# Report on an announced inspection of

# **HMP/YOI Isis**

12–16 September 2011by HM Chief Inspector of Prisons

Crown copyright 2012

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

# Contents

	Introduction	5
	Fact page	7
	Healthy prison summary	9
1	Arrival in custody	
	Courts, escorts and transfers First days in custody	19 19
2	<b>Environment and relationships</b>	
	Residential units Staff-prisoner relationships Personal officers	23 25 26
3	Duty of care	
	Bullying and violence reduction Self-harm and suicide Applications and complaints Legal rights Faith and religious activity Substance use	27 29 30 31 31 32
4	Diversity	
	Diversity Race equality Religion Foreign nationals Disability Sexual orientation	35 36 37 37 39 39
5	Health services	
	General Clinical governance Primary care Pharmacy Dentistry Secondary care Mental health	41 42 43 44 45 46
6	Activities	
	Time out of cell Learning and skills and work activities	49 50

	Physical education and health promotion	56	
7	Good order		
	Security and rules Discipline Incentives and earned privileges	59 60 63	
8	Services		
	Catering Prison shop	65 66	
9	Resettlement		
	Strategic management of resettlement Offender management and planning Resettlement pathways	69 70 72	
10	Recommendations, housekeeping points and good practice	79	
	Appendices		
	I Inspection team II Prison population profile III Summary of prisoner questionnaires and interviews	88 89 91	

## Introduction

Isis opened in July 2010 and is unique in a number of ways. It is the only category C training prison for young men aged 18 to 25. It is the first new public prison to be opened for 20 years. This was our first inspection.

The prison had made progress since it was first opened but there was still a long way to go. On top of the inherent difficulty of opening a new prison, Isis had faced enormous problems in recruiting staff and had to deal with an influx of prisoners who had been displaced as a result of the disturbances in August 2011.

At the heart of the challenges faced by the prison were poor staff-prisoner relationships. A combination of relatively inexperienced new recruits who lacked confidence, and detached duty staff drafted in from other prisons – too many of whom had low expectations and a dismissive attitude towards prisoners – meant that managers struggled to imbed the positive culture and relationships they were keen to develop. At times the inspection team was overwhelmed by prisoners who wanted to complain about their treatment by staff and officers' unwillingness or inability to help with simple, everyday problems. The weak relationships meant that officers fell back on formal disciplinary action or resorted to force too quickly. Overall, too many staff appeared to lack the confidence or motivation to deliver their responsibilities effectively.

In these circumstances, it was perhaps not surprising that many prisoners did not feel confident the prison would keep them safe. There were a large number of violent incidents but these were all low level. In fact, the prison had good processes in place for tackling bullies, but offered poor support for those who were being victimised. We found frightened prisoners refusing to move from the induction unit on G wing; little was being done to address their concerns and they spent most of the day locked in their cells. Safety was also compromised by perfunctory first night procedures that did not assure us that risks would be identified and addressed. Furthermore, were there to be an emergency, the dysfunctional cell call bell system gave us no confidence that officers would promptly attend. However, day to day support for the relatively low number of prisoners at risk of suicide or self-harm was good.

Other important aspects of prison life needed rapid improvement. The personal officer scheme was poor. Work on diversity was very limited. We were not satisfied that complaints of racist attitudes or behaviour were effectively investigated and we found evidence that work opportunities were not allocated fairly. The needs of prisoners with disabilities were not met and many foreign national prisoners told us they felt frightened and isolated. We agreed with prisoners that the quality of food was poor and quantities were often insufficient. Prisoners had to wait up to six months to get their possessions from the store; this formed the largest source of complaints in a generally good complaints system. A new health team with a large number of vacancies was not yet fully effective. Attendance at clinics was low and little action was taken to address this. Resources to meet prisoners with mental health needs were inadequate.

The most disappointing consequence of the poor staff engagement with prisoners was its impact on prisoners' education, training and work. Isis is a new, purpose-built, training prison for young men, opened at a time when the government has made keeping prisoners productively busy and occupied a key part of its prisons agenda. That being the case, maximising prisoners' involvement in education, training and work should be a key objective for every member of staff. This was not so. Despite some good quality provision, there was no overarching strategy to ensure the prison delivered its central training role. There were

5

insufficient activity places but of those available, only 60% were occupied and punctuality was poor. Prisoners appeared to be able to opt out of allocated activities without being challenged. The prison claimed that prisoners spent an average of six and a half hours out of their cells a day, but we found that working prisoners could achieve five and a half hours and some prisoners as little as two hours. We found half of all the prisoners locked in their cells during the working part of the day. Exercise was limited to 30 minutes a day and the gym was underused.

Some of this was outside the control of staff. The prison was bedevilled by a biometric roll check system. For the system to work, 100% of prisoners, 100% of the time had to leave an electronic thumbprint when they went from one area of the prison to another and the system had to record this every time. If one thumb print failed to register, the roll check did not tally and all prisoner movement halted – sometimes for hours – until a manual check could be done. This happened once or twice a day on each day of the inspection with the result that education, training, work and other activities were severely disrupted.

There were two areas where the performance of the prison was much more impressive. For a category C prison in London, drugs use was low. Prisoners told us drugs were not readily available in the prison and this was born out by low mandatory drug testing rates. The drug treatment service was well established and there was much better provision to address alcohol abuse than we normally see. In this important area, Isis performed very well indeed.

Resettlement was a strength of the prison. There were good offender management processes in place and public protection procedures were robust. There were very effective services to ensure prisoners had stable accommodation when they left and a high proportion also found a job, training or education place. Prisoners were very positive about the CARAT service that provided drug and alcohol support. The location of the prison helped prisoners to maintain contact with their families and link up to relevant community services when they left, but visit arrangements needed improvement.

Despite the progress it has made, it would be wrong to underestimate the formidable challenges Isis has still to overcome. Achieving a stable, permanent staff group with a common culture and objectives is the essential step in doing so and it will need – and is entitled to expect – every support from the Prison Service nationally. The progress the prison has already made in delivering effective resettlement services, supporting prisoners at risk of self-harm and restricting the supply of drugs are commendable achievements. The prison now needs to ensure it makes equal progress in delivering its central training function and providing a safe and decent environment for all the young men it holds.

Nick Hardwick HM Chief Inspector of Prisons November 2011

# Fact page

#### Task of the establishment

HMP/YOI Isis is a young adult and category C training prison for young men and adults up to the age of 24 years and 11 months.

#### Prison status

**Public** 

### Region

London

#### Number held

12 September 2011: 504

#### Certified normal accommodation

478

#### Operational capacity

622

### Date of last full inspection

This report covers the first full inspection.

### **Brief history**

HMP/YOI Isis is in South East London and is the first bespoke establishment of its kind in the London region, being a young adult and category C training prison for young men and adults up to the age of 24 years and 11 months. The prison was constructed within the perimeter of HMP Belmarsh and received its first prisoners on 26 July 2010. Prisoners who attain the age of 21 while here have the opportunity to remain to continue their sentence, if in the interest of successful completion of their sentence plan and they are intending to resettle locally. Isis is the first whole-build public sector prison to be built in the last 20 years.

#### Short description of residential units

The two house blocks, Thames and Meridian, are both of a similar size, with four spurs radiating from a central hub with three landings on each spur. On average there is accommodation for about 80 prisoners on each spur in a mixture of single and double cells. There are also a few fully-equipped cells for prisoners with disabilities.

7

## **Escort contractor**

Serco

## Health service commissioner and provider

Commissioner: Greenwich Primary Care Trust

Provider: HarmoniforHealth

#### Learning and skills provider

Kensington and Chelsea College

# 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:

Safety prisoners, even the most vulnerable, are held safely

**Respect** prisoners are treated with respect for their human dignity

**Purposeful activity** prisoners are able, and expected, to engage in activity that

is likely to benefit them

**Resettlement** 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 New arrivals had a reasonable experience of reception, although the process often took too long. First night arrangements were poor. Not all prisoners received an

9

induction programme and for many who did it was disorganised. Many prisoners felt unsafe at the prison and the number of violent incidents was high, although violence reduction and self-harm procedures were good. Prisoners housed on G wing for their own protection had an extremely limited regime. Procedures for managing the relatively low number of prisoners on self-harm monitoring were generally reasonable. Security procedures were broadly proportionate but physical security required improvement. Use of force was high, some incidents could have been avoided and its governance required improvement. The segregation regime was basic but prisoners had reasonable access to amenities. The integrated drug treatment system was well managed and illicit drug use low. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- Prisoners who arrived over the lunch period invariably spent up to two hours waiting on the escort van, although disembarkation was swift once the process commenced. Reception was clean and welcoming and staff treated prisoners politely. New arrivals were left in clean but stark holding rooms where supervision was limited. Most spent too long undertaking reception processes but drinks were provided by the prisoner peer supporter who worked there. Searching was generally respectful but some religious items were not handled sensitively. Health care staff carried out initial screening in a suitable private room. Movements following the August 2011 disturbances had not caused significant disruption.
- First night risk assessment interviews took place in a private room but we were not assured that everyone received these. G wing was the first night wing but there were no designated first night cells and many cells were poorly maintained and had dirty toilets and sinks. New arrivals were usually allowed to associate on the evening of their arrival, although they had little staff contact and were not consistently informed about basic facilities, including access to showers. New arrivals appreciated the prisoner induction peers and Listeners on G wing. Handover arrangements to night staff were insufficient, although once identified the hourly checks of new arrivals were a good initiative.
- HP6 The two-day induction programme was often prolonged with prisoners spending too much time locked in their cells. We were not assured that everyone completed the induction. The induction room was small and unsuitable for the numbers requiring induction. Many confidential interviews took place in the vicinity of other prisoners. The chaplain saw all new arrivals but inappropriately interviewed them during their secondary health screen. Prisoners were not consistently informed of what was going to happen during the induction programme and we were not assured that it gave them enough information about the prison.
- The violence reduction strategy was reasonable. It was based on an analysis of the observed pattern of violence in the prison, and included some consultation with prisoners. Although sanctions to deal with antisocial behaviour were well known to staff and helped to reduce the number of violent incidents, particularly bullying, the fairness of application needed to improve, as did arrangements to support victims. A significant number of prisoners sought refuge on G wing, but many did not engage with the prison regime, were not adequately supported by staff and remained locked in their cells for most of the day. The number of violent incidents remained high and

too many prisoners said that they felt unsafe. In our survey, 1 45% of respondents said that they had felt unsafe at some time in the prison and 22% felt unsafe currently.

HP8 The suicide prevention policy was generally well promoted and its content understood by staff and prisoners. The analysis of data to provide information about patterns and trends of self-harming behaviour was comprehensive, and management checks had helped improve the quality of entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents. The number of ACCT documents opened was relatively low and initial screening arrangements were good. The incidence of self-harm was not excessive, and case management arrangements through the safer custody team, residential managers and health care staff were reasonably good

HP9 We were concerned about some aspects of physical security, especially ongoing problems in reconciling the prison roll on an almost daily basis. This had a significant impact on the regime, including delays in induction, access to activities and attendance at health care appointments. There had been several recent incidents where doors, gates and even cell doors had not been locked properly. The flow of intelligence had improved and was good, but security staff reported that not all incidents lead to the expected security information report from staff. With the exception of the criteria for placement on closed visits, security arrangements were proportionate.

HP10 The number of adjudications was not excessively high, but some could have been dealt with less formally. The quality of adjudications was variable despite generally good quality assurance. Punishments were broadly reasonable and consistent but cellular confinement was sometimes used too readily.

HP11 The use of force was high, partly due to the high number of fights. However, use of force for reasons of non-compliance was also significant and records indicated that force was used when it was not always necessary. This required a more focused approach to senior management scrutiny. Despite this, when force was used, there was consistent de-escalation by the staff involved. The use of special accommodation was infrequent and mostly for short periods.

HP12 The segregation unit regime was basic but appropriate for most prisoners held there, usually for short periods. Segregation unit staff were professional but had infrequent interactions with prisoners, reflected in their very basic entries in history sheets. Segregation review boards were held appropriately and generally indicated understanding of prisoners' circumstances.

<sup>&</sup>lt;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 Towel et al (eds), *Dictionary of Forensic Psychology.*)

HP13 Integrated drug treatment system (IDTS) provision was appropriate for the age group and currently involved few prisoners. Links between the clinical team and the counselling, assessment, referral, advice and throughcare service (CARATs) were good but the mental health team did not always have timely follow-ups of dual-diagnosis referrals. Random mandatory drug testing positive rates were very low.

## Respect

- HP14 The prison environment and accommodation were generally good, as was prisoner access to basic amenities, although there were unacceptable delays in obtaining their stored property. Staff-prisoner relationships were variable and often poor. Some inexperienced staff appeared to lack confidence in their dealings with prisoners. The personal officer scheme was underdeveloped. Prisoners were highly critical of the food. The equality and diversity policy was basic and work on most diversity strands was in its infancy. Black and minority ethnic and Muslim prisoners had more negative perceptions, and issues identified in focus groups had yet to be addressed. Health care, including mental health provision, was underdeveloped and some clinics were poorly attended. There was insufficient dental provision. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP15 The external and internal prison environments were clean and well maintained. The majority of cells were clean, although they had inadequate toilet screening. Cell bells were not responded to sufficiently quickly and staff were not always aware when they had been answered, rendering the system unreliable in managing emergencies. In our survey, significantly fewer prisoners than the comparator said they could get their stored property when they needed to, and the current waiting list was six months' long. Most prisoners could shower daily and shower facilities were good. Access to toiletries was good, but both staff and prisoners said that more equipment was needed to facilitate regular cell cleaning.
- HP16 There was a good incentives and earned privileges (IEP) policy with strong governance. Prisoner perceptions of the scheme were, nevertheless, poor, and many felt that they were not treated fairly. Staff were over-reliant on the behaviour warning system, often for spurious and minor infringements.
- HP17 Although we saw some positive engagement between staff and prisoners, relationships overall, particularly between prison officers and prisoners, were often distant, and many officers we saw did not seem confident in their day-to-day dealings with prisoners. Many also appeared to have low expectations of prisoners, spoke of them in dismissive terms or as an inconvenience, and tended not to see them as individuals or to engage in purposeful relationships. The structure of the core day meant that officers and prisoners could avoid each other and minimise their interaction. Many prisoners felt they were not treated respectfully. During our inspection, we were at times overwhelmed by the number of prisoners who wanted to complain to us about poor treatment by officers. In our survey, responses regarding respectful treatment were significantly worse than comparator prisons.
- HP18 All prisoners had been allocated personal officers, but there was no evidence that the scheme was of much practical benefit to them. Entries in wing files were infrequent, and many were observational and did not indicate personal officer awareness of the

individual circumstances of their prisoners. In our survey, only 36% of respondents said that their personal officer was helpful.

- HP19 In our survey, prisoners were very negative about food and this was reinforced from comments throughout the week. There had been problems with portion sizes and the quality of food for some months and many of the complaints we received had some foundation, although the prison was starting to take an active approach to make improvements. Despite this, the food we tasted was poor and portions were variable.
- HP20 The equality and diversity policy was perfunctory. The equality and diversity action team (EDAT) meeting concentrated on race issues and did not deal with other aspects of diversity. There had been some focus groups with minority prisoners but many identified concerns had not been taken forward. Prisoners did not know who the EDAT members were, and we found little information around the prison promoting a diverse culture.
- Black and minority ethnic prisoners gave us examples of what they perceived to be racist behaviour by staff, many of which had been raised with the EDAT. We were not assured that these issues had been responded to or investigated with sufficient rigour. Ethnic monitoring data for the mandatory areas were analysed appropriately by the EDAT, but other areas of the regime were perceived to be unfair, such as job allocation our own analysis found some evidence of disproportional allocation of jobs by ethnic group. Many prisoners said that they had little confidence in the racist/discrimination incident reporting form process, the quality of investigations varied and there was no external scrutiny of forms. Work with Gypsies and Travellers was underdeveloped.
- HP22 There was no dedicated foreign national committee and all issues were dealt with through the EDAT. Many of the 70 foreign national prisoners said they felt unsafe and unsupported by the prison. Some staff were unaware of the foreign national prisoners in their care. The UK Border Agency held a monthly surgery but many foreign national prisoners were unaware of this and did not go to it. There was no independent external immigration support. The foreign national prisoner focus group had been poorly attended and there were no regular forums. Many foreign national prisoners were unaware of their entitlement to a free monthly telephone call.
- HP23 The process for new arrivals to declare a disability was not working and we were not assured that the prison had a true picture of the number of prisoners with disabilities. The monthly disability clinic was a good initiative but care plans formulated from this were tokenistic and in some cases incomplete. There had been no focus groups for prisoners with disabilities. Muslim prisoners reported feeling isolated and less respected than other minority groups. Work under the sexual orientation strand was underdeveloped.
- HP24 The number of complaints was high, particularly about access to property, and many could have been resolved informally by wing staff. However, responses were generally of a good standard, as was quality assurance. Prisoners' perceptions of the application process were poor, although the recently revised system appeared more robust.
- HP25 A cohesive chaplaincy facilitated over 400 hours of prisoner contact weekly and a member of the chaplaincy team attended the EDAT regularly. The multi-faith room was welcoming but the washing area was small. The chaplaincy offered a range of

support and faith-based activities, and access to corporate worship was good. There had been a religion awareness class involving staff and prisoners.

HP26 There had been no health needs assessment, so it was unclear whether the services met the needs of the population. The health services team was new and there were some vacancies, compounded by the long waits for staff security clearance. Some governance structures were still being developed. Resuscitation kits were not readily available to all staff. Record keeping was poor, with a lack of care plans, some poor recording of clinical interventions and inaccurate waiting lists, and it was unclear whether all referrals were acted upon. Discipline staff often refused prisoners access to nursing staff on the wings. Some clinics were poorly attended – including some attended by no one in the previous month – and there was no management of this. Several prisoners with long-term conditions did not have care plans. Medicines management was reasonable. The dentist provided only one session a week, which was insufficient, and the waiting list was getting longer. Development of mental health services was in its infancy and there were limited therapeutic interventions. There was no named nurse system and mental health staff were often engaged in general health care. There was a high reliance on the visiting psychiatrist to make decisions on ongoing patient care. There was no mental health awareness training for officers.

## Purposeful activity

- HP27 Opportunities for time out of cell were poor. Too few prisoners were involved in meaningful activity. Many prisoners elected to stay locked in their cells rather than attend activities. Induction to learning and skills was not sufficiently coordinated, but the allocations process was efficient and effective. Vocational training classes were generally full but education and resettlement courses operated below capacity. However, a high percentage of those who did attend classes achieved their qualification. The level and range of education courses was not sufficient to meet the varied needs, prior achievements and aspirations of all prisoners. Leadership and management of learning and skills were satisfactory. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP28 The core day indicated that a fully employed prisoner could achieve about nine hours out of cell on Monday to Thursday and about seven hours on Fridays. Our observations, however, indicated that in practice the average time out of cell was nearer to about six hours and could be as little as two to three hours for the significant number of prisoners who did not work. During a roll check one morning, we found about 48% the population locked in their cells. There was slippage and significant disruption to the regime every day, usually due to difficulties in reconciling the prison roll. Prisoners were rarely unlocked on time.
- HP29 The prison and Kensington and Chelsea College had worked effectively to manage and develop provision. However, although the provision was generally well managed, there was no overarching strategy to shape its development and continuous improvement. Data were used well to monitor and review the performance of the programmes. The learning and skills environment was generally calm and purposeful, and prisoners' behaviour was generally good. Quality improvement arrangements were insufficient. The curriculum had been changed to meet the needs of a more highly literate and numerate prisoner population than originally anticipated. Induction to activities was reasonably extensive but inefficient and not sufficiently coordinated.

Most prisoners were not allocated to activities for a further week following induction, and tutors did not use the outcomes of careers information and advice sessions well enough to support individuals.

- HP30 Only around two-thirds of prisoners enrolled on education or resettlement classes actually attended them, and punctuality at all activities was poor. The prison's strategies to improve these problems had not been successful. However, the achievement rates of those who attended education or vocational training were high, and in many cases excellent. There was good development of personal confidence and vocational skills in education and workshops, but for some prisoners the qualification was not sufficiently stretching and did not build on their prior learning or achievement. There was good teaching and coaching on many courses. In most sessions there was a purposeful and productive atmosphere but there was insufficient development of learners' literacy and numeracy skills in vocational workshops. Individual support for learners with additional needs was good.
- HP31 The library service was poor and prisoners had limited access to it. There was no full-time library manager and the range of stock was insufficient.
- HP32 Relationships between staff and prisoners in PE were good. There was a very well-equipped gym and good sports hall, although up to 40% of prisoners did not attend sport or PE at times. The planned PE programme was not always adhered to. There were some good partnerships with outside agencies.

### Resettlement

- HP33 The strategic management of resettlement and offender management was generally effective and the overarching model appropriate. The multidisciplinary team of offender supervisors was well managed. There was appropriate quality assurance to support staff development, although further emphasis on risk management was needed. Sentence planning procedures were variable, and links between the offender management unit and personal officers were underdeveloped. Public protection arrangements were mostly appropriate and robust. Reintegration planning was reasonable and prisoners were subject to pre-release reviews. Provision for most resettlement pathways was adequate. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP34 Despite a period of rapid growth and development, the strategic management of resettlement was broadly effective. Although there was room for further development, the structure of holistic offender management was appropriate and systematic. The overarching offender management strategy was comprehensive, concise and user friendly but not widely understood or sufficiently embedded across the whole establishment. The needs analysis was out of date but there was an awareness of gaps in provision and efforts to address them, with limited success.
- HP35 The multidisciplinary offender management and case administration team was sufficiently large to manage its allocated work. The implementation of layered offender management was reasonably good and there was generally good recorded contact with prisoners. Most contact was positive although some was perfunctory and we were not always assured that there was an appropriate focus on risk. There was a small backlog of OASys (offender assessment system) assessments but this would

15

be addressed if resources were consistently allocated to offender supervisors. Quality assurance of OASys assessments and other aspects of offender supervisor work were reasonably good, although the quality of sentence plans was variable and attendance by stakeholders at reviews often limited. However, in our survey, 71% of prisoners said they were involved with the development of their sentence plan, which was better than the comparator. Offender supervisors communicated effectively with offender managers whose direct engagement with prisoners was at times limited. Links between the offender management team and personal officers were underdeveloped. All prisoners had appropriate reviews before release.

- HP36 Recategorisation was reasonably well managed and timely, and there was evidence of prisoner progression to category D and open conditions. Home detention curfew documentation was processed appropriately and over 30% of those eligible were approved. Release on temporary licence was significantly underused. Prisoner perceptions of progression were poor and needed to be better communicated. Public protection measures were reasonably well developed but there were some gaps in communication.
- HP37 Depaul UK offered a good accommodation service. Few prisoners were released without accommodation, and Depaul had continued to seek appropriate housing for some individuals even after their release.
- HP38 More than half of released prisoners, 59%, had gone into education, training or employment, which greatly exceeded the target of 22%. Resettlement sessions delivered by external agencies were effective and well attended, but sessions provided by the education department were often poorly attended and uninspiring.
- HP39 There were pre-release health care clinics for prisoners, but they were too close to the date of discharge and were not comprehensive. When required, seven days' medication was provided.
- HP40 A very good CARAT team provided a well-integrated service that included help for primary alcohol users. Prisoners were very positive about how the CARAT staff frequently helped them out with problems, although many of these issues should have been addressed by wing staff. Well-attended drug strategy and 'continuity of care' meetings facilitated good links between prison and community agencies, and CARAT service user groups had been well used.
- HP41 There was no specialist financial or debt management advice, although prisoners could be signposted to an advice service before release. Jobcentre Plus offered appropriate benefits advice. A money management course was available through education, but there was no opportunity for prisoners to open bank accounts.
- In our survey, fewer respondents than the comparator felt that staff treated their visitors well or that they were helped to maintain family contact. Opportunities to access and book domestic visits were limited but broadly sufficient for the population. Visiting orders issued at Isis had to be used within 28 days, which was inappropriate. Although the visits hall was bright and welcoming, the furniture was austere, inhibiting relaxed and comfortable visits, and prisoners had to wear fluorescent pink bibs, which was unnecessary. Some supervising staff were inconsistent about the level of contact permitted during visits. Family days were appreciated by the few prisoners who had attended them but some felt that there was inequality of access. The 'Time To

16

Connect' course had been appreciated by participants and had been accompanied by the introduction of a Storybook Dads initiative.

HP43 The range of accredited interventions was limited and insufficient to meet identified needs of prisoners, but delivery of the thinking skills programme had been positive. The prison had recognised that there were significant gaps in provision, including that on violence and anger management, but efforts to address these had not borne fruit so far. Waiting lists for interventions were well managed and prioritised appropriately.

## Main concerns and recommendations

HP44 Concern: All aspects of the establishment's activity were disrupted on a daily basis because systems to reconcile the prison roll failed, and the prison was locked down for several hours until the problem was resolved.

