoners should have the opportunity to obtain a Construction Skills Certification Scheme card.
- 6.26 The links between initial assessment and prisoners' learning and sentence plans should be improved.

## Education

---

- 6.27 The establishment had 80 full-time equivalent education places. Two-hundred and ninety learners attended education which represented 36% of the population. Twenty-eight per cent of prisoners with literacy and numeracy below level 1 were attending education. Success rates on many courses in 2009/2010 were high. Seventy-one per cent of courses offered had success rates of 80% or higher. Earlier data were unavailable for comparative purposes. Induction into education was good.
- 6.28 Teaching and learning was satisfactory overall. In the better sessions, group learning was carefully planned and skilfully managed. Teachers had good subject knowledge, and activities were stimulating and varied. In many classes, planning of individual learning was inadequate and target setting was poor. Learners had few opportunities for personalised learning linked to their identified learning needs. Tracking of progress did not identify what learners had learned and did not give a clear indication of the standard of their work.
- 6.29 Teaching and learning resources were inadequate. Required books were not available and there was excessive photocopying of handouts. Learning technology and controlled internet access were not available. Some classrooms were cramped, poorly decorated and without window blinds. There was no dyslexia specialist. Prisoners were sometimes removed from education to engage in other activities which resulted in poor attendance at times. There had been no review and evaluation of activities.
- 6.30 Skills for Life provision was unsatisfactory. There were too many levels of ability and attainment, often with literacy and numeracy learners together in the same class, making it difficult for the teacher to implement and manage effective learning. Literacy and numeracy provision overall was weak.
- 6.31 Overall, the range of educational courses was satisfactory but it was not possible to deliver some courses because tutors were not available. Punctuality was satisfactory but in-fill arrangements were not. Thirty-five prisoners were engaged in Open University or distance learning courses. The prison had successfully participated in an innovative project to provide cell-based computer terminals to support prisoners' learning. At the time of the inspection, 13 terminals were in use.
- 6.32 Classes were held in the mornings and afternoons each weekday. There were no evening classes but the establishment was considering the possibility of re-introducing them. Class sessions were too long. Progression opportunities beyond level 2 were very limited.

## Recommendations

---

- 6.33 Managers should ensure that all classrooms have adequate space for the number of learners and are appropriately maintained.
- 6.34 Specialist dyslexia support should be provided.
- 6.35 Skills for Life provision should enable effective learning.
- 6.36 A strategy to improve prisoners' attendance should be developed.
- 6.37 Evening classes should be re-introduced.

## Housekeeping points

---

- 6.38 Breaks should be introduced in long sessions.
- 6.39 Learners should be supported through individual learning plans and target setting.
- 6.40 A wide range of teaching and learning resources should be in use.

## Library

---

- 6.41 Serco provided the library service which was staffed by an appropriately qualified and experienced full-time librarian supported by a library assistant and three orderlies. A prison-wide library survey was used to inform improvements to the service. All new arrivals to the prison received an appropriately detailed library induction. In the previous four months, 82% of the population were registered library users.
- 6.42 The library was small and very crowded at peak times with too few areas for display purposes. The library opened every weekday morning, afternoon and evening. Most prisoners had access to library facilities, although those in commercial workshops on a basic regime did not have weekly access and prisoners in house block 3 were not routinely able to use the library.
- 6.43 The library stock was satisfactory and included an adequate selection of fiction, non-fiction and foreign language books but too few 'easy reads'. Newspapers and magazines in English were available, as were reading materials provided by Turkish, Dutch and Polish embassies. Audio CDs and DVDs were available but music CDs were not. Stock loss was relatively low.
- 6.44 An appropriate range of current Prison Service Orders and legal books were available. The librarian offered a signposting service for legal information and specialist legal advice sessions were provided every three months. A study centre based in the library provided support for prisoners on distance learning courses. Library staff had very recently started a book club and a service to provide copies of internet-based learning resources.

## Recommendation

---

- 6.45 All prisoners should have weekly access to the library.

## Housekeeping points

---

- 6.46 Library access should be extended to reduce overcrowding at peak times.
- 6.47 More areas should be made available in the library for displays.
- 6.48 The number and range of available 'easy reads' should be increased.
- 6.49 A suitable range of music CDs should be available to borrow.

## Physical education and health promotion

---

### Expected outcomes:

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

- 6.50 The management of PE provision was good. The gym provided recreational PE and a good range of vocational and coaching qualifications from level 1 to level 3. Health promotion was good but communication with health care was inadequate. Wings had activity representatives and level 3 qualified orderly gym instructors were used effectively to help other prisoners during induction and recreational sessions. Prisoners benefited from well-planned and inclusive PE programmes and could attend at least two sessions per week. In spite of a six-monthly survey of gym use, there were no adequate arrangements to identify the activity needs of prisoners who did not attend PE.
- 6.51 The physical education department was clean, tidy and well managed. Indoor resources included two cardiovascular, modular and free weight training facilities. The classroom used for education sessions was very small, noisy and poorly located. An outdoor all-weather football pitch was extensively used for inter-wing team sports, competitions and events involving community groups. All house block exercise yards were equipped with plyometric upper-body training equipment and prisoners had open access to these areas. All wings had activity representatives who managed three cardiovascular training machines and effectively promoted physical activities on the wings. All equipment was well managed and most repair work was carried out quickly. Drinking water was available in all training locations. Two Level 3 qualified orderly gym instructors supported officers and advised other prisoners during induction and recreational sessions.
- 6.52 Health promotion and access to sport and activities was well promoted. All prisoners completed an induction and a pre-exercise questionnaire but the gym did not routinely receive the results of health care medical checks before prisoners started their induction to the gym. If a medical concern was identified on the questionnaire, the information was passed to health care for appropriate follow up. Health care did not routinely inform gym staff of prisoners who were deemed unfit to participate in physical exercise.
- 6.53 All prisoners benefited from well-planned and inclusive PE programmes. They had access to at least two sessions per week and good access to the gym at weekends. Evening gym sessions were provided for prisoners who worked during the day. The modular and free-weight training areas became overcrowded during some sessions. Older prisoners could attend over-40s

sessions. Although a survey of gym use was carried out every six months, not enough was done to identify the activity needs of prisoners who did not attend PE.

- 6.54 The gym provided recreational PE and a good range of vocational and coaching qualifications from level 1 to level 3 which improved prisoners' employability. A sports and leisure tutor delivered training and coaching to small numbers of prisoners with high success rates. Some sessions focused on developing sports and coaching skills for prisoners who could not read and there were weekly sessions with external special needs groups.
- 6.55 There were no shower facilities in the gym and prisoners had to return to their wings to wash. Prisoners wore their own clothing and footwear for all activities. Accidents were infrequent and appropriate records of incidents were maintained.

## **Recommendation**

---

- 6.56 The classroom facilities should be made fit for purpose.

## **Housekeeping points**

---

- 6.57 The modular and free-weight training areas should not be overcrowded.
- 6.58 The survey of non-gym users should be reviewed to identify any activities that would encourage their participation.

# Section 7: Good order

## Security and rules

---

### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

- 7.1 The security committee was appropriately constructed and relationships with key areas of the establishment were good, although links with the safer custody team needed improvement. The principles of dynamic security were in place and underpinned by good staff-prisoner relationships. There was good use of data to inform intelligence-based risk management systems. On the whole, security systems and protocols were proportionate and provided prisoners with the opportunity to participate in a full regime.
- 7.2 There were no obvious weaknesses or anomalies in the physical and procedural security of the establishment. Targets for searching all cells every quarter and all areas monthly were met. The important elements of dynamic security were in place. Relationships between staff and prisoners were positive and supervision on residential units was good. During periods of association, officers engaged with prisoners and entries in personal files indicated some awareness of individual circumstances.
- 7.3 The security committee was properly constructed and meetings were generally well attended by managers and staff representatives from relevant areas in the establishment. However, attendance by the safer custody coordinator was inconsistent. Meetings were held monthly and were chaired by a senior manager.
- 7.4 The agenda of security committee meetings was comprehensive and included an analysis of security information reports (SIRs). Monthly security objectives were agreed following appropriate consideration of intelligence. The security department received about 300 SIRs each month. Intelligence was effectively and quickly communicated to other areas of the prison, particularly the safer custody group and the residential areas, to enable them to make informed decisions about prisoners or take necessary action.
- 7.5 Risk assessment and management systems were effective. A register was in place to identify all risks associated with education areas and workshops, to determine which prisoners could safely attend and what measures were needed to manage identified risks. We saw no evidence that the establishment was risk averse in terms of allocating activity spaces, and overall security procedures did not prevent prisoners from participating in a full regime.
- 7.6 A modified free flow system operated to allow supervised prisoner movement at the beginning and end of planned regime activities in house blocks 1 to 7. Supervision was unobtrusive and prisoners walked freely within well defined areas.

### Rules

---

- 7.7 The local rules were incorporated into the induction programme and in incentives and earned privileges (IEP) compacts. Prisoners were required to sign compacts acknowledging their

receipt and understanding of all published rules. Prison Service rules were displayed on notice boards in all house blocks.

## Housekeeping point

---

- 7.8 The safer custody manager should attend security meetings.

## Discipline

---

Expected outcomes:

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

- 7.9 The number and type of adjudications appeared proportionate. Records of adjudications reflected that they were conducted fairly. The level of use of force was not excessive. Documentation was not always completed correctly but showed that force was used as a last resort. Living conditions in the segregation unit were generally good. Officers were respectful to prisoners and patient when dealing with some extreme behaviour. The regime for the majority of segregated prisoners was poor and longer-stay prisoners spent too much time locked in their cells. Severely disturbed prisoners were held in segregation for unacceptably long periods with little to occupy them. Reintegration planning had been introduced but was underdeveloped.

## Disciplinary procedures

---

- 7.10 The adjudication room in the segregation unit was appropriately laid out with soft chairs for the adjudicating director, assisting senior officer and the prisoner. A copy of prison rules, a pen and writing paper were given to the prisoner. The number of formal disciplinary hearings was proportionate to the size and nature of the prison at about 90 each month.
- 7.11 Records of adjudications showed that hearings were generally conducted fairly and charges were fully investigated. Punishments were consistent and there were examples of adjudicating directors dismissing cases due to a lack of evidence or anomalies in the process. In the six months prior to the inspection, about 30% of cases had been dismissed.
- 7.12 The records of hearings that we examined showed that adjudicators took time to ensure that the prisoner fully understood each stage of the process before moving on. All were offered the opportunity to seek legal advice.
- 7.13 Monthly statistics on the number and nature of adjudications were presented to the senior management team (SMT). These were noted, categorised and communicated to managers to identify and address trends.
- 7.14 Adjudication standardisation meetings took place quarterly and were usually chaired by the director. They were well attended by adjudicators. The minutes reflected good standards of discussion. Punishment tariffs had been published and were used consistently at formal hearings.

## Use of force

---

- 7.15 The use of force had reduced since the previous inspection in spite of an increase of about 40% in the population. There had been 148 incidents of use of force in 2010 with 80 incidents in the six months before the inspection. This included 54 cases that did not involve full use of control and restraint techniques. Over 90% of incidents in the 12 months before the inspection had been spontaneous.
- 7.16 Some forms had not been completed correctly and in some cases the authorising officer was also named as the certifying officer who had been actively involved in the application of force. It was clear that force was only sanctioned when it was reasonable to do so. Written accounts by officers were thorough and showed that force was always preceded by attempts at de-escalation. Many statements gave explicit examples of de-escalation being used during some particularly difficult incidents with encouragement from managers. Appropriate authorisation was recorded, senior staff supervised all incidents and intervention was often video recorded by managers who carried small portable video recorders during their periods of duty.
- 7.17 Overarching governance arrangements were rigorous with strong links to the security committee and the SMT. Incidents were monitored at quarterly use of force committee meetings, monthly security committee meetings and by the SMT. Information on the nature of the incident, its location and the ethnicity of the prisoner was collated each month and presented for analysis.
- 7.18 Strict protocols were in place to govern the use of special accommodation, including levels of observation. Special accommodation had been used three times in 2010 and once in 2011 up to the time of the inspection, all for short periods to manage extreme behaviour.

## Recommendation

---

- 7.19 All use of force forms should be completed correctly.

## Good practice

---

- 7.20 *Managers carried small portable video recorders to record spontaneous incidents of use of force.*

## Segregation unit

---

- 7.21 The reintegration unit had recently been refurbished and an additional wing added. Accommodation consisted of 24 ordinary cells, two special cells and one gated cell.
- 7.22 The environment was bright and well decorated. Communal areas were clean and well maintained, with up-to-date information displayed on notice boards. Cells were generally clean, well ventilated and well equipped. Most had a power supply, telephones and televisions. The gated exercise yards were clean and contained outdoor cardiovascular exercise equipment.
- 7.23 Governance and management arrangements of segregation were reasonable. Staff interviewed all prisoners arriving in segregation in private to identify any immediate needs. They were searched thoroughly and respectfully and only strip-searched following an assessment of risk authorised by the senior officer in charge.

- 7.24 A basic regime had been published which included showers and daily exercise. The education department occasionally provided in-cell education on request, but there was no scheduled purposeful activity.
- 7.25 The use of segregation was quite high, principally to accommodate prisoners on prison rule 45 for their own protection or for the good order or discipline of the establishment. Seventy-six per cent of the 224 prisoners segregated in the six months prior to the inspection were located under rule 45, the remainder for punishment following adjudication. Although the average stay was about 15 days, there were examples of prisoners remaining in segregation for over 30 days. At the time of the inspection, there were 15 prisoners in the unit, all of whom had been segregated under rule 45. Four of them were being observed under assessment, care in custody and teamwork (ACCT) procedures and 12 had been segregated for their own protection. Twelve were awaiting transfer to other prisons and one to a special hospital.
- 7.26 Relationships between staff and prisoners were very good. We observed officers managing challenging prisoners respectfully, using high levels of care. There was extensive use of preferred names and titles and all prisoners we spoke to said that staff were kind and helpful.
- 7.27 Entries in personal files were generally poor and did not reflect the high levels of care that we had observed. Although there was evidence that staff supported individual prisoners on a daily basis, formal and consistent reintegration planning had not yet been adequately developed. Segregation review meetings occurred regularly but many were perfunctory and did not address all the circumstances that had led to segregation. Planning to return longer-stay prisoners to normal location needed further development. Changes in behaviour and circumstances were not effectively monitored or acted upon and behaviour targets were not always relevant and usually focused on compliance with segregation unit rules.
- 7.28 We noted consistent examples of severely disturbed prisoners held in segregation for unacceptably long periods of up to three months, with no appropriate regime or interventions (see main recommendations).

## Recommendations

---

- 7.29 Care planning should be developed to enable prisoners to participate in a normal and predictable regime.
- 7.30 Purposeful activity should be provided for all segregated prisoners.

## Incentives and earned privileges

---

### Expected outcomes:

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

- 7.31 The incentives and earned privileges (IEP) scheme operated consistently across the house blocks. There was reasonable differentiation between the levels and the regime for the small number of prisoners on basic level included some association. The scheme was well publicised and prisoners were clear about the criteria. It was appropriately administered by residential staff and appeared to be encouraging good behaviour. The number of prisoners on



the enhanced level was high. The zero tolerance initiative used to support the IEP scheme was unpopular with some prisoners but appeared effective. Governance arrangements were adequate.

- 7.32 An IEP policy had been reviewed and agreed by the director. It described in plain language how the system operated, how prisoners could progress through the levels, and the standards of expected behaviour. All prisoners had signed compacts. New arrivals were placed on standard level unless they had earned enhanced status at a previous establishment. Copies of the policy were available to prisoners during their induction and on all house blocks. New prisoners on standard level were assessed within 28 days of applying for progression to enhanced level.
- 7.33 The six wings on house blocks 3, 4 and 5 were designated as enhanced units. Accommodation was of a very high standard (see section on residential units). Single cells were better equipped than those on house blocks 1 and 2 and prisoners were unlocked during the whole of the core day. Not all enhanced prisoners were located on these house blocks and at the time of the inspection there were over 100 enhanced prisoners located on other residential units.
- 7.34 At the time of the inspection, 82% of prisoners were on the enhanced level with nearly 18% on standard and less than 1% on basic. Two of the six prisoners on basic level were located in the segregation unit. Demotion within the scheme was usually the result of a pattern of behaviour, although a single serious incident could trigger a review.
- 7.35 Prisoners reduced to basic following a review were advised in writing of the steps required to return to the standard level and received subsequent reviews every seven days. The regime for prisoners on basic included daily exercise, a period of association, access to telephone and a shower. They were supported by staff and encouraged to achieve set behaviour targets. Most prisoners remained on basic for short periods of time and we saw no examples of prisoners remaining on the basic regime for more than two weeks.
- 7.36 Prisoners were considered for immediate demotion to the basic level, even if they were on enhanced, as part of the prison's zero tolerance approach to more serious offences. These included acts of violence or indiscipline, possession of a mobile phone and a failed drug test. There were 13 named offences that could result in an immediate demotion following a review. Prisoners were also put on report for a formal disciplinary hearing. The prison maintained that because alteration of the IEP status was not a direct outcome that could be applied by an adjudicator when determining punishment following a finding of guilt at adjudication, the use of IEP in combination with punishment following adjudication did not constitute double jeopardy.
- 7.37 We were not convinced that this procedure was justified, but noted that its application was well managed, governance through the authorisation of the director was effective, and the quality of the review following an adjudication was good. There was also evidence that it was helping to reduce the number of incidents in the prison while generally improving the behaviour of prisoners.
- 7.38 There was sufficient differentiation in the levels to encourage positive behaviour. Entries by staff in wing files were thorough and helped to inform an assessment of behaviour, while personal officers attended review boards as a matter of routine. The scheme was integral to the sentence planning process and it was evident that prisoners were being challenged to meet agreed targets. Although some prisoners complained that the zero tolerance system was inequitable, most said that their experience of the IEP scheme was fair. In our survey, 81% of prisoners said that they were on the enhanced level of the scheme, 68% that they had been

treated fairly and 53% that it encouraged them to change their behaviour against respective comparators of 71%, 58% and 42%.

## Recommendation

---

- 7.39 Senior managers should keep the zero tolerance policy under review to ensure it is a proportionate and appropriate approach to behaviour management.

# Section 8: Services

## Catering

---

### Expected outcomes:

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

- 8.1 The range and standard of food was good. Meal times were appropriately spaced through the day and meals could be eaten communally on each wing. The kitchen was clean and hotplates on the residential units were fit for purpose. Cultural needs were catered for and fresh vegetables, fruit and salads were available every day.
- 8.2 On the whole, the recently built kitchen was clean, properly maintained and well equipped. However, flooring was worn and many areas, particularly where food was prepared, were cracked and broken. Imminent repairs were planned. The catering manager worked with a team of qualified chefs and about 50 prisoners.
- 8.3 Breakfast was served on the day it was eaten. Lunch and dinner were selected from a four-week rolling menu which offered a good variety of healthy options and generally met dietary needs, including vegetarian, vegan, halal, kosher and gluten-free. Menu options included five portions of fruit and vegetables a day.
- 8.4 Meals were generally served on the residential units at noon and 5pm. Staff supervision of wing serveries was good and the temperature of food was taken when it arrived on the wing. Utensils designated for the serving of halal food were used and all servery workers had been trained in basic food hygiene. Dining out in association was available to all prisoners and taken up by many.
- 8.5 The quality of meals we sampled was good and portions were adequate. In our survey, 62% of respondents said that food was good against the comparator of 29%. This was reinforced during prisoner group discussions when they said that the food was very good and better than other prisons they had experienced. Black and minority ethnic prisoners, foreign nationals and Muslim prisoners were all more negative than others in their perceptions of the food, but at least half of each group thought that the food was good or very good.
- 8.6 Regular meetings with servery workers took place, a food survey was carried out twice a year and prisoner representatives attended the kitchen at least once a month to meet the catering manager. Food comments books were in place on all residential units and were readily accessible to prisoners.

## Prison shop

---

### Expected outcomes:

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

- 8.7 There was good managerial oversight of the prison shop. The local product list offered an excellent range of goods and a wide range of products to meet the diverse needs of the population, including fresh fruit and vegetables. Prisoner consultation was often used to inform changes or additions to the local product list.
- 8.8 The prison shop was run as an in-house operation by Serco staff and was located in a separate area of the industries building in the prison grounds. Nineteen prisoners worked there, making up shop orders and placing them into sealed bags under staff supervision. It was well supervised and the atmosphere provided a relaxed and respectful working environment.
- 8.9 Prisoners could submit one general shop order a week and a further order for fruit, vegetables, bread and specialist minority ethnic products. Items were delivered on a wing rota basis, usually within 48 hours of the order being placed. The longest wait for an order was from Friday to Monday. Newly admitted prisoners could make an order on the first working day after their arrival and usually received their order the following day. Prisoners arriving without private money could receive an advance of up to one week's pay to use in the prison shop. Prisoners were able to access accurate, up-to-date records of their finances through the ATMs located on all residential units (see section on early days in custody).
- 8.10 In our survey, 78% of respondents said that the prison shop sold a wide enough range of goods to meet their needs against the comparator of 43%. The shop list was updated regularly and was informed by the popularity of items and feedback from prisoners through the prisoner consultative meetings. The range of products was extensive at over 500 items, reflecting the diverse needs of the prisoner population. Prices overall were comparable to those in local supermarkets. Fruit and vegetables were available along with a wide selection of pre-cooked fish and meat. The lists of goods were published on every residential unit and on the ATMs, and many prisoners had copies of them which they kept in their cells. No administrative charge was made for goods ordered through catalogues. Items not on the list could be ordered through a special application that was dealt with by the shop manager.

# Section 9: Resettlement

## Strategic management of resettlement

---

### Expected outcomes:

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

- 9.1 The establishment was working to ensure that all prisoners were subject to assessment, sentence planning and review. The offender management unit (OMU) had developed considerably and was well integrated, with skilled and motivated teams of workers. However, the recent expansion of the prison had presented a challenge to identify and track assessment and sentence planning documentation. Offending behaviour programmes also appeared to be stretched because the expanded and diverse population was putting pressure on the range and depth of provision. There was a gap between the provision of offending behaviour programmes and the criminological need profile of those arriving.
- 9.2 The offender management, public protection, resettlement and lifer management functions were all integrated into the OMU and strategically overseen by the head of reducing reoffending. The reducing reoffending strategy 2010-2011 contained an ambitious set of objectives, but did not include any interim measures of progress. The monthly reducing re-offending meeting brought together leaders in all areas of resettlement, but a number of issues were carried forward for several meetings before they were resolved. The prison had produced a reducing reoffending intervention directory in early 2011. A needs analysis, based on aggregated OASys (offender assessment system) information, had been carried out in 2010, supplemented by a further analysis to accommodate the enlarged population. It had covered criminogenic needs in the areas of attitudes, thinking and behaviour and substance misuse, but did not include the other five resettlement pathways. The provision of programmes did not match the needs of the population, particularly in drug-related offending, which comprised 30% of the index offences of the population. There was no accredited substance misuse programme (see main recommendations).
- 9.3 Two prisoners were released on temporary licence to take part in Community Payback work. Given the category of the prison, this was an excellent initiative and was being developed with appropriate management of risk.
- 9.4 The population increase had also contributed to gaps in information which persisted in some cases. Prisoners had arrived at Lowdham Grange with sentence plan objectives including programmes that were not delivered there. This had necessitated considerable adjustments, such as offering interim one-to-one work to replace programmes, and liaising with offender managers about adjustments to sentence planning documents.
- 9.5 Senior managers undertook diverse responsibilities across the unit's major functions. Staff were co-located and OMU staff meetings had recently been introduced. Case administrators worked well. All offender supervisors had been trained in the administration of OASys and led on sentence planning for out-of-scope prisoners. They also made a good contribution at interdepartmental risk management meetings.

- 9.6 Feedback from prisoners on victim awareness programmes had led to provision of other approaches in addition to the Sycamore Tree course. Feedback was also sought from prisoners undertaking offending behaviour and substance misuse programmes.

## Recommendations

---

- 9.7 Managers should systematically assess the programme and activity needs of prisoners to reflect their changing composition and OASys data, and plan interventions accordingly.
- 9.8 A regular resettlement needs analysis should cover the seven pathways.

## Good practice

---

- 9.9 *OMU staff and managers had adopted more generic roles and taken the opportunities for more effective joint work offered by their co-location.*

## Offender management and planning

---

### Expected outcomes:

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

- 9.10 Although the OMU sought to implement sentence planning for all prisoners, in many cases inadequate documentation had been received from transferring prisons. Sentence plans rarely laid out a clear set of objectives or an appropriate sequence. There was evidence in several areas of a need for a more systematic approach. Categorisation procedures were behind schedule. A sound public protection policy was in place, and interdepartmental risk management panels provided a structured opportunity to review risk with informed colleagues. However, the general practice of risk of harm management was weak, with insufficient attention to assessment and planning. Indeterminate sentenced prisoners were managed on the same basis as determinates.

## Sentence planning and offender management

---

- 9.11 Inspectors analysed 13 case files, nine of which were within the scope of the National Offender Management Model. All but one had a nominated offender manager and 10 had been allocated to an offender supervisor promptly on arrival at Lowdham Grange. Two of the prisoners had had their initial contact meeting with their offender supervisor within a week, three between one week and one month, and eight later. Offender supervisors were therefore not able to follow up induction adequately, confirm gaps in information and discuss sentence plan adjustments. In our groups, prisoners said that there were long waiting lists for the initial interview for assessment, after which the response with course recommendations came back quite quickly. There was some evidence that prisoner engagement in sentence planning was more developed and productive as their time in the prison extended.

- 9.12 Records were generally clear and timely, but there were considerable gaps in documentation. For example, it had been identified that an OASys had not been received six months previously and this had been reported to the offender manager, but there had been no follow-up. Sentence planning documents were not always present. One prisoner had asked to see his offender supervisor for a review of his progress, but he had arrived from his local prison with an incomplete OASys and no sentence plan and had been told that his lack of targets restricted his access to interventions.
- 9.13 Offender supervisor contact notes were variable in frequency and quality, some giving details of productive sentence planning discussions, some reporting no issues, and others revealing little, if any, reported contact. The frequency of contact seemed unstructured. The contact notes rarely reflected dialogue with the offender manager, induction or motivation/reinforcement work with the offender. Yet it was clear in discussion with offender supervisors that these occasionally happened, and they were enthusiastic about their role. They felt stretched by their large caseloads, 72 at the time of the inspection.
- 9.14 In five of the in-scope cases and all but one of the out-of-scope cases, offender managers had contributed to sentence planning boards. Telephone conferencing was used and a recent development was much wider use of video-conferencing. This enabled geographically distant offender managers to participate. Some offender managers had attended and chaired these boards.
- 9.15 The majority of the in-scope cases with sentence plans were based on insufficient assessment. In over half of these there was no evidence that the sentence plan had been shared with other workers involved in the case. Most sentence plans included objectives to address the likelihood of reoffending and to manage the risk of harm to others, but most failed to set outcome-focused objectives, a logical sequence of objectives and activities, and clear roles and responsibilities for those involved in the case.
- 9.16 In most of the out-of-scope cases, but in less than half the in-scope cases, there was evidence that the offender had been involved in the sentence planning process. However, most of the sample offenders had arrived in the prison relatively recently, and our survey revealed high levels of satisfaction with sentence planning involvement (approximately three-quarters against a half for comparator prisons) for those who had a sentence plan. However, in our groups, prisoners expressed lack of confidence in the OMU staff's ability to carry out sentence planning effectively.
- 9.17 In only four of the 13 in-scope cases was there evidence of a structured assessment of potential diversity issues such as learning needs, learning styles, discriminatory and disadvantaging factors, and other individual needs.
- 9.18 Interventions had not been delivered in line with sentence plan objectives in half the out-of-scope, and less than half the in-scope, cases. Overall, we judged that planned interventions did not sufficiently challenge offenders to take responsibility for their actions and decision making in relation to offending, particularly in the case of in-scope offenders.

## Recommendations

---

- 9.19 Sentence planning should pay closer attention to OASys analysis and a logical sequencing of related objectives.

- 9.20 **Managers should ensure that offender supervisors are in a position to meet the national standard on initial offender contact and harness the timing of the meeting for key purposes.**

## Housekeeping points

---

- 9.21 Staff in the OMU should adopt a more rigorous approach to tracking and closing gaps in documentation.
- 9.22 Contact notes should incorporate greater reference to sentence planning objectives, offender manager discussions, and motivation and reinforcement of prisoners' learning.
- 9.23 Managers should undertake more structured supervision and development of their staff to monitor and raise the quality of their work.

## Categorisation

---

- 9.24 The establishment held a wide spread of prisoners of different security categories. There were many category C prisoners and 28 category D prisoners at the time of the inspection. It was a point of contention among many prisoners that they could not move to prisons nearer their homes. In many cases this was unavoidable, as so many lived in the London area. Managers did what they could to inform prisoners and to encourage them to move on into the Category C estate in the expectation that a further transfer could achieve their aim. Similarly, opportunities for transfer to open conditions were scarce, especially in the south of England.
- 9.25 There was considerable dissatisfaction about delays in the categorisation review process. Many prisoners in our groups and in general conversation complained that annual reviews were up to three months late and that there was a significant backlog in re-categorisation. They also felt that the reasons for decisions at categorisation reviews were not explained clearly enough.
- 9.26 There were indeed delays at the time of the inspection. A wholesale relocation and reorganisation of the categorisation review process and the physical records had been undertaken in the course of bringing together separate functions into a single offender management unit. The underlying administrative processes appeared to be soundly organised, and it was reasonable to expect that this was a temporary problem. Our file sample showed that offender supervisor contact notes often concerned the re-categorisation procedure, and this convergence of sentence planning and categorisation review processes was likely to bring benefits.