**Recommendation:** Problems with systems for reconciling the roll should be urgently resolved so that planned activity can take place consistently without disruption.

HP45 Concern: Many prisoners said they did not feel safe. The number of violent incidents was high although mainly low level. Some prisoners sought refuge on G wing but did not receive adequate support there.

**Recommendation:** The prison should understand and effectively address poor prisoner perceptions of their safety. Victims, particularly those seeking refuge on G Wing, should receive effective support and help to reintegrate safely back on to the main wings.

HP46 Concern: Effective, rapid responses to emergencies were compromised because the system for managing cell call bells was unreliable, and because it was difficult to reset them, staff were sometimes unaware whether they had been answered or not.

**Recommendation:** Managers should take urgent steps to ensure cell call bells are answered promptly and monitor this to ensure it happens consistently. Cell call bells should be able to be reset by staff when necessary.

HP47 Concern: Many staff-prisoner relationships were poor and distant. Prisoners did not feel that they were treated with respect. Some newly recruited staff lacked confidence in their engagement with prisoners, while some detached duty officers drafted in from other prisons, had low expectations and dismissive attitudes towards prisoners. Staff often fell back too quickly on formal procedures to manage their relationships with prisoners.

**Recommendation:** Vacancies should be filled with permanent staff as quickly as possible. Staff training, supervision and development should reinforce the requirement for staff to have active, positive relationships with prisoners.

HP48 Concern: Black and minority ethnic prisoners had more negative perceptions than white prisoners about some aspects of the regime, and monitoring data appeared to shows jobs were not allocated proportionately between different ethnic groups. We were not assured that some reported racist incidents had been investigated with sufficient rigour. The equality and diversity policy did not ensure that some minority groups including those with disabilities, foreign nationals and gypsies and travellers

were sufficiently supported.

**Recommendation:** The prison should make effective use of monitoring data and revise its equality and diversity plan to identify and address the concerns of black and minority ethnic prisoners, show how the needs of prisoners within each diversity strand will be addressed and provide assurance that allegations of discriminatory behaviour will be effectively addressed.

HP49 Concern: Isis is a designated training prison and education, training and work should have been at the heart of what it did. There was little work available and only 64 full-time vocational training places. Far too few prisoners were engaged in any kind of purposeful activity likely to benefit them and the prison had no strategy to address this by increasing the range and quantity of provision or making best use of what was already available.

**Recommendation:** The prison should develop an overarching strategy for learning and skills provision that is ambitious, coherent and achievable and which forms the basis for future development and improvement of the provision.

# 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 were polite but many escort vans were dirty. Most prisoners knew they were transferring to the prison and the prison provided a pre-transfer information booklet. Arrivals were often left on vans during the staff lunch period.
- 1.2 There were around 31 movements a week through reception as the prison was building its population up to capacity. In our survey, 56% of respondents, against the comparator of 63%, said that they were treated well by escort staff. We observed escort staff who were courteous and respectful to prisoners.
- 1.3 Prisoners had mixed views about the cleanliness and comfort of prison vans. In our survey, 14% of respondents, against the comparator of 11%, said that comfort of the van was good. The vans we saw were dirty and had graffiti, but contained adequate food, drink and emergency supplies.
- 1.4 Most prisoners we spoke to knew they were coming to the prison before transferring, and 90% of respondents in our survey confirmed this. The prison had published a guide to the establishment that had been sent to sending establishments to give to prisoners. In our survey, 35% of respondents, against the comparator of 24%, said that they had received written information before arriving at the establishment.
- 1.5 Receptions were usually pre-planned and most prisoners arrived in the early afternoon with very few arriving after 5pm. Reception was not open over lunch and many prisoners told us that they had long waits of up to two hours on the escort transport over the lunch period. Our own observations confirmed this and we saw prisoners awaiting disembarkation for up to 50 minutes. Once the process began, prisoners were taken from the escort vehicles quickly and restraints were not used, which was proportionate.

#### Recommendations

- 1.6 Prison escort vans should be clean and free from graffiti.
- 1.7 Prisoners arriving during the staff lunch period should be disembarked from escort vans immediately.

## 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.

1.8 Reception was welcoming but the process was protracted with little to occupy prisoners. Staff were courteous but the searching of prisoners' personal property was perfunctory and sometimes insensitive. We were not assured that all new arrivals received a first night risk assessment, and arrangements for first night cells and handovers were crude. The induction process was fragmented, interviews were not private, and we were not assured that all prisoners undertook the programme.

## Reception

- 1.9 Reception was well laid out, clean and displayed appropriate notices. There were four holding rooms, which, although bright and clean, were bare with no reading materials or television to occupy new arrivals. Some prisoners told us that the wait in the holding rooms was intimidating, and we observed limited staff supervision.
- 1.10 In our survey, only 45% of respondents, against the comparator of 62%, said they were treated well in reception. However, we observed staff treating prisoners with respect, often referring to them by their first name. There was a prisoner induction worker in reception who actively talked with new arrivals and supplied drinks.
- 1.11 Some prisoners told us that the reception process was lengthy and that they had been in reception for up to five hours. We observed a busy reception with staff fully engaged throughout, but new arrivals took over four hours to be processed and located on to the first night wings.
- 1.12 In our survey, 69% of respondents, against the comparator of 78%, said that they were searched in a respectful way. The searching room was private and we observed staff who carried out respectful searches while maintaining a good dialogue with prisoners. However, the searching of prisoners' property that we observed was mechanistic and not thorough, and we saw insensitive handling of religious items.
- 1.13 A first night officer and a member of health care staff saw all new arrivals in private. In our survey, 97% of respondents, against the comparator of 90%, said that were seen by health services in reception.
- 1.14 Admissions and movements following the disturbances in August 2011 had not caused significant disruptions. Two juveniles had been held overnight on an unopened and unoccupied spur.

## Recommendations

- 1.15 Reception holding rooms should have a television and reading material to occupy prisoners, and be more effectively supervised.
- 1.16 The reception process should be streamlined and take less time.
- 1.17 The searching of prisoners' in-possession property should be thorough, and religious items should always be handled sensitively.

## First night

- 1.18 First night staff carried out the cell sharing risk assessment and first night risk assessment interview during the reception process. The documentation for the first night risk assessment interview was perfunctory and did not allow for an accurate record of issues raised by prisoners. We carried out a sample check of first night assessments and found some that had not been completed, and we were not assured that every new arrival was given a first night risk assessment.
- 1.19 G wing was the designated first night wing, although more than half the residents were long term. As a result, new arrivals could be placed in any available cell on the wing. The cells that we inspected had dirty toilets and sinks.
- 1.20 New arrivals were allowed association on the evening they arrived, but there was no formal staff interview once they had arrived on the wing and many prisoners told us that they had felt anxious, and some had chosen not to shower until they had acclimatised to the wing routine. However, prisoners appreciated the use of Listeners and induction peers on the wing.
- 1.21 New arrivals were given £1 telephone credit, a choice of smoker's or non-smoker's pack, and an arrivals pack with toiletries and cutlery.
- 1.22 Night staff told us that they were not given a formal handover and had to find out the location of new arrivals to supervise them appropriately. The prison had magnetic door signs for new arrivals but we were told that these were not routinely used. Once identified, night staff carried out hourly checks on new arrivals, which was a good initiative.

#### Recommendations

- 1.23 All new arrivals should have a first night risk assessment interview, and issues they raise should be recorded.
- 1.24 Designated first night cells should be identified and cleaned before occupancy.
- 1.25 Staff should interview new arrivals as soon as they are located on to the first night/induction wing and explain the wing routine.
- 1.26 There should be formal handovers between day and night staff to discuss the new arrivals and any subsequent issues.

## Good practice

1.27 Night staff carried out hourly checks on new arrivals.

### Induction

1.28 The induction programme was due to last two days but, because of problems with the regime, it was often longer and did not always start the day after arrival. There were many problems each day with the labour movement roll, and inductees often spent long periods locked in their cell.

- 1.29 In our survey, 85% of respondents, against the comparator of 88%, said that they had been on an induction course. We found many examples of prisoners with no record of undertaking induction and we were not assured that every new arrival went through the course.
- 1.30 The induction programme included modules to ensure that all departments met new arrivals. However, we observed chaplaincy staff interview prisoners while they were waiting for the health care secondary screening appointment, and CARATs (counselling, assessment, referral, advice and throughcare service) staff interviewed prisoners on the landing in front of other prisoners. There was an induction room on G wing but this was too small for large numbers of inductees.
- 1.31 In our survey, only 40% of respondents, against the comparator of 61%, said that the induction covered everything they needed to know about the prison. Many prisoners told us that they were frustrated that they were not told in advance about the induction programme and what they were undertaking in the individual modules. An interactive computer programme was used to inform prisoners about the rules and regimes of the prison but this often took place three days after prisoners had arrived.
- 1.32 There was a comprehensive induction information booklet to accompany the programme and there was a facility to translate this into a variety of languages.

#### Recommendations

1.33 All new arrivals should undertake the induction programme, which should be in line with the published programme and not subject to interruptions.

22

1.34 All induction interviews should take place in private.

# 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 Outside and inside areas were clean. There were problems with the cell bell call system that needed to be resolved urgently. Notices to prisoners were sometimes displayed in areas they did not access. Mail and telephone arrangements were satisfactory, but telephone credits were added to accounts on different days, which was confusing for some. Consultation arrangements were not formal but were meaningful. Access to stored property was poor.

## Accommodation and facilities

- 2.2 There were two house blocks, each with four spurs of three landings, with a separate standalone segregation unit. The external environment, including exercise yards, was very clean. Communal areas were similarly clean with plenty of natural light.
- 2.3 The majority of cells were clean, tidy and appropriately furnished, but the toilets and sinks stained easily and were difficult to clean. There were only a few double cells on each spur but the toilets in these were inadequately screened with a curtain. Many single cells also had no toilet screening, which was unacceptable given that prisoners had to eat meals in their cells (see recommendation 8.9). Prisoners had been issued with their own cell keys when the prison had opened, but most had since been lost and no replacements had been ordered.
- 2.4 There were significant problems with the cell bell call system. When a prisoner pressed his cell bell it made a buzzer noise on both the spur and the wing central office, which then required a member of staff to reset it at the cell using a fob. However, many fobs did not work. This meant that not only was there a constant buzzer noise on the spurs, but it was impossible for staff to tell whether a cell bell had been answered even the member of staff who had answered it did not know if the bell had subsequently been pressed for another reason. To further compound this, detached duty staff from other prisons reported that they had never been briefed about the fob system and so did not know how to reset bells even if their fob had worked. These problems, combined with an apathetic approach from most staff in answering cell bells, raised serious safety issues (see main recommendation HP46).
- 2.5 The offensive displays policy allowed for nothing more than 'page 3' style photos on walls. While generally adhered to, we came across some examples that far exceeded this limit.
- 2.6 Notices to prisoners were displayed haphazardly. Some were placed on boards on the spurs but others were in the area of the house block central office, to which prisoners had limited access.
- 2.7 In our survey, prisoners were negative about sending or receiving mail, with 59% reporting a problem against the comparator of 46%. However, those who we spoke to reported few issues, and staff in the post room said there were no problems with mail sorting and adequate resources ensured deliveries were timely. Access to telephones was good with six on each

23

- spur and a further two on each exercise yard. However, prisoners' telephone credit was added to their accounts on variable days, which led to confusion and their perception that the regime was variable and unpredictable.
- 2.8 Consultation arrangements were reasonable, but although there were attempts to include as many prisoners as possible, the informality of the process meant that many prisoners were unaware that focus groups had taken place. There was evidence that some, although not all, action points were taken forward, and there had been good work on prisoners' suggestions of amendments to the regime/core day timings.

## Recommendation

2.9 Toilets in all cells should be adequately screened.

## Housekeeping points

- 2.10 Notices to prisoners should be displayed in areas that they frequent.
- 2.11 Telephone credit should be added to prisoners' accounts on the same day each week.

## Clothing and possessions

- 2.12 All prisoners, except those on the basic level, could wear their own clothes. For those on basic, or others who chose to wear it, prison clothing was of a good standard and still relatively new. Prisoners were allowed to receive clothes during visits but there were often long delays before they could receive them from reception. There were sufficient laundry facilities and arrangements on each spur to ensure prisoners could wash their own clothes twice a week.
- 2.13 Staff reported that exchange of prison clothing, including bedding, took place every weekend. However, in our survey, only 19% of respondent said they received enough clean, suitable clothes every week, against the comparator of 55%, and only 33%, against 81%, said they received clean sheets every week. Prisoners in groups and individually were adamant that kit exchange did not take place every week, and we saw prisoners washing their own bedding.
- 2.14 In our survey, only 27% of respondents said they were normally able to get their stored property if they needed to, against the comparator of 37%. We found an unacceptably large backlog of parcels, property handed in on visits and miscellaneous applications that reception staff had yet to process. The list amounted to five pages and dated back six months.

#### Recommendations

- 2.15 Prisoners should be able to access their property in reception without delay.
- 2.16 Prisoners should be able to access adequate clean clothing and bedding consistently.

## Hygiene

- 2.17 There were communal showers on all landings, which were clean and well screened, with a cubicle for each showerhead. In our survey, 89% of respondents, against the comparator of 69%, said they could have daily showers.
- 2.18 Access to toiletries was also adequate. There were sufficient stocks on each wing, and prisoners reported that staff provided them on request. They were more negative about access to cell cleaning materials, and there were too few mops and buckets for all prisoners to use during association. This had been highlighted through consultation and more equipment had been ordered.
- 2.19 Mattresses were in good condition and could be exchanged where necessary, through application.

## 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.

- 2.20 Although we saw some positive engagement between staff and prisoners, relationships were often distant, and many prisoners felt they were not treated with respect. Many prisoners complained to us about poor treatment by officers.
- 2.21 Many prisoners reported that staff did not treat them respectfully, and the relevant survey results were worse than the comparators. Overall, only 50% of respondents, against the comparator of 68%, said that most staff treated them with respect, and only 47%, against 73%, said that they had a member of staff that they could turn to if they had a problem.
- 2.22 During the inspection we were at times overwhelmed by the number of prisoners who wanted to see us to complain about what they described as poor treatment by officers. They told us that officers on residential units rarely engaged with them and it was often difficult to get them to help with simple everyday problems. They said that communication was poor and the regime was often altered without any explanation or detail. They complained that staff were often rude, dismissive and uncaring (see main recommendation HP47).
- 2.23 In formal discussion groups, prisoners also talked about poor relationships with staff, although some said that one-to-one relationships with individual staff were good. Many said that the high number of temporary staff (detached duty officers) had an effect on distancing relationships.
- 2.24 Our own observations indicated that, although there was some positive engagement between staff and prisoners, relationships overall, particularly between prison officers and prisoners, were often distant. Many officers did not seem confident in their day-to-day dealings with prisoners and appeared to have low expectations of them they often spoke of prisoners in

dismissive terms or as an inconvenience. Some officers tended not to see prisoners as individuals or engage in purposeful relationships with them. The long periods that prisoners were locked in their cells (see section on time out of cell) made it easier for officers and prisoners to avoid each other and minimise their interaction.

2.25 Staff entries in prisoners' wing files were infrequent and were usually comments on negative behaviour. However, we did see examples where staff were fully engaged with prisoners, particularly in education classrooms and the gym and with CARAT workers.

## Personal officers

#### **Expected outcomes:**

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

- 2.26 There was a very basic personal officer scheme. All prisoners had been allocated personal officers, but there was no evidence that it was of much practical benefit to prisoners. Entries in wing files were infrequent, and many were observational and did not indicate personal officer awareness of the individual circumstances of their prisoners.
- 2.27 The personal officer scheme had been established, a comprehensive policy document had been published and all prisoners had been allocated a personal officer based on their location. But although most officers had only a small caseload of prisoners, we did not always find a high standard of personal officer work.
- 2.28 Coordination of the personal officer scheme with offender management was inconsistent, and links with offender supervisors were generally poor. Personal officers did not usually attend sentence review boards. Although some sent written submissions to sentence planning boards and wrote parole reports, there was little to indicate that they were encouraging their prisoners to achieve sentence planning targets.
- 2.29 Supervisory standards were inconsistent. Managers were not ensuring that personal officers had sufficient contact with their prisoners or were carrying out the role properly. Personal officers did not maintain a diary of contact and so formal exchanges with their prisoners were not scheduled or recorded. There was also little evidence that personal officers routinely approached their prisoners to monitor their welfare, challenge their patterns of behaviour or support their progress. Personal officer entries in prisoners' electronic files were irregular and the quality was generally poor.
- 2.30 Many prisoners were negative about the scheme. In our survey, only 49% of respondents, against the comparator of 74%, said that they had a personal officer, and only 36%, against 61%, said that they were helpful.

#### Recommendations

- 2.31 Links between personal officers and offender supervisors should be improved.
- 2.32 There should be routine management checks to improve personal officer contact time and the quality of engagement with their prisoners.

# 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 The systems to evaluate risk and monitor the level of violence were reasonable. The collection of data on violent incidents was consistent and the overarching structures to monitor progress of the violence reduction strategy were good. The strategy was reasonable and based on an analysis of the observed pattern of violence, including some consultation with prisoners. However, the number of violent incidents was high and too many prisoners said that they felt unsafe. Many prisoners sought refuge on the induction unit without proper support from staff.
- 3.2 A violence reduction strategy document had been published early in 2010. Part of the prison's overarching safer prisons policy, it included detailed descriptions of procedures to manage antisocial behaviour, including bullying. It set out the principles, procedures and management underpinning the overarching violence reduction strategy, as well as the responsibilities of all staff and managers. It was based on analysis of the observed pattern of violence in the prison and was further informed by recent consultation with prisoners. There had been a prisoner survey in early 2011 and there were exit surveys on prisoner safety. Although at an early stage, violence reduction prisoner representatives had been appointed on residential units and attended safer custody meetings.
- 3.3 The strategy was strongly supported by other policies and procedures, such as use of force, segregation and security reporting systems. We found copies in most areas of the prison and staff we spoke to were aware of its content.
- 3.4 Alongside the strategy document, there was an action plan to deal with identified problems as they occurred. For example, the route to prisoner activities had been identified as a hotspot for fights and assaults. As a result, supervision of the area had been increased and some free flow times had been rearranged. In such cases, individuals responsible for implementing required action had been identified and timescales for completion set.
- 3.5 A full-time safer custody staff included a safer custody manager (the segregation unit manager), a safer custody senior officer who was the suicide prevention coordinator, a violence reduction coordinator and full-time administration support. The team supervised the day-to-day implementation of all aspects of violence reduction, including suicide prevention, and was directly accountable to a governor grade, the head of residence.
- 3.6 A monthly safer custody meeting monitored overall progress of the violence reduction and suicide prevention strategies. Meetings were usually chaired by the head of residence, with solid support from managers in many relevant areas, such as residential units. They were usually well attended and representation from senior managers was consistently high. Minutes indicated that meetings had an appropriate focus on the full range of violent incidents, from minor fights to serious assaults, all incidents of self-harm and use of force. Monthly information

27

- on the number, type and location of violent incidents was analysed and used to identify trends, patterns and hotspots, as well as to inform changes in strategic direction when necessary.
- 3.7 There were regular checks of accident report forms to identify unexplained injuries, and security information reports were scrutinised for information about alleged or suspected bullying.
- 3.8 There was a three-stage system to identify and address antisocial behaviour. A prisoner was put on to stage one at the first suspicion of violent or bullying behaviour. This was usually sanctioned by residential unit managers. His behaviour was monitored for a minimum of seven days by residential officers then formally reviewed following an investigation by the residential manager. If the behaviour was proven or continued, the prisoner was given a further 14 days observation on stage two, which included sanctions such as limiting work opportunities, reduction to the basic regime and withdrawal of association privileges. In practice, all prisoners put on stage two were automatically placed on to the basic regime. If there were no changes following a further 28 days, the prisoner was placed on stage three and his behaviour managed in the segregation unit.
- 3.9 The monitoring records we examined showed that, although regular reviews were held in all cases, they rarely included the attendance of residential officers who knew the prisoner. The quality of officer entries in documentation was poor and there was little evidence that they were actively engaged in the day-to-day management of alleged bullies. Behaviour improvement targets, when set, were crude, predominately centred on compliance to the wing regime, and mirrored those set for all other prisoners on the basic regime. Governance arrangements were poor, management checks of documentation were not effective and we were not assured that residential managers were always aware of the circumstances of prisoners on formal measures, particularly those put on basic.
- 3.10 Support for victims was also underdeveloped. We found that only seven violence reduction support documents had been opened in the previous five months. Their quality was generally poor. Entries from staff did not give assurance that they knew about the important issues and, apart from extra observation, little structured support was offered (see main recommendation HP45).
- 3.11 Although the number of recorded violent incidents was relatively high at about 170 fights and assaults, most of these (about 80%) were at a very low level and did not involve injuries. There had been no serious assaults recorded in the previous six months.
- 3.12 Too many prisoners reported that they felt unsafe. In our survey, 45% of respondents, against the comparator of 36%, said that they had felt unsafe at some time in the prison, and 22%, against 15%, said that they felt unsafe currently.
- 3.13 There was also evidence that many prisoners were seeking refuge on the induction unit on G spur. During the inspection we were told about 30 prisoners had said that they were unable or unwilling to transfer to another residential unit; we spoke to ten of those ourselves. Many of these prisoners did not engage with the prison regime, were not adequately supported by staff, and remained locked in their cells for most of the day (see main recommendation HP45).

#### Recommendation

3.14 Governance arrangements for prisoners on formal violence reduction measures should be improved.

## 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.

- 3.15 The suicide prevention policy was generally well promoted and understood by staff and prisoners. The analysis of data to provide information about patterns and trends of self-harming behaviour was comprehensive, and management checks had improved the quality of entries in monitoring documents. The number of monitoring documents was relatively low.
- 3.16 A comprehensive suicide prevention policy document had been published, with a particular focus on the needs of young adult prisoners. We found copies on all residential units and communal areas. It was well promoted, and staff and prisoners were aware of its contents.
- 3.17 The strategy was managed by a full-time coordinator supported by the safer custody team (see paragraph 3.5). The team was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, and was also a central point for advice and guidance for staff. There was a high priority on safer custody team meetings, and minutes indicated a good standard of discussion about relevant issues.
- 3.18 The safer custody committee monitored the implementation of the strategy at well-attended monthly meetings. Minutes showed that individual cases were discussed appropriately and that the specific needs of prisoners were met consistently. The committee used a wide range of information from the safer custody team to identify trends and patterns of behaviour by location, type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy and update a continuous improvement action plan.
- 3.19 A Listener scheme had been established and prisoners had 24-hour access to them. The scheme was explained during the induction programme and was also publicised around the prison on information notices. At the time of our inspection, there were 13 Listeners. Listeners and a Samaritans representative attended the safer custody meetings and gave a report of their work, including times and wings where the service had been provided. There was a free direct line telephone number for prisoners to contact the Samaritans during the day.
- 3.20 The number of open assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was relatively low. There had been 65 ACCT documents opened in the first three quarters of 2011. An average of about 75% had been opened during the initial stages of custody, either in reception or on the induction and first night centre. A further 20% had been opened by sending establishments. There were five open documents at the time of inspection. The number of incidents of self-harm was also relatively low at 32 minor incidents since the prison opened in July 2010.
- 3.21 On the residential wings, detailed support plans were usually prepared in consultation with the prisoner that identified specific needs and apportioned responsibilities to a nominated key worker. The progress of plans was reviewed at set times in agreement with the prisoner.

3.22 The quality of staff entries in ACCT documents was reasonably good and showed awareness of the personal needs of their prisoners. Some, however, lacked depth and did not demonstrate high levels of individual care. Case reviews were regular and timely but care mapping did not always adequately address specific problems or circumstances. Attendance at reviews was consistent, the prisoner was always present and there was evidence that he was involved in the process. There was also good attendance by a range of staff who knew the prisoner, such as his personal officer, work or education staff.

## Recommendations

- 3.23 Staff entries in assessment, care in custody and teamwork (ACCT) documents should be improved and reflect high levels of prisoner care.
- 3.24 Care mapping should consistently address prisoners' individual circumstances and needs.