## Recommendation

---

- 9.27 **Managers should monitor performance in the categorisation review process to ensure timeliness and the provision of clear explanations.**

## Public protection

---

- 9.28 The public protection policy was very thorough, and public protection was well served by being integrated into a broader range of functions. This enabled access to valuable, preventive information and meant that a broader range of staff were aware of a prisoner's potential for risk



of harm to others. The interdepartmental risk management meetings were well attended, discussions were focused and outcomes clear and recorded. There had been a small number of recent child protection queries, with no imminent concerns, where responses had been generally reassuring but had lacked senior management oversight.

- 9.29 Prisoners posing a risk of harm to others were clearly identified in OASys in all but one of the 13 sample cases. We agreed with the risk classification in all assessed cases. In none of the five identified high-risk-of-harm cases and neither of the two identified child protection cases did case notes reveal evidence of structured management oversight, and staff confirmed that this was not established practice.
- 9.30 A risk of serious harm screening was undertaken in all out-of-scope, but only seven of the nine in-scope, cases. Most were completed on time and deemed to be accurate. A full analysis was required in all cases, but three had not been completed.
- 9.31 Just over half these full assessments were regarded as adequate. Most drew on available sources of information, but the level of risk posed by different categories of prisoner was not always correct, and assessments were not always reviewed in line with national timescales.
- 9.32 Risk of harm issues had often not been effectively communicated to others involved with the cases. A risk management plan had been completed in almost all cases, almost all on time and using the required format. It was of sufficient quality in all the out-of-scope, but in only half the in-scope, cases. There was no evidence that relevant workers had received copies of the plan.

## Recommendation

---

- 9.33 A risk management plan should be completed for all prisoners presenting more than a low risk of serious harm to others.

## Housekeeping point

---

- 9.34 OMU managers should adopt a more structured approach to their oversight of cases where the prisoner is assessed as presenting a high/very high risk of harm to others.

## Indeterminate-sentenced prisoners

---

- 9.35 There were about 200 prisoners on indeterminate sentences for public protection (IPP), and a small number of life sentence prisoners had recently been received. The two seconded part-time probation officers undertook specific responsibilities for life sentence prisoners. To prepare for the layered offender management model, managers had allocated determinate and indeterminate-sentenced prisoners evenly between the offender supervisors, as a deliberate move away from a separate team.
- 9.36 In our groups, IPP prisoners said that particularly poor information was available to them. One IPP said that he had done every course at Lowdham Grange. Some IPPs felt that, even when they had completed their sentence plan, new targets were devised. No IPP prisoners were beyond their tariff or waiting for offending behaviour programmes identified as targets in their sentence plan. All IPP prisoners were seen by a member of the psychology team within two weeks of arrival.

## Recommendation

---

- 9.37 Managers should consult regularly with groups of IPP prisoners, to ensure that their needs are appropriately identified and addressed.

## Resettlement pathways

---

### Expected outcomes:

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

## Reintegration planning

---

- 9.38 The resettlement officer saw prisoners due for release to give practical support. All had been released to settled accommodation in recent months. More specialist support was needed for housing, finance and debt issues, and improved links with external bodies supporting education, training and employment. The careers information and advice service (CIAS) was poorly resourced and did not work closely with the OMU. The health care department arranged effective discharge planning in respect of physical and mental health.

## Accommodation

---

- 9.39 A monthly reducing reoffending meeting reviewed progress on all pathways. The resettlement officer saw all prisoners about six months before their release date. Records were sketchy and a more systematic approach was required. In our groups, prisoners said they did not know who to see about resettlement issues. There were few active links with accommodation services. The scope for providing a full service was limited by the low number of releases and the low proportion of local releases. A partnership with St Anne's Advice Centre, a local charity in Nottingham, had provided some useful help to local prisoners, but this was currently in abeyance. Prisoners' needs for accommodation on release were handled by the resettlement officers and the outcomes were good: all of those released in the previous nine months had gone to settled accommodation.
- 9.40 In most of the sentence management files that we sampled, there was little focus on preparation for wider community reintegration. Most prisoners in the sample had arrived relatively recently, but we had expected more reference in the case notes to maintaining home links.

## Recommendations

---

- 9.41 Detailed, up-to-date records should be kept of resettlement work, especially in relation to accommodation.

- 9.42 Active links should be established with national as well as local housing support agencies.

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

---

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

- 9.43 Prisoners did not have sufficient access to information, advice and guidance about education, training and employment (ETE) prior to release. The CIAS service was under-resourced and did not deliver a comprehensive and effective service. There were too few CIAS officers and there was no drop-in resource and information centre for pre-release prisoners. Liaison between CIAS and the resettlement team was inadequate. Apart from a short CIAS interview during induction, there was only one other interview after three months. There was no pre-release interview with a CIAS officer. Although ETE was often seen as a critical OASys factor, it was not very often reflected in specific objectives in sentence plans.
- 9.44 The prison offered an employability skills course but it was not compulsory. This included CV writing, completing application forms, interviewing techniques, a mock interview, planning for progression, positive thinking and motivation. Recent links had been established with the OMU to develop a pre-release course. The CIAS coordinator had started to attend sentence planning boards, which was of considerable benefit to prisoners. There were some links in business enterprise with local employers but no other links with local ETE providers or Jobcentre Plus.

### **Recommendations**

---

- 9.45 Managers should give prisoners preparing for release access to education, training and employability resources, including an information centre and personal interviews.
- 9.46 External links to support access to education, training and employment on release should be improved.

### **Mental and physical health**

---

- 9.47 Discharge planning for prisoners was good with early identification of those due for release. This enabled health care staff to ensure that continuity of care in the community was established. Prisoners were given medicines to take out when required and letters for their GPs outlining any care and treatment received. The health care team had access to the range of palliative care services available in the community but they were rarely used. Patients with severe and enduring mental health problems were discharged to services with the care programme approach in place.

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

---

- 9.48 There was no regular access to specialist services and practical needs were met by the resettlement officer. Managers were attempting to establish links with community volunteers who might set up evening advice sessions. Lloyds Bank had attended the prison to provide advice until 2010. A member of staff from Barclays Bank made regular visits to open bank accounts for prisoners preparing for release. The education department provided courses on budgeting and money management.

## Recommendation

---

- 9.49 A specialist finance and debt advice service should be provided in the prison.

## Drugs and alcohol

---

- 9.50 The drug and alcohol strategy was well managed and service provision had increased as a result of a needs analysis. Prisoners could access counselling, assessment, referral, advice and throughcare (CARAT) group work modules and some alcohol counselling had been made available but an accredited drug/alcohol programme was still lacking.
- 9.51 A designated senior manager for substance misuse chaired bimonthly drug strategy meetings which were well attended by relevant departments. She had developed good links with community planning bodies such as the local Drug and Alcohol Action Team and the primary care trust. The drug and alcohol strategy had recently been reviewed following a detailed needs analysis and included alcohol services. While a supply reduction action plan was reviewed regularly, the policy lacked a demand reduction action plan and annual performance measures.
- 9.52 The CARAT and clinical integrated drug treatment system teams were jointly managed and co-located, and provided prisoners with good quality coordinated care. The CARAT team contributed to induction and had undertaken 26 triage assessments by the end of February 2011 against an annual target of 18. CARAT services were well advertised but only operated between 8am and 4pm which put the large number of prisoners engaged in work and education at a disadvantage.
- 9.53 Prisoners could access structured one-to-one work, and care plans and reviews were of high quality. Six-session motivational enhancement and relapse prevention modules were available and had been increased to two groups a week to reduce waiting lists. Auricular acupuncture and a 'drug awareness through sport' course were available and CARAT were piloting family support sessions jointly with Hetti's, a family support organisation. Four peer mentors had been recruited and were awaiting training, but there was no formal mechanism for service user consultation.
- 9.54 The CARAT service terms of reference excluded ongoing work with primary alcohol users. A recent needs analysis had identified this as a gap in service provision and an alcohol worker was now funded for one day a week with 38 prisoners on the waiting list.
- 9.55 Prisoners could not undertake an accredited drug and/or alcohol programme at the establishment and, considering the size of the population, this was a major gap in service provision (see main recommendations). CARAT staff told us that clients were reluctant to move to other prisons to access programmes.
- 9.56 The CARAT service was well integrated into the establishment, care plans were shared with health services and the OMU, and there were good joint working arrangements. Good links had been established with the local drug intervention programme. The team completed more transfer than release plans.

## Recommendations

---

- 9.57 CARAT provision should be extended to include evening sessions.
- 9.58 The remit of the CARAT service should include ongoing work with primary alcohol users.

## Housekeeping points

---

- 9.59 The drug and alcohol strategy should include annual performance measures and action plans for supply and demand reduction initiatives.
- 9.60 The CARAT service should develop a mechanism for service user consultation to inform future service provision.

## Children and families of offenders

---

- 9.61 Prisoners reported positively on the number and length of visits, although there were no evening visits. The children's outside play area was a popular development. The visitors' centre was stark and unwelcoming. Family visits took place regularly. A parenting course and a family and relationships course were both available. The Storytime Dads provision was extremely good. There was very good access to telephones to facilitate family contact.
- 9.62 Staff frequently referred to, and understood, the importance of maintaining family ties as a key factor in reducing re-offending. A review of the visits department had been carried out at the request of the director and some improvements had already been made.
- 9.63 In our survey, 60% of prisoners said they had children under the age of 18, while 54% said they felt they had been helped to maintain contact with family and friends while in the prison against the comparator of 32%. There were no evening visits. All prisoners were able to have a three-hour midweek visit, regardless of regime level. Prisoners were able to accumulate visits on application, and foreign national prisoners, and others who received few visits, were able to exchange visiting orders for PIN credit. There was no provision for prisoners who were carers to receive additional free letters and telephone calls to maintain contact with their children. However, the in-cell telephone system provided very good access for prisoners to contact their families. Prisoners could book visits using the ATM machines on each wing.
- 9.64 The visitors' centre was stark and unwelcoming, particularly for children, and was in need of redecoration. A local voluntary sector organisation was putting together a proposal to improve the centre. Copies of the prison business plan were available, but no information on services such as the National Prisoners' Families Helpline or the Assisted Prison Visits Scheme. The booking in process was managed efficiently.
- 9.65 Searching was carried out respectfully. Drug dogs were used, although not on the day we inspected visits, and any visitor given a positive indication but with no subsequent find was offered a closed visit. At the time of the inspection, four prisoners were on closed visits. Prisoners were required to wait in a holding room until their visitors had arrived. When we inspected this area, it was very full with no member of staff permanently present. There was a telephone in the holding room for prisoners to call visitors if they had not arrived as expected.

- 9.66 The visits hall provided a comfortable and relaxed environment for visitors. There were 45 tables of varying size, including one with access for people with disabilities, and, although most seating was fixed, the design did not prohibit easy contact between prisoners and their visitors. A small tea bar run by the Hayward House Charity sold sandwiches, snacks and hot and cold drinks. Male visitors were required to wear a discreet wristband in the hall. Prisoners were not required to wear bibs. A crèche was located at the end of the hall for children up to the age of 10 years, staffed by a worker qualified to NVQ level 3 in child development and care. It was well equipped for younger children but facilities for older children were more limited.
- 9.67 Prisoners who posed a risk to children were seated at designated tables at the opposite end of the hall from the crèche, and visits staff were aware of them. A new outside play area attached to the visits hall had recently opened, and prisoners could book 20-minute slots to take their children outside to play. We welcomed this positive innovation, as did prisoners and their families. However, while parents remained responsible for their children when in the play area, the area was a potentially vulnerable site, and clear and robust supervision arrangements had not yet been formalised.
- 9.68 The visits department arranged regular Dads' Days throughout the year for up to 20 enhanced prisoners and Family Days for prisoners without young children. They were also introducing Granddads' Days. The chaplaincy facilitated a Time for Families course which five prisoners were attending at the time of the inspection, and education delivered a Fathers Inside parenting programme, which was attended by between eight and 10 prisoners.
- 9.69 The Storytime Dads project was impressive. Prisoners were filmed telling a story in front of a screen, which was edited and animated and put on to DVD. Prisoners could buy the DVD and send it home to their children. Discs could also be made for special occasions. The project had been well attended, with 850 discs produced over the previous 16 months.
- 9.70 Although there was a demonstrable commitment to children and families in the prison, involving a number of staff, the prison did not have a qualified family support officer.

## Recommendations

---

- 9.71 Evening visits should be available.
- 9.72 A well run and properly equipped visitors' centre should be available, open at least an hour before and an hour after visiting times. Relevant literature should be available to families, including information about the prison and its regime.
- 9.73 Closed visits should not be ordered for drug dog indications alone and should be authorised only when there is a significant risk justified by security intelligence.
- 9.74 The prisoner visits holding room should be supervised.
- 9.75 Facilities for older children should be made available in the visits hall.
- 9.76 Clear and robust supervision arrangements for the outside play area should be agreed.
- 9.77 A qualified family support worker should be available to arrange children's visits when required by court order, arrange for carers' representation or attendance at child care hearings, support those undergoing separation, and advise on child protection issues.

## Good practice

---

- 9.78 *The Storytime Dads provision provided prisoners with an excellent opportunity to keep in touch with their children and other members of their family for whom they produced high-quality DVDs.*

## Attitudes, thinking and behaviour

---

- 9.79 A well-staffed psychology team delivered effective interventions to address the risk of re-offending and to help prisoners manage long sentences constructively. There were significant gaps in the provision of interventions to address substance misuse and instrumental (rather than impulsive) violence. The education department complemented offending behaviour work with short modules relevant to reducing re-offending.
- 9.80 A range of interventions were well managed and delivered, although it was doubtful if it was sufficient for the expanded population. One hundred and twenty five places were funded annually for the thinking skills programme and the CALM anger management course. Waiting lists were appropriately prioritised by order of application or closeness to the end of sentence. Some significant offending behaviour issues were not addressed, notably substance use and instrumental violence.
- 9.81 There was a variety of provision to help prisoners to manage the reality of a long sentence constructively. This included the ICEBerg and Beating the Blues programmes, and one-to-one sessions with two counsellors and members of the psychology team.
- 9.82 Education courses were delivered, including victim awareness, drug and alcohol awareness, drug trafficking, conflict management, assertiveness and decision making, citizenship and stress management. In the offender management files that we sampled, victim awareness work had been undertaken with three of the nine in-scope and three of the four out-of-scope prisoners.

## Recommendation

---

- 9.83 **An accredited intervention should be available to address the risk of instrumental violent re-offending.**

## Good practice

---

- 9.84 *A variety of group, one-to-one and individual learning programmes were available to help prisoners cope constructively with long sentences.*





# Section 10: Recommendations, housekeeping points and good practice

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

## Main recommendations

To NOMS and the director

---

- 10.1 Prisoners with severe mental health problems should not be held in the segregation unit for extended periods. While there, they should be provided with an appropriate regime, targeted interventions and day care provision. (HP49)
- 10.2 The range of vocational training qualifications in the business enterprise workshops and other work areas should be significantly extended. (HP51)

## Main recommendations

To the director

---

- 10.3 Health care staffing should be sufficient to meet the demand, and prisoners should have reasonably quick access to dental and GP treatment. (HP50)
- 10.4 An accredited drug and/or alcohol programme should be introduced to meet the needs of the population. (HP52)

## Recommendations

To the director

---

### Courts, escorts and transfers

---

- 10.5 Escort staff should be fully aware of, and equipped to meet, the health needs of individual prisoners. (1.7)
- 10.6 Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment. (1.8)
- 10.7 Prisoners should not be routinely handcuffed in sterile areas unless there is evidence of significant risk. (1.9)
- 10.8 Subject to evidenced security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family. (1.10)

### First days in custody: first night

---

- 10.9 A system of formal checks should be undertaken and recorded for all new arrivals during their first 24 hours. (1.28)
- 10.10 Use of the first night and induction unit for more vulnerable prisoners should be kept under review to ensure adequate regime and support. (1.29)

### **First days in custody: induction**

---

- 10.11 Induction should start on the first full working day following reception. (1.33)
- 10.12 Newly arrived prisoners should not be locked behind their doors for extended periods. (1.34)

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

---

- 10.13 In-cell emergency call bells should be responded to within five minutes. (2.12)

### **Personal officers**

---

- 10.14 Regular personal officer work should focus on progression and resettlement needs as well as welfare issues. (2.27)

### **Vulnerable prisoners**

---

- 10.15 Buddies should reside on all wings. (3.10)

### **Applications and complaints**

---

- 10.16 Allegations of assault should be investigated thoroughly and, when requested, the police liaison officer should be notified immediately. Full details of the investigation should be recorded on the reply. (3.26)
- 10.17 When a complaint is withdrawn, staff should ensure that prisoners give detailed recorded reasons and all withdrawals should be monitored by managers. (3.27)
- 10.18 The new complaints training package should be rolled out to all staff. (3.28)

### **Faith and religious activity**

---

- 10.19 A Sikh chaplain should be appointed. (3.53)

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

---

- 10.20 The establishment should ensure that appropriate, designated facilities for consultations and interviews are made available to IDTS staff and their clients. (3.59)
- 10.21 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (3.60)

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

---

- 10.22 Security managers should ensure that intelligence-led drug testing follows promptly upon receipt of the relevant information. (3.66)

### **Diversity: race equality**

---

- 10.23 An impact assessment should be carried out on the ethnic imbalance in A, L and P wings. (4.15)
- 10.24 Links with community organisations supporting ethnic diversity should be strengthened, especially in relation to the gipsy and traveller communities. (4.16)
- 10.25 A programme of regular cultural events should be implemented, involving prisoners at every stage. (4.17)

### **Diversity: foreign nationals**

---

- 10.26 The foreign nationals coordinator should visit the wings regularly and arrange regular support and information meetings with groups of foreign national prisoners. (4.27)

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

---

- 10.27 Managers should implement a plan to provide, record and monitor multidisciplinary support for the large number of prisoners with disabilities. (4.37)
- 10.28 An impact assessment should be carried out on the involvement of older prisoners in structured and unstructured activity, and the findings implemented. (4.38)

### **Health services: general**

---

- 10.29 A review of the workforce plan in conjunction with the health needs assessment should take into account the increase in the prison population and the increased demand for health care services. (5.6)

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

---

- 10.30 There should be sufficient administrative support for health care services to meet the health care needs of the population. (5.18)
- 10.31 The pharmacist should provide adequate supervision, counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.19)

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

---

- 10.32 The appointment system and number of routine nurse clinics should be reviewed and the waiting time for routine consultations should be reduced. (5.26)

### **Health services: pharmacy**

---

- 10.33 Secondary dispensing should stop forthwith. (5.33)
- 10.34 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (5.34)

- 10.35 The in-possession policy should be reviewed and adhered to. (5.35)
- 10.36 The medicines and therapeutics committee should ensure that prescribing is evidence based. (5.36)

#### **Health services: dentistry**

---

- 10.37 The unacceptable waiting times for initial dental assessment and treatment, together with the high failure to attend rate should be addressed. (5.46)

#### **Health services: secondary care**

---

- 10.38 The prison should provide sufficient escort opportunities to meet the need for outside hospital appointments. (5.53)

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

---

- 10.39 Prisoners should have access to day care services. (5.57)
- 10.40 A rolling programme of mental health awareness training should be provided for all prison staff. (5.58)

#### **Time out of cell**

---

- 10.41 Prisoners attending corporate worship should be enabled to attend regularly and punctually. (6.6)

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

---

- 10.42 All quality assurance arrangements should be fully implemented. (6.12)
- 10.43 Managers should plan and implement a strategy to reduce activities staff turnover. (6.13)
- 10.44 Waiting lists should be reduced. (6.14)
- 10.45 Appropriate level 3 provision should be introduced. (6.15)

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

---

- 10.46 Prisoners should have the opportunity to obtain a Construction Skills Certification Scheme card. (6.25)
- 10.47 The links between initial assessment and prisoners' learning and sentence plans should be improved. (6.26)

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

---

- 10.48 Managers should ensure that all classrooms have adequate space for the number of learners and are appropriately maintained. (6.33)

- 10.49 Specialist dyslexia support should be provided. (6.34)
- 10.50 Skills for Life provision should enable effective learning. (6.35)
- 10.51 A strategy to improve prisoners' attendance should be developed. (6.36)
- 10.52 Evening classes should be re-introduced. (6.37)

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

---

- 10.53 All prisoners should have weekly access to the library. (6.45)

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

---

- 10.54 The classroom facilities should be made fit for purpose. (6.56)

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

---

- 10.55 All use of force forms should be completed correctly. (7.19)

### **Discipline: segregation unit**

---

- 10.56 Care planning should be developed to enable prisoners to participate in a normal and predictable regime. (7.29)
- 10.57 Purposeful activity should be provided for all segregated prisoners. (7.30)

### **Incentives and earned privileges**

---

- 10.58 Senior managers should keep the zero tolerance policy under review to ensure it is a proportionate and appropriate approach to behaviour management. (7.39)

### **Strategic management of resettlement**

---

- 10.59 Managers should systematically assess the programme and activity needs of prisoners to reflect their changing composition and OASys data, and plan interventions accordingly. (9.7)
- 10.60 A regular resettlement needs analysis should cover the seven pathways. (9.8)

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

---

- 10.61 Sentence planning should pay closer attention to OASys analysis and a logical sequencing of related objectives. (9.19)
- 10.62 Managers should ensure that offender supervisors are in a position to meet the national standard on initial offender contact and harness the timing of the meeting for key purposes. (9.20)

### **Offender management and planning: categorisation**

---

- 10.63 Managers should monitor performance in the categorisation review process to ensure timeliness and the provision of clear explanations. (9.27)

### **Offender management and planning: public protection**

---

- 10.64 A risk management plan should be completed for all prisoners presenting more than a low risk of serious harm to others. (9.33)

### **Offender management and planning: indeterminate-sentenced prisoners**

---

- 10.65 Managers should consult regularly with groups of IPP prisoners, to ensure that their needs are appropriately identified and addressed. (9.37)

### **Resettlement pathways: accommodation**

---

- 10.66 Detailed, up-to-date records should be kept of resettlement work, especially in relation to accommodation. (9.41)
- 10.67 Active links should be established with national as well as local housing support agencies. (9.42)

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

---

- 10.68 Managers should give prisoners preparing for release access to education, training and employability resources, including an information centre and personal interviews. (9.45)
- 10.69 External links to support access to education, training and employment on release should be improved. (9.46)

### **Resettlement pathways: finance, benefit and debt**

---

- 10.70 A specialist finance and debt advice service should be provided in the prison. (9.49)

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

---

- 10.71 CARAT provision should be extended to include evening sessions. (9.57)
- 10.72 The remit of the CARAT service should include ongoing work with primary alcohol users. (9.58)

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

---

- 10.73 Evening visits should be available. (9.71)

- 10.74 A well run and properly equipped visitors' centre should be available, open at least an hour before and an hour after visiting times. Relevant literature should be available to families, including information about the prison and its regime. (9.72)
- 10.75 Closed visits should not be ordered for drug dog indications alone and should be authorised only when there is a significant risk justified by security intelligence. (9.73)
- 10.76 The prisoner visits holding room should be supervised. (9.74)
- 10.77 Facilities for older children should be made available in the visits hall. (9.75)
- 10.78 Clear and robust supervision arrangements for the outside play area should be agreed. (9.76)
- 10.79 A qualified family support worker should be available to arrange children's visits when required by court order, arrange for carers' representation or attendance at child care hearings, support those undergoing separation, and advise on child protection issues. (9.77)

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

---

- 10.80 An accredited intervention should be available to address the risk of instrumental violent re-offending. (9.83)

## **Housekeeping points**

---

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

---

- 10.81 Escort vehicles should have seatbelts. (1.11)

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

---

- 10.82 Information provided to prisoners should be up to date and reflect current practice. (1.19)
- 10.83 The health care consultation room should provide complete privacy. (1.20)

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

---

- 10.84 First night questionnaires should be uniform and conducted in a confidential environment. (1.30)

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

---

- 10.85 The display of offensive material policy should prohibit the display of racist material and images of weaponry. (2.13)
- 10.86 Staff should be trained in how to post notices and messages on the ATM system. (2.14)

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

---

- 10.87 Managers should investigate the reasons for prisoners' perceptions of poor access to clean clothing and bedding. (2.17)

### **Personal officers**

---

- 10.88 There should be robust management checks of personal officer work to help raise the frequency and standard of entries across all areas of the prison. (2.28)

### **Bullying and violence reduction**

---

- 10.89 The helpline number for visitors to report safety concerns should be more prominently displayed. (3.8)

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

---

- 10.90 The safer custody meetings should be consistently well attended and include representatives from reception. (3.16)
- 10.91 ACCT paperwork should be stored in the correct order and securely held together. (3.17)

### **Applications and complaints**

---

- 10.92 The date an application has been concluded and returned to the prisoner should be recorded in wing office log books. (3.29)
- 10.93 Quality checks of responses to complaints should be recorded and action taken on poor quality responses. (3.30)

### **Legal rights**

---

- 10.94 Notices should be displayed around the prison with photographs explaining the role of the legal services officer. (3.40)
- 10.95 Lists of solicitors specialising in criminal, prison and immigration law should be regularly updated. Firms on the list should be contacted to confirm that they are willing and able to attend the prison. (3.41)
- 10.96 The legal services officer should use the community legal advice helpline and website. (3.42)
- 10.97 Legal materials, including rules and director's notices, should be visible and accessible to prisoners. (3.43)
- 10.98 Notices, leaflets and complaint forms in relation to the Legal Ombudsman should be available. (3.44)



## **Diversity**

---

10.99 A regular cycle of diversity meetings should be maintained. (4.4)

## **Diversity: race equality**

---

10.100 Reports on racist incident investigations should always include an explanation of how conclusions were reached from the evidence. (4.18)

## **Diversity: foreign nationals**

---

10.101 Managers should encourage greater use of telephone interpretation and monitor its use. (4.28)

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

---

10.102 The support of external agencies such as Age UK should be secured to inform and help provide practical support for older prisoners. (4.39)

## **Health services: general**

---

10.103 The health care room in reception should be secured with a separate health care suite key. (5.7)

10.104 The health care room in reception should be provided with a telephone. (5.8)

## **Health services: clinical governance**

---

10.105 Suitable dental cover for annual leave should be arranged. (5.20)

10.106 Clinical governance meetings should occur with sufficient frequency to address health care issues promptly. (5.21)

## **Health services: primary care**

---

10.107 The sharing of information with PE staff should be developed to ensure that healthy lifestyle programmes are managed safely. (5.27)

## **Health services: pharmacy**

---

10.108 Stock to be issued to patients should be labelled appropriately. (5.37)

10.109 The medicines trolleys should be secured in the treatment room and kept locked when not in use. (5.38)

10.110 Loose tablets and tablet foils do not satisfy labelling requirements and should not be present in stock. (5.39)

10.111 Maximum-minimum temperatures should be recorded daily for the drug refrigerators in the treatment rooms and pharmacy. (5.40)

10.112 Regular out-of-date checks should be done on all medicines and testing strips. (5.41)

10.113 Prescribing data should be used to promote effective medicines management. (5.42)

### **Health services: dentistry**

---

10.114 Regular meetings between the dental team and health care management should be arranged to improve communication. (5.47)

10.115 The x-ray developer should be replaced. (5.48)

10.116 A washer disinfectant should be provided. (5.49)

10.117 Emergency oxygen should be available in the dental surgery. (5.50)

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

---

10.118 Managers should make effective use of data to manage performance. (6.16)

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

---

10.119 Managers should ensure that all actions relevant to improving prisoners' literacy and numeracy skills are transferred to their individual learning plans. (6.20)

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

---

10.120 Breaks should be introduced in long sessions. (6.38)

10.121 Learners should be supported through individual learning plans and target setting. (6.39)

10.122 A wide range of teaching and learning resources should be in use. (6.40)

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

---

10.123 Library access should be extended to reduce overcrowding at peak times. (6.46)

10.124 More areas should be made available in the library for displays. (6.47)

10.125 The number and range of available 'easy reads' should be increased. (6.48)

10.126 A suitable range of music CDs should be available to borrow. (6.49)

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

---

10.127 The modular and free-weight training areas should not be overcrowded. (6.57)

- 10.128 The survey of non-gym users should be reviewed to identify any activities that would encourage their participation. (6.58)

### **Security and rules**

---

- 10.129 The safer custody manager should attend security meetings. (7.8)

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

---

- 10.130 Staff in the OMU should adopt a more rigorous approach to tracking and closing gaps in documentation. (9.21)
- 10.131 Contact notes should incorporate greater reference to sentence planning objectives, offender manager discussions, and motivation and reinforcement of prisoners' learning. (9.22)
- 10.132 Managers should undertake more structured supervision and development of their staff to monitor and raise the quality of their work. (9.23)

### **Offender management and planning: public protection**

---

- 10.133 OMU managers should adopt a more structured approach to their oversight of cases where the prisoner is assessed as presenting a high/very high risk of harm to others. (9.34)

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

---

- 10.134 The drug and alcohol strategy should include annual performance measures and action plans for supply and demand reduction initiatives. (9.59)
- 10.135 The CARAT service should develop a mechanism for service user consultation to inform future service provision. (9.60)

## **Examples of good practice**

---

### **Residential units**

---

- 10.136 The ATMs and in-cell phones promoted autonomy and responsibility among prisoners and freed officers' time. (2.15)

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

---

- 10.137 Clinical IDTS and CARAT teams worked in a fully integrated way and provided a high level of care to their clients. (3.61)

## **Diversity**

---

10.138 The NOMS short-term monitoring tool had been used to explore the fairness of treatment of older and disabled prisoners. (4.5)

## **Foreign nationals**

---

10.139 A foreign national prisoner had recently been able to speak to his family by video link, and it was hoped to extend this. (4.29)

## **Use of force**

---

10.140 Managers carried small portable video recorders to record spontaneous incidents of use of force. (7.20)

## **Strategic management of resettlement**

---

10.141 OMU staff and managers had adopted more generic roles and taken the opportunities for more effective joint work offered by their co-location. (9.9)