## 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.

- 3.25 Prisoners had poor perceptions of the applications process, but the newly introduced arrangements appeared to be more robust. There was a high level of complaints, with many submitted for issues that could have been dealt with less formally by wing staff. Responses and quality assurance were very good.
- 3.26 Prisoners' perceptions of the applications process were poor. In our survey, only 48% of respondents, against the comparator of 62%, felt that they were dealt with fairly, and only 31%, against 47%, said that they were dealt with promptly. The current system, with triplicate application forms that allowed for the issue of receipts to prisoners and effective tracking, appeared sound but had only been recently introduced. There were no quality assurance arrangements for applications.
- 3.27 The level of complaints was high, with an average of 295 a month over the previous six months, rising to a recent high of over 350. The monthly senior management team considered comprehensive monitoring of complaints data and analysis but this led to few action points to reduce the number. The highest number of complaints was consistently about prisoners' access to their property (see paragraph 2.14).
- 3.28 Prisoners' perceptions of the effectiveness of the complaints system were poor in our survey, only 23% of respondents, against the comparator of 35%, felt that complaints were dealt with fairly. Despite this, we found evidence of a robust and meaningful formal complaints process. The majority of complaints were dealt with very well, with polite and in-depth responses that dealt with and often remedied the complaint, and apologies were offered when appropriate. The vast majority of complaints 97%-99% a month were responded to within three days, backed by effective logging and tracking arrangements and checked through good quality

assurance. However, many that we sampled could have been dealt with less formally by wing staff.

### Recommendation

3.29 Quality assurance arrangements should be introduced for the applications process.

## Legal rights

#### **Expected outcomes:**

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

- 3.30 Legal services were covered adequately through offender supervisors, and the library provided a range of legal texts, but prisoners said that they were not always sure how to get help with legal issues. Provision for legal visits was reasonable.
- 3.31 There were no trained or specific legal services officers. Legal service advice, including information about home detention curfew (HDC) and help with understanding sentences, was dealt with by offender supervisors, usually following an initial assessment during induction. However, prisoners and staff we spoke to were unclear about who to speak to about accessing legal advice.
- 3.32 The library had a reasonable range of legal texts for reference, as well as Prison Service Orders and other information about prison rules.
- 3.33 Legal visits were available during the week at the same time as domestic visits. Private booths for legal visits were clean and well maintained. At the time of the inspection, there were no recorded problems with demand for these visits, although in our survey, only 31% of respondents said that they could communicate easily with their solicitors, against the 40% comparator.

## Housekeeping point

3.34 Legal advice services should be better advertised.

## 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.

3.35 There was an active chaplaincy that was visible throughout the prison. Facilities for worship were adequate, and attendance at weekly services and religious classes was good.

- 3.36 A full-time Anglican chaplain undertook the coordinating role and was supported by a full-time Muslim chaplain, part-time Catholic chaplain and sessional chaplains who covered most other religions. A member of the chaplaincy team saw new arrivals within 24 hours. In our survey, 64% of respondents, against the comparator of 57%, said that they were able to speak to a religious or faith leader in private. The chaplaincy team was visible throughout the establishment and well integrated into prison life, including attendance at ACCT reviews.
- 3.37 Attendance at the faith services was good. The multi-faith room was of an adequate size and there was a lift to aid access, but the washing room was small with only two wash areas. There were various weekly classes for all religions, facilitated by a chaplain. The chaplaincy recorded over 400 prisoner contact hours on average a week.
- 3.38 The chaplaincy had recently introduced a religion awareness training session that was attended by both prisoners and staff, and planned further such sessions.

## 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.

3.39 There were few integrated drug treatment system (IDTS) patients. Links between the clinical team and CARATs were good. Dual diagnosis referrals were not always followed up swiftly. Mandatory drug testing (MDT) random positive rates were very low. Suspicion test recording procedures needed to be improved.

## Clinical management

- 3.40 IDTS provision was appropriate for the age group and involved very few prisoners. There was no stabilisation facility, which was normal for a category C prison, so the establishment could only accept new prisoners who were stable on opiate substitution medication. At the time of the inspection, there was one prisoner on methadone maintenance and one on Subutex.
- 3.41 Specialist IDTS staff included four nurses trained to the Royal College of General Practitioners (RCGP) level 2 certificate in the management of drug misuse. There was minimal prescribing of other controlled or abusable medication and, where it was prescribed, the medication was not given in possession.
- 3.42 Links between the clinical and CARAT teams were good, with regular formal and informal information sharing. Clinical reviews were held jointly between the IDTS nurses and CARAT workers.
- 3.43 A dual diagnosis service was in place but we noted that the mental health team did not always follow up on dual diagnosis referrals from CARATs in a timely manner (see also paragraph 5.48 and recommendation 5.53).

## Drug testing

- 3.44 Positive random MDT rates at the time of the inspection were very low, at 1.6% for the six months to August 2011, against a target of 4%.
- 3.45 Positive rates for suspicion tests were also very low at 21.7%, indicating a need to review the processes involved in gathering and analysing drug-related intelligence. Some staff felt that suspicion test requests occasionally fell out of the 72-hour timescale, although this was not monitored.
- 3.46 The MDT suite, while small, was clean and adequately equipped. The holding rooms were clean, although they had no information on drugs or substance use services.
- 3.47 Prisoners told us that there were very low levels of drugs available in the establishment and this was confirmed in our survey, in which only 8% of respondents, against the comparator of 20%, said it was easy to get illegal drugs in Isis.

## Housekeeping points

- 3.48 Target drug testing should be undertaken within the required timescale.
- 3.49 Mandatory drug testing (MDT) holding rooms should contain suitable information on drugs and the substance use services in the prison.

33

# Section 4: Diversity

#### **Expected outcomes:**

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

- 4.1 The equality and diversity policy did not specify how the strategic aims would be met, and the bimonthly meeting only covered race and foreign national prisoners. There were good quality impact assessments. There was limited promotion of diversity around the prison.
- 4.2 There was an up-to-date equality and diversity policy, which contained key strategic aims and relevant legislation. However, it was directed at both staff and prisoner issues, and had no specific detail about how the strategic aims would be met. There were no separate policies for the individual diversity strands (see main recommendation HP48).
- 4.3 The equality and diversity action team (EDAT) meeting was chaired by the deputy governor and met every two months. Meetings were attended by staff from various departments as well as prisoner diversity representatives. Race and foreign national prisoners were the only diversity strands discussed. Although the equality and diversity action plan incorporated all diversity strands, in reality, only race and foreign national issues were updated at the meeting.
- 4.4 The 'human resources business partner' managed responsibility for diversity, supported by a senior officer responsible for all the diversity strands and foreign national prisoners. There was full-time administrative support. The prison employed several prisoner diversity representatives across the two wings.
- 4.5 Some focus groups had been held with minority groups and a number of issues had been raised. However, these issues had not been transferred to the overarching action plan and we could find no evidence that they had been addressed.
- 4.6 The prison had delivered 'challenge it, change it' diversity training to 72% of staff, with an ongoing training programme in place.
- 4.7 Single equality impact assessments had been completed in five key areas and there was a programme for a further six assessments. The quality of the assessments was good and there had been consultation with prisoners and external organisations.
- 4.8 The prison had celebrated a number of diversity events through the year and some were planned for the future. Many prisoners we spoke to did not know who the EDAT team members were, and we could find little information around the prison that supported and promoted a diverse culture.

#### Recommendations

- 4.9 The equality and diversity action team meeting should encompass all diversity strands.
- 4.10 There should be regular focus meetings for minority groups, including black and minority ethnic prisoners, foreign nationals and prisoners with disabilities, and issues

raised should be pursued appropriately and any changes implemented communicated to prisoners.

## Housekeeping point

4.11 Information promoting the equality and diversity action team members and a diverse culture should be displayed throughout the prison.

## Race equality

- 4.12 There was no separate race equality policy. Some prisoners had negative perceptions of racist behaviour by staff, much of which had not been investigated by the prison. Although the prison monitored data well, there were some areas that were not monitored and prisoners' perceptions that job allocation was unfair were justified. Focus groups had been held but issues raised by prisoners were not actioned. Work with Gypsies and Travellers was underdeveloped, but there was positive use of prisoner representatives. Some prisoners had little confidence in the racist incident reporting system and investigations were of mixed quality with no external scrutiny.
- 4.13 There was no separate policy for race equality and all specific race issues were included in the overarching equality and diversity policy. The equality and diversity manager was responsible for race equality.
- 4.14 Approximately 75% of prisoners came from a black and minority ethnic background compared with just over 17% of staff. Many prisoners gave examples of what they perceived as racist behaviour by staff. The prison had been made aware of some of these issues through the prisoner diversity representatives and reporting forms, but had not investigated them rigorously (see main recommendation HP48).
- 4.15 The prison collated ethnic monitoring data, which the EDAT discussed and analysed for patterns. There were no areas that were regularly overrepresented by minority ethnic groups, but the prison did not monitor data outside that expected by the Prison Service. For example, prisoners raised with us a perception that job allocation was unfair and disproportionate, and a recent reporting form had also identified this issue. The prison had responded with some changes to job allocation but this area was still not monitored by the EDAT. Our own analyses indicated that this remained an issue for example, 44% of the prisoners residing on G wing were from a black and minority ethnic background but they represented only 11% of those employed in orderly roles (see main recommendation HP48).
- 4.16 The prison had attempted to facilitate a Gypsy and Travellers forum without success. Discussions with individual prisoners identified several issues but there had been no action to address these. There were embryonic links with London Gypsy and Travellers groups and one of the diversity representatives was responsible for this group.
- 4.17 The prison held a list of prisoners convicted of current or previous racially aggravated offences and those who had been involved in racist incidents in the prison.

#### **Managing racist incidents**

- 4.18 There had been 48 racist incident (RIRFs) and discrimination incident reporting forms (DIRFs) submitted by prisoners in the first eight months of 2011. Forms were readily available on each wing and a locked box was checked daily by the complaints clerk.
- 4.19 Many prisoners we spoke to had little confidence in the reporting system and the quality of the 48 forms was mixed – some indicated limited investigation and some had not been investigated in a timely manner, with witnesses being discharged before they could be interviewed. The new equality and diversity manager had only recently undertaken investigation training.
- 4.20 Complainants and perpetrators received written confirmation of the outcome of the investigation and the deputy governor signed off each completed form. There was currently no independent external scrutiny of completed DIRFs.

#### Recommendations

- 4.21 The prison should develop effective mechanisms for consulting Gypsy and Traveller prisoners about their needs and experiences and address these effectively.
- 4.22 Discrimination incident reporting forms should be thoroughly investigated in a timely manner, and be subject to regular external scrutiny with written feedback to the equality and diversity action team.

## Religion

- 4.23 The chaplaincy was involved in the equality and diversity action team meetings and issues relating to faith were incorporated into the equality and diversity action plan. The chaplaincy monitored prisoners' religions, and access to worship was not restricted.
- 4.24 There was no individual plan covering faith although action related to prisoners' religion was included in the overarching equality and diversity action plan. A member of the chaplaincy team attended the equality and diversity action team meeting, although religious issues were not discussed there. The chaplaincy monitored the range of prisoners' religions, and access to weekly corporate worship was not restrictive.
- 4.25 In our survey, Muslim prisoners reported more negatively across a range of indicators, including treatment and victimisation by staff. The full-time Muslim chaplain made regular checks of the kitchen and serveries to ensure food preparation was in line with religious practice. He spoke positively about the treatment of Muslim prisoners.

## Foreign nationals

4.26 Work with foreign national prisoners was underdeveloped. There was no separate foreign national committee and the policy was not fully met. Foreign national prisoners felt isolated, some staff were unaware of their individual needs, and they had limited support and no

independent advice. Many foreign national prisoners were unaware of their entitlement to a free telephone call. Staff interpreters were in place.

- 4.27 At the time of the inspection there were 70 foreign national prisoners 13% of the population. There were no prisoners detained beyond the end of their sentence
- 4.28 There was a foreign national prisoners policy that had recently been reviewed. The policy was informative but some of its aims, such as access to telephone calls and immigration support, were not met.
- 4.29 There was no separate foreign national committee. Foreign national prisoners were managed through the EDAT and the equality and diversity manager was responsible for their individual management.
- 4.30 In our survey, foreign national respondents expressed more dissatisfaction than British prisoners about their safety and victimisation. Many we spoke to cited feelings of frustration and isolation. Many staff did not know who the foreign national prisoners in their care were. In one case, a member of staff displayed stereotyped attitudes towards foreign nationals.
- 4.31 There was no regular forum for foreign national prisoners to discuss issues or gain support and information. There had been a foreign national focus group in August 2011 but only four prisoners had attended and the issues raised had not been addressed by the prison.
- 4.32 The United Kingdom Border Agency (UKBA) attended the prison monthly, but there was limited information about these visits and many foreign national prisoners were unaware of them and as a result had not seen a UKBA representative. There was no independent immigration support.
- 4.33 The foreign national policy stated that a free international five-minute telephone call would be facilitated for foreign national prisoners who had not had a domestic visit in the previous month, which was overly restrictive. Only 15 foreign national prisoners had a foreign national telephone account and many we spoke to were unaware of the procedure for a free telephone call.
- **4.34** Staff interpreters spoke 17 languages. Professional telephone interpreting services were available but rarely used, even in confidential situations. The prison could translate documents into a range of languages.

### Recommendations

- 4.35 The prison should work with foreign national prisoners to address their concerns, and staff, including personal officers, should know the individual circumstances of the foreign national prisoners with whom they are working.
- 4.36 Independent immigration support should be available and all foreign national prisoners should have the opportunity to see the United Kingdom Border Agency monthly.
- 4.37 All foreign national prisoners should have unrestricted access to a free five-minute international telephone call each month.

## Disability

- 4.38 Disability was incorporated into the overarching diversity strategy. The prison did not accurately record prisoners with disabilities. . Although there were good disability clinics, care plans were perfunctory. Reasonable adjustments were minimal. There were personal emergency and evacuation plans and carers but no formal forum for prisoners with disabilities.
- 4.39 The disability strand was incorporated into the overarching equality and diversity policy, but issues relating to disability were rarely discussed at the EDAT meetings. The equality manager was the disability liaison officer.
- 4.40 New arrivals completed a disability declaration form and although it was sent to the first night accommodation, no action was taken. The prison did not have an accurate record of the number of prisoners with declared disabilities.
- 4.41 The prison had recently introduced a monthly disability clinic and two had taken place. This allowed prisoners with disabilities to have a one-to-one interview to formulate a care plan. Although this was a good initiative, the care plans that we saw were tokenistic and not clinical or individualised. Some prisoners with disabilities did not have a care plan.
- 4.42 We interviewed one prisoner who was profoundly deaf via a sign language interpreter. He cited feelings of frustration and isolation, and felt that the prison was doing nothing for him and making no reasonable adjustments. The prison had the facilities to assist this prisoner but had not implemented any of them.
- 4.43 The prison had two adapted cells on each wing, and personal emergency and evacuation plans were in place for those who required them. There was a carer system, which was working well. There were no formal disability forums for prisoners with disabilities to discuss issues affecting them.

#### Recommendations

- 4.44 The individual needs of prisoners with disabilities should be assessed at reception and their needs met, and planned through effective personal care plans which are reviewed regularly.
- 4.45 The prison should make reasonable adjustments for prisoners with disabilities who require them.

#### Sexual orientation

- 4.46 There was no provision or support for gay, bisexual or transsexual/transgender prisoners.
- 4.47 The prison had no formal method of recording gay or bisexual prisoners. Although our survey suggested there were a few gay or bisexual prisoners, the prison reported none. There was no relevant policy document and no links with external support providers. We found no information around the prison to support gay or bisexual prisoners.

4.48 The prison should develop its work with gay and bisexual prisoners, including a declaration of and support for gay, bisexual and transgender prisoners.

## 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.

There was no current health needs assessment. The health services team was new and there were some vacancies, compounded by long waits for staff security clearance. Some governance structures were still being developed. Resuscitation kits were not readily available to all staff. Record keeping was poor, with a lack of care plans, some poor recording of clinical interventions and inaccurate waiting lists, and it was unclear whether all referrals were acted upon. Discipline staff often refused prisoners access to nursing staff on the wings. Some clinics were poorly attended and there was no management of this. Several prisoners with long-term conditions had no care plans. Medicines management was reasonable. The dentist provided only one session a week, which was insufficient, and the waiting list was getting longer. Development of mental health services was in its infancy and there were limited therapeutic interventions. Some prisoners with mental health problems were not identified on the prison caseload. There was no named nurse system and mental health staff were often engaged in general health care. There was a high reliance on the visiting psychiatrist to make decisions on ongoing patient care. There was no mental health awareness training for officers.

#### General

- 5.2 Health services were commissioned by NHS Greenwich and provided by HarmoniforHealth, which had held the contract since just after the prison opened. There had been a projected health needs assessment, using data from HMP Glen Parva, before the prison opened, but this had not been repeated. There were monthly performance monitoring meetings between the commissioner and provider and an assurance framework. A partnership board, chaired by the governor, had recently been convened and was planned to meet quarterly. The health services department provided the senior management team with a monthly report that included ethnic monitoring of prisoners seen by health services staff.
- 5.3 The health services department and treatment rooms were fit for purpose, although the main department was stark. The waiting room had hard wooden benches and graffiti on the walls. There was a television but no educational or health promotion videos or DVDs, and the few health promotion posters were in English only. There had been two infection control audits; the most recent one had been satisfactory.
- We observed staff treat prisoners with respect and they were sensitive to their age and diverse needs. New arrivals were given a hard-to-read and inaccurate leaflet about health services. Those with lifelong conditions were also given an NHS leaflet about living with a long-term condition, which was unsuitable for use in prisons.

#### Recommendation

5.5 There should be a full health needs assessment to ensure that the services commissioned meet the needs of the population.

## Housekeeping points

- The health services waiting room should be hospitable and display relevant health promotion materials, including videos and DVDs.
- 5.7 Health services information leaflets should be accurate and easy to read and understand.

## Clinical governance

- 5.8 There were monthly clinical governance meetings attended by a range of health professionals, prison staff and primary care trust (PCT) commissioners. The meeting included the reporting of serious untoward incidents and a review of waiting lists, although we observed that actions identified at the meetings were not always followed through.
- The head of health services was a nurse, who was supported by a transitional manager who worked across the three sites of Isis, HMP Belmarsh and the forthcoming Belmarsh West. There was a clinical lead based at Isis as well as a developmental manager, who nominally led the mental health nurse team. At the time of the inspection, there were several vacancies for nurses and health care assistants, some of which were being covered by long-term bank staff. There was also a team of administrative staff. A single GP provided three sessions a week.
- 5.10 Health services staff had access to a range of training and professional development opportunities, and there was a programme of clinical supervision. However, we were concerned to note that nurses running vaccination clinics had not undertaken relevant training or a course in anaphylaxis. Most staff received appropriate appraisals, although the GP told us that he was not part of the HarmoniforHealth appraisal system.
- 5.11 Resuscitation equipment was held in the main health services department and in both treatment rooms, and was checked daily. However, not all the equipment was appropriate for the setting, emergency drugs were locked away and none of the equipment was readily available to discipline staff although discipline staff told us that they had not been trained in resuscitation.
- 5.12 Although there was a cupboard with wheelchairs and walking aids, there were no formal arrangements with local health and social care agencies for the loan of specialist occupational therapy equipment or specialist nursing advice if required.
- 5.13 SystmOne, the electronic clinical information system, was used to record clinical interventions, although a paper record for each patient was also held. These were stored appropriately. Some electronic records were scanty. We found many examples where care plans were lacking, lifelong condition registers were inaccurate and waiting lists were poorly maintained. We were unable to run accurate reports from the system.
- 5.14 Prisoners used the general prison complaints system for health services complaints. Responses that we saw were polite, although some were trite. For example, a response to a complaint that nurses did not listen to the prisoner said: 'please speak to the nurse in charge so we can resolve your complaint quickly'.
- 5.15 There was a range of policies, including an information sharing policy, although the files were not indexed and there were several versions of some policies. There was no policy for the outbreak of a communicable disease, and nurses we spoke to seemed unaware of how to recognise or manage such an outbreak.

- 5.16 Resuscitation equipment should be relevant to the area and staff who may have to use it, and be readily available at all times.
- 5.17 All clinical records, including waiting lists and care plans, should be accurate, relevant and contemporaneous.

## Housekeeping points

- 5.18 All staff who administer vaccinations should have relevant training.
- 5.19 There should be formal arrangements for the loan of specialist occupational therapy equipment and specialist nursing advice if required.
- **5.20** There should be a communicable diseases policy.

## Primary care

- 5.21 New arrivals received an initial health assessment and secondary screening. Vaccinations and screening programmes were offered but we were not confident that all requests were actively followed up.
- 5.22 Prisoners who wanted to see a health professional could submit a confidential application form. The forms were collected daily and prisoners were booked into the relevant clinic or added to a waiting list, and then sent an appointment slip. Alternatively, they could speak to a nurse in the treatment room on the house block. However, prisoners told us, and we witnessed, that discipline staff often denied them access to the nurse. Prisoners could only leave their spur if their name was on the list of those required to attend the health services department or treatment room. If they had an ad hoc clinical need or wanted some painkillers, the officer refused to let them off the spur, denying them access. In our survey, only 55% of respondents said that it was easy to see the nurse, against the comparator of 61%. We were told of similar issues at night, when there was only one nurse on duty.
- 5.23 If a prisoner requested to see a GP, a nurse saw him first. Prisoners' issues could sometimes be dealt with without recourse to the GP, although there was no audit to identify how often this occurred. The wait for the GP was usually no more than two to three days. Out-of-hours cover was provided by HarmoniforHealth.
- 5.24 There were some clinics run either by nurses or the psychologist in the health services department, although on one afternoon of the inspection there was no activity in the department at all and we found staff with apparently nothing to do. When clinics did occur, there was a high rate of non-attendance. For example, we found that only one patient had attended an asthma clinic when eight had been booked in, and no one had attended a smoking cessation clinic. At one GP clinic during the inspection, attendance was only five out of 16 patients (a 'did not attend' rate of 69%), while only 11 out of 26 patients attended the four clinics scheduled on another morning (66% non-attendance). Staff were aware of these high rates of non-attendance and prisoners had suggested reasons for them, including the fact that some GP clinics were at the same time as visits, and problems with roll reconciliation, but there was a lack of active and robust management of the issue.

- 5.25 A physiotherapist provided one session a week and also worked closely with gym staff.
- 5.26 A range of vaccinations was offered but not meningitis C. The sexual health clinic technician provided a comprehensive range of tests, advice and treatment. Prisoners could only obtain barrier protection by attending the sexual health clinic.
- 5.27 Prisoners with diabetes were complimentary about the support they received from nursing staff, although not all had an up-to-date care plan. However, they commented that the diabetic pack provided by the kitchen was not appropriate. When we investigated further we found a mismatch between the health services and catering department about the provision and need for specialist diets for some prisoners (see also paragraph 8.4).

- 5.28 Prisoners should not be denied access to health services staff.
- 5.29 There should be robust management and active follow-up of all prisoners who fail to attend health services appointments.
- 5.30 Prisoners should have free and confidential access to barrier protection.

## Pharmacy

- 5.31 Pharmacy services were provided by the in-house pharmacy. Pharmacists and a pharmacy technician from HMP Belmarsh visited three times a week to provide dispensed medicines. Pharmacy staff were not involved in the administration of medications, and prisoners could not see a pharmacist.
- 5.32 Medications, including heat-sensitive products, were stored appropriately, and records were kept for the temperature checks, although we found a few gaps. A cupboard contained medications for use out of hours, although records showed that it was rarely used. A stock list was present but was not regularly reviewed, and there was no record that there had been regular date checks of the stock held. The pharmacy room could be accessed out of hours by a key kept at the gate. This key also enabled access to the controlled drugs cabinet, but there was no additional log to record this.
- 5.33 Nursing staff administered medication three times a day, at around 8am, 11.45am and 6pm, although this last session was earlier on Friday and at weekends. We were told that if a night time dose of medication was required, nurses went to the individual's cell. Prisoners were administered medications from the treatment rooms on the house blocks. They were usually only allowed to leave their spur one at a time, which provided patient confidentiality, although we saw some instances of several prisoners crowding around the hatch, seemingly unsupervised by officers.
- 5.34 Medication was mostly supplied as weekly, fortnightly, or monthly in possession with only a few patients requiring supervised administration. Most medications were supplied by the pharmacy on a named-patient basis, with stock medicines only used when needed. Inpossession risk assessments were in place, but we found that not all prisoners who needed them had one. We examined several patient clinical records; on one, we did not find any risk assessment attached, and several others had no evidence that the patient had signed a compact.

- 5.35 A list of medications was available to supply as 'special sick', such as paracetamol and ibuprofen. These supplies were recorded appropriately on the prescription charts. There were some patient group directions, but only for chlamydia treatment and vaccines. Two of the nurses were nurse prescribers, but we saw no evidence that they prescribed for prisoners.
- 5.36 Prisoners who were prescribed medications following an appointment with the GP usually received it the next day. Patients on in-possession medication were given a patient information leaflet with their medications, but patients on supervised medications did not always receive this and there were no notices telling them that they could ask for one. Although there was a system to encourage patients to order their own repeat medications, nurses tended to reorder medications on the prisoner's behalf.
- 5.37 No formal medicines and therapeutic committee had met since the prison had opened. There were written policies for in-possession medication, access to the out-of-hours cupboard and 'special sick', but none for court appearances or discharge. There was no prescribing formulary available. Some standard operating procedures were available in the pharmacy, but they were not comprehensive and did not always relate to the procedures used in the prison. For example, one procedure stated that prescriptions would be faxed to an external community pharmacy, but this was not the case. We found a few gaps in the administration charts for supervised medications where it was not clear if the medication had been given or not.