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

---

10.142 The Storytime Dads provision provided prisoners with an excellent opportunity to keep in touch with their children and other members of their family for whom they produced high-quality DVDs. (9.78)

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

---

10.143 A variety of group, one-to-one and individual learning programmes were available to help prisoners cope constructively with long sentences. (9.84)

## Appendix I: Inspection team

---

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Martin Kettle	Inspector
Gordon Riach	Inspector
Gary Boughen	Inspector
Helen Wark	Researcher
Catherine Nichols	Senior researcher

### **Specialist inspectors**

Mick Bowen	Health services inspector
Sigrid Engelen	Drugs inspector
Sue Melvin	Pharmacist
Martin Wall	Dentist

Nigel Bragg	Ofsted inspector
Ken Fisher	Ofsted inspector
Martin Hughes	Ofsted inspector

Martin Jolly	Offender management inspector
Eileen O'Sullivan	Offender management inspector

## Appendix II: Prison population profile

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

(i) Status	Number of prisoners	%
Sentenced	898	98
Convicted but unsentenced	0	
Recall	18	2
Civil prisoners	0	
Detainees	0	
Other	0	
<b>Total</b>	<b>916</b>	<b>100</b>

(ii) Sentence	Number of sentenced prisoners	%
Unsentenced	0	
Less than 6 months	0	
6 months-less than 12 months	0	
12 months-less than 2 years	0	
2 years-less than 3 years	3	0.5
3 years-less than 4 years	23	2.5
4 years-less than 10 years	129	14
10 years and over (not life)	548	60
Lifer	213	23
<b>Total</b>	<b>916</b>	<b>100</b>

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	8	0.5		
1 month to 3 months	78	8.5		
3 months to 6 months	126	14		
6 months to 1 year	269	29		
1 year to 2 years	113	12		
2 years to 3 years	272	29		
3 years to 4 years	27	4		
4 years or more	23	3		
<b>Total</b>	<b>916</b>	<b>100</b>	<b>0</b>	<b>0</b>

(iv) Main Offence	Number of prisoners	%
Violence against the person	244	27
Sexual offences	2	0.3
Burglary	49	5
Robbery	205	23
Theft & handling	4	0.5
Fraud and forgery	6	0.7
Drugs offences	266	30
Other offences	139	15

Civil offences	0	
Offence not recorded/holding warrant	0	
<b>Total</b>	<b>916</b>	<b>99.5</b>

(v) Age	Number of prisoners	%
Under 21	0	
21 years to 29 years	338	37
30 years to 39 years	293	32
40 years to 49 years	183	20
50 years to 59 years	88	9
60 years to 69 years	12	1.5
70 plus years	2	0.5
Please state maximum age	71	
<b>Total</b>	<b>916</b>	<b>100</b>

(vi) Home Address	Number of prisoners	%
Within 50 miles of the prison	99	11
Between 50 and 100 miles of the prison	224	24
Over 100 miles from the prison	313	34
Overseas	128	14
NFA	152	17
<b>Total</b>	<b>916</b>	<b>100</b>

(vii) Nationality	Number of prisoners	%
British	788	86
Foreign Nationals	128	14
<b>Total</b>	<b>916</b>	<b>100</b>

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	509	55
Irish	9	1
Other white	38	4
<i>Mixed</i>		
White and black Caribbean	27	3
White and black African	2	0.4
White and Asian	4	0.6
Other mixed	15	1.5
<i>Asian or Asian British</i>		
Indian	43	4.5
Pakistani	34	4
Bangladeshi	9	1
Other Asian	24	2.5
<i>Black or black British</i>		
Caribbean	122	13.5
African	22	2.5
Other black	38	4
<i>Chinese or other ethnic group</i>		
Chinese	8	1

Other ethnic group	12	1.5
<i>Not Stated</i>		
Code missing	0	
Refusal	0	
<b>Total</b>	<b>916</b>	<b>100</b>

<b>(ix) Religion</b>	<b>Number of prisoners</b>	<b>%</b>
Baptist	69	7.5
Church of England	169	18.4
Roman Catholic	171	18.7
Other Christian denominations	7	0.7
Muslim	193	21.1
Sikh	11	1.2
Hindu	7	0.8
Buddhist	18	2.0
Jewish	3	0.3
Other	66	7.1
No religion	202	22.2
<b>Total</b>	<b>916</b>	<b>100</b>



# Appendix III: Summary of prisoner questionnaires and interviews

---

## Prisoner survey methodology

---

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

### Choosing the sample size

---

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

At the time of the survey on 16 February 2011 the prisoner population at HMP Lowdham Grange was 918. The sample size was 208. Overall, this represented 23% of the prisoner population.

### Selecting the sample

---

Respondents were randomly selected from a prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a 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. Twelve respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

## Methodology

---

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

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

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

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

## Response rates

---

In total, 160 respondents completed and returned their questionnaires. This represented 17% of the prison population. The response rate was 77%. In addition to the 12 respondents who refused to complete a questionnaire, 36 questionnaires were not returned. None was returned blank.

## Comparisons

---

The following details the results from the survey. Data from each establishment have 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 Cat B training prisons. This comparator is based on all responses from prisoner surveys carried out in eight Cat B training prisons since 2004.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Lowdham Grange in 2006.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, 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

---

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

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

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

# Survey responses

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	0 (0%)
	<i>21 - 29</i> .....	58 (36%)
	<i>30 - 39</i> .....	39 (25%)
	<i>40 - 49</i> .....	40 (25%)
	<i>50 - 59</i> .....	18 (11%)
	<i>60 - 69</i> .....	4 (3%)
	<i>70 and over</i> .....	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	153 (96%)
	<i>Yes - on recall</i> .....	7 (4%)
	<i>No - awaiting trial</i> .....	0 (0%)
	<i>No - awaiting sentence</i> .....	0 (0%)
	<i>No - awaiting deportation</i> .....	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	0 (0%)
	<i>Less than 6 months</i> .....	1 (1%)
	<i>6 months to less than 1 year</i> .....	0 (0%)
	<i>1 year to less than 2 years</i> .....	0 (0%)
	<i>2 years to less than 4 years</i> .....	3 (2%)
	<i>4 years to less than 10 years</i> .....	33 (21%)
	<i>10 years or more</i> .....	91 (57%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	30 (19%)
	<i>Life</i> .....	1 (1%)
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b><i>Not sentenced</i></b> .....	0 (0%)
	<i>6 months or less</i> .....	14 (11%)
	<i>More than 6 months</i> .....	112 (89%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	4 (3%)
	<i>1 to less than 3 months</i> .....	8 (5%)
	<i>3 to less than 6 months</i> .....	12 (8%)
	<i>6 to less than 12 months</i> .....	33 (21%)
	<i>12 months to less than 2 years</i> .....	32 (20%)
	<i>2 to less than 4 years</i> .....	47 (30%)
	<i>4 years or more</i> .....	22 (14%)
<b>Q1.7</b>	<b>Are you a foreign national (i.e. do not hold UK citizenship)?</b>	
	<i>Yes</i> .....	22 (14%)

No..... 134 (86%)

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

Yes..... 138 (90%)  
 No..... 16 (10%)

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

<i>White - British</i> .....	76 (49%)	<i>Asian or Asian British - Bangladeshi</i> .....	0 (0%)
<i>White - Irish</i> .....	4 (3%)	<i>Asian or Asian British - Other</i> .....	2 (1%)
<i>White - Other</i> .....	10 (6%)	<i>Mixed race - White and black Caribbean</i> .....	13 (8%)
<i>Black or black British - Caribbean</i> .....	17 (11%)	<i>Mixed race - White and black African</i> .....	1 (1%)
<i>Black or black British - African</i>	5 (3%)	<i>Mixed race - White and Asian</i>	0 (0%)
<i>Black or black British - Other...</i>	6 (4%)	<i>Mixed race - Other</i> .....	1 (1%)
<i>Asian or Asian British - Indian</i>	4 (3%)	<i>Chinese</i> .....	1 (1%)
<i>Asian or Asian British - Pakistani</i> .....	11 (7%)	<i>Other ethnic group</i> .....	3 (2%)

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

Yes..... 4 (3%)  
 No..... 146 (97%)

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

<i>None</i> .....	30 (19%)	<i>Hindu</i> .....	1 (1%)
<i>Church of England</i> .....	37 (24%)	<i>Jewish</i> .....	0 (0%)
<i>Catholic</i> .....	35 (22%)	<i>Muslim</i> .....	32 (21%)
<i>Protestant</i> .....	3 (2%)	<i>Sikh</i> .....	2 (1%)
<i>Other Christian denomination</i>	6 (4%)	<i>Other</i> .....	7 (4%)
<i>Buddhist</i> .....	3 (2%)		

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

*Heterosexual/straight*..... 156 (99%)  
*Homosexual/gay*..... 1 (1%)  
*Bisexual*..... 1 (1%)  
*Other*..... 0 (0%)

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

Yes..... 30 (19%)  
 No..... 130 (81%)

**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>
42 (26%)	29 (18%)	55 (35%)	33 (21%)

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

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
6 (4%)	122 (79%)	27 (17%)

<b>Q1.16</b>	<b>Do you have any children under the age of 18?</b>	
	Yes .....	96 (60%)
	No .....	64 (40%)

## 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?	15 (10%)	60 (38%)	27 (17%)	30 (19%)	17 (11%)	5 (3%)	3 (2%)
	Your personal safety during the journey?	13 (9%)	71 (49%)	24 (17%)	24 (17%)	8 (6%)	3 (2%)	1 (1%)
	The comfort of the van?	4 (3%)	21 (14%)	11 (7%)	66 (43%)	49 (32%)	4 (3%)	0 (0%)
	The attention paid to your health needs?	6 (4%)	28 (20%)	34 (24%)	26 (18%)	28 (20%)	11 (8%)	10 (7%)
	The frequency of toilet breaks?	2 (1%)	16 (10%)	20 (13%)	43 (28%)	48 (31%)	10 (6%)	16 (10%)

<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>
	11 (7%)	42 (27%)	80 (52%)	18 (12%)	4 (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>
	14 (9%)	76 (49%)	44 (29%)	16 (10%)	0 (0%)	4 (3%)

<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?	145 (91%)	13 (8%)	1 (1%)
	Before you arrived here did you receive any written information about what would happen to you?	26 (17%)	127 (81%)	4 (3%)
	When you first arrived here did your property arrive at the same time as you?	135 (88%)	19 (12%)	0 (0%)

## 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>	29 (20%)	<i>Money worries.....</i> 21 (14%)
	<i>Loss of property.....</i>	25 (17%)	<i>Feeling depressed or suicidal.</i> 59 (40%)
	<i>Housing problems.....</i>	22 (15%)	<i>Health problems.....</i> 83 (57%)
	<i>Contacting employers .....</i>	15 (10%)	<i>Needing protection from other prisoners .....</i> 25 (17%)

Contacting family.....	68 (47%)	Accessing phone numbers.....	70 (48%)
Ensuring dependants were being looked after .....	19 (13%)	Other.....	7 (5%)

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

<b>Didn't have any problems</b> .....	50 (38%)	Money worries.....	16 (12%)
Loss of property.....	30 (23%)	Feeling depressed or suicidal.	15 (11%)
Housing problems.....	18 (14%)	Health problems.....	37 (28%)
Contacting employers .....	7 (5%)	Needing protection from other prisoners .....	8 (6%)
Contacting family.....	26 (20%)	Accessing phone numbers.....	35 (27%)
Ensuring dependants were looked after .....	7 (5%)	Other.....	1 (1%)

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

	Yes	No	Don't remember
Were you seen by a member of health services?	148 (93%)	9 (6%)	3 (2%)
When you were searched, was this carried out in a respectful way?	136 (89%)	16 (10%)	1 (1%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
38 (24%)	81 (51%)	31 (19%)	6 (4%)	3 (2%)	0 (0%)

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

Information about what was going to happen to you .....	87 (58%)
Information about what support was available for people feeling depressed or suicidal .....	69 (46%)
Information about how to make routine requests .....	80 (53%)
Information about your entitlement to visits.....	74 (49%)
Information about health services .....	82 (54%)
Information about the chaplaincy .....	78 (52%)
<b>Not offered anything</b> .....	38 (25%)

**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.....	89 (57%)
The opportunity to have a shower.....	76 (49%)
The opportunity to make a free telephone call.....	68 (44%)
Something to eat.....	125 (80%)
<b>Did not receive anything</b> .....	12 (8%)

**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 .....	43 (30%)
Someone from health services .....	117 (81%)
A Listener/Samaritans.....	10 (7%)

	<b>Did not meet any of these people.....</b>	21 (14%)
<b>Q3.8</b>	<b>Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?</b>	
	Yes .....	39 (25%)
	No.....	115 (75%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes .....	141 (89%)
	No.....	9 (6%)
	Don't remember.....	8 (5%)
<b>Q3.10</b>	<b>How soon after your arrival did you go on an induction course?</b>	
	<b>Have not been on an induction course.....</b>	7 (5%)
	Within the first week .....	116 (75%)
	More than a week .....	29 (19%)
	Don't remember.....	3 (2%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<b>Have not been on an induction course.....</b>	7 (5%)
	Yes .....	113 (73%)
	No.....	26 (17%)
	Don't remember.....	8 (5%)

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

<b>Q4.1</b>	<b>How easy is it to:</b>							
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>	
	Communicate with your solicitor or legal representative?	49 (31%)	61 (39%)	20 (13%)	13 (8%)	6 (4%)	7 (4%)	
	Attend legal visits?	37 (25%)	71 (47%)	13 (9%)	9 (6%)	1 (1%)	19 (13%)	
	Obtain bail information?	4 (3%)	16 (13%)	22 (18%)	2 (2%)	5 (4%)	71 (59%)	
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>							
	<b>Not had any letters .....</b>						15 (10%)	
	Yes .....						58 (38%)	
	No.....						79 (52%)	
<b>Q4.3</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>							
					<i>Yes</i>	<i>No</i>	<i>Don't know</i>	
	Are you normally offered enough clean, suitable clothes for the week?				54 (35%)	39 (25%)	2 (1%)	59 (38%)



Are you normally able to have a shower every day?	154 (98%)	2 (1%)	0 (0%)	1 (1%)
Do you normally receive clean sheets every week?	47 (30%)	52 (34%)	2 (1%)	54 (35%)
Do you normally get cell cleaning materials every week?	118 (76%)	32 (21%)	2 (1%)	3 (2%)
Is your cell call bell normally answered within five minutes?	64 (41%)	72 (46%)	15 (10%)	5 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	119 (79%)	31 (21%)	1 (1%)	0 (0%)
Can you normally get your stored property if you need to?	61 (40%)	49 (32%)	31 (20%)	12 (8%)

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

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
19 (12%)	80 (50%)	40 (25%)	15 (9%)	5 (3%)

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

<i>Have not bought anything yet</i> .....	1 (1%)
Yes .....	121 (78%)
No.....	34 (22%)

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

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form?	67 (42%)	66 (42%)	9 (6%)	10 (6%)	4 (3%)	2 (1%)
An application form?	73 (46%)	64 (41%)	9 (6%)	9 (6%)	2 (1%)	1 (1%)

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

Yes .....	143 (93%)
No.....	11 (7%)

**Q4.8 Please answer the following questions concerning applications:**

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

	<b>Not made one</b>	<b>Yes</b>	<b>No</b>
Do you feel <i>applications</i> are dealt with fairly?	11 (7%)	80 (53%)	60 (40%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	11 (8%)	76 (54%)	55 (39%)

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

Yes .....	106 (70%)
No.....	46 (30%)

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

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

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	46 (30%)	35 (23%)	73 (47%)
Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	46 (31%)	37 (25%)	65 (44%)
Were you given information about how to make an appeal?	48 (33%)	37 (26%)	59 (41%)

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

<b>Not made a complaint</b> .....	46 (30%)
Yes .....	67 (44%)
No.....	40 (26%)

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

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
25 (17%)	8 (5%)	36 (24%)	50 (34%)	21 (14%)	8 (5%)

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

<b>Don't know what the IEP scheme is</b> .....	5 (3%)
<i>Enhanced</i> .....	127 (81%)
<i>Standard</i> .....	19 (12%)
<i>Basic</i> .....	5 (3%)
<i>Don't know</i> .....	0 (0%)

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

<b>Don't know what the IEP scheme is</b> .....	5 (3%)
Yes .....	106 (68%)
No .....	35 (22%)
<i>Don't know</i> .....	10 (6%)

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

<b>Don't know what the IEP scheme is</b> .....	5 (3%)
Yes .....	82 (53%)
No.....	55 (35%)
<i>Don't know</i> .....	14 (9%)

**Q4.16 Please answer the following questions about this prison?**

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	7 (5%)	145 (95%)
In the last six months have you spent a night in the segregation /care and separation unit?	17 (11%)	132 (89%)

<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?	96 (62%)	23 (15%)	37 (24%)
	Are you able to speak to a religious leader of your faith in private if you want to?	110 (77%)	7 (5%)	25 (18%)
<b>Q4.18</b>	<b>Can you speak to a Listener at any time if you want to?</b>	Yes 113 (72%)	No 7 (4%)	<i>Don't know</i> 36 (23%)
<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?	128 (84%)	25 (16%)	
	Do <b>most</b> staff treat you with respect?	135 (88%)	18 (12%)	

### Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>	Yes ..... 49 (32%)	No ..... 106 (68%)																				
<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>	Yes ..... 14 (9%)	No ..... 141 (91%)																				
<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>..... 106 (73%)</td> <td><i>At mealtimes</i>..... 4 (3%)</td> </tr> <tr> <td><i>Everywhere</i> ..... 5 (3%)</td> <td><i>At health services</i> ..... 5 (3%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 1 (1%)</td> <td><i>Visit's area</i> ..... 3 (2%)</td> </tr> <tr> <td><i>Association areas</i>..... 7 (5%)</td> <td><i>In wing showers</i>..... 2 (1%)</td> </tr> <tr> <td><i>Reception area</i> ..... 2 (1%)</td> <td><i>In gym showers</i>..... 0 (0%)</td> </tr> <tr> <td><i>At the gym</i>..... 14 (9%)</td> <td><i>In corridors/stairwells</i>..... 2 (1%)</td> </tr> <tr> <td><i>In an exercise yard</i> ..... 6 (4%)</td> <td><i>On your landing/wing</i>..... 8 (5%)</td> </tr> <tr> <td><i>At work</i>..... 10 (6%)</td> <td><i>In your cell</i> ..... 5 (3%)</td> </tr> <tr> <td><i>During movement</i>..... 14 (9%)</td> <td><i>At religious services</i>..... 2 (1%)</td> </tr> <tr> <td><i>At education</i>..... 4 (3%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> ..... 106 (73%)	<i>At mealtimes</i> ..... 4 (3%)	<i>Everywhere</i> ..... 5 (3%)	<i>At health services</i> ..... 5 (3%)	<i>Segregation unit</i> ..... 1 (1%)	<i>Visit's area</i> ..... 3 (2%)	<i>Association areas</i> ..... 7 (5%)	<i>In wing showers</i> ..... 2 (1%)	<i>Reception area</i> ..... 2 (1%)	<i>In gym showers</i> ..... 0 (0%)	<i>At the gym</i> ..... 14 (9%)	<i>In corridors/stairwells</i> ..... 2 (1%)	<i>In an exercise yard</i> ..... 6 (4%)	<i>On your landing/wing</i> ..... 8 (5%)	<i>At work</i> ..... 10 (6%)	<i>In your cell</i> ..... 5 (3%)	<i>During movement</i> ..... 14 (9%)	<i>At religious services</i> ..... 2 (1%)	<i>At education</i> ..... 4 (3%)	
<i>Never felt unsafe</i> ..... 106 (73%)	<i>At mealtimes</i> ..... 4 (3%)																						
<i>Everywhere</i> ..... 5 (3%)	<i>At health services</i> ..... 5 (3%)																						
<i>Segregation unit</i> ..... 1 (1%)	<i>Visit's area</i> ..... 3 (2%)																						
<i>Association areas</i> ..... 7 (5%)	<i>In wing showers</i> ..... 2 (1%)																						
<i>Reception area</i> ..... 2 (1%)	<i>In gym showers</i> ..... 0 (0%)																						
<i>At the gym</i> ..... 14 (9%)	<i>In corridors/stairwells</i> ..... 2 (1%)																						
<i>In an exercise yard</i> ..... 6 (4%)	<i>On your landing/wing</i> ..... 8 (5%)																						
<i>At work</i> ..... 10 (6%)	<i>In your cell</i> ..... 5 (3%)																						
<i>During movement</i> ..... 14 (9%)	<i>At religious services</i> ..... 2 (1%)																						
<i>At education</i> ..... 4 (3%)																							
<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>	Yes ..... 30 (20%)	No ..... 122 (80%)																				
			<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 (8%)</td> <td><i>Because of your sexuality.....</i></td> <td>0 (0%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends).....</i>	12 (8%)	<i>Because of your sexuality.....</i>	0 (0%)																
<i>Insulting remarks (about you or your family or friends).....</i>	12 (8%)	<i>Because of your sexuality.....</i>	0 (0%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	4 (3%)	<i>Because you have a disability</i>	1 (1%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your religion/religious beliefs.....</i>	4 (3%)
<i>Because of your race or ethnic origin.....</i>	10 (7%)	<i>Because of your age.....</i>	1 (1%)
<i>Because of drugs.....</i>	4 (3%)	<i>Being from a different part of the country than others.....</i>	7 (5%)
<i>Having your canteen/property taken.....</i>	2 (1%)	<i>Because of your offence/crime.....</i>	3 (2%)
<i>Because you were new here...</i>	3 (2%)	<i>Because of gang related issues.....</i>	1 (1%)

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

Yes.....	34 (22%)	<b>If No, go to question 5.8</b>
No.....	119 (78%)	

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

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

<b>Not been victimised</b> .....	102 (69%)
Yes.....	19 (13%)
No.....	26 (18%)

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

Yes.....	32 (21%)
No.....	122 (79%)

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

Yes.....	31 (20%)
No.....	121 (80%)

**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>
18 (12%)	10 (6%)	14 (9%)	8 (5%)	8 (5%)	96 (62%)

## Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:**
- |              | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor   | 7 (5%)            | 3 (2%)           | 18 (12%)    | 11 (7%)        | 60 (40%)         | 52 (34%)              |
| The nurse    | 7 (5%)            | 14 (10%)         | 60 (42%)    | 14 (10%)       | 31 (22%)         | 18 (13%)              |
| The dentist  | 8 (5%)            | 1 (1%)           | 8 (5%)      | 7 (5%)         | 47 (32%)         | 77 (52%)              |
| The optician | 23 (16%)          | 2 (1%)           | 11 (7%)     | 15 (10%)       | 40 (27%)         | 57 (39%)              |
- Q6.2 Are you able to see a pharmacist?**
- |           |          |
|-----------|----------|
| Yes ..... | 62 (46%) |
| No .....  | 72 (54%) |
- 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   | 16 (11%)        | 8 (5%)           | 35 (23%)    | 21 (14%)       | 29 (19%)   | 42 (28%)        |
| The nurse    | 11 (8%)         | 18 (12%)         | 43 (29%)    | 27 (18%)       | 18 (12%)   | 29 (20%)        |
| The dentist  | 29 (20%)        | 13 (9%)          | 29 (20%)    | 16 (11%)       | 25 (17%)   | 35 (24%)        |
| The optician | 48 (34%)        | 9 (6%)           | 17 (12%)    | 18 (13%)       | 16 (11%)   | 34 (24%)        |
- 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> |
| 9 (6%)          | 5 (3%)           | 25 (17%)    | 23 (15%)       | 35 (23%)   | 53 (35%)        |
- Q6.5 Are you currently taking medication?**
- |           |          |
|-----------|----------|
| Yes ..... | 64 (42%) |
| No .....  | 87 (58%) |
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- |                                    |          |
|------------------------------------|----------|
| <i>Not taking medication</i> ..... | 87 (58%) |
| Yes .....                          | 45 (30%) |
| No .....                           | 18 (12%) |
- Q6.7 Do you feel you have any emotional well-being/mental health issues?**
- |           |           |
|-----------|-----------|
| Yes ..... | 40 (26%)  |
| No .....  | 112 (74%) |
- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- |  |           |
|--|-----------|
| <i>Do not have any issues/not receiving any help</i> ..... | 118 (79%) |
| <i>Doctor</i> .....  | 19 (13%)  |
| <i>Nurse</i> .....   | 12 (8%)   |
| <i>Psychiatrist</i> .....                                  | 10 (7%)   |
| <i>Mental health in-reach team</i> .....                   | 21 (14%)  |
| <i>Counsellor</i> .....                                    | 14 (9%)   |
| <i>Other</i> .....   | 3 (2%)    |

<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	15 (10%)	135 (90%)	
	Alcohol	5 (4%)	137 (96%)	
<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>			
	Yes .....		8 (5%)	
	No .....		143 (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 .....		17 (11%)	
	No .....		3 (2%)	
	<b><i>Did not/do not have a drug or alcohol problem</i></b> .....		131 (87%)	
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?</b>			
	Yes .....		17 (11%)	
	No .....		4 (3%)	
	<b><i>Did not / do not have a drug or alcohol problem</i></b> .....		131 (86%)	
<b>Q6.13</b>	<b>Was the intervention or help you received, whilst in this prison, helpful?</b>			
	Yes .....		12 (8%)	
	No .....		4 (3%)	
	<b><i>Did not have a problem/have not received help</i></b> .....		135 (89%)	
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		Yes	No	<i>Don't know</i>
	Drugs	4 (3%)	137 (91%)	9 (6%)
	Alcohol	1 (1%)	135 (94%)	8 (6%)
<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 .....		5 (3%)	
	No .....		9 (6%)	
	N/A .....		136 (91%)	

## 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 .....	122 (82%)
	Vocational or skills training .....	27 (18%)
	Education (including basic skills) .....	47 (32%)
	Offending behaviour programmes .....	42 (28%)

**Not involved in any of these**..... 15 (10%)

**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	6 (5%)	58 (45%)	50 (39%)	14 (11%)
Vocational or skills training	9 (9%)	58 (57%)	20 (20%)	15 (15%)
Education (including basic skills)	7 (6%)	71 (64%)	21 (19%)	12 (11%)
Offending behaviour programmes	6 (5%)	64 (57%)	30 (27%)	12 (11%)

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

<b>Don't want to go</b> .....	27 (18%)
<i>Never</i> .....	34 (23%)
<i>Less than once a week</i> .....	45 (30%)
<i>About once a week</i> .....	31 (21%)
<i>More than once a week</i> .....	6 (4%)
<i>Don't know</i> .....	7 (5%)

**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
14 (9%)	18 (12%)	3 (2%)	16 (11%)	62 (41%)	35 (23%)	3 (2%)

**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
4 (3%)	12 (8%)	31 (20%)	46 (30%)	57 (38%)	2 (1%)

**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> .....	8 (5%)
<i>2 to less than 4 hours</i> .....	21 (14%)
<i>4 to less than 6 hours</i> .....	15 (10%)
<i>6 to less than 8 hours</i> .....	24 (16%)
<i>8 to less than 10 hours</i> .....	32 (21%)
<i>10 hours or more</i> .....	43 (29%)
<i>Don't know</i> .....	7 (5%)

**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
0 (0%)	2 (1%)	7 (5%)	6 (4%)	128 (85%)	7 (5%)

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

<b>Do not go on association</b> .....	2 (1%)
<i>Never</i> .....	11 (7%)
<i>Rarely</i> .....	18 (12%)
<i>Some of the time</i> .....	63 (41%)
<i>Most of the time</i> .....	36 (24%)
<i>All of the time</i> .....	22 (14%)

## 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> .....					25 (16%)
	<i>In the first week</i> .....					63 (41%)
	<i>More than a week</i> .....					35 (23%)
	<i>Don't remember</i> .....					29 (19%)
<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>
	25 (17%)	38 (25%)	52 (34%)	17 (11%)	12 (8%)	7 (5%)
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....					0 (0%)
	<i>Yes</i> .....					133 (88%)
	<i>No</i> .....					18 (12%)
<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> .....					18 (12%)
	<i>Very involved</i> .....					50 (34%)
	<i>Involved</i> .....					41 (28%)
	<i>Neither</i> .....					7 (5%)
	<i>Not very involved</i> .....					18 (12%)
	<i>Not at all involved</i> .....					13 (9%)
<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> .....					18 (12%)
	<i>Yes</i> .....					111 (75%)
	<i>No</i> .....					19 (13%)
<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> .....					18 (12%)
	<i>Yes</i> .....					57 (39%)
	<i>No</i> .....					71 (49%)
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>					
	<i>Not sentenced</i> .....					0 (0%)
	<i>Yes</i> .....					71 (48%)
	<i>No</i> .....					76 (52%)
<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> .....					27 (18%)
	<i>No</i> .....					121 (82%)
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>					
	<i>Yes</i> .....					40 (26%)



No..... 103 (68%)  
 Don't know..... 8 (5%)

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

Yes ..... 6 (4%)  
 No..... 141 (94%)  
 Don't know..... 3 (2%)

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

**Not been here a week yet** ..... 13 (9%)  
 Yes ..... 50 (33%)  
 No..... 82 (54%)  
 Don't remember..... 6 (4%)

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

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
13 (9%)	88 (59%)	49 (33%)	0 (0%)	0 (0%)

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

**Not had any visits** ..... 21 (14%)  
 Very well..... 28 (19%)  
 Well ..... 47 (32%)  
 Neither ..... 28 (19%)  
 Badly ..... 10 (7%)  
 Very badly ..... 5 (3%)  
 Don't know..... 7 (5%)

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

Yes ..... 81 (54%)  
 No..... 68 (46%)