- 5.38 The in-possession risk assessments of each drug and patient should be documented and any reasons for the determination recorded.
- 5.39 Patient group directions should allow nursing staff to supply a wider range of and more potent medicines, where appropriate.
- 5.40 The medicines and therapeutics committee should meet regularly, with all stakeholders attending. It should agree and ratify policies and a prescribing formulary.

## Housekeeping points

- 5.41 Maximum/minimum temperatures should be recorded daily for the drug refrigerators to ensure that heat-sensitive items are stored within the 2- 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- Patient information leaflets should be supplied wherever possible, and a notice should be prominently displayed to advise patients of their availability on request.

## Dentistry

- 5.43 HarmoniforHealth contracted a local dentist to provide one session a week. This was not enough and at the time of the inspection there were 63 names on a waiting list that was getting longer. There were no arrangements for out-of-hours cover. Prisoners we spoke to complained about the wait to see the dentist, which was about four weeks.
- 5.44 The surgery was modern and met current guidelines, but the dentist was unable to tell us whether there had been a PCT dental inspection.

5.45 Prisoners were able to receive a full range of dental treatment, however, there was only chairside oral health promotion and no opportunities for prisoners to see a hygienist. The dentist took a full medical history from each patient but did not use SystmOne.

## Secondary care

5.46 One of the administrative staff organised outside hospital appointments. She had good systems for ensuring all the relevant paperwork was completed and recorded non-attendance. The security department only allowed outside appointments on three days a week, although we were assured that this could be altered if necessary. There were some cancellations, due to security breaches or lack of staff, but these were not excessive.

#### Mental health

- 5.47 All mental health services were provided by HarmoniforHealth. There was no specific in-reach nursing service. A consultant psychiatrist or specialist registrar attended weekly, as did a psychologist. The prison employed a trainee forensic psychologist.
- 5.48 Mental health services were in their infancy and there were limited therapeutic interventions. Staff described themselves as 'fire fighting'. There was a caseload of 45 prisoners, although we identified prisoners with mental health problems who were not on the caseload. In our survey, 63% of respondents who said that they had emotional well-being or mental health problems said that they were not receiving any help, against the comparator of 42%. There was no named-nurse system and mental health staff were often engaged in general health care. Only nine patients (11%) on the caseload had had a mental health assessment. There was an open referral system and staff aimed to review the prisoner within 72 hours. Care planning was not robust and there had been no risk assessments for the whole caseload. There was a learning disabilities nurse although her role was unclear.
- 5.49 There were no specific counselling services in the prison, although the chaplaincy offered pastoral support and some general counselling.
- 5.50 There were good links with the wider prison, and clinical staff attended several meetings (such as safer custody) and regularly liaised with personal officers. There was a weekly multidisciplinary meeting, although there was a high reliance on the psychiatrist to make decisions on ongoing patient care. Not all information from the meeting was recorded on SystmOne, and not all prisoners discussed at the meeting been identified on the caseload.
- 5.51 Since the opening of Isis, one prisoner had been transferred to HMP/YOI Feltham for inpatient assessment then returned for management. No other prisoners had been transferred to secure mental health settings.
- 5.52 There was no mental health awareness training for officers, and there was some confusion about who was to provide this.

#### Recommendations

5.53 There should be robust and visible caseload management to ensure that all prisoners with emotional well-being and mental health needs are identified and have a plan of care to meet their needs.

- 5.54 Mental health nurses should have dedicated time for their caseload of patients.
- 5.55 There should be mental health awareness training for officers.

HMP/YOI Isis 47

## 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.

- The core day indicated that a fully employed prisoner could achieve about nine hours out of cell on Monday to Thursday and about seven hours on Fridays, but in practice this was much less for a significant number who did not work. We found slippage in the regime every day, usually due to difficulties in reconciling the prison roll. Prisoners were rarely unlocked on time. At a roll check during the core day, we found too many prisoners locked in their cells.
- The prison's published core day allowed about nine hours out of cell on Monday to Thursday and about seven hours for Friday and at weekends for prisoners on the main wings. The prison was reporting that the average time prisoners were spending out of their cells was about 6.7 hours a day, against a modest target of seven hours. Although low, we found that the hours reported for time out of cell were inflated and masked the experience of many prisoners.
- Our own observations showed that slippage in unlock, cancellation of activities and a misinterpretation of the core day meant that working prisoners got about five and a half hours unlocked, at best, if fully engaged in the regime, and as little as two hours if not allocated an activity. There were a few exceptions, such as wing cleaners and orderlies, some of whom could remain unlocked for most of the core day. Evening association was offered every day and rarely cancelled, although there were cases where prisoners were unlocked late. Exercise was also offered but only for 30 minutes.
- The regime was plagued with daily disruptions that led either to the late unlocking of prisoners or to them not being unlocked for full or part sessions. Problems with reconciling the prison roll occurred daily and meant that prisoners could not be moved from wings to activities until it was deemed correct. During some parts of the day it meant that prisoners could not be unlocked at all. We saw instances where prisoners were returned to residential units from education and workshops because one prisoner could not be accounted for during a routine roll check (see main recommendation HP44).
- During inspection we conducted two separate roll checks in the middle of the core day and found that 50% of prisoners were locked in their cells one morning and 48% one afternoon.

#### Recommendations

- 6.6 All prisoners should be able to fully engage with the prison core day.
- 6.7 The prison should offer prisoners at least one hour's exercise in the fresh air each day.

## 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.

Day-to-day leadership and management of learning and skills were satisfactory, but formal longer term strategic and quality improvement planning were insufficiently developed. Induction to learning and skills was comprehensive but not sufficiently coordinated. There were currently sufficient places in education and training but the level and range of courses did not meet all prisoners' needs. Vocational training classes were generally full, with some long waiting lists, and achievement of qualifications was very high. Education courses generally operated well below capacity, but most of those who attended achieved their qualifications. Punctuality was poor in all classes. Teaching and learning were generally good. The library service was poor.

## Leadership and management

- 6.9 The prison and the education and training provider, Kensington and Chelsea College, had developed effective partnership working since the prison had opened and had coped well during a period of challenges and change. The learning and skills provision was well managed, but there were no overarching strategies to shape and guide future development and continuous improvement of the provision.
- 6.10 Learning and skills managers had made increasingly good use of accurate data to monitor and review the performance of programmes. While tutor levels had been limited and often stretched, there had been a successful focus on recruiting teaching staff with specialist expertise. The majority of tutors had higher level teaching qualifications and the remainder were working towards gaining them.
- 6.11 The curriculum had been revised and expanded to reflect the needs of a more literate and numerate population than originally anticipated. New courses at higher levels were being introduced but many had started only recently and others were still waiting to start.
- 6.12 The prison had made some good use of learners' views and had taken action to improve as a result. However, quality improvement arrangements were not sufficiently well developed. A review by the quality improvement group had created the basis for a structured and systematic quality improvement cycle, linked to integrated self-assessment and action planning, to further develop the provision, but this had not yet been introduced. The observation and evaluation of teaching and learning required greater clarification on the standards used for assessing the quality of sessions, and a clearer link to staff development. The self-assessment process lacked coordination, and the format and presentation of the self-assessment reports were chaotic. A formal and comprehensive improvement action plan had just been completed. Nonetheless, self-assessment had identified most of the strengths and areas for improvement identified by Ofsted inspectors, although the prison and education provider had subsequently awarded themselves unrealistically high grades.

- 6.13 Strategies to improve attendance and punctuality in education classes had not been successful. Attendance at education and resettlement classes had been around 60% for the previous three months, although this was a slight improvement on previous months. Too many wing officers accepted, without sufficient challenge, that prisoners did not want or need to attend classes they had been enrolled on. In some cases, classes were cancelled due to a lack of teaching staff.
- 6.14 The establishment was too small to provide a wider range of vocational training programmes to reflect the needs and built on the prior experience of the whole population. A lack of space constricted delivery of the current programmes and inhibited further expansion of provision.
- Prisoners were treated with consideration within the learning and skills environment, and their behaviour was good. One hearing impaired learner had been supported well through the provision of an interpreter during learning sessions. Data were used well to monitor the relative performance of different ethnic groups. The comparative underperformance of white prisoners had been identified but no corrective action had been taken to date. During lesson observations, learning and skills staff paid good attention to aspects of access, support for additional learning needs and inclusion in learning activities but there was insufficient focus on monitoring how well lessons were used to discuss equality and diversity issues or challenge stereotypical views or assumptions.
- 6.16 Many prisoners in education found the three-hour sessions in the morning and again in the afternoon to be much too long, especially for theoretical work, and there were lapses in behaviour towards the end of the some of the sessions. The prison had tried shorter sessions during 2010 but had abandoned this approach due to problems with prisoner movements. The problem, however, remained a significant issue.

- 6.17 The prison should implement a structured and systematic quality improvement cycle, linked to integrated self-assessment and thorough action planning.
- 6.18 The prison should devise and implement new strategies to improve the rate of attendance and punctuality in classes.
- 6.19 The curriculum and use of space should fully meet the education, training and resettlement needs of all prisoners.
- 6.20 The length of sessions in education and vocational training should be reviewed to ensure they meet the learning needs of prisoners attending.

#### Induction

The induction to learning and skills lasted a full week, was reasonably extensive and ambitious, and was supported by a wide range of informative literature. However, the various elements of the process were not sufficiently integrated and did not make efficient use of prisoners' and staff time. Prisoners' literacy and numeracy scores were not received from their sending prisons before their induction and all had to retake the initial assessment tests. Information collected on each prisoner was not immediately collated in a central file, and some information was sought repeatedly during successive interviews. Some induction presentations lacked visual aids.

- 6.22 Induction sessions did not effectively promote the full range of activities on offer as the staff involved were not always sufficiently aware of provision beyond their own areas of activity and expertise. Most prisoners were not allocated to activities for a further week following induction.
- Prisoners attended focused individual panel interviews to be allocated to activities. There were good links to sentence plans, although not all prisoners had one. Panel discussions were well informed by individual information, advice and guidance interviews with prisoners, which included their short- and long-term goals, literacy and numeracy assessments, prior learning, work experience, security clearance and expected length of stay. Information about the qualifications required and experience for courses and activities was used well. However, the significant increase in new arrivals following the riots in summer 2011 had placed considerable strain on the allocations process, and only around a quarter of prisoners had been invited to attend panels. Consequently, decisions were finalised without their input. Written confirmation of allocation decisions had insufficient detail and copies were not kept in prisoners' files. In addition, the allocations database was not used sufficiently to monitor waiting lists to let prisoners know about potential delays or for analysis and evaluation to inform management decisions.

6.24 The prison should ensure that induction arrangements for learning and skills are efficiently coordinated and managed.

#### Work

No work activities were available in this training prison. The closest equivalent was 120 orderly places of which 102 were occupied at the time of inspection, primarily as wing cleaners or in the prison kitchen. Too few accredited qualifications were available to orderlies, and only a small number of kitchen orderlies were undertaking relevant, but very low level, national vocational qualifications (NVQs). No NVQs were available in industrial cleaning. Kitchen orderlies received a premium payment in recognition of their longer hours and duties, otherwise payments were the same for all roles.

## Vocational training

- There were vocational training courses in a range of areas, including barbering, carpentry, painting and decorating, motorcycle maintenance, catering, radio production and multimedia, but relatively few prisoners took part as only 64 full-time places were available, which were too few to meet demand. Some courses had long waiting lists. A recently introduced plumbing course was located within a painting and decorating coursework area, which potentially compromised the delivery and efficiency of both courses. There were long delays in the delivery of tools requested by tutors.
- Prisoners benefited from good teaching and coaching in the workshops. Teachers were well qualified and many had appropriate industrial experience. Teachers asked probing questions to check learning and understanding, and prisoners made good progress in their learning. There was a purposeful and productive ethos in most workshops. The workshops were of a satisfactory standard with suitable resources and equipment, and were clean and tidy and treated with respect by prisoners.

- 6.28 Prisoners' achievements were good and in some instances excellent at 100%. However, too much of the provision was completed at level 1, which was often insufficiently challenging. For example, the NVQ in hospitality and catering was only available at level 1.
- 6.29 Many prisoners had no previous experience in the vocational area in which they were working but quickly gained confidence in their abilities and enjoyed applying their skills to solve problems. They developed relevant and useful vocational skills. Many prisoners were enthusiastic about their work and justifiably proud of their achievements. Standards of work were generally good. In basic cookery prisoners produced food to a high standard, and in motorcycle maintenance they carried out some complex tasks with confidence and skill.
- 6.30 Punctuality at vocational training was poor, and prisoners often arrived up to 20 minutes late. The time that prisoners were collected to return to their wing also varied greatly.
- 6.31 Although most prisoners carried out practical work well, there was insufficient attention to the development of their literacy and numeracy skills. Too many prisoners had difficulty in recording their achievements in writing or carrying out numerical exercises. In some vocational areas, such as cookery and barbering, prisoners completed a 'dictionary' of technical terms and their meanings, which they found helpful. The quality and use of individual learning plans was variable. Many were only a basic record of course content or prisoners' work.

6.32 The prison should support learning and skills teaching staff to include literacy and numeracy fully in vocational training sessions.

#### Education

- All education programmes were offered on a part-time basis with 286 places available each day divided equally between morning and afternoon sessions. During the week of inspection, 374 prisoners were enrolled on education programmes. There was a reasonable range of subjects, including information and communications technology (ICT), art, graphic design, media, personal and social development, and business enterprise. Most prisoners started at level 1 and could progress to level 2, and in some cases level 3. Basic English, mathematics and English for speakers of other languages (ESOL) were offered from entry level to level 2, and the prison had introduced A-level mathematics in response to requests by prisoners. All programmes led to national qualifications and the college provided internal certificates for good performance or development, such as improved concentration or behaviour in sessions.
- A good proportion of prisoners completed their programmes and their achievement of qualifications was good. However, while enrolments on programmes were around 90% of capacity, the number actually attending was consistently low at around 60%. The level of qualifications that prisoners took was not always sufficiently challenging. In literacy and numeracy, learners received good support for the transition from multiple choice exams to functional skills, with good pass rates, although they all tended to work at level 1 before progressing to level 2. There had been some good progress in developing prisoners' basic literacy and numeracy skills, although many needed further development to improve the accuracy of their work, develop formal speaking skills and increase their vocabulary.
- Prisoners made good progress in developing their self-confidence and skills. For example, in ICT, they successfully built on their prior experience in using the internet to populate spreadsheets, databases and develop more complex skills in word processing and developing

presentations. There was good development of technical skills and concepts in art, and prisoners said that art projects had helped them to change direction and helped them in their personal lives.

- 6.36 Punctuality was poor. During inspection, prisoners were up to 25 minutes late arriving at classes, which disrupted learning and did not set an example for the development of responsibility and employability skills. Teaching staff did not always use productive activities to engage those arriving early. Tutors and prisoners developed good working relationships based on mutual respect. Many prisoners found the three-hour sessions in the morning and again in the afternoon to be much too long, especially for theoretical work, and there were lapses in behaviour towards the end of some of the sessions. Bad language was not always challenged.
- 6.37 Teaching and learning were good on many programmes. In the better sessions tutors knew their subjects very well and set high standards. They developed a good range of interesting learning activities and worked successfully to stimulate learners and keep them motivated. Varied teaching techniques were used well to develop learners' understanding of the skills needed to develop or improve the quality of their work and meet the required standards, particularly in literacy, art and ICT. Interesting topics in money management, personal and social development motivated learners well to articulate their ideas and views confidently. In the weaker sessions, the planning of learning activities was too centred on the textbook or qualification pack with insufficient focus on creating stimulating activities and discussion to motivate and interest learners.
- 6.38 The education department was well resourced. It provided a good learning environment and classrooms had interesting displays with good prompts to support learning, explanations of qualifications and examples of learners' work and achievements.
- 6.39 Tutors used individual learning plans well to develop clear and realistic targets, with good use of initial assessments, especially in literacy. However, they did not use the outcomes of careers information and advice well enough. Few long-term and medium-term goals were linked to learners' progression routes or plans for resettlement. Learning activities and discussion did not relate sufficiently to learners' plans for future courses, training programmes or work to help prepare them for their future learning or resettlement.
- Arrangements to assess learners for dyslexia were excellent and underpinned by very good specialist expertise. The detailed assessment reports helped learners understand the reason for their difficulties in processing language and organising practical aspects of their lives. Learners with additional support needs received good individual support in learning sessions and on the wings. However, specialist support tutors did not always use a sufficiently broad approach to help learners develop their own support strategies. The peer mentoring scheme was effective and the work gave mentors a sense of achievement. The course provided good initial training and prisoners valued the support and motivation they provided. However, peer mentors were unable to support prisoners on the wings as their access and movements were unnecessarily restricted.
- 6.41 The college had planned a good range of outreach provision, including a money management course for wing orderlies. However, there were still vacancies and some individual outreach work was prevented by wing roll counts.
- A good proportion of learners were on Open University courses, with 15 enrolled on programmes and 40 approved applications. The number had recently increased significantly and the prison had used role models well to promote higher level studies. The learners received good support from Prospects staff and there were good arrangements for their

support from Open University tutors. However, access to computers and study skills support had been slow and the lack of internet access restricted the development of research skills.

#### Recommendations

- 6.43 Tutors should have sufficiently detailed information on the careers guidance that prisoners have received and their sentence plans to help them make learning activities relevant to prisoners' wider aims and future plans.
- 6.44 The prison should give peer mentors access to other prisoners on the wings to support those working in their cells.
- 6.45 Open University tutors should have increased opportunities to support prisoners' studies.

## Library

- The library service, which was provided by Greenwich Council, was poor. It had serious staffing problems and had never had a full-time manager. The senior library assistant at HMP Belmarsh provided good support one day a week in difficult circumstances. One part-time library assistant worked for 18 hours a week, but the other part-time post was vacant. No orderlies worked in the library. The library's quality improvement plan covered all the key weaknesses that we identified.
- The library was still developing its range of stock, but was hampered by the lack of an appropriate library computer system. The current stock was just over 3, 500 titles, which was insufficient to cater for the number of prisoners. However, it included an appropriate range of fiction, non-fiction, science fiction, comic books and 'quick reads', and focused well on African-Caribbean authors and contexts. The bookshelves were not labelled and prisoners found it difficult to identify the different sections. The book order service worked effectively. There were library book deposit boxes in each wing and library staff were currently carrying out the first stock check to identify the rate of book loss. The library did not stock CDs, DVDs, newspapers or magazines.
- 6.48 The library was poorly promoted on the wings and there was no induction to the facility. In our survey, only 16% of respondents, against the comparator of 33%, said that they visited the library at least once a week. However, 225 prisoners were library members. All prisoners attending education and vocational workshops were escorted to the library once a week as part of their sessions, but this was for only up to 15 minutes, which was too short and did not give prisoners enough time to browse, research or use one of the three computers. Prisoners who stayed on the wing could visit the library once a week for 30 minutes. However take-up of this facility was low and the library officer was not always available to provide an escort.
- 6.49 The library had been unable to implement its plans to introduce the Toe-by-Toe reading mentoring scheme, family days and other activities. Two groups of learners had completed Storybook Dad programmes. There were insufficient contacts with other departments to support prisoners' learning and development and plans for resettlement.

- 6.50 The library should have sufficient permanent staff and provide work and development opportunities for prisoners as library orderlies.
- 6.51 The library should install an appropriate computer system and increase the quality and range of its stock.
- 6.52 All prisoners should have sufficient time in the library to make full use of its facilities.
- 6.53 The library should have greater links with the education and resettlement departments to increase it range of activities to support prisoners' development.

## Housekeeping point

6.54 Prisoners should receive information about the library during induction.

# 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.

- 6.55 The provision of physical education and access to it were satisfactory. Prisoners enjoyed their sessions, although at times up to around 40% did not attend, and punctuality was poor. There were a limited range of accredited courses, mostly at basic level, but few prisoners took them. Relationships between staff and prisoners were good. Facilities and resources were generally good but there were too few showers and the weights room was often overcrowded and inadequately supervised.
- 6.56 All prisoners had access to a minimum of two hours physical education (PE) a week, and between 60% and 75% of the population took part in PE regularly, but at times up to around 40% did not attend and punctuality at gymnasium sessions was poor. Recreational PE was available at weekends and in the evenings. Prisoners enjoyed their time in the PE Academy where there was a purposeful and productive atmosphere. They behaved well in the gymnasium and worked hard and with great enthusiasm. Prisoners developed skills in a range of sports and games. PE also made a significant contribution to helping prisoners develop their communication and teamworking skills. Relationships between PE staff and prisoners were friendly and professional. The six orderlies in the department made a good contribution to the smooth running of the gymnasium.
- 6.57 Facilities and resources were of a good standard. The sports hall was of very high quality, as was the equipment in the weights room and the fitness suite. The two outdoor artificial pitches were also of a good standard. The weights room was often overcrowded and supervision was sometimes inadequate. There were only six showers, which was inadequate for the large number of prisoners using the gymnasium.

- 6.58 There was a planned programme of indoor and outdoor activities involving a range of team sports and fitness training. However, this was not always adhered to if prisoners did not want to participate in the sport planned for that session. Prisoners' views were collected and analysed, although more could be done to understand why some of the population did not access the gymnasium.
- There was a limited range of accredited PE courses, many of which were at basic levels. While the level of achievement on courses was high, relatively few prisoners took them.
- 6.60 The prison had good partnerships with external organisations, such as Millwall Football Club, Cricket for Change and the Rugby Football Union, and some prisoners benefited from schemes to develop their personal and social skills through sport. The department had good links with health care, and remedial PE was available for a few prisoners who required it.

- 6.61 The prison should improve punctuality in the gymnasium.
- 6.62 There should be more showers in the gymnasium.
- 6.63 The weights room should be adequately supervised and not overcrowded.
- 6.64 The range of PE courses and levels of accreditation available should be increased.

57

HMP/YOI Isis

# 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 Dynamic and physical security required improvements. The inability of staff to ratify the prison roll consistently following mass movements severely affected the regime. Security arrangements were proportionate except for some criteria for placing prisoners on a fixed period of closed visits.

## Security

- 7.2 The flow of intelligence was good, with an average of over 430 security information reports (SIRs) a month. The security department had been active in educating all staff in the importance of making security submissions, resulting in a rise from previously low levels to the current high. Security staff reported that major incidents did not always result in the expected number of SIRs, but we were satisfied that this was now being addressed.
- 7.3 A sample of SIRs indicated they were mostly observational, reporting on low-level incidents and suspicions. The poor staff-prisoner relationships suggested there was scope to improve dynamic security.
- 7.4 There were problems with elements of physical security. SIRs and security committee meeting minutes indicated ongoing issues around doors, gates and, on three occasions, cell doors left unlocked by staff. These incidents were within the inner secure environment and at no time was the external security of the prison threatened. Of greater concern was the almost daily inability of staff to reconcile the prison roll after a mass movement to or from activities.
- 7.5 On all four days of the inspection, at least one morning or afternoon period had been significantly affected for up to two hours by unsuccessful attempts to reconcile the roll. This meant that prisoners were unable to move and so missed sessions of activities, such as PE. Both managers and staff said that this had been an ongoing problem since the prison had opened. Although managers told us of the importance of addressing this issue, we noted that on two occasions senior officers left their wings when the roll was still incorrect.
- 7.6 The security committee was well attended by all functional managers, and it considered data and intelligence for analysis or information purposes. Security objectives were basic, but appropriate given the inexperience of most staff.
- 7.7 There were good links with the Mayor of London's office and Lewisham police, with information sharing focusing on gang activity. Although gangs were not thought to be a serious issue, affiliations were effectively monitored and analysed.
- **7.8** Security arrangements were largely proportionate. For example, access to activities involved a security assessment, but even if risks were highlighted, managers discussed options at the

- weekly labour allocation board and the final decision on where a prisoner worked lay with the head of learning and skills.
- 7.9 Security criteria had been published, but not all were proportionate. For example, six of the 11 prisoners subject to a fixed period of closed visits had been placed on them for the sole reason of failing a mandatory drug test, which was not evidence of illicit or inappropriate activity during visits.

#### Rules

7.10 Prison rules were explained to new arrivals on induction but focused on local rules. Some prisoners new to prison told us that more information on adjudications would have been helpful. Local rules were consistent across all spurs on the two wings. and were publicised on spur notice boards.

#### Recommendation

7.11 Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support it.

# 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.

7.12 Despite good quality assurance arrangements, the quality of adjudications was variable. Punishments were broadly consistent and fair, but cellular confinement was used too readily. The issue of adjudication paperwork to prisoners needed amending. Use of force was high and needed better quality assurance arrangements. Use of special accommodation was commendably low. The segregation unit was clean with good staff-prisoner relationships. The regime was basic but decent.

## Disciplinary procedures

- 7.13 There had been 868 adjudications in the year to date, at an average of 108 a month. Most charges were appropriate for formal adjudication, but a significant minority could have been dealt with through the incentives and earned privileges (IEP) scheme or less formal procedures. Managers acknowledged this and pointed to ongoing work to address this with the still inexperienced staff group.
- 7.14 The system for issuing adjudication paperwork to prisoners was poor night staff slid them under the prisoner's cell door and it was unclear how much was explained to them through the closed door. Some prisoners, particularly those in prison for the first time, told us that they had been ill prepared for their adjudication, although segregation unit staff took time to answer their questions beforehand.

- 7.15 There were good quality assurance arrangements with the governor checking 10% of all adjudications monthly and providing feedback at the regular adjudication moderators' meeting. Despite this, our own sampling of records showed variable quality of adjudication hearings, with a lack of enquiry common. We were also concerned that some adjudicators remanded hearings without explanation, only to re-open them five to 10 minutes later. Senior managers explained that this was due to inexperienced adjudicators seeking advice and guidance, but this needed to be clearly recorded to assure the appropriateness of proceedings.
- 7.16 Punishments were largely consistent and fair, but we saw some examples where cellular confinement was used as a punishment for charges that we would not usually expect to see, specifically refusal to move cell location and low-level abuse of staff. Senior managers told us that these issues were increasingly common, and that the response was an attempt to support an inexperienced staff group. We judged that the punishments had escalated too rapidly without evidence that lesser ones would have addressed the issues.
- **7.17** Adjudication moderators' meetings were held bimonthly. As well as quality assurance, the meetings analysed a good range of data for patterns and trends.

7.18 Records of adjudications should show sufficient enquiry to support the findings, and all actions by adjudicators, such as adjournments, should be fully explained.

## Housekeeping point

7.19 Adjudication paperwork should be issued to prisoners in person so that the process can be fully explained to them and that they have the opportunity to ask questions.

#### The use of force

- 7.20 The use of force was high, with 259 incidents in the first seven months of 2011, including low-level application, such as staff handling prisoners to separate them from incidents. Many were attributable to fights, but many of the records that we sampled suggested that force need not have been used or that staff had escalated matters to the point where it needed to be used, especially in relation to prisoner non-compliance.
- 7.21 There were quality assurance measures, with the deputy governor checking every fourth use of force record. Where issues were identified, appropriate steps were taken, such as additional training for staff or notices reinforcing when force should be used. However, our sampling underlined the need for a more focused approach as many issues were missed due to the random nature of the quality assurance.
- 7.22 Although staff tended to escalate incidents to the point where force was required, the records showed that staff took every opportunity to de-escalate the use of force, with clear evidence that physical locks were released as soon as prisoners demonstrated compliance. Staff accounts of incidents were of reasonable quality, but too many from earlier in 2011 were missing.
- 7.23 A use of force committee met monthly, but had until recently focused on the more technical aspects of control and restraint. Although a good range of data was collated there was little meaningful analysis to help identify trends and reduce the use of force.

7.24 The prison used special accommodation in only the most serious and necessary cases. In the 18 months since it had opened, special accommodation had been used only five times, and in four of these cases for less than two hours.

### Recommendations

- 7.25 A senior manager should scrutinise all records of incidents where force has been used for prisoner non-compliance to ensure its use is necessary and lawful, and to identify learning points.
- 7.26 Use of force data should be analysed across a range of areas to identify and address emerging patterns and trends.

### Segregation unit

- 7.27 The segregation unit comprised 14 cells on two levels and was bright and clean. There were also two special cells for refractory prisoners and a further two unfurnished cells designated for prisoners on dirty protests. All cells were clean and well maintained.
- 7.28 An average of nine prisoners a week had been relocated to the segregation unit during 2011 to date, but virtually all stayed for short periods, mostly to serve cellular confinement punishments following adjudications. Prisoners were not routinely strip searched on relocating to the unit.
- 7.29 The regime was basic but appropriate for prisoners serving cellular confinement and/or remaining for short periods, with daily access to telephones, showers and at least an hour in the open air. A teacher provided in-cell education once a week, and an adequate stock of books was available. Visits arrangements remained in line with those for the rest of the population, subject to risk assessment, but the published regime did not indicate that prisoners could attend religious services and prisoners in the unit believed this to be the case.
- 7.30 Televisions were issued to prisoners not serving cellular confinement or not on the basic regime, but only after a 72-hour review period. This seemed unnecessary, particularly for prisoners on standard or enhanced who were located in the unit for their own protection.
- 7.31 Prisoners currently or previously in the unit were positive about their treatment by staff. We observed professional and friendly interactions between staff and prisoners, although staff rarely left their office while we were on the unit. Despite the good relationships, staff entries in prisoners' segregation records were only observational.
- 7.32 There were very few prisoners segregated for significant periods for reasons of good order or discipline or their own protection. Where there were, records showed a sound staff knowledge of the prisoner under review. Although targets were generic and basic, the cases were not complex.
- 7.33 A segregation monitoring and review group met monthly to review a comprehensive range of data to inform strategic decisions in managing the unit. However, it only reviewed data from the most recent quarter, rather than historical data that would have helped identify trends.

- 7.34 All prisoners located in the segregation unit should be made aware that they are able to attend religious services, subject to a risk assessment, and this should be included in the published regime.
- 7.35 The segregation monitoring and review group should routinely analyse data for emerging patterns and trends and take appropriate action to address them where necessary.

## Housekeeping point

**7.36** Prisoners in the segregation unit not serving cellular confinement and on the standard or enhanced levels should be issued a television without the need for a review period.

# 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.

- 7.37 The incentives and earned privileges policy was underpinned by strong governance. Staff issued many behaviour warnings, and prisoners had poor perceptions of the scheme's fairness.
- 7.38 The incentives and earned privileges (IEP) policy provided clear guidance for staff and prisoners. It had a strong emphasis on supporting individuals whose behaviour had deteriorated, with an aim of moving prisoners off the basic level at the earliest opportunity. If a prisoner downgraded to basic had not demonstrated poor behaviour within the following seven days, it was expected that he would be upgraded to standard.
- 7.39 The strong governance arrangements were also positive. A designated prison service manager was involved when a prisoner had been on basic for 14 days, and a governor grade chaired a review for a prisoner remaining on basic for 21 days.
- 7.40 The basic regime was not overly punitive with access to association twice a week, daily showers and continued access to work. There appeared to be little difference between standard and enhanced levels, with increased private cash allowances, additional visits and eligibility for games consoles the main benefits of the enhanced level. In our survey, only 43% of respondents said that the different levels had encouraged good behaviour, against the comparator of 57%.
- 7.41 At the time of the inspection, 161 prisoners (31%) were on enhanced, with 14 (3%) on basic. The number of prisoners on basic had fluctuated during the year, rising to over 30 at one point. These peaks seemed to be in response to violent incidents from groups of prisoners.
- 7.42 Respondents to our survey had poor perceptions of how fairly they had been treated in the scheme, with only 30%, against the comparator of 50%, believing that they had been treated

fairly. Our analysis of P-Nomis case notes indicated that staff dealt with any infraction, no matter how minor – such as using cell bells to ask for toilet rolls, and petty arguments that staff could have handled better – by issuing a behaviour warning. This over-reliance on formal disciplinary measures was a further factor in the distant relationships we observed between staff and prisoners.

7.43 An appropriate range of data was monitored by residential managers and reported to the monthly senior management team meeting for further discussion.

### Recommendation

7.44 Senior managers should take action to address staff's over-reliance on issuing behaviour warnings for minor infractions, and formally monitor this to identify learning points.

# 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 kitchen was reasonably well managed and prisoner workers were appropriately trained, but there had been problems with poor quality food and we received many complaints. The supervision and management of wing serveries were inadequate, and we were not assured that there was sufficient action on prisoners' complaints.
- 8.2 The catering service was provided through Aramark. Since the prison had opened, there had been many problems with the catering, and throughout our inspection we received many complaints from prisoners. We came across verified examples of undercooked chicken, raw eggs and poorly prepared chips that had been served recently. A new catering manager (the third since the contract had started) had been appointed about five weeks previously. Although there were signs of some improvement, there was a long way to go.
- 8.3 The kitchen was large, clean and well managed. Although halal food was stored separately from non-halal, there were no separate cooking utensils. The kitchen employed up to 35 prisoners, all of whom were appropriately trained. Up to nine prisoners could undertake an NVQ level 2 in catering in a separate part of the kitchen with its own training facilities. This training had recently been taken over by Kensington and Chelsea College.
- 8.4 The prison operated a four-week menu cycle, which had been put together temporarily by the new catering manager as new menus were being developed. There was little variety and prisoners could not consistently choose five vegetables or fruit a day. Many prisoners' meal orders up to 100 a day were not received or were incorrectly completed, resulting in the serving of default options, which caused problems on the wings. Although special diets could be catered for there was confusion about the mechanism for identifying such need. Although the kitchen was aware of only two prisoners with such need at the time of the inspection, the health care department had identified at least six.
- 8.5 There was insufficient attention to the management and serving of food once it had left the kitchen. Food temperatures were not checked regularly. We saw examples of servery workers not wearing hats while working, and on some serveries workers using their gloved hands, rather than the scoops provided, to serve chips. Supervision by staff was also variable. On most spurs there was one member of staff to supervise prisoners in the queue waiting for their food, but there was no one to ensure consistent portion control. As a consequence, portions often varied considerably and those prisoners served last often had very small quantities. All meals were served at appropriate times but there was no provision for prisoners to dine out of cell. This was a problem given the poor screening of toilets (see paragraph 2.3).
- 8.6 All spurs had complaints books and many were full of criticisms. Although there was some evidence that comment books were reviewed by catering staff, there was no evidence that action had been taken and no mechanism for formal responses to complaints or more general

feedback to prisoners through notice boards etc. Consultation had taken place with prisoners but we were told that this was often done relatively informally with no structured feedback.

#### Recommendations

- 8.7 The quality, range and variety of meals should be improved to meet the needs of prisoners.
- 8.8 There should be sufficient staff oversight of serveries to ensure the appropriate management of food and consistent portion control.
- 8.9 Prisoners should be able to dine out of their cells.
- 8.10 The kitchen should use separate cooking utensils to prepare halal food.

## Housekeeping point

8.11 Action taken in response to complaints and consultation with prisoners about the catering should be relayed to all 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.

- **8.12** Although there were shop consultation arrangements, many prisoners told us that the range of goods was not sufficient to meet their needs. Information about catalogue orders was not always easily available.
- 8.13 The prison shop was operated by DHL under the national contract. Information about shop goods was posted on the wings and included price comparisons with national supermarkets, although many prices were still higher. There were 354 items on the shop list, which was updated every three months following consultation with prisoners. Despite this, in our survey only 26% of respondents said that the shop sold a sufficiently wide range of goods to meet their needs, against the 43% comparator. Responses from black and minority ethnic prisoners were better than white prisoners, although still low.
- 8.14 Following some concerns from prisoners about the potential for bullying, arrangements for the delivery of shop orders had recently changed so that prisoners received their orders at their cell door. This positive change appeared to work well. However, shop orders had to be submitted by Sunday evening, for delivery the following Friday, which meant that new prisoners arriving on Monday had to wait almost two weeks for a full shop ordering service.
- 8.15 There were reasonable arrangements for prisoners to buy newspapers. Prisoners could order a small range of goods from catalogues, but information about this was not available on all spurs.

8.16 Consultation with prisoners should be extended to ensure that the prison shop meets their needs.

# Housekeeping point

8.17 Information about purchases from catalogues should be available on all wing spurs.

HMP/YOI Isis

67

# 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 Strategic management of resettlement was broadly effective and there was clear evidence of progression. Resettlement was seen as a key function but was not sufficiently understood or embedded across the prison to support the further development required.
- 9.2 The overarching offender management policy covered offender management, public protection and resettlement pathways and was comprehensive yet concise and user friendly. However, it was not widely understood or sufficiently well embedded across the whole establishment.
- 9.3 The prison saw resettlement as central to its function. A senior probation officer led the offender management and public protection team, which consisted of staff from multidisciplinary backgrounds allocated appropriately to ensure the expert assessment and management of risk (see paragraph 9.9). The model for offender management overall was systematic and appropriate and, while there was room for further development, there had been good progress in the short time that the prison had been open.
- 9.4 There had been a needs assessment in 2008, before the prison had opened. Although this was now out of date, gaps in provision had been recognised and, where possible, action taken to address them. At the time of the inspection, a further needs assessment was near completion and would be used to inform future strategy.
- 9.5 The strategic development of offender management, public protection and resettlement were managed informally on a weekly basis, when key managers met to discuss progression and development of services. A well-attended monthly offender management meeting had lacked strategic focus until August 2011, when there was evidence of clear development and direction. We were assured that the strategic management of resettlement was broadly effective.
- 9.6 Although links between offender management and public protection teams and resettlement pathways were generally good, some aspects of the prison regime remained isolated. The involvement of residential staff and some other departments in sentence planning, risk management and public protection work still had some way to go but was a priority for the prison.

#### Recommendation

9.7 The prison should pursue a 'whole prison' approach to resettlement and encourage and support staff from all departments, especially personal officers, to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending.

# Offender management and planning

#### **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.

9.8 When fully and consistently staffed, the offender management team was sufficient to manage its allocated work. The delivery of layered offender management was reasonably effective and all prisoners received some custody or sentence planning, although some of this work required further development. Although there were some gaps in information sharing, public protection arrangements were reasonably good.

## Sentence planning and offender management

- 9.9 The offender management unit (OMU) consisted of 12 offender supervisors, including six prison officers, three probation officers, two probations services officers and one psychology assistant, supported by a team of 12 case administrators and public protection staff. At the time of the inspection there was an offender supervisor vacancy, and we were concerned about the cross-deployment of the prison officers in the team.
- 9.10 The prison had implemented the layered offender management model reasonably well and all prisoners received some form of custody or sentence planning. All offender supervisors were appropriately trained and carried a manageable caseload of approximately 50 prisoners. Offender supervisors were usually allocated to new arrivals within 24 hours, based on their experience to manage the prisoner's risk effectively.
- 9.11 Two offender supervisors delivered a presentation about offender management processes during prisoners' induction. Other resettlement service providers also contributed to the induction and made appropriate referrals, but identification of need at this stage was not well collated. New arrivals then had an assessment and interview with their offender supervisor to ensure initial need was identified and to begin completion or review of their OASys (offender assessment system) assessment and sentence plan. A pre-release board took place approximately three weeks before release to ensure that identified needs had been addressed, where possible.
- 9.12 At the time of the inspection, approximately 40 OASys assessments were out of date. We were assured that this backlog would be addressed if prison officer offender supervisors were not consistently cross-deployed. OASys documents were subject to quality assurance by the head of offender management and those we sampled were generally of a good standard. The OMU senior officer regularly completed quality assurance of other work by offender supervisors, which was positive.
- 9.13 In reviews of case files for in-scope prisoners by colleagues from HM Inspectorate of Probation, and our reviews of some out-of-scope case files, we found generally good levels of contact recorded with prisoners. The majority of contact was positive, but some was perfunctory, and there was evidence that some offender managers from the community engaged with sentence plans. However, most sentence plan meetings had low attendance or input from anyone other than the offender manager and offender supervisor. Resulting sentence plans were variable and often resource-led, and needed a greater focus on risk.

70

There was also little effective sequencing of interventions. At the time of the inspection, there was only a small backlog of sentence planning boards. In our survey, 71% of respondents with a sentence plan said they had been involved in its development, which was better than the comparator of 62%, although only 70%, against 81%, felt that its targets were achievable at the prison.

- 9.14 Offender supervisors said that the sharing of information by other departments and the updating of prisoners' progress against identified targets were inconsistent. This was reinforced in our evaluation of cases where, despite efforts by OMU managers and staff, we found limited engagement and contribution, particularly from personal officers.
- 9.15 Opportunities for release on temporary licence (ROTL) were too few. Occasionally prisoners were released to maintain family contact but this was rare.
- 9.16 In the previous six months, 72 prisoners had been considered for home detention curfew (HDC) release and 27 (approximately 38%) had been successful. Systems to identify prisoners for HDC were appropriate, as were processes to assess their suitability, but there were often delays in acquiring reports from community-based offender managers. However, the evaluation of applications once information was collated was fair and proportionate.

#### Recommendations

- 9.17 Prison officer offender supervisors should be allocated consistent and sufficient time to complete offender management tasks.
- 9.18 The quality of sentence plans and attendance at sentence planning boards should be improved.
- 9.19 There should be improved sharing of information about prisoners across the prison and identification of their behaviour to ensure a greater emphasis on challenging and addressing risk.
- 9.20 Opportunities for release on temporary licence (ROTL) should be improved.

### Categorisation

- 9.21 At the time of the inspection, there were nine category D prisoners and four young adults categorised as suitable for open conditions. Pressures on the open estate meant that opportunities for progression were limited. The prison was investigating ways of holding those eligible for the lower security category while allowing them access to a more suitable regime, although there was nothing yet in place to support this.
- 9.22 Recategorisation procedures were reasonably well managed and timely, and at the time of the inspection there was a backlog of only 10 recategorisation reviews. There were appropriate mechanisms to assess categorisation and ensure reviews were undertaken. Decisions appeared broadly fair and were communicated appropriately. However, as with other processes, including HDC, prisoners had poor perceptions of their progression.

## Housekeeping point

9.23 Outcomes of home detention curfew and recategorisation reviews should be communicated to the wider prisoner population.

## Public protection

- 9.24 Public protection arrangements were reasonably well developed. All new arrivals were screened for risk and clear procedures ensured consistency. At the time of the inspection, approximately 65% of the population were subject to multi-agency public protection arrangements (MAPPA), with 16 prisoners subject to monitoring due to child protection or harassment concerns. The case management of higher risk offenders was allocated to more experienced offender supervisors.
- 9.25 Cases were appropriately managed through the monthly inter-departmental risk management meeting (IDRMM). Departments across the prison, including security and wing-based staff, were expected to contribute to these meetings. However, the flow of information from other departments was sometimes limited and required improvement. Incidents that occurred in the custodial setting were often not challenged or reviewed in relation to the associated risk posed. Although the quality of reviews was generally of a good standard, understanding of issues relating to the assessment and management of risk across the prison varied.

## Indeterminate-sentenced prisoners

9.26 At the time of the inspection there were five lifers and three prisoners serving indeterminate sentences for public protection (IPP). Information about arrangements for indeterminate sentenced prisoners was available and all such prisoners were appropriately allocated to the more experienced offender supervisors.

# 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

9.27 Depaul UK offered effective accommodation provision. More than half of prisoners were released into education, training or employment, although a resettlement programme was poorly attended. The pre-release health clinic took place too close to release. Outcomes on finance, benefit and debt were weak for most prisoners, and they were unable to open bank accounts.

#### Accommodation

- 9.28 Depaul UK provided housing support. All prisoners were seen during induction with the potential for further referrals following the initial assessment with their offender supervisor.
- 9.29 The focus of the service was to support prisoners to maintain tenancies where possible and to find accommodation on release for those likely to be homeless. Throughout the previous year the scheme had achieved a range of positive housing outcomes, including the completion of housing applications, the closing or saving of tenancies, and finding accommodation on release. Approximately 90% of prisoners were released to settled accommodation. In the previous six months, four prisoners had been released with no fixed address, although Depaul continued to work on behalf of two of them to secure accommodation post-release.
- 9.30 In our survey, awareness of accommodation services was worse than the comparators, but despite this we were broadly assured that an effective housing support service was provided.

# Housekeeping point

9.31 Housing services should be more effectively publicised.

## **Education, training and employment**

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

- 9.32 More than half of released prisoners, 59%, had gone into education, training or employment, which greatly exceeded the target of 22%. However, in our survey fewer respondents than at comparator prisons knew who to contact in the prison to get help before release with finding a job or arranging continuing education. At the time of inspection, no prisoners had had ROTL clearance for college attendance or community employment. One prisoner had been cleared for ROTL work in the prison car park.
- 9.33 Chrysalis offered a very well-attended short programme of six weekly sessions to help prisoners manage change in their lives and take responsibility for their actions. This course was a powerful learning experience for the prisoners attending and triggered much relevant discussion.
- 9.34 The education department offered an uninspiring accredited resettlement programme covering topics such as CV writing, disclosure of offences, interview preparation and practice. Attendance at these sessions had been low, compared with the number enrolled. However, prisoners benefited from using the secure internet-based computer system to practise job search skills and online applications.

#### Mental and physical health

9.35 There were pre-release health clinics for prisoners but they took place too close to the date of discharge and were not comprehensive. When required, prisoners were given seven days of medication. At the time of the inspection, there was action to implement a care programme approach for two prisoners before their release. There was no palliative care policy.

#### Recommendations

- 9.36 Pre-release health clinics should be held early enough to give prisoners information and assistance to access health and social care services on release and support when necessary.
- 9.37 There should be a workable palliative care policy in place.

#### Finance, benefit and debt

- 9.38 There was no specialist financial or debt management advice available. Where need was identified, prisoners were signposted to an external organisation for advice. Jobcentre Plus staff visited twice a week to offer appropriate benefits advice. There was no work with prisoners to suspend or write off accrued debts.
- 9.39 A money management course was delivered through the education provider and had been attended by around a third of prisoners released since the prison had opened. Despite significant efforts there was, however, no opportunity for prisoners to open bank accounts before their release.

#### Recommendations

- 9.40 The prison should provide specialist financial and debt management advice services.
- 9.41 Prisoners should be able to open bank accounts before their release.

# Drugs and alcohol

- 9.42 A drug and alcohol strategy was supported by good data analysis and regular meetings involving many stakeholders. The CARAT team delivered a good service, including help for primary alcohol users. Prisoners often approached CARAT workers for help when other staff did not respond to requests. The first intake of participants had completed the P-ASRO programme.
- 9.43 There was a current drug and alcohol policy, with a drug and alcohol treatment needs analysis in progress. Well-attended drug strategy and separate 'continuity of care' meetings facilitated good links between prison departments, including the CARAT team, IDTS, security and OMU, and a wide range of community agencies, including drug intervention programmes (DIPs), several local drug and alcohol action team (DAATs) and ADFAM (support group for families of drug and alcohol users).
- 9.44 Trends in prisoners' stated use of drugs were collated from CARAT assessments and discussed at the monthly drug strategy meetings. This enabled CARAT-based groupwork and one-to-one interventions to be tailored as new trends emerged. Cannabis was the most common drug used, followed by alcohol and cocaine. Special groupwork on cannabis and alcohol was being prepared to respond to the assessed need.

- 9.45 The CARAT team was provided by CRI, which delivered an efficient and well-integrated service that included help for primary alcohol users. At the time of the inspection, 224 prisoners were in structured treatment for drugs and/or alcohol and 29 had either completed or had disengaged from treatment.
- 9.46 Services for prisoners with alcohol problems were particularly extensive. In the previous six months, there had been 30 referrals for alcohol as the primary drug, 107 as the second and 29 as the third, giving a total of 166 alcohol-related referrals. In the previous six months, 54 prisoners had taken part in the IDTS alcohol module, and a newly commissioned alcohol intervention programme was due to be introduced. Prisoners could also attend weekly Alcoholics Anonymous meetings.
- 9.47 Prisoners were very positive about the CARAT staff and how they frequently assisted them in dealing with problems with applications and other day-to-day issues. Many of these issues should have been, but were not always, addressed by wing staff.
- 9.48 There had been good use of CARAT service user groups, and prisoners told us that they were pleased that their suggestions had led to improvements to services.
- 9.49 The prison addressing substance related offending (P-ASRO) programme had recently been introduced. The first intake of participants had seen 10 starts and eight completions.
- 9.50 While CARAT staff and P-ASRO facilitators received regular supervision from their managers, there was no specific clinical supervision for the treatment manager, who was also treatment manager for the thinking skills programme (TSP) course.
- 9.51 There was no compact-based drug testing (CBDT) but we were told that it was planned for introduction for P-ASRO participants only.

## Recommendation

9.52 Clinical supervision should be available to treatment managers to ensure consistent delivery of substance use services.

# Children and families of offenders

- 9.53 There was some positive, but underdeveloped, work to encourage and enable prisoners to maintain contact with their families. Although the visits hall was welcoming, the furniture and the unnecessary pink bibs for prisoners did not make for relaxed and comfortable visits.
- 9.54 In our survey, only 40% of respondents, against the comparator of 53%, felt their visitors were treated well by staff and only 31%, against 44%, said they were helped to maintain family contact while at the prison. However, for many the location of the prison and its criteria to keep local prisoners enabled effective and regular family contact. Visitors we spoke with were content with their experience of visits and said that staff were polite and helpful.
- 9.55 Although broadly sufficient for the population, visits sessions were limited to Tuesdays, Wednesdays and Saturdays, and lasted only an hour and three quarters. Prisoners were able to book their own visits, but there was some inequality of access to this system as firstcomers could book multiple sessions depending on the number of visiting orders they had. Many

prisoners who had transferred in from other prisons had a significant number of these, whereas visiting orders issued at Isis were valid for only 28 days, which was inappropriate and unfair if prisoners were unable to attend visits during that period. Prisoners could not exchange unused visiting orders for telephone credit or additional letters.