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

<b>Don't know who to contact</b> .. 80 (67%)	<i>Help with your finances in preparation for release</i> .. 15 (13%)
<i>Maintaining good relationships</i> ..... 26 (22%)	<i>Claiming benefits on release</i> .. 17 (14%)
<i>Avoiding bad relationships</i> ..... 13 (11%)	<i>Arranging a place at college/continuing education on release</i> ..... 16 (13%)
<i>Finding a job on release</i> ..... 21 (18%)	<i>Continuity of health services on release</i> ..... 14 (12%)
<i>Finding accommodation on release</i> ..... 18 (15%)	<i>Opening a bank account</i> ..... 14 (12%)

**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> .....	68 (52%)	<i>Help with your finances in preparation for release</i> .....	22 (17%)
<i>Maintaining good relationships</i> .....	10 (8%)	<i>Claiming benefits on release</i> ..	23 (17%)
<i>Avoiding bad relationships</i> .....	6 (5%)	<i>Arranging a place at college/continuing education on release</i> .....	14 (11%)
<i>Finding a job on release</i> .....	41 (31%)	<i>Continuity of health services on release</i> .....	9 (7%)
<i>Finding accommodation on release</i> .....	29 (22%)	<i>Opening a bank account</i> .....	31 (23%)

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

<i>Not sentenced</i> .....	0 (0%)
<i>Yes</i> .....	87 (62%)
<i>No</i> .....	54 (38%)

**Thank you for completing this survey**

Main comparator and comparator to last time



Prisoner survey responses HMP Lowdham Grange 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 Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		160	1080	160	89
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	0%	1%	0%	0%
3a	Are you sentenced?	100%	99%	100%	100%
3b	Are you on recall?	4%	2%	4%	0%
4a	Is your sentence less than 12 months?	1%	0%	1%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	19%	21%	19%	0%
5	Do you have six months or less to serve?	11%	13%	11%	7%
6	Have you been in this prison less than a month?	3%	2%	3%	9%
7	Are you a foreign national?	14%	14%	14%	13%
8	Is English your first language?	90%	88%	90%	88%
9	Are you from a minority ethnic group? Including all those who did not tick white British, white Irish or white other categories.	42%	29%	42%	36%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	3%	3%	
11	Are you Muslim?	21%	14%	21%	
12	Are you homosexual/gay or bisexual?	1%	4%	1%	
13	Do you consider yourself to have a disability?	19%	20%	19%	
14	Is this your first time in prison?	26%	40%	26%	36%
15	Have you been in more than five prisons this time?	17%	15%	17%	
16	Do you have any children under the age of 18?	60%	48%	60%	64%
<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?	48%	51%	48%	54%
1b	Was your personal safety during the journey good/very good?	58%	59%	58%	65%
1c	Was the comfort of the van good/very good?	16%	17%	16%	16%
1d	Was the attention paid to your health needs good/very good?	24%	31%	24%	44%
1e	Was the frequency of toilet breaks good/very good?	12%	11%	12%	9%
2	Did you spend more than four hours in the van?	12%	16%	12%	15%
3	Were you treated well/very well by the escort staff?	58%	63%	58%	69%
4a	Did you know where you were going when you left court or when transferred from another prison?	91%	84%	91%	91%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	12%	17%	16%
4c	When you first arrived here did your property arrive at the same time as you?	88%	87%	88%	92%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better	HMP Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
<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>	17%	10%	17%	
<b>1c</b>	15%	9%	15%	
<b>1d</b>	10%	6%	10%	
<b>1e</b>	47%	38%	47%	
<b>1f</b>	13%	8%	13%	
<b>1g</b>	14%	10%	14%	
<b>1h</b>	40%	40%	40%	
<b>1i</b>	57%	55%	57%	
<b>1j</b>	17%	16%	17%	
<b>1k</b>	48%	31%	48%	
<b>2</b>	When you first arrived:			
<b>2a</b>	62%	57%	62%	40%
<b>2b</b>	23%	18%	23%	11%
<b>2c</b>	14%	7%	14%	4%
<b>2d</b>	5%	3%	5%	3%
<b>2e</b>	20%	22%	20%	11%
<b>2f</b>	5%	5%	5%	3%
<b>2g</b>	12%	12%	12%	15%
<b>2h</b>	11%	13%	11%	3%
<b>2i</b>	28%	21%	28%	19%
<b>2j</b>	6%	7%	6%	3%
<b>2k</b>	27%	21%	27%	
<b>3a</b>	93%	75%	93%	99%
<b>3b</b>	89%	74%	89%	85%
<b>4</b>	75%	69%	75%	81%
<b>5</b>	On your day of arrival, were you offered information about any of the following:			
<b>5a</b>	58%	43%	58%	48%
<b>5b</b>	46%	39%	46%	34%
<b>5c</b>	53%	33%	53%	42%
<b>5d</b>	49%	36%	49%	43%
<b>5e</b>	54%	45%	54%	
<b>5f</b>	52%	37%	52%	

## Main comparator and comparator to last time

### Key to tables

		HMP Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<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?	57%	58%	57%	40%
<b>6b</b>	The opportunity to have a shower?	49%	41%	49%	60%
<b>6c</b>	The opportunity to make a free telephone call?	44%	46%	44%	68%
<b>6d</b>	Something to eat?	80%	67%	80%	75%
<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?	30%	32%	30%	37%
<b>7b</b>	Someone from health services?	81%	68%	81%	86%
<b>7c</b>	A Listener/Samaritans?	7%	21%	7%	33%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	25%	16%	25%	40%
<b>9</b>	Did you feel safe on your first night here?	89%	78%	89%	89%
<b>10</b>	Have you been on an induction course?	96%	89%	96%	98%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	77%	59%	77%	65%
<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?	71%	59%	71%	
<b>1b</b>	Attend legal visits?	72%	57%	72%	
<b>1c</b>	Obtain bail information?	17%	10%	17%	
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	49%	38%	40%
<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?	35%	54%	35%	60%
<b>3b</b>	Are you normally able to have a shower every day?	98%	97%	98%	99%
<b>3c</b>	Do you normally receive clean sheets every week?	30%	66%	30%	45%
<b>3d</b>	Do you normally get cell cleaning materials every week?	76%	79%	76%	84%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	41%	45%	41%	49%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	79%	70%	79%	78%
<b>3g</b>	Can you normally get your stored property, if you need to?	40%	31%	40%	39%
<b>4</b>	Is the food in this prison good/very good?	62%	29%	62%	82%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	78%	43%	78%	67%
<b>6a</b>	Is it easy/very easy to get a complaints form?	84%	84%	84%	86%
<b>6b</b>	Is it easy/very easy to get an application form?	87%	89%	87%	97%
<b>7</b>	Have you made an application?	93%	93%	93%	88%

## Main comparator and comparator to last time

### Key to tables

		HMP Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
<b>8a</b>	Do you feel applications are dealt with fairly?	57%	51%	57%	66%
<b>8b</b>	Do you feel applications are dealt with promptly (within seven days)?	58%	48%	58%	68%
<b>9</b>	Have you made a complaint?	70%	66%	70%	61%
For those who have made a complaint:					
<b>10a</b>	Do you feel complaints are dealt with fairly?	33%	28%	33%	41%
<b>10b</b>	Do you feel complaints are dealt with promptly (within seven days)?	36%	33%	36%	41%
<b>11</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	63%	30%	63%	35%
<b>10c</b>	Were you given information about how to make an appeal?	26%	26%	26%	39%
<b>12</b>	Is it easy/very easy to see the Independent Monitoring Board?	30%	34%	30%	46%
<b>13</b>	Are you on the enhanced (top) level of the IEP scheme?	81%	71%	81%	74%
<b>14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	68%	58%	68%	59%
<b>15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	42%	53%	
<b>16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	5%	4%	5%	4%
<b>16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	11%	12%	11%	9%
<b>13a</b>	Do you feel your religious beliefs are respected?	62%	54%	62%	50%
<b>13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	78%	58%	78%	71%
<b>14</b>	Are you able to speak to a Listener at any time if you want to?	72%	59%	72%	79%
<b>15a</b>	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	72%	84%	68%
<b>15b</b>	Do most staff, in this prison, treat you with respect?	88%	74%	88%	89%
<b>SECTION 5: Safety</b>					
<b>1</b>	Have you ever felt unsafe in this prison?	32%	41%	32%	29%
<b>2</b>	Do you feel unsafe in this prison at the moment?	9%	18%	9%	
<b>4</b>	Have you been victimised by another prisoner?	20%	26%	20%	19%
<b>5</b>	Since you have been here, has another prisoner:				
<b>5a</b>	Made insulting remarks about you, your family or friends?	8%	14%	8%	12%
<b>5b</b>	Hit, kicked or assaulted you?	3%	7%	3%	2%
<b>5c</b>	Sexually abused you?	1%	1%	1%	0%
<b>5d</b>	Victimised you because of your race or ethnic origin?	7%	5%	7%	8%
<b>5e</b>	Victimised you because of drugs?	3%	3%	3%	0%
<b>5f</b>	Taken your canteen/property?	1%	5%	1%	2%
<b>5g</b>	Victimised you because you were new here?	2%	4%	2%	5%
<b>5h</b>	Victimised you because of your sexuality?	0%	2%	0%	
<b>5i</b>	Victimised you because you have a disability?	1%	3%	1%	
<b>5j</b>	Victimised you because of your religion/religious beliefs?	3%	4%	3%	
<b>5k</b>	Victimised you because of your age?	1%	4%	1%	
<b>5l</b>	Victimised you because you were from a different part of the country?	5%	6%	5%	8%
<b>5m</b>	Victimised you because of your offence/crime?	2%	6%	2%	
<b>5n</b>	Victimised you because of gang related issues?	1%	2%	1%	

## Main comparator and comparator to last time

### Key to tables

		HMP Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	22%	30%	22%	22%
<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?	3%	13%	3%	10%
<b>7b</b>	Hit, kicked or assaulted you?	1%	3%	1%	1%
<b>7c</b>	Sexually abused you?	1%	1%	1%	0%
<b>7d</b>	Victimised you because of your race or ethnic origin?	5%	8%	5%	5%
<b>7e</b>	Victimised you because of drugs?	3%	3%	3%	0%
<b>7f</b>	Victimised you because you were new here?	3%	5%	3%	3%
<b>7g</b>	Victimised you because of your sexuality?	0%	1%	0%	
<b>7h</b>	Victimised you because you have a disability?	0%	3%	0%	
<b>7i</b>	Victimised you because of your religion/religious beliefs?	3%	5%	3%	
<b>7j</b>	Victimised you because of your age?	1%	4%	1%	
<b>7k</b>	Victimised you because you were from a different part of the country?	5%	5%	5%	6%
<b>7l</b>	Victimised you because of your offence/crime?	1%	7%	1%	
<b>7m</b>	Victimised you because of gang related issues?	3%	3%	3%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	42%	46%	42%	31%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	21%	28%	21%	15%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	20%	27%	20%	15%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	18%	31%	18%	20%
<b>SECTION 6: Health services</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	14%	34%	14%	
<b>1b</b>	Is it easy/very easy to see the nurse?	51%	56%	51%	
<b>1c</b>	Is it easy/very easy to see the dentist?	6%	12%	6%	
<b>1d</b>	Is it easy/very easy to see the optician?	9%	12%	9%	
<b>2</b>	Are you able to see a pharmacist?	46%	44%	46%	
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?	32%	44%	32%	30%
<b>3b</b>	The nurse?	45%	54%	45%	39%
<b>3c</b>	The dentist?	36%	42%	36%	43%
<b>3d</b>	The optician?	28%	42%	28%	50%
<b>4</b>	The overall quality of health services?	21%	33%	21%	27%

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Health services continued</b>					
<b>5</b>	Are you currently taking medication?	42%	48%	42%	
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	71%	84%	71%	
<b>7</b>	Do you feel you have any emotional well-being/mental health issues?	26%	25%	26%	
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?	16%	28%	16%	
<b>8b</b>	A doctor?	42%	32%	42%	
<b>8c</b>	A nurse?	32%	20%	32%	
<b>8d</b>	A psychiatrist?	26%	25%	26%	
<b>8e</b>	The mental health in-reach team?	55%	33%	55%	
<b>8f</b>	A counsellor?	37%	14%	37%	
<b>9a</b>	Did you have a drug problem when you came into this prison?	10%	14%	10%	1%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	4%	13%	4%	0%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	5%	7%	5%	5%
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	85%	82%	85%	
<b>12</b>	Have you received any help or intervention while in this prison?	81%	79%	81%	
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	75%	77%	75%	
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	9%	12%	9%	6%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	6%	9%	6%	12%
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?	36%	51%	36%	38%



## Main comparator and comparator to last time

### Key to tables

		HMP Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<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?	82%	72%	82%	
<b>1b</b>	Vocational or skills training?	18%	16%	18%	
<b>1c</b>	Education (including basic skills)?	32%	36%	32%	
<b>1d</b>	Offending behaviour programmes?	28%	22%	28%	
<b>2ai</b>	Have you had a job while in this prison?	95%	86%	95%	
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?	48%	45%	48%	
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	91%	71%	91%	
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?	62%	62%	62%	
<b>2ci</b>	Have you been involved in education while in this prison?	94%	81%	94%	
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%	69%	68%	
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	95%	72%	95%	
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?	60%	61%	60%	
<b>3</b>	Do you go to the library at least once a week?	25%	47%	25%	38%
<b>4</b>	On average, do you go to the gym at least twice a week?	75%	58%	75%	80%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	68%	47%	68%	56%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	29%	13%	29%	36%
<b>7</b>	On average, do you go on association more than five times each week?	85%	82%	85%	82%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	38%	25%	38%	28%
<b>SECTION 8: Resettlement</b>					
<b>1</b>	Do you have a personal officer?	84%	86%	84%	76%
For those with a personal officer:					
<b>2</b>	Do you think your personal officer is helpful/very helpful?	71%	60%	71%	64%
For those who are sentenced:					
<b>3</b>	Do you have a sentence plan?	88%	87%	88%	83%
For those with a sentence plan?					
<b>4</b>	Were you involved/very involved in the development of your plan?	71%	53%	71%	72%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	85%	66%	85%	
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	45%	53%	45%	
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?	48%	39%	48%	
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	18%	13%	18%	
<b>9</b>	Have you had any problems with sending or receiving mail?	27%	42%	27%	26%
<b>10</b>	Have you had any problems getting access to the telephones?	4%	14%	4%	13%
<b>11</b>	Did you have a visit in the first week that you were here?	33%	22%	33%	33%
<b>12</b>	Did you receive one or more visits in the last week?	33%	27%	33%	

## Main comparator and comparator to last time

### Key to tables

		HMP Lowdham Grange	Functional type comparator	HMP Lowdham Grange	HMP Lowdham Grange 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<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)	60%	55%	60%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	54%	32%	54%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	22%	16%	22%	
15c	Avoiding bad relationships?	11%	13%	11%	
15d	Finding a job on release?	18%	21%	18%	27%
15e	Finding accommodation on release?	15%	25%	15%	29%
15f	With money/finances on release?	13%	19%	13%	25%
15g	Claiming benefits on release?	14%	24%	14%	30%
15h	Arranging a place at college/continuing education on release?	13%	17%	13%	33%
15i	Accessing health services on release?	12%	19%	12%	
15j	Opening a bank account on release?	12%	22%	12%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	8%	12%	8%	
16c	Avoiding bad relationships?	5%	10%	5%	
16d	Finding a job?	31%	41%	31%	
16e	Finding accommodation?	22%	33%	22%	
16f	Money/finances?	17%	28%	17%	
16g	Claiming benefits?	17%	26%	17%	
16h	Arranging a place at college/continuing education?	11%	20%	11%	
16i	Accessing health services?	7%	18%	7%	
16j	Opening a bank account?	24%	29%	24%	
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?	62%	65%	62%	53%