- 9.56 Isis shared a visitors' centre with HMP Belmarsh managed by the charity Spurgeons, which provided a family support worker, some supervision for the play area and staffing of the poorly resourced refreshment bar in the visits hall. Visitors were processed at the entrance to Isis, which was small, cramped and not fit for purpose, and where visitors could experience some delays.
- 9.57 Although the visits hall was bright, welcoming and spacious enough to accommodate up to 40 visits, there was a fixed wooden bar across the table, which was austere and inhibited relaxed and comfortable visits. Although there had been a notice to staff about the appropriate contact permitted during visits, there were inconsistencies in application of this by some staff. Prisoners were required to wear a fluorescent pink bib during visits, which was unnecessary.
- 9.58 There were regular forums for prisoners about the provision of visits and changes had been made as a result. A visitors' survey had started just before the inspection and, although the early results appeared reasonably positive, a full evaluation and action plan to meet recommendations had yet to be completed.
- 9.59 The prison had run five family days since it had opened and which were appreciated by the comparatively few (only 26) prisoners who had accessed them. However, many prisoners we spoke with felt there was inequality of access. The first 'Time to Connect' course had been delivered by Kids VIP and there were plans to deliver a further two courses. The course included four workshops over two days and culminated in a child-centred visit. Although unaccredited, it had been well appreciated by the six prisoners who had completed it. Storybook Dads had also been introduced as part of this course and had been used by four of the six participants.

## Recommendations

- 9.60 The period for validity of visiting orders should be extended, and the system for booking visits should ensure equality of access for all prisoners.
- 9.61 Play areas in all visits sessions should be staffed by supervised play workers.
- 9.62 The refreshments in the visits hall should be improved.
- 9.63 The area and procedures for processing visitors should be improved.
- 9.64 The wooden bars on tables in the visits hall should be removed.
- 9.65 Prisoners should not have to wear bibs during visits.
- 9.66 There should be more opportunities for prisoners to attend family visits.
- 9.67 The provision of the Storybook Dads initiative should be extended.

# Housekeeping point

9.68 Prisoners should be allowed to exchange unused visiting orders for telephone credit or additional letters.

# Attitudes, thinking and behaviour

- 9.69 The range of accredited interventions was insufficient to meet the needs of prisoners, but delivery of the thinking skills programme was positive and waiting lists were well managed.
- 9.70 Despite the lack of a current needs analysis, managers had begun to identify the wider needs of the population. The trainee psychologist had begun a comprehensive needs analysis and we were assured that this would be used to inform strategy and delivery of interventions. Early findings were that there were significant gaps in provision, particularly interventions to address violence and anger management. In the absence of accredited interventions, there had been some innovative efforts to work with community and voluntary sector partners to address these gaps but these had not yet borne fruit.
- 9.71 The only accredited interventions were P-ASRO (see paragraph 9.49) and the thinking skills programme (TSP), which were both delivered by the same team. At the time of the inspection, one P-ASRO course and three TSP courses had run in 2011/12, with eight and 27 completions respectively. Although the prison had met its TSP target, further courses were planned to meet some of the identified need. Waiting lists for both courses were well managed and appropriately prioritised.
- 9.72 Suitably trained and skilled offender supervisors delivered some one-to-one work on victim awareness with prisoners but, even when identified as a need, this was inconsistent. The trainee psychologist had received more than 30 referrals for anger management and violence interventions but had completed relevant one-to-one work with only one prisoner at the time of the inspection.

#### Recommendation

9.73 There should be a wider range of interventions to address the offending behaviour needs of the population.

# Section 10: Recommendations, housekeeping points and good practice

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

# Main recommendations

To the governor

- 10.1 Problems with systems for reconciling the roll should be urgently resolved so that planned activity can take place consistently without disruption. (HP44)
- The prison should understand and effectively address poor prisoner perceptions of their safety. Victims, particularly those seeking refuge on G Wing, should receive effective support and help to reintegrate safely back on to the main wings. (HP45)
- Managers should take urgent steps to ensure cell call bells are answered promptly and monitor this to ensure it happens consistently. Cell call bells should be able to be reset by staff when necessary. (HP46)
- Vacancies should be filled with permanent staff as quickly as possible. Staff training, supervision and development should reinforce the requirement for staff to have active, positive relationships with prisoners. (HP47)
- The prison should make effective use of monitoring data and revise its equality and diversity plan to identify and address the concerns of black and minority ethnic prisoners, show how the needs of prisoners within each diversity strand will be addressed and provide assurance that allegations of discriminatory behaviour will be effectively addressed. (HP48)
- 10.6 The prison should develop an overarching strategy for learning and skills provision that is ambitious, coherent and achievable and which forms the basis for future development and improvement of the provision. (HP49)

#### Recommendation

To Prison Escort and Custody Services

10.7 Prison escort vans should be clean and free from graffiti. (1.6)

## Recommendations

To the governor

#### Courts, escorts and transfers

10.8 Prisoners arriving during the staff lunch period should be disembarked from escort vans immediately. (1.7)

79

## First days in custody

- 10.9 Reception holding rooms should have a television and reading material to occupy prisoners, and be more effectively supervised. (1.15)
- 10.10 The reception process should be streamlined and take less time. (1.16)
- 10.11 The searching of prisoners' in-possession property should be thorough, and religious items should always be handled sensitively. (1.17)
- 10.12 All new arrivals should have a first night risk assessment interview, and issues they raise should be recorded. (1.23)
- 10.13 Designated first night cells should be identified and cleaned before occupancy. (1.24)
- 10.14 Staff should interview new arrivals as soon as they are located on to the first night/induction wing and explain the wing routine. (1.25)
- 10.15 There should be formal handovers between day and night staff to discuss the new arrivals and any subsequent issues. (1.26)
- 10.16 All new arrivals should undertake the induction programme, which should be in line with the published programme and not subject to interruptions. (1.33)
- **10.17** All induction interviews should take place in private. (1.34)

#### **Residential units**

- 10.18 Toilets in all cells should be adequately screened. (2.9)
- 10.19 Prisoners should be able to access their property in reception without delay. (2.15)
- 10.20 Prisoners should be able to access adequate clean clothing and bedding consistently. (2.16)

#### **Personal officers**

- 10.21 Links between personal officers and offender supervisors should be improved. (2.31)
- 10.22 There should be routine management checks to improve personal officer contact time and the quality of engagement with their prisoners. (2.32)

#### **Bullying and violence reduction**

**10.23** Governance arrangements for prisoners on formal violence reduction measures should be improved. (3.14)

#### Self-harm and suicide

10.24 Staff entries in assessment, care in custody and teamwork (ACCT) documents should be improved and reflect high levels of prisoner care. (3.23)

10.25 Care mapping should consistently address prisoners' individual circumstances and needs. (3.24)

#### **Applications and complaints**

10.26 Quality assurance arrangements should be introduced for the applications process. (3.29)

#### **Diversity**

- 10.27 The equality and diversity action team meeting should encompass all diversity strands. (4.9)
- 10.28 There should be regular focus meetings for minority groups, including black and minority ethnic prisoners, foreign nationals and prisoners with disabilities, and issues raised should be pursued appropriately and any changes implemented communicated to prisoners. (4.10)
- 10.29 The prison should develop effective mechanisms for consulting Gypsy and Traveller prisoners about their needs and experiences and address these effectively. (4.21)
- 10.30 Discrimination incident reporting forms should be thoroughly investigated in a timely manner, and be subject to regular external scrutiny with written feedback to the equality and diversity action team. (4.22)
- 10.31 The prison should work with foreign national prisoners to address their concerns, and staff, including personal officers, should know the individual circumstances of the foreign national prisoners with whom they are working. (4.35)
- 10.32 Independent immigration support should be available and all foreign national prisoners should have the opportunity to see the United Kingdom Border Agency monthly. (4.36)
- 10.33 All foreign national prisoners should have unrestricted access to a free five-minute international telephone call each month. (4.37)
- 10.34 The individual needs of prisoners with disabilities should be assessed at reception and their needs met, and planned through effective personal care plans which are reviewed regularly. (4.44)
- 10.35 The prison should make reasonable adjustments for prisoners with disabilities who require them. (4.45)
- 10.36 The prison should develop its work with gay and bisexual prisoners, including a declaration of and support for gay, bisexual and transgender prisoners. (4.48)

#### **Health services**

- 10.37 There should be a full health needs assessment to ensure that the services commissioned meet the needs of the population. (5.5)
- 10.38 Resuscitation equipment should be relevant to the area and staff who may have to use it, and be readily available at all times. (5.16)
- **10.39** All clinical records, including waiting lists and care plans, should be accurate, relevant and contemporaneous. (5.17)

- 10.40 Prisoners should not be denied access to health services staff. (5.28)
- 10.41 There should be robust management and active follow-up of all prisoners who fail to attend health services appointments. (5.29)
- 10.42 Prisoners should have free and confidential access to barrier protection. (5.30)
- 10.43 The in-possession risk assessments of each drug and patient should be documented and any reasons for the determination recorded. (5.38)
- 10.44 Patient group directions should allow nursing staff to supply a wider range of and more potent medicines, where appropriate. (5.39)
- 10.45 The medicines and therapeutics committee should meet regularly, with all stakeholders attending. It should agree and ratify policies and a prescribing formulary. (5.40)
- 10.46 There should be robust and visible caseload management to ensure that all prisoners with emotional well-being and mental health needs are identified and have a plan of care to meet their needs. (5.53)
- 10.47 Mental health nurses should have dedicated time for their caseload of patients. (5.54)
- 10.48 There should be mental health awareness training for officers. (5.55)

#### Time out of cell

- 10.49 All prisoners should be able to fully engage with the prison core day. (6.6)
- 10.50 The prison should offer prisoners at least one hour's exercise in the fresh air each day. (6.7)

#### Learning and skills and work activities

- 10.51 The prison should implement a structured and systematic quality improvement cycle, linked to integrated self-assessment and thorough action planning. (6.17)
- 10.52 The prison should devise and implement new strategies to improve the rate of attendance and punctuality in classes. (6.18)
- 10.53 The curriculum and use of space should fully meet the education, training and resettlement needs of all prisoners. (6.19)
- The length of sessions in education and vocational training should be reviewed to ensure they meet the learning needs of prisoners attending. (6.20)
- 10.55 The prison should ensure that induction arrangements for learning and skills are efficiently coordinated and managed. (6.24)
- 10.56 The prison should support learning and skills teaching staff to include literacy and numeracy fully in vocational training sessions. (6.32)

82

- 10.57 Tutors should have sufficiently detailed information on the careers guidance that prisoners have received and their sentence plans to help them make learning activities relevant to prisoners' wider aims and future plans. (6.43)
- 10.58 The prison should give peer mentors access to other prisoners on the wings to support those working in their cells. (6.44)
- 10.59 Open University tutors should have increased opportunities to support prisoners' studies. (6.45)
- 10.60 The library should have sufficient permanent staff and provide work and development opportunities for prisoners as library orderlies. (6.50)
- 10.61 The library should install an appropriate computer system and increase the quality and range of its stock. (6.51)
- 10.62 All prisoners should have sufficient time in the library to make full use of its facilities. (6.52)
- 10.63 The library should have greater links with the education and resettlement departments to increase it range of activities to support prisoners' development. (6.53)

#### Physical education and health promotion

- 10.64 The prison should improve punctuality in the gymnasium. (6.61)
- **10.65** There should be more showers in the gymnasium. (6.62)
- 10.66 The weights room should be adequately supervised and not overcrowded. (6.63)
- 10.67 The range of PE courses and levels of accreditation available should be increased. (6.64)

#### **Security and rules**

10.68 Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support it. (7.11)

#### **Discipline**

- 10.69 Records of adjudications should show sufficient enquiry to support the findings, and all actions by adjudicators, such as adjournments, should be fully explained. (7.18)
- 10.70 A senior manager should scrutinise all records of incidents where force has been used for prisoner non-compliance to ensure its use is necessary and lawful, and to identify learning points. (7.25)
- 10.71 Use of force data should be analysed across a range of areas to identify and address emerging patterns and trends. (7.26)
- 10.72 All prisoners located in the segregation unit should be made aware that they are able to attend religious services, subject to a risk assessment, and this should be included in the published regime. (7.34)

10.73 The segregation monitoring and review group should routinely analyse data for emerging patterns and trends and take appropriate action to address them where necessary. (7.35)

## Incentives and earned privileges

10.74 Senior managers should take action to address staff's over-reliance on issuing behaviour warnings for minor infractions, and formally monitor this to identify learning points. (7.44)

#### **Catering**

- 10.75 The quality, range and variety of meals should be improved to meet the needs of prisoners. (8.7)
- 10.76 There should be sufficient staff oversight of serveries to ensure the appropriate management of food and consistent portion control. (8.8)
- 10.77 Prisoners should be able to dine out of their cells. (8.9)
- 10.78 The kitchen should use separate cooking utensils to prepare halal food. (8.10)

#### **Prison shop**

10.79 Consultation with prisoners should be extended to ensure that the prison shop meets their needs. (8.16)

#### Strategic management of resettlement

10.80 The prison should pursue a 'whole prison' approach to resettlement and encourage and support staff from all departments, especially personal officers, to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending. (9.7)

#### Offender management and planning

- 10.81 Prison officer offender supervisors should be allocated consistent and sufficient time to complete offender management tasks. (9.17)
- **10.82** The quality of sentence plans and attendance at sentence planning boards should be improved. (9.18)
- 10.83 There should be improved sharing of information about prisoners across the prison and identification of their behaviour to ensure a greater emphasis on challenging and addressing risk. (9.19)
- **10.84** Opportunities for release on temporary licence (ROTL) should be improved. (9.20)

#### Resettlement pathways

10.85 Pre-release health clinics should be held early enough to give prisoners information and assistance to access health and social care services on release and support when necessary. (9.36)10.86 There should be a workable palliative care policy in place. (9.37) 10.87 The prison should provide specialist financial and debt management advice services. (9.40) 10.88 Prisoners should be able to open bank accounts before their release. (9.41) Clinical supervision should be available to treatment managers to ensure consistent delivery of substance use services. (9.52) The period for validity of visiting orders should be extended, and the system for booking visits should ensure equality of access for all prisoners. (9.60) 10.91 Play areas in all visits sessions should be staffed by supervised play workers. (9.61) 10.92 The refreshments in the visits hall should be improved. (9.62) 10.93 The area and procedures for processing visitors should be improved. (9.63) 10.94 The wooden bars on tables in the visits hall should be removed. (9.64) 10.95 Prisoners should not have to wear bibs during visits. (9.65) 10.96 There should be more opportunities for prisoners to attend family visits. (9.66) 10.97 The provision of the Storybook Dads initiative should be extended. (9.67) 10.98 There should be a wider range of interventions to address the offending behaviour needs of the population. (9.73)

# Housekeeping points

#### **Residential units**

- 10.99 Notices to prisoners should be displayed in areas that they frequent. (2.10)
- 10.100 Telephone credit should be added to prisoners' accounts on the same day each week. (2.11)

85

#### Legal rights

10.101 Legal advice services should be better advertised. (3.34)

#### Substance use

- 10.102 Target drug testing should be undertaken within the required timescale. (3.48)
- **10.103** Mandatory drug testing (MDT) holding rooms should contain suitable information on drugs and the substance use services in the prison. (3.49)

#### **Diversity**

**10.104** Information promoting the equality and diversity action team members and a diverse culture should be displayed throughout the prison. (4.11)

#### Health services

- 10.105 The health services waiting room should be hospitable and display relevant health promotion materials, including videos and DVDs. (5.6)
- 10.106 Health services information leaflets should be accurate and easy to read and understand. (5.7)
- 10.107 All staff who administer vaccinations should have relevant training. (5.18)
- **10.108** There should be formal arrangements for the loan of specialist occupational therapy equipment and specialist nursing advice if required. (5.19)
- 10.109 There should be a communicable diseases policy. (5.20)
- **10.110** Maximum/minimum temperatures should be recorded daily for the drug refrigerators to ensure that heat-sensitive items are stored within the 2-8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (5.41)
- **10.111** Patient information leaflets should be supplied wherever possible, and a notice should be prominently displayed to advise patients of their availability on request. (5.42)

#### Learning and skills and work activities

10.112 Prisoners should receive information about the library during induction. (6.54)

#### **Discipline**

- **10.113** Adjudication paperwork should be issued to prisoners in person so that the process can be fully explained to them and that they have the opportunity to ask questions. (7.19)
- **10.114** Prisoners in the segregation unit not serving cellular confinement and on the standard or enhanced levels should be issued a television without the need for a review period. (7.36)

#### Catering

10.115 Action taken in response to complaints and consultation with prisoners about the catering should be relayed to all prisoners. (8.11)

#### **Prison shop**

10.116 Information about purchases from catalogues should be available on all wing spurs. (8.17)

# Offender management and planning

**10.117** Outcomes of home detention curfew and recategorisation reviews should be communicated to the wider prisoner population. (9.23)

# Resettlement pathways

- 10.118 Housing services should be more effectively publicised. (9.31)
- **10.119** Prisoners should be allowed to exchange unused visiting orders for telephone credit or additional letters. (9.68)

# Example of good practice

10.120 Night staff carried out hourly checks on new arrivals. (1.27)

HMP/YOI Isis

87

# Appendix I: Inspection team

Nick Hardwick **Chief Inspector** Team leader Keith McInnis Kevin Parkinson Inspector Kellie Reeve Inspector Gordon Riach Inspector Martin Owens Inspector Researcher Adam Altoft Rachel Murray Researcher

## Specialist inspectors

Elizabeth Tysoe Health services inspector Helen Carter Health services inspector

Paul Roberts Drugs inspector Helen Boniface Pharmacist Simon Denton Pharmacist

Roger James Care Quality Commission

Karen Adriaanse Ofsted inspector Nick Crombie Ofsted inspector Julia Horsman Ofsted inspector Martyn Rhowbotham Ofsted inspector

Paddy Doyle HMI Probation
Martin Jolly HMI Probation
Iolo Maddoc-Jones HMI Probation

# Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	325	159	96
Recall	9	9	3.6
Convicted unsentenced	0	1	0.2
Other	1	0	0.2
Total	335	169	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	1	0	0.2
Less than 6 months	8	8	3.2
6 months to less than 12 months	12	3	3
12 months to less than 2 years	60	13	14.5
2 years to less than 3 years	53	33	17.1
3 years to less than 4 years	70	25	18.8
4 years to less than 10 years	121	84	40.7
10 years and over (not life)	3	2	1
Life	7	1	1.6
Total	335	169	100

Age	Number of prisoners	%
Under 21 years	335	66.5
21 years to 29 years	169	33.5
Total	504	100

Nationality	18-20 yr olds	21 and over	%
British	285	138	83.9
Foreign nationals	48	26	14.7
Not stated	2	5	1.4
Total	335	169	100

Security category	18-20 yr olds	21 and over	%
Uncategorised	12	0	2.4
Unclassified	191	1	38.1
Unsentenced	26	0	5.2
Cat B	0	3	0.6
Cat C	1	156	31.2
Cat D	0	9	1.8
YOI closed	101	0	20
YOI open	4	0	0.8
Total	335	169	100

Ethnicity	18-20 yr olds	21 and over	%
White			
British	62	32	18.7
Irish	3	2	1
Other white	9	11	4
Mixed			
White and black Caribbean	17	9	5.2
White and black African	10	1	2.2
White and Asian	5	0	1
Other mixed	7	1	1.6

Asian or Asian British			
Indian	2	3	1
Pakistani	7	3	2
Bangladeshi	15	9	4.8
Other Asian	14	6	4
Black or black British			
Caribbean	76	42	23.4
African	57	25	16.3
Other black	25	17	8.3
Chinese or other ethnic group			
Chinese	1	0	0.2
Other ethnic group	6	1	1.4
Not stated	19	7	5.2
Total	335	169	100

Religion	18-20 yr olds	21 and over	%
Baptist	1	0	0.2
Church of England	57	22	15.7
Roman Catholic	58	36	18.7
Other Christian denominations	69	21	17.9
Muslim	115	64	35.5
Sikh	2	2	0.8
Hindu	0	2	0.4
Buddhist	1	1	0.4
Other	0	1	0.2
No religion	30	18	9.5
Not stated	2	2	0.8
Total	335	169	100

Sentenced prisoners only

Length of stay	18–20	18-20 yr olds		21 and over	
	Number	%	Number	%	
Less than 1 month	76	15.1	46	9.1	
1 month to 3 months	81	16.1	16	3.2	
3 months to 6 months	106	21	34	6.7	
6 months to 1 year	58	11.5	64	12.7	
1 year to 2 years	13	2.6	9	1.8	
Total	334	66.3	169	33.5	

**Unsentenced prisoners only** 

Length of stay	18–20 yr olds		ength of stay 18–20 yr olds 21 and over		over
	Number	%	Number	%	
6 months to 1 year	1	0.2	0	0	
Total	1	0.2	0	0	

# 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 August 2011 the prisoner population at HMP/YOI Isis was 457. The sample size was 183. Overall, this represented 40% of the prisoner population.

#### Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. No interviews were necessary.

#### 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.

91

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

#### **Response rates**

In total, 171 respondents completed and returned their questionnaires. This represented 37% of the prisoner population. The response rate was 93%. In addition to the four respondents who refused to complete a questionnaire, seven questionnaires were not returned and one was returned blank.

#### **Comparisons**

The following documents detail 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 young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 14 young offender institutions since 2005.
- A comparison within the 2011 survey between the responses of those aged under 21 and those aged 21 and over.
- 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 the responses of prisoners 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 those on Thames unit and those on Meridian unit.

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 those shown in the comparison data as the comparator data have been weighted for comparison purposes.

# Survey summary

# Section 1: About you

Q1.2	How old are you?  Under 21  21 - 29.  30 - 39.  40 - 49.  50 - 59.  60 - 69.  70 and over.	47 (27%) 0 (0%) 0 (0%) 0 (0%) 0 (0%)
Q1.3	Are you sentenced? Yes Yes - on recall No - awaiting trial No - awaiting sentence No - awaiting deportation	9 (5%) 0 (0%) 0 (0%)
Q1.4	How long is your sentence?  Not sentenced	9 (5%) 6 (4%) 30 (18%) 58 (35%) 59 (35%) 3 (2%) 1 (1%)
Q1.5	Approximately, how long do you have left to serve (if you are serving lif please use the date of your next board)?  Not sentenced	1 (1%) 59 (39%)
Q1.6	How long have you been in this prison?  Less than 1 month	30 (18%) 34 (20%) 47 (28%) 34 (20%) 10 (6%)

Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
				` ,
	No			142 (85%)
Q1.8	Is English your first language	?		
				139 (87%)
	No			21 (13%)
Q1.9	What is your ethnic origin?			
	White - British	33 (20%)	Asian or Asian British - Bangladeshi	12 (7%) 
	White - Irish	2 (1%)	Asian or Asian British - other	5 (3%)
	White - other	6 (4%)	Mixed race - white and black Caribbean	` ,
	Black or black British - Caribbean	42 (25%)	Mixed race - white and black African	
	Black or black British - Afric	an 41 (24%)	Mixed race - white and Asian	
	Black or black British - other	·	Mixed race - other	` ,
	Asian or Asian British - India	an 5 (3%)	Chinese	0 (0%)
	Asian or Asian British -	3 (2%)	Other ethnic group	2 (1%)
	Pakistani			
Q1.10				` '
Q1.11	What is your religion?			
		25 (15%)	Hindu	1 (1%)
	Church of England	42 (25%)	Jewish	0 (0%)
			Muslim	
	Protestant			
	Other Christian denomination	` '		, ,
	Buddhist	1 (1̇̀%) ́		` ,
Q1.12	How would you describe your	sexual orier	ntation?	
				166 (99%)
				` '
Q1.13	Do you consider yourself to ha			
				` '
	No	••••••		161 (96%)
Q1.14	How many times have you bee	en in prison l		
	0	1	2 to 5 Moi	re than 5
	80 (47%) 46	(27%)	44 (26%)	1 (1%)

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

1 2 to 5 More than 5 17 (10%) 144 (85%) 8 (5%)

# Q1.16 Do you have any children under the age of 18?

Yes	36 (21%)
No	135 (79%)

# Section 2: Courts, transfers and escorts

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

·	Very good	Good	Neither	Bad	Very bad	Don't remember	N/A
The cleanliness of the van	12	60	46	28	15	7	3
	(7%)	(35%)	(27%)	(16%)	(9%)	(4%)	(2%)
Your personal safety during the	20	79	36	17	4	5	2
journey	(12%)	(48%)	(22%)	(10%)	(2%)	(3%)	(1%)
The comfort of the van	4	20	18	42	78	1	4
	(2%)	(12%)	(11%)	(25%)	(47%)	(1%)	(2%)
The attention paid to your health	8	36	52	35	17	9	6
needs	(5%)	(22%)	(32%)	(21%)	(10%)	(6%)	(4%)
The frequency of toilet breaks	2	13	34	39	62	4	11
	(1%)	(8%)	(21%)	(24%)	(38%)	(2%)	(7%)

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

Less than 1 hour	Over 1 hour to 2	Over 2 hours to 4	More than 4	Don't remember
	hours	hours	hours	
12 (7%)	80 (47%)	61 (36%)	13 (8%)	5 (3%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
11 (6%)	85 (50%)	60 (35%)	8 (5%)	1 (1%)	6 (4%)

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

	Yes	No	Don't remember
Did you know where you were going when you left court or	152	16 (9%)	1 (1%)
when transferred from another prison?	(90%)		
Before you arrived here did you receive any written	58	102	7 (4%)
information about what would happen to you?	(35%)	(61%)	
When you first arrived here did your property arrive at the	146	21	1 (1%)
same time as you?	(87%)	(13%)	

# Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff as following? (Please tick all that a	•	•	or support w	ith the
	Didn't ask about any of these		Money worries	S	12 (7%)
	Loss of property		Feeling depre	ssed or suicida	al. 50 (31%)
	Housing problems				
	Contacting employers	10 (6%)	Needing prote prisoners		•••
	Contacting family			one numbers	42 (26%)
	Ensuring dependants were being looked after	` ,	Other		3 (2%)
Q3.2	Did you have any of the followin tick all that apply to you.)	g problem	s when you fir	st arrived her	e? (Please
	Didn't have any problems	46 (30%)	Money worries	S	21 (14%)
	Loss of property				
	Housing problems				
	Contacting employers	11 (7%)	Needing prote		
			prisoners		
	Contacting family				
	Ensuring dependants were		Other		4 (3%)
	looked after				
Q3.3	Please answer the following que	estions abo	out reception:		
,	3 1		Yes	No	Don't remember
	Were you seen by a member of he services?	alth	163 (96%)	4 (2%)	2 (1%)
	When you were searched, was this in a respectful way?	s carried ou	t 112 (69%)	44 (27%)	7 (4%)
00.4	O (		-4-12	0	
Q3.4	Overall, how well did you feel yo		•		Don't remember
	Very well Well N 11 (7%) 65 (39%) 5	leither 5 (33%)	Badly	Very badly	
	11 (7%) 03 (39%) 3	J (JJ /0)	21 (1376)	14 (0 %)	2 (170)
Q3.5	On your day of arrival, were you all that apply to you.)	offered in	formation on t	he following?	(Please tick
	Information about what was go				
	Information about what suppo	rt was avail	able for people	feeling	39 (24%)
	depressed or suicidal				
	Information about how to mak		•		· · ·
	Information about your entitle				
	Information about health servi				
	Information about the chaplair				
	Not offered anything	••••••	•••••	•••••	/2 (44%)

Q3.6	On your day of arrival, were you offered any of the following? (Please tick a apply to you.)						all that
	A smokers/non-smoker	s pack				12	7 (77%)
	The opportunity to have	e a shower.				57	(35%)
	The opportunity to mak	e a free tele	ephone ca	//		71	(43%)
	Something to eat					12	6 (76%)
	Did not receive anythi	ing				7 (	(4%)
Q3.7	Did you meet any of the fo this prison? (Please tick a				st 24 hour	s of your	arrival at
	Chaplain or religious le			•		41	(26%)
	Someone from health s						` ,
	A Listener/Samaritans						` ,
	Did not meet any of th						
Q3.8	Did you have access to th arrival at this prison?	e prison s	hop/cante	en withir	the first	24 hours	of your
	Yes					16	(10%)
	No					14	9 (90%)
			_				
Q3.9	Did you feel safe on your					,	100 (740/)
	Yes						,
	No						` ,
	Don't remember	••••••	•••••	••••••	•••••	•••••	11 (7%)
Q3.10	How soon after your arriva						
	Have not been on an i	induction o	course			2	25 (15%)
	Within the first week					6	65 (39%)
	More than a week					6	67 (41%)
	Don't remember		•••••		•••••	8	3 (5%)
Q3.11	Did the induction course of Have not been on an in Yes	induction d	course			2	25 (15%)
	No					5	59 (36%)
	Don't remember					2	24 (15%)
	Section 4: Leg	gal rights	and res	pectful	custody		
Q4.1	How easy is it to:						
<b></b>		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your	7 (4%)	44	32	39	17	25
	solicitor or legal representative?		(27%)	(20%)	(24%)	(10%)	(15%)
	Attend legal visits?	8 (5%)	50	37	16	12 (8%)	36
	Attoria logal violis:	0 (070)	(31%)	(23%)	(10%)	12 (0/0)	(23%)
	Obtain bail information?	2 (1%)	12 (8%)	(23 %)	27	19	(23 <i>7</i> 6) 61
		د (۱/۵)	12 (0/0)	(22%)	(17%)	(12%)	(39%)
				(22 /0)	(17/0)	(12/0)	(00/0)

Q4.2	when you were not with them?					
	Not had any letters			` '		
	Yes			` ,		
	No	•••••	••••••	. 56 (34%)		
Q4.3	Please answer the following questions about the wing/ on:	unit you	are cur	rently living		
		Yes		Don't N/A know		
	Are you normally offered enough clean, suitable clothes for the week?		110 (66%) (	14 12 8%) (7%)		
	Are you normally able to have a shower every day?	150	14	3 1		
		(89%)	(8%)	2%) (1%)		
	Do you normally receive clean sheets every week?	` 54 <sup>′</sup>	98	8 5		
		(33%)	(59%) (	5%) (3%)		
	Do you normally get cell cleaning materials every week?	95	61	6 3		
		(58%)	, ,	4%) (2%)		
	Is your cell call bell normally answered within five minutes?		137	5 2		
	le it nemerally societ energy for you to be able to releve	` ,	(81%) (	, , ,		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	103	55 (33%) (	4 4		
	Can you normally get your stored property, if you need to?	45	(33 <i>%)</i> ( 81	2%) (2%) 28 12		
	can you normany got your stored property, if you need to:		(49%) ( <i>*</i>			
Q4.4	What is the food like here?					
	Very good Good Neither	Bad		Very bad		
	5 (3%) 40 (24%) 48 (29%)	38 (23%)		37 (22%)		
Q4.5	Does the shop/canteen sell a wide enough range of go Have not bought anything yet			10 (6%)		
	Yes No			` ,		
Q4.6	Is it easy or difficult to get:					
	Very easy Easy Neither	Difficult	Very difficul			
	A complaint form? 64 (38%) 72 (43%) 12 (7%)					
	An application form? 46 (28%) 75 (45%) 20 (12%)	15 (9%)	4 (2%	) 6 (4%)		
Q4.7	Have you made an application? Yes			152 (90%)		
	No			` ,		
Q4.8	Please answer the following questions concerning app	lications	6			
		Not mad one	<b>e</b> Yes	No		
	Do you feel applications are dealt with fairly?	16 (9%)	) 73	80		
	,	- (0,0)	(43%			

	Do you feel appl seven days)	lications are de	alt with promp	otly? (Within	16 (10%)	45 (28%)	100 (62%)
Q4.9		a complaint?					, ,
Q4.10	Please answer	the following	questions co	ncerning co	mplaints <i>Not made</i>	Yes	No
					one		-
	Do you feel com	<i>plaint</i> s are dea	It with fairly?		51 (30%)	27	90
	20 you 1001 00111	pianno aro doc	are with rainty.		01 (0070)	(16%)	(54%)
	Do you feel com	nlaints are dea	lt with prompt	lv? (Within	51 (31%)	41	74
	seven days)	pianno aro doc	ar wan prompt		01 (0170)	(25%)	
	Were you given	information abo	out how to ma	ike an	38 (23%)	47	81
	appeal?	inomiation ab	out now to me	ino an	00 (2070)	(28%)	(49%)
Q4.11	Have you ever I have been in th		or encourage	ed to withdra	aw a compla	aint sind	e you
		complaint					51 (31%)
		·····					` ,
							` ,
	7 VO	••••••	•••••	•••••	••••••	•••••	00 (3170)
Q4.12	How easy or dif		you to see th Easy	•		_	rd (IMB)? ery difficult
	they are		25 (240/)	44 (250/)	24 (4 40	<b>/</b> )	12 (00/)
	47 (28%)	6 (4%)	35 (21%)	41 (25%)	24 (14%	⁄o)	13 (8%)
Q4.13	Enhanced	what the IEP	scheme is			5	8 (35%)
	Don't know					1	(1%)
Q4.14	Do you feel you	have been tr					
		what the ile					` '
							,
							` ,
	DON'T KNOW		•••••	•••••	•••••	•••••	18 (11%)
Q4.15	Do the different behaviour?	levels of the	IEP scheme	encourage y	ou to chanç	ge your	
	Don't know	what the IEP	scheme is				4 (2%)
	Yes						72 (43%)
							` ,
							` ,
							` '

Q4.16	Please answer the following que	stions abo	out this prison			
	In the last six months have any me restrained you (C&R)?	mbers of s	taff physically	Yes 37 (22		<i>No</i> 130 (78%)
	In the last six months have you spe segregation/care and separation un		in the	42 (25	%)	126 (75%)
Q4.17	Please answer the following que	stions abo	out your religi	ous belie Yes	efs? No	Don' t know/ N/A
	Do you feel your religious beliefs a	re respecte	ed?	89 (53%)	47 (28%	31
	Are you able to speak to a religious private if you want to?	s leader of	your faith in	106 (64%)	14 (8°	, ,
Q4.18	Can you speak to a Listener at a	ny time if y		,	Don't kn	2011
	Yes 66 (40%)	19 (1		L	82 (49	
Q4.19	Please answer the following que	stions abo	out staff in this		?	
	Is there a member of staff you can	turn to for I	help if vou	Yes 78 (47	%)	<i>No</i> 89 (53%)
	have a problem?		, , ,	,	,	, ,
	Do <b>most</b> staff treat you with respec	CT ?		81 (50	%)	82 (50%)
	Secti	ion 5: Sa	fety			
Q5.1	Have you ever felt unsafe in this	-				
	Yes No	,				
Q5.2	Do you feel unsafe in this prison		ment?			
	Yes 3 No 1					
Q5.3	In which areas of this prison do	vou/have v	ou ever felt u	nsafe? (	Please	tick all that
-4010	apply to you.)			•		
	Never felt unsafe					
	Everywhere	, ,				` '
	Segregation unit	, ,	Visits area			
	Association areasReception area	` '	In wing showed In gym showed			
	At the gym	` ,	In corridors/st			
	In an exercise yard					, ,
	At work		In your cell			
	During movementAt education	18 (11%)				` '
Q5.4	Have you been victimised by and Yes 3	-	oner or group	of prisor	ners he	re?

	<i>N</i> o 1	32 (79%)		
Q5.5	If yes, what did the incident(s) in apply to you.)	volve/wha	t was it about? (Please tick a	II that
	Insulting remarks (about you or your family or friends)	13 (8%)	Because of your sexuality	0 (0%)
	Physical abuse (being hit, kicked or assaulted)	14 (8%)	Because you have a disability	0 (0%)
	Sexual abuse	1 (1%)	Because of your religion/religious beliefs	1 (1%)
	Because of your race or ethnic origin	7 (4%)	Because of your age	
	Because of drugs	2 (1%)	Being from a different part of the country than others	5 (3%)
	Having your canteen/property taken	19 (11%)	Because of your offence/	2 (1%)
	Because you were new here	16 (10%)		4 (2%)
Q5.6	Have you been victimised by a m		staff or group of staff here?	
	Yes No	` ,		
Q5.7	If yes, what did the incident(s) in apply to you.)	volve/wha	t was it about? (Please tick a	II that
	Insulting remarks (about you or your family or friends)	28 (17%)	Because you have a disability	1 (1%)
	Physical abuse (being hit, kicked or assaulted)	15 (9%)	Because of your religion/religious beliefs	15 (9%)
	Sexual abuse	2 (1%)		
		22 (13%)	Being from a different part of the country than others	8 (5%)
	Because of drugs		Because of your offence/	10 (6%)
	Because you were new here	14 (8%)	Because of gang related issues	12 (7%)
	Because of your sexuality	0 (0%)		•
Q5.8				, ,
				` '
Q5.9	Have you ever felt threatened or	intimidate	d by another prisoner/group	of
	prisoners in here?			46 (2 <b>7</b> 0/)
				` ,
	INO	•••••		123 (13%)

Q5.10 Have you ever felt threatened or intimidated by a member of state here?						staff/group	ff/group of staff in	
	Yes						53 (31%)	
	No					•••••	116 (69%)	
Q5.11	Is it easy or di	ifficult to get ille	gal drugs i	n this prisc	n?			
	Very easy	Easy		Difficul		difficult	Don't know	
	8 (5%)	6 (4%)	10 (6%)	4 (2%	) 36	(21%)	105 (62%)	
		Section	n 6: Healt	h services	S			
Q6.1	How easy or o	lifficult is it to se	ee the follo	wina peopl	e?			
4011		Don't	Very easy		Neither	Difficult	Very	
		know	, ,	,			difficult	
	The doctor	24 (15%)	11 (7%)	51 (31%)	31 (19%)	39 (24%	7 (4%)	
	The nurse	23 (14%)	24 (15%)	` ,	` ,	•		
	The dentist	45 (28%)	` ,	` ,	` ,	` `	, ,	
	The optician	58 (36%)	` '	,	17 (11%)	•	, ,	
Q6.2	Are you able t	o see a pharma	cist?					
	<u>-</u>	• ······					. 67 (46%)	
	No						. 80 (54%)	
Q6.3	What do you t	hink of the qual	itv of the h	ealth servic	e from the	e following	neople:	
-,010	,		Very good		Neither	Bad	Very bad	
	The doctor	40 (24%)			26 (16%)	19 (12%	•	
	The nurse	32 (20%)	11 (7%)	, ,	, ,	•	, ,	
	The dentist	` ,	5 (3%) <sup>´</sup>	` ,	19 (12%)	•	, ,	
	The optician	94 (58%)	` '	` ,	21 (13%)	11 (7%)	, ,	
Q6.4	What do you t	hink of the over	all quality	of the healt	h services	here?		
	Not been	Very good	Good	Neithe		Bad	Very bad	
	19 (12%)	11 (7%)	59 (36%)	39 (24%	%) 27	(16%)		
Q6.5	Are you curre	ntly taking medi	cation?					
	Yes						40 (24%)	
	No					•••••	126 (76%)	
Q6.6	If you are taki	ng medication, a	are you allo	wed to kee	p possess	sion of you	ur	
	medication in	your own cell?						
	•	g medication					,	
							` ,	
	NO		••••••	•••••			. 11(/%)	
Q6.7	= = =	ou have any emo		_			00 (470/)	
							` ,	
	IVO						136 (83%)	

Q6.8	Are your emotional wellbeing/mental health issues being addressed by any of th following? (Please tick all that apply to you.)							
	Do not have any issues/not receiving any help	, ,						
	Doctor	` '						
	Nurse	` '						
	Psychiatrist							
	Mental health in-reach team	` ,						
	Counsellor	` '						
	Other	2 (1%)						
Q6.9	Did you have a problem with either of the following when you camprison?	e into this						
	Yes	No						
	Drugs 27 (17%	136 (83%)						
	Alcohol 16 (10%	144 (90%)						
Q6.10	Have you developed a problem with drugs since you have been in this prison?							
	Yes No	` '						
	710	100 (97 /0)						
Q6.11	Do you know who to contact in this prison to get help with your dr problem?	ug or alcohol						
	Yes	28 (17%)						
	No	` ,						
	Did not/do not have a drug or alcohol problem	133 (81%)						
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?							
	Yes	` ,						
	No							
	Did not/do not have a drug or alcohol problem	133 (81%)						
Q6.13	Was the intervention or help you received, while in this prison, hel	-						
	No	` ,						
	Did not have a problem/have not received help	138 (84%)						
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?							
	•	No Don't know						
	Drugs 8 (5%) 134	(84%) 18 (11%)						
	Alcohol 8 (5%) 138	3 (85%) 16 (10%)						
Q6.15	Do you know who in this prison can help you contact external drug agencies on release?	_						
	Yes	, ,						
	No							
	N/A	130 (81%)						

# **Section 7: Purposeful activity**

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)								
	•	o					` ,		
	Vocationa	al or skills tra	ining				24 (14%)		
	Education	n (including b	asic skills)				78 (47%)		
	Offending	g behaviour p	rogrammes.				12 (7%)		
	Not invo	lved in any o	of these				33 (20%)		
Q7.2	If you have b		-	he following	g, while in t	his prison, o	do you think		
	. ,			Not been involved	Yes	No	Don't know		
	Prison job			36 (31%)	33 (29%)	34 (30%)	12 (10%)		
	Vocational or	skills training	l	35 (33%)	42 (39%)	` ,	,		
	Education (inc			17 (12%)	` ,	, ,	, ,		
	Offending beh	_	,	35 (35%)	28 (28%)	, ,	, ,		
Q7.3	How often do	o vou ao to t	he library?						
41.10		nt to go					4 (2%)		
							` '		
		n once a wee					` ,		
		ce a week					` ,		
		n once a wee					` '		
		)W					` '		
Q7.4	On average h	now many tir	mes do vou	ao to the av	vm each we	ek?			
<b>4</b>	Don't want to	0	1	2			5 Don't know		
		17 (10%)	18 (11%)	27 (16%)	58 (35%)	14 (8%)	17 (10%)		
Q7.5	On average h	-	nes do you	go outside					
	Don't want to go	•				ore than 5	Don't know		
	19 (12%)	7 (4%)	25 (15	5%) 25	(15%)	78 (48%)	9 (6%)		
Q7.6	On average h				of your cell	on a weekd	lay? (Please		
	Less thar	n 2 hours					28 (17%)		
	2 to less	than 4 hours.					28 (17%)		
		than 6 hours.					, ,		
		than 8 hours					,		
		than 10 hours					` ,		
		or more					` ,		
		)W					` '		
Q7.7	On average,	how many ti	mes do voi	ı have asso	riation pack	n week?			
<b>W</b> 1.1	Don't want to go	o O				ore than 5	Don't know		
	_	2 (1%)		%) 18 °		30 (78%)	12 (7%)		
	1 (170)	2 (170)	0 (2	,	(/5)	33 (1370)	(1 /0)		

Q7.8 Q8.1	How often do staff normally speak to you during association time?  Do not go on association  Never	32 (20%) 50 (30%) 56 (34%) 19 (12%) 4 (2%)
	Still have not met him/her	20 (12%) 35 (21%)
Q8.2	How helpful do you think your personal officer is?  Do not have a Very helpful Helpful Neither Not very helpful him/her  84 (52%) 6 (4%) 22 (14%) 14 (9%) 21 (13%)	Not at all helpful 15 (9%)
Q8.3	Do you have a sentence plan/OASys?  Not sentenced  Yes No	92 (58%)
Q8.4	How involved were you in the development of your sentence plan?  Do not have a sentence plan/OASys  Very involved  Involved  Neither  Not very involved.  Not at all involved.	40 (25%) 27 (17%) 7 (4%) 7 (4%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prise  Po not have a sentence plan/OASys  Yes  No	67 (42%) 66 (41%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targanother prison?  **Do not have a sentence plan/OASys**  Yes***  No	67 (42%) 36 (22%)
Q8.7	Do you feel that any member of staff has helped you to address your behaviour whilst at this prison?  Not sentenced  Yes	. 1 (1%)

No				126 (78%)			
_	-			are for your release?			
				15 (9%)			
No		•••••		147 (91%)			
Have you had any				(			
				96 (59%)			
				55 (34%)			
Don't know		•••••		12 (7%)			
Have you had any problems getting access to the telephones?							
				53 (32%)			
				107 (65%)			
Don't know		•••••		4 (2%)			
Did you have a vis				17 (100/)			
	•			17 (10%) 21 (13%)			
				120 (74%)			
				` ,			
				,			
How many visits d				<b>5</b>			
Not been in a week	0	1 to					
17 (10%)	79 (48%)	64 (3	9%) 3 (2%	0 (0%)			
How are you and y	-		-				
Not had any vi	isits			25 (15%)			
				6 (4%)			
				49 (30%)			
Neither				39 (24%)			
Badly			•••••	20 (12%)			
Very badly				11 (7%)			
Don't know				12 (7%)			
Have you been hel	ped to maintai	in contact	with your family/fr	iends whilst in this			
prison?							
				50 (31%)			
No				113 (69%)			
Do you know who			th the following w	thin this prison?			
(Please tick all that							
Don't know wh	no to contact.	92 (60%)	Help with your fina preparation for rele	, ,			
Maintaining god	nd	19 (12%)		on release 24 (16%)			
relationships		13 (12/0)	Ciairing Derients	7111616436 24 (1070)			
		10 (7%)	Arranging a place	at 31 (20%)			
Avoiding bad le	παιιστιστιμο	10 (1 /0)	college/continuing				
			on release				
			UI I TITASE	•••••			

	Finding a job on release	36 (24%)	Continuity of health services on release	15 (10%)				
	Finding accommodation on release	41 (27%)	Opening a bank account	13 (8%)				
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.)							
			Help with your finances in preparation for release	43 (28%)				
	Maintaining good relationships	14 (9%)	Claiming benefits on release	38 (25%)				
	Avoiding bad relationships	14 (9%)	Arranging a place at college/continuing education on release	39 (26%)				
	Finding a job on release	74 (49%)	Continuity of health services on release	14 (9%)				
	Finding accommodation on release	44 (29%)	Opening a bank account	24 (16%)				
Q8.17	Have you done anything, or has make you less likely to offend in	•	• •	ı think will				
	Not sentenced	• • • • • • • • • • • • • • • • • • • •		1 (1%)				
	No			80 (50%)				



# Prisoner survey responses HMP/YOI Isis 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		
	Any percentage highlighted in blue is significantly worse	10	S
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP/YOI Isis	Young adults comparator
	Percentages which are not highlighted show there is no significant difference	/AIWH	Young a
Nun	nber of completed questionnaires returned	171	1827
SEC	CTION 1: General information		
2	Are you under 21 years of age?	73%	88%
3a	Are you sentenced?	99%	86%
3b	Are you on recall?	5%	7%
4a	Is your sentence less than 12 months?	9%	15%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	7%
5	Do you have six months or less to serve?	39%	38%
6	Have you been in this prison less than a month?	7%	14%
7	Are you a foreign national?	15%	12%
8	Is English your first language?	87%	91%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	76%	33%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%
11	Are you Muslim?	34%	15%
12	Are you homosexual/gay or bisexual?	1%	1%
13	Do you consider yourself to have a disability?	4%	11%
14	Is this your first time in prison?	47%	42%
15	Have you been in more than five prisons this time?	5%	4%
16	Do you have any children under the age of 18?	21%	23%
SEC	CTION 2: Transfers and escorts		
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?	42%	40%
1b	Was your personal safety during the journey good/very good?	61%	61%
1c	Was the comfort of the van good/very good?	14%	11%
1d	Was the attention paid to your health needs good/very good?	27%	34%
1e	Was the frequency of toilet breaks good/very good?	9%	14%
2	Did you spend more than four hours in the van?	8%	6%
3	Were you treated well/very well by the escort staff?	56%	63%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	83%
4b	Before you arrived here did you receive any written information about what would happen to you?	35%	24%
4c	When you first arrived here did your property arrive at the same time as you?	87%	85%

Key	to tables		
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse	10	S
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP/YOI Isis	Young adults comparator
	Percentages which are not highlighted show there is no significant difference	HMP/	Youn
SEC	TION 3: Reception, first night and induction		
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	9%	14%
1c	Housing problems?	15%	31%
1d	Problems contacting employers?	6%	12%
1e	Problems contacting family?	32%	58%
1f	Problems ensuring dependants were looked after?	6%	12%
1g	Money problems?	7%	17%
1h	Problems of feeling depressed/suicidal?	31%	49%
1i	Health problems?	54%	60%
1j	Problems in needing protection from other prisoners?	14%	19%
1k	Problems accessing phone numbers?	26%	45%
2	When you first arrived:		
2a	Did you have any problems?	70%	59%
2b	Did you have any problems with loss of property?	19%	16%
2c	Did you have any housing problems?	19%	20%
2d	Did you have any problems contacting employers?	7%	6%
2e	Did you have any problems contacting family?	33%	22%
2f	Did you have any problems ensuring dependants were being looked after?	5%	3%
2g	Did you have any money worries?	14%	20%
2h	Did you have any problems with feeling depressed or suicidal?	9%	13%
2i	Did you have any health problems?	9%	13%
2j	Did you have any problems with needing protection from other prisoners?	9%	9%
2k	Did you have problems accessing phone numbers?	36%	18%
3a	Were you seen by a member of health services in reception?	97%	90%
3b	When you were searched in reception, was this carried out in a respectful way?	69%	78%
4	Were you treated well/very well in reception?	45%	62%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	32%	54%
5b	Support was available for people feeling depressed or suicidal?	24%	54%
5с	How to make routine requests?	18%	46%
5d	Your entitlement to visits?	31%	57%
5е	Health services?	45%	62%
5f	The chaplaincy?	29%	57%