## Diversity Analysis



### Key question responses - ethnicity, nationality and religion - HMP Lowdham Grange 2011

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>64</b>	<b>90</b>	<b>22</b>	<b>134</b>	<b>32</b>	<b>124</b>
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.7	Are you a foreign national?	21%	9%			28%	11%
1.8	Is English your first language?	86%	94%	55%	95%	74%	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)?			62%	39%	93%	29%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	3%	0%	3%	4%	3%
1.11	Are you Muslim?	43%	2%	41%	18%		
1.12	Do you consider yourself to have a disability?	11%	23%	9%	19%	13%	19%
1.13	Is this your first time in prison?	33%	21%	32%	26%	34%	25%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	24%	25%	24%	25%	27%	23%
2.3	Were you treated well/very well by the escort staff?	64%	58%	57%	59%	53%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	95%	89%	100%	89%	91%	91%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	41%	50%	50%	45%	45%	45%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	37%	41%	40%	39%	35%	41%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	54%	57%	45%	57%	48%	58%
3.2a	Did you have any problems when you first arrived?	60%	61%	79%	59%	63%	61%
3.3a	Were you seen by a member of health care staff in reception?	97%	89%	86%	93%	100%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	90%	88%	91%	88%	84%	90%
3.4	Were you treated well/very well in reception?	87%	70%	68%	76%	81%	74%
3.7b	Did you have access to someone from health care within the first 24 hours?	87%	75%	76%	81%	90%	78%
3.9	Did you feel safe on your first night here?	94%	85%	91%	89%	91%	89%
3.10	Have you been on an induction course?	98%	93%	100%	95%	100%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	76%	67%	68%	71%	87%	68%

## Diversity Analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	41%	30%	37%	35%	49%	32%
4.3b	Are you normally able to have a shower every day?	98%	98%	100%	98%	97%	98%
4.3e	Is your cell call bell normally answered within five minutes?	37%	43%	37%	40%	31%	42%
4.4	Is the food in this prison good/very good?	58%	66%	50%	63%	50%	66%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	73%	82%	62%	79%	68%	81%
4.6a	Is it easy/very easy to get a complaints form?	86%	83%	86%	84%	84%	85%
4.6b	Is it easy/very easy to get an application form?	84%	89%	86%	87%	84%	88%
4.9	Have you made a complaint?	75%	65%	86%	68%	77%	68%
4.13	Are you on the enhanced (top) level of the IEP scheme?	81%	80%	91%	80%	75%	83%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	71%	66%	72%	67%	63%	69%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	67%	41%	62%	50%	72%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%	0%	5%	6%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	15%	5%	12%	10%	12%
4.17a	Do you feel your religious beliefs are respected?	78%	52%	86%	57%	71%	60%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	95%	65%	90%	76%	100%	72%
4.18	Are you able to speak to a Listener at any time if you want to?	76%	73%	76%	72%	72%	74%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	82%	85%	81%	84%	81%	84%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	90%	87%	82%	89%	91%	87%
5.1	Have you ever felt unsafe in this prison?	25%	36%	24%	33%	25%	33%
5.2	Do you feel unsafe in this prison at the moment?	5%	12%	5%	10%	9%	9%
5.4	Have you been victimised by another prisoner?	10%	26%	9%	22%	19%	21%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	5%	9%	6%	19%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	1%	0%	1%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	1%	5%	2%	10%	1%
5.6	Have you been victimised by a member of staff?	21%	20%	14%	24%	36%	18%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	0%	0%	5%	6%	3%

## Diversity Analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.7h	Have you been victimised because you have a disability? (By staff)	0%	0%	0%	0%	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	0%	5%	2%	10%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	11%	28%	9%	23%	13%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	18%	24%	20%	29%	17%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	27%	9%	19%	10%	20%
6.1a	Is it easy/very easy to see the doctor?	20%	10%	5%	16%	19%	13%
6.1b	Is it easy/ very easy to see the nurse?	66%	40%	50%	52%	63%	50%
6.2	Are you able to see a pharmacist?	56%	39%	70%	42%	37%	49%
6.5	Are you currently taking medication?	33%	48%	19%	46%	42%	42%
6.7	Do you feel you have any emotional well-being/mental health issues?	20%	30%	33%	25%	29%	25%
7.1a	Are you currently working in the prison?	90%	76%	95%	82%	87%	82%
7.1b	Are you currently undertaking vocational or skills training?	25%	13%	20%	17%	17%	19%
7.1c	Are you currently in education (including basic skills)?	48%	21%	45%	30%	47%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	28%	29%	20%	30%	23%	31%
7.3	Do you go to the library at least once a week?	25%	25%	28%	25%	23%	25%
7.4	On average, do you go to the gym at least twice a week?	85%	67%	91%	73%	87%	73%
7.5	On average, do you go outside for exercise three or more times a week?	66%	69%	62%	69%	64%	70%
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.)	28%	31%	14%	31%	23%	31%
7.7	On average, do you go on association more than five times each week?	84%	87%	82%	86%	81%	86%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	38%	40%	18%	41%	36%	40%
8.1	Do you have a personal officer?	84%	84%	73%	85%	84%	83%
8.9	Have you had any problems sending or receiving mail?	19%	30%	37%	25%	32%	25%
8.10	Have you had any problems getting access to the telephones?	2%	4%	9%	3%	10%	3%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Lowdham Grange 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>		30	130
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	7%	16%
1.8	Is English your first language?	96%	88%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	25%	45%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	2%
1.11	Are you Muslim?	15%	22%
1.14	Is this your first time in prison?	14%	29%
2.1d	Was the attention paid to your health needs good/very good?	11%	27%
2.3	Were you treated well/very well by the escort staff?	46%	61%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	86%	92%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	54%	45%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	41%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	71%	53%
3.2a	Did you have any problems when you first arrived?	70%	60%
3.3a	Were you seen by a member of health care staff in reception?	90%	93%
3.3b	When you were searched in reception, was this carried out in a respectful way?	85%	90%
3.4	Were you treated well/very well in reception?	60%	78%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	74%	82%
3.9	Did you feel safe on your first night here?	79%	91%
3.10	Have you been on an induction course?	100%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	62%	72%

## Diversity Analysis - Disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	36%	35%
4.3b	Are you normally able to have a shower every day?	100%	98%
4.3e	Is your cell call bell normally answered within five minutes?	48%	40%
4.4	Is the food in this prison good/very good?	55%	64%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	71%	79%
4.6a	Is it easy/very easy to get a complaints form?	79%	85%
4.6b	Is it easy/very easy to get an application form?	77%	89%
4.9	Have you made a complaint?	73%	69%
4.13	Are you on the enhanced (top) level of the IEP scheme?	79%	82%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	72%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	58%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	18%	10%
4.17a	Do you feel your religious beliefs are respected?	46%	65%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	76%	78%
4.18	Are you able to speak to a Listener at any time if you want to?	66%	74%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	84%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	86%	89%
5.1	Have you ever felt unsafe in this prison?	46%	28%
5.2	Do you feel unsafe in this prison at the moment?	11%	9%
5.4	Have you been victimised by another prisoner?	33%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	6%
5.5i	Victimised you because you have a disability?	4%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
5.6	Have you been victimised by a member of staff?	30%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	4%
5.7h	Victimised you because you have a disability?	0%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%

## 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?	30%	19%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	20%
5.11	Is it easy/very easy to get illegal drugs in this prison?	30%	16%
6.1a	Is it easy/very easy to see the doctor?	7%	15%
6.1b	Is it easy/very easy to see the nurse?	39%	54%
6.2	Are you able to see a pharmacist?	24%	51%
6.5	Are you currently taking medication?	78%	35%
6.7	Do you feel you have any emotional well-being/mental health issues?	63%	18%
7.1a	Are you currently working in the prison?	78%	84%
7.1b	Are you currently undertaking vocational or skills training?	15%	19%
7.1c	Are you currently in education (including basic skills)?	26%	33%
7.1d	Are you currently taking part in an offending behaviour programme?	19%	31%
7.3	Do you go to the library at least once a week?	32%	23%
7.4	On average, do you go to the gym at least twice a week?	56%	79%
7.5	On average, do you go outside for exercise three or more times a week?	54%	71%
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.)	26%	29%
7.7	On average, do you go on association more than five times each week?	89%	85%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	36%	39%
8.1	Do you have a personal officer?	89%	82%
8.9	Have you had any problems sending or receiving mail?	43%	23%
8.10	Have you had any problems getting access to the telephones?	4%	4%





## Diversity Analysis - Age

### Key question responses for over 50's - HMP Lowdham Grange 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	<b>Prisoners aged 50 and over</b>	<b>Prisoners under the age of 50</b>
	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>22</b>	<b>137</b>
<b>1.3</b>	Are you sentenced?	<b>100%</b>	<b>100%</b>
<b>1.7</b>	Are you a foreign national?	<b>14%</b>	<b>14%</b>
<b>1.8</b>	Is English your first language?	<b>100%</b>	<b>88%</b>
<b>1.9</b>	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	<b>32%</b>	<b>44%</b>
<b>1.1</b>	Do you consider yourself to be Gypsy/Romany/Traveller?	<b>0%</b>	<b>3%</b>
<b>1.11</b>	Are you Muslim?	<b>5%</b>	<b>23%</b>
<b>1.13</b>	Do you consider yourself to have a disability?	<b>27%</b>	<b>17%</b>
<b>1.14</b>	Is this your first time in prison?	<b>27%</b>	<b>27%</b>
<b>2.1d</b>	Was the attention paid to your health needs good/very good?	<b>16%</b>	<b>25%</b>
<b>2.3</b>	Were you treated well/very well by the escort staff?	<b>57%</b>	<b>59%</b>
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	<b>91%</b>	<b>91%</b>
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	<b>35%</b>	<b>49%</b>
<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?	<b>35%</b>	<b>42%</b>
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	<b>55%</b>	<b>57%</b>
<b>3.2a</b>	Did you have any problems when you first arrived?	<b>66%</b>	<b>61%</b>
<b>3.3a</b>	Were you seen by a member of health care staff in reception?	<b>95%</b>	<b>92%</b>
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	<b>91%</b>	<b>89%</b>

## Diversity Analysis - Age

### Key to tables

		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>3.4</b>	Were you treated well/very well in reception?	91%	72%
<b>3.7b</b>	Did you have access to someone from health care within the first 24 hours?	77%	81%
<b>3.9</b>	Did you feel safe on your first night here?	95%	88%
<b>3.10</b>	Have you been on an induction course?	95%	96%
<b>4.1a</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	70%	70%
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	43%	34%
<b>4.3b</b>	Are you normally able to have a shower every day?	100%	98%
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	57%	38%
<b>4.4</b>	Is the food in this prison good/very good?	81%	59%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	70%	79%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	100%	81%
<b>4.6b</b>	Is it easy/very easy to get an application form?	100%	84%
<b>4.9</b>	Have you made a complaint?	62%	71%
<b>4.13</b>	Are you on the enhanced (top) level of the IEP scheme?	82%	81%
<b>4.14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	69%
<b>4.15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	54%
<b>4.16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	0%	5%
<b>4.16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	0%	14%
<b>4.17a</b>	Do you feel your religious beliefs are respected?	64%	62%
<b>4.17b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	73%	78%

## Key to tables

## Diversity Analysis - Age

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>4.18</b>	Are you able to speak to a Listener at any time if you want to?	<b>81%</b>	<b>71%</b>
<b>4.15a</b>	Is there a member of staff you can turn to for help if you have a problem in this prison?	<b>86%</b>	<b>83%</b>
<b>4.15b</b>	Do <b>most</b> staff, in this prison, treat you with respect?	<b>91%</b>	<b>88%</b>
<b>5.1</b>	Have you ever felt unsafe in this prison?	<b>32%</b>	<b>31%</b>
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	<b>5%</b>	<b>10%</b>
<b>5.4</b>	Have you been victimised by another prisoner?	<b>18%</b>	<b>20%</b>
<b>5.5d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	<b>9%</b>	<b>6%</b>
<b>5.5i</b>	Victimised you because you have a disability?	<b>0%</b>	<b>1%</b>
<b>5.5j</b>	Have you been victimised because of your religion/religious beliefs? (By prisoners)	<b>0%</b>	<b>3%</b>
<b>5.5k</b>	Have you been victimised because of your age? (By prisoners)	<b>0%</b>	<b>1%</b>
<b>5.6</b>	Have you been victimised by a member of staff?	<b>14%</b>	<b>23%</b>
<b>5.7d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	<b>5%</b>	<b>5%</b>
<b>5.7h</b>	Victimised you because you have a disability?	<b>0%</b>	<b>0%</b>
<b>5.7i</b>	Have you been victimised because of your religion/religious beliefs? (By staff)	<b>0%</b>	<b>3%</b>
<b>5.7j</b>	Have you been victimised because of your age? (By staff)	<b>0%</b>	<b>1%</b>
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	<b>9%</b>	<b>22%</b>
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	<b>9%</b>	<b>22%</b>
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	<b>28%</b>	<b>16%</b>
<b>6.1a</b>	Is it easy/very easy to see the doctor?	<b>5%</b>	<b>16%</b>
<b>6.1b</b>	Is it easy/ very easy to see the nurse?	<b>47%</b>	<b>52%</b>
<b>6.2</b>	Are you able to see a pharmacist?	<b>47%</b>	<b>47%</b>

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under the age of 50</b>
	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>6.5</b>	Are you currently taking medication?	<b>68%</b>	<b>38%</b>
<b>6.7</b>	Do you feel you have any emotional well-being/mental health issues?	27%	26%
<b>7.1a</b>	Are you currently working in the prison?	<b>73%</b>	<b>84%</b>
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	<b>5%</b>	<b>21%</b>
<b>7.1c</b>	Are you currently in education (including basic skills)?	<b>50%</b>	<b>29%</b>
<b>7.1d</b>	Are you currently taking part in an offending behaviour programme?	<b>9%</b>	<b>32%</b>
<b>7.3</b>	Do you go to the library at least once a week?	24%	25%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	<b>48%</b>	<b>79%</b>
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	<b>57%</b>	<b>69%</b>
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	23%	<b>30%</b>
<b>7.7</b>	On average, do you go on association more than five times each week?	<b>95%</b>	<b>83%</b>
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	<b>28%</b>	<b>39%</b>
<b>8.1</b>	Do you have a personal officer?	81%	<b>84%</b>
<b>8.9</b>	Have you had any problems sending or receiving mail?	<b>14%</b>	<b>29%</b>
<b>8.10</b>	Have you had any problems getting access to the telephones?	<b>0%</b>	<b>5%</b>