пеу	to tables		
	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	OI Isis	adult
	Percentages which are not highlighted show there is no significant difference	HMP/YOI Isis	Young adults comparator
SEC	TION 3: Reception, first night and induction continued		
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	77%	91%
6b	The opportunity to have a shower?	35%	39%
6с	The opportunity to make a free telephone call?	43%	69%
6d	Something to eat?	76%	80%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	26%	45%
7b	Someone from health services?	70%	78%
7с	A Listener/Samaritans?	6%	15%
8	Did you have access to the prison shop/canteen within the first 24 hours?	10%	10%
9	Did you feel safe on your first night here?	74%	78%
10	Have you been on an induction course?	85%	88%
For	those who have been on an induction course:		
11	Did the course cover everything you needed to know about the prison?	40%	61%
SEC	TION 4: Legal rights and respectful custody		
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	31%	40%
1b	Attend legal visits?	37%	52%
1c	Obtain bail information?	9%	21%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	38%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	19%	55%
3b	Are you normally able to have a shower every day?	89%	69%
3с	Do you normally receive clean sheets every week?	33%	81%
3d	Do you normally get cell cleaning materials every week?	58%	58%
3е	Is your cell call bell normally answered within five minutes?	15%	43%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	57%
3g	Can you normally get your stored property if you need to?	27%	37%
4	Is the food in this prison good/very good?	27%	24%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	26%	43%
6a	Is it easy/very easy to get a complaints form?	81%	83%
6b	Is it easy/very easy to get an application form?	73%	87%
7	Have you made an application?	90%	83%

Key	to tables		
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse	v	ς,
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP/YOI Isis	roung adults comparator
	Percentages which are not highlighted show there is no significant difference	HMP/	Young
SEC	TION 4: Legal rights and respectful custody continued		
For t	hose who have made an application:		
8a	Do you feel applications are dealt with fairly?	48%	62%
8b	Do you feel applications are dealt with promptly (within seven days)?	31%	47%
9	Have you made a complaint?	70%	42%
	hose who have made a complaint:		
10a	Do you feel complaints are dealt with fairly?	23%	35%
10b	Do you feel complaints are dealt with promptly (within seven days)?	36%	41%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	26%	24%
10c	Were you given information about how to make an appeal?	28%	27%
1.2	Is it easy/very easy to see the Independent Monitoring Board?	25%	24%
13	Are you on the enhanced (top) level of the IEP scheme?	35%	34%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	50%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	57%
16a	In the last six months have any members of staff physically restrained you (C&R)?	22%	15%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	25%	17%
13a	Do you feel your religious beliefs are respected?	53%	52%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	64%	57%
14	Are you able to speak to a Listener at any time if you want to?	40%	43%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	47%	73%
15b	Do most staff in this prison treat you with respect?	50%	68%
SEC	TION 5: Safety		
1	Have you ever felt unsafe in this prison?	45%	36%
2	Do you feel unsafe in this prison at the moment?	22%	15%
4	Have you been victimised by another prisoner?	21%	21%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	8%	12%
5b	Hit, kicked or assaulted you?	8%	9%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	4%	3%
5e	Victimised you because of drugs?  Taken your content/are party?	1%	1%
5f	Taken your canteen/property?	11%	6% <b>7</b> %
5g	Victimised you because you were new here?	10%	7%
5h	Victimised you because of your sexuality?	0%	1%
5i	Victimised you because you have a disability?	0%	2%
5j	Victimised you because of your religion/religious beliefs?	1%	2%
5k	Victimised you because of your age?	1%	2%
5I -	Victimised you because you were from a different part of the country?	3%	6%
5m	Victimised you because of your offence/crime?	1%	4%
5n	Victimised you because of gang related issues?	3%	5%

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  **SECTION 5: Safety continued**    Have you been victimised by a member of staff?   42% 23%	Key	to tables		
Any percentage highlighted in orange shows a significant difference in prisoners' background details  Percentages which are not highlighted show there is no significant difference  SECTION 5: Safety continued  6 Have you been victimised by a member of staff?  7a Made insulting remarks about you, your family or friends?  7b Hit, kicked or assaulted you?  7c Sexually abused you?  7d Victimised you because of your race or ethnic origin?  7e Victimised you because of drugs?  7f Victimised you because of your sexuality?  7 Victimised you because of your sexuality?  7 Victimised you because of your religion/religious beliefs?  7 Victimised you because of your age?  7 Victimised you because of your age?  7 Victimised you because of your age related issues?  7 Victimised you because of your offence/crime?  8 Victimised you because of your offence/crime?  8 Victimised you because of your offence/crime?  8 Victimised you because of your offence/crime?  9 Victimised you because of your offence/crime?  10 Victimised you because of your offence/crime?  10 Victimised you because of your offence/crime?  11 Victimised you because of your offence/crime?  12 Victimised you because of your offence/crime?  13 Wictimised you because of your offence/crime?  14 Victimised you because of your offence/crime?  15 Victimised you because of your offence/crime?  16 Victimised you because of your offence/crime?  17 Victimised you because of your offence/crime?  18 Did you report any victimisation that you have experienced?  19 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  11 Victimised you because of your offence/crime?  12 Are you able to see a pharmacist?  13 Is it easy/very easy to see the optician?  14 Is it easy/very easy to see the optician?  15 Is it easy/very easy to see the optician?  16 Is it easy/very easy to see the optician?  17 It will be to be a pharmacist?  18 It was you ever felt threatened or intimidated by any of the health service from the following is good/very good:  18 I		Any percentage highlighted in green is significantly better		
SECTION 5: Safety continued 6 Have you been victimised by a member of staff? 7 Since you have been here, has a member of staff? 7 Since you have been here, has a member of staff? 7 Made insulting remarks about you, your family or friends? 7 This, licked or assaulted you? 7 Sexually abused you? 7 Sexually abused you? 7 If Victimised you because of your race or ethnic origin? 7 Victimised you because of drugs? 7 If Victimised you because of drugs? 7 If Victimised you because you were new here? 8 8 6 6 7 Gy 8 Victimised you because you were new here? 9 Victimised you because you have a disability? 9 Victimised you because of your race or ethnic origin? 9 Victimised you because of your religion/religious beliefs? 9 Victimised you because of your age? 9 Victimised you because of your age? 9 Victimised you because of your age? 10 Victimised you because of your offence/crime? 11 Victimised you because of your offence/crime? 12 Victimised you because of your offence/crime? 13 Victimised you because of your offence/crime? 14 Victimised you because of your offence/crime? 15 Victimised you because of your offence/crime? 16 Victimised you because of your offence/crime? 17 Victimised you because of your offence/crime? 18 Did you report any victimisation that you have experienced? 19 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? 27% 27% 27% 27% 27% 18 Is it easy/very easy to see the doctor? 28 SECTION 6: Health services 29 It is it easy/very easy to see the doctor? 38 Victimised you because? 30 It is it easy/very easy to see the optician? 31 Victimised you be apharmacist? 32 Are you able to see a pharmacist? 33 Are you able to see a pharmacist? 34 After the apharmacist? 35 Or those who have been to the following services, do you think the quality of the health service from the following is good/very good: 32 The doctor? 33 The doctor? 34 The doctor? 35 Or The service of the polician? 35 The doctor?		Any percentage highlighted in blue is significantly worse		"0
SECTION 5: Safety continued 6 Have you been victimised by a member of staff? 7 Since you have been here, has a member of staff? 7 Since you have been here, has a member of staff? 7 Made insulting remarks about you, your family or friends? 7 This, licked or assaulted you? 7 Sexually abused you? 7 Sexually abused you? 7 If Victimised you because of your race or ethnic origin? 7 Victimised you because of drugs? 7 If Victimised you because of drugs? 7 If Victimised you because you were new here? 8 8 6 6 7 Gy 8 Victimised you because you were new here? 9 Victimised you because you have a disability? 9 Victimised you because of your race or ethnic origin? 9 Victimised you because of your religion/religious beliefs? 9 Victimised you because of your age? 9 Victimised you because of your age? 9 Victimised you because of your age? 10 Victimised you because of your offence/crime? 11 Victimised you because of your offence/crime? 12 Victimised you because of your offence/crime? 13 Victimised you because of your offence/crime? 14 Victimised you because of your offence/crime? 15 Victimised you because of your offence/crime? 16 Victimised you because of your offence/crime? 17 Victimised you because of your offence/crime? 18 Did you report any victimisation that you have experienced? 19 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? 27% 27% 27% 27% 27% 18 Is it easy/very easy to see the doctor? 28 SECTION 6: Health services 29 It is it easy/very easy to see the doctor? 38 Victimised you because? 30 It is it easy/very easy to see the optician? 31 Victimised you be apharmacist? 32 Are you able to see a pharmacist? 33 Are you able to see a pharmacist? 34 After the apharmacist? 35 Or those who have been to the following services, do you think the quality of the health service from the following is good/very good: 32 The doctor? 33 The doctor? 34 The doctor? 35 Or The service of the polician? 35 The doctor?			YOI Isis	g adults arator
6 Have you been victimised by a member of staff? 7 Since you have been here, has a member of staff. 7 Since you have been here, has a member of staff. 7 Individual Made insulting remarks about you, your family or friends? 7 Individual Made insulting remarks about you, your family or friends? 7 Individual Made insulting remarks about you, your family or friends? 7 Individual Made insulting remarks about you, your family or friends? 8 Sexually abused you? 9 You will shall will will will will will will will w		Percentages which are not highlighted show there is no significant difference	HMP/	Youn
7 Since you have been here, has a member of staff: 7a Made insulting remarks about you, your family or friends? 7b Hit, kicked or assaulted you? 7c Sexually abused you? 7d Victimised you because of your race or ethnic origin? 7e Victimised you because of drugs? 7f Victimised you because of drugs? 7f Victimised you because of your sexuality? 7g Victimised you because you were new here? 8s% 6% 7g Victimised you because of your sexuality? 7h Victimised you because of your sexuality? 7th Victimised you because of your age? 7g Victimised you because of your offence/crime? 7g Victimised you because of gang related issues? 7g Victimised you ever felt threatened or intimidated by another prisoner/group of prisoners in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here? 7g Victimised you ever felt threatened or intimidated by a member of staff in here?	SEC	TION 5: Safety continued		
Ta Made insulting remarks about you, your family or friends?  7b Hit, kicked or assaulted you?  7c Sexually abused you?  7d Victimised you because of your race or ethnic origin?  7e Victimised you because of drugs?  7f Victimised you because of your sexuality?  7g Victimised you because you were new here?  7g Victimised you because of your sexuality?  7h Victimised you because of your sexuality?  7l Victimised you because of your religion/religious beliefs?  7l Victimised you because of your religion/religious beliefs?  7l Victimised you because of your age?  7l Victimised you because of your offence/crime?  7l Victimised you because you were from a different part of the country?  7l Victimised you because of your offence/crime?  7l Victimised you because of gang related issues?  7l Victimised you because of gang related issues?  7l Victimised you because of gang related issues?  8	6	Have you been victimised by a member of staff?	42%	23%
The Hit, kicked or assaulted you?  7b Hit, kicked or assaulted you?  7c Sexually abused you?  7d Victimised you because of your race or ethnic origin?  7e Victimised you because of drugs?  7f Victimised you because you were new here?  7g Victimised you because you were new here?  7g Victimised you because you have a disability?  7h Victimised you because you have a disability?  7l Victimised you because of your religion/religious beliefs?  7l Victimised you because of your religion/religious beliefs?  7l Victimised you because of your age?  7l Victimised you because of your age?  7l Victimised you because of your offence/crime?  7l Victimised you because of your offence/crime?  7l Victimised you because of your offence/crime?  7l Victimised you because of gang related issues?  8 Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  2l Victimised you because of gang related issues?  8 Did you ever felt threatened or intimidated by a member of staff in here?  3l Victimised you because of gang related issues?  8 Did you ever felt threatened or intimidated by a member of staff in here?  3l Victimised you ever felt threatened or intimidated by a member of staff in here?  3l Victimised you ever felt prisoners in her	7	Since you have been here, has a member of staff:		
7c Sexually abused you?  7d Victimised you because of your race or ethnic origin?  7e Victimised you because of drugs?  7f Victimised you because of drugs?  7f Victimised you because you were new here?  8f 6f 7g  7f Victimised you because you were new here?  7f Victimised you because you wave a disability?  7f Victimised you because you have a disability?  7f Victimised you because of your religion/religious beliefs?  7f Victimised you because of your religion/religious beliefs?  7f Victimised you because of your age?  1f 2g/6  7f Victimised you because of your age?  1f 2g/6  7f Victimised you because of your age?  1f 2g/6  7f Victimised you because of your offence/crime?  7f Victimised you because of gang related issues?  7f Victimised you because of your offence/crime?  7g Victimised you because of your religion/religious belie	7a	Made insulting remarks about you, your family or friends?	17%	12%
Total Victimised you because of your race or ethnic origin?  13% 5% 76 Victimised you because of drugs?  77 Victimised you because you were new here?  88 6% 6% 77 Victimised you because you was a disability?  78 Victimised you because of your sexuality?  79 Victimised you because of your religion/religious beliefs?  70 Victimised you because of your religion/religious beliefs?  71 Victimised you because of your age?  72 Victimised you because of your age?  73 Victimised you because of your offence/crime?  74 Victimised you because of your offence/crime?  75 Victimised you because of your offence/crime?  76 Victimised you because of your offence/crime?  77 Victimised you because of your offence/crime?  8 Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  10 Have you ever felt threatened or intimidated by a member of staff in here?  11 Is it easy/very easy to get illegal drugs in this prison?  8 SECTION 6: Health services  8 SECTION 6: Health services  12 Is it easy/very easy to see the doctor?  13 Is it easy/very easy to see the doctor?  14 Is it easy/very easy to see the doctor?  15 Sive easy/very easy to see the optician?  16 Is it easy/very easy to see the optician?  17 Is it easy/very easy to see the optician?  18 Is it easy/very easy to see the optician?  19 Are you able to see a pharmacist?  10 Is it easy/very easy to see the optician?  11 Is it easy/very easy to see the optician?  11 Is it easy/very easy to see the optician?  12 Are you able to see a pharmacist?  13 Is it easy/very easy to see the optician?  14 Is it easy/very easy to see the optician?  15 Sive easy of the health service from the following is good/very good:  18 In the optician?  19 In the optician?  10 In the optician?  10 In the optician?  11 Is it easy/very easy to see the optician?  11 Is it easy/very easy to see the optician?  12 Is it easy/very easy to see the optician?  13 Is it easy/very easy to see the optician?  14 Sive easy	7b	Hit, kicked or assaulted you?	9%	5%
7e Victimised you because of drugs?  7f Victimised you because you were new here?  8% 6%  7g Victimised you because of your sexuality?  7h Victimised you because of your sexuality?  7h Victimised you because of your religion/religious beliefs?  7i Victimised you because of your religion/religious beliefs?  7j Victimised you because of your age?  7k Victimised you because of your age?  7k Victimised you because of your age?  7k Victimised you because of your offence/crime?  8y 4w  7m Victimised you because of your offence/crime?  8y 4w  7m Victimised you because of your offence/crime?  8y 2w  7m Victimised you because of your offence/crime?  8y 2w  7m Victimised you because of your offence/crime?  9 Have you exer felt threatened or intimidated by another prisoners:  8 Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  10 Have you ever felt threatened or intimidated by a member of staff in here?  11 Is it easy/very easy to get illegal drugs in this prison?  8EECTION 6: Health services  8EECTION 6: Health services  1a Is it easy/very easy to see the doctor?  1b Is it easy/very easy to see the doctor?  1c Is it easy/very easy to see the dentist?  1d Victimised you because of your offence or the following services, do you think the quality of the health service from the following is good/very good:  1a The doctor?  56% 61%  1b The nurse?  55% 65%  67%  67%  68%  68%  68%  68%  68%  68	7с	Sexually abused you?	1%	1%
7f Victimised you because you were new here?  7g Victimised you because of your sexuality?  7h Victimised you because of your sexuality?  7l Victimised you because of your religion/religious beliefs?  7l Victimised you because of your religion/religious beliefs?  7l Victimised you because of your age?  7l Victimised you because of your age?  7k Victimised you because of your offence/crime?  7k Victimised you because of your offence/crime?  7k Victimised you because of your offence/crime?  7m Victimised you because of gang related issues?  For those who have been victimised by staff or other prisoners:  8 Did you report any victimisated by another prisoner/group of prisoners in here?  7r/ 2r/ 2r/ 2r/ 2r/ 2r/ 2r/ 2r/ 2r/ 2r/ 2	7d	Victimised you because of your race or ethnic origin?	13%	5%
7g Victimised you because of your sexuality? 7h Victimised you because you have a disability? 7l Victimised you because of your religion/religious beliefs? 7l Victimised you because of your religion/religious beliefs? 9% 3% 7j Victimised you because of your age? 1% Victimised you because of your age? 7k Victimised you because you were from a different part of the country? 5% 5% 7l Victimised you because of your offence/crime? 7m Victimised you because of your offence/crime? 7m Victimised you because of gang related issues? 7m Victimised you because of gang related issues? 7m Victimised you because of gang related issues? 8 Did you report any victimisation that you have experienced? 9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? 27% 27% 10 Have you ever felt threatened or intimidated by a member of staff in here? 31% 18% 11 Is it easy/very easy to get illegal drugs in this prison? 8 SECTION 6: Health services 1a Is it easy/very easy to see the doctor? 38% 42% 1b Is it easy/very easy to see the dentist? 1d Is it easy/very easy to see the dentist? 1d Is it easy/very easy to see the dentist? 1d Is it easy/very easy to see the optician? 1d Is it easy/very easy to see the optician? 1d Is it easy/very easy to see the optician? 55% 61% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician? 55% 65% 1d Is it easy/very easy to see the optician?	7e	Victimised you because of drugs?	1%	2%
7h Victimised you because you have a disability?  7i Victimised you because of your religion/religious beliefs?  7j Victimised you because of your age?  1k Victimised you because of your age?  7k Victimised you because you were from a different part of the country?  5k 5%  7l Victimised you because of your offence/crime?  6k 4k  7m Victimised you because of gang related issues?  For those who have been victimised by staff or other prisoners:  8 Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  10 Have you ever felt threatened or intimidated by a member of staff in here?  11 Is it easy/very easy to get illegal drugs in this prison?  8 ECTION 6: Health services  1a Is it easy/very easy to see the doctor?  1b Is it easy/very easy to see the hurse?  55% 61%  1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see a pharmacist?  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:  3c The doctor?  55% 65%  3d The optician?  42% 45%  3d The optician?  42% 45%	7f	Victimised you because you were new here?	8%	6%
7i Victimised you because of your religion/religious beliefs?  7j Victimised you because of your age?  1k Victimised you because of your age?  7k Victimised you because you were from a different part of the country?  5% 5%  7l Victimised you because of your offence/crime?  6% 4%  7m Victimised you because of gang related issues?  For those who have been victimised by staff or other prisoners:  8	7g	Victimised you because of your sexuality?	0%	1%
7j Victimised you because of your age?  7k Victimised you because you were from a different part of the country?  5% 5%  7l Victimised you because of your offence/crime?  6% 4%  7m Victimised you because of gang related issues?  For those who have been victimised by staff or other prisoners:  8 Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  10 Have you ever felt threatened or intimidated by a member of staff in here?  11 Is it easy/very easy to get illegal drugs in this prison?  8 SECTION 6: Health services  12 Is it easy/very easy to see the doctor?  13 Is it easy/very easy to see the dentist?  14% 17%  1d Is it easy/very easy to see the optician?  14% 18%  2 Are you able to see a pharmacist?  46% 48%  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:  3 The doctor?  55% 65%  65%  3 The dentist?  42% 45%  3 The optician?	7h	Victimised you because you have a disability?	1%	2%
7k Victimised you because you were from a different part of the country?  7k Victimised you because of your offence/crime?  6% 4%  7m Victimised you because of gang related issues?  77 3%  For those who have been victimised by staff or other prisoners:  8 Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  27% 27%  10 Have you ever felt threatened or intimidated by a member of staff in here?  31% 18%  11 Is it easy/very easy to get illegal drugs in this prison?  8 SECTION 6: Health services  1a Is it easy/very easy to see the doctor?  38% 42%  1b Is it easy/very easy to see the dentist?  1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  2 Are you able to see a pharmacist?  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:  3 The doctor?  56% 61%  3b The nurse?  55% 65%  3c The dentist?  42% 45%  3d The optician?	7i	Victimised you because of your religion/religious beliefs?	9%	3%
71 Victimised you because of your offence/crime? 78 4% 79 Victimised you because of gang related issues? 79 3% For those who have been victimised by staff or other prisoners: 8 Did you report any victimisation that you have experienced? 9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? 10 Have you ever felt threatened or intimidated by a member of staff in here? 11 Is it easy/very easy to get illegal drugs in this prison? 8 20% SECTION 6: Health services 1a Is it easy/very easy to see the doctor? 1b Is it easy/very easy to see the nurse? 55% 61% 1c Is it easy/very easy to see the dentist? 114% 17% 1d Is it easy/very easy to see the optician? 2 Are you able to see a pharmacist? 5 The doctor? 5 The doctor? 5 The doctor? 5 The dentist? 5 The optician? 5 The optician? 5 The optician?	<b>7</b> j	Victimised you because of your age?	1%	2%
7m Victimised you because of gang related issues?  For those who have been victimised by staff or other prisoners:  8	7k	Victimised you because you were from a different part of the country?	5%	5%
For those who have been victimised by staff or other prisoners:  8 Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  10 Have you ever felt threatened or intimidated by a member of staff in here?  11 Is it easy/very easy to get illegal drugs in this prison?  8 20%  SECTION 6: Health services  1a Is it easy/very easy to see the doctor?  1b Is it easy/very easy to see the dentist?  1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  2 Are you able to see a pharmacist?  46%  48%  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:  3 The doctor?  55%  61%  3 The optician?  42%  45%  3 The optician?	71	Victimised you because of your offence/crime?	6%	4%
B Did you report any victimisation that you have experienced?  9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?  10 Have you ever felt threatened or intimidated by a member of staff in here?  11 Is it easy/very easy to get illegal drugs in this prison?  8 20%  SECTION 6: Health services  1a Is it easy/very easy to see the doctor?  1b Is it easy/very easy to see the nurse?  1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  1d Is it easy/v	7m	Victimised you because of gang related issues?	7%	3%
9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here? 27% 27% 10 Have you ever felt threatened or intimidated by a member of staff in here? 31% 18% 18% 20% SECTION 6: Health services 31% is it easy/very easy to see the doctor? 38% 42% 1b is it easy/very easy to see the nurse? 55% 61% 1c is it easy/very easy to see the dentist? 14% 17% 1d is it easy/very easy to see the optician? 14% 18% 2 Are you able to see a pharmacist? 46% 48% 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: 55% 65% 3c The dentist? 42% 45% 3d The optician? 42% 47%	For t	hose who have been victimised by staff or other prisoners:		
10 Have you ever felt threatened or intimidated by a member of staff in here?  11 Is it easy/very easy to get illegal drugs in this prison?  8% 20%  SECTION 6: Health services  1a Is it easy/very easy to see the doctor?  1b Is it easy/very easy to see the nurse?  1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see a pharmacist?  1d Are you able to see a pharmacist?  46% 48%  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:  3a The doctor?  5b 65%  3b The nurse?  55% 65%  3c The dentist?  42% 45%  3d The optician?	8	Did you report any victimisation that you have experienced?	47%	32%
11 Is it easy/very easy to get illegal drugs in this prison?  SECTION 6: Health services  1a Is it easy/very easy to see the doctor?  1b Is it easy/very easy to see the nurse?  1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  2 Are you able to see a pharmacist?  46% 48%  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:  3a The doctor?  56% 61%  3b The nurse?  55% 65%  3c The dentist?  42% 45%  3d The optician?	9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	27%
SECTION 6: Health services  1a Is it easy/very easy to see the doctor?  1b Is it easy/very easy to see the nurse?  1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  2 Are you able to see a pharmacist?  46% 48%  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:  3a The doctor?  56% 61%  3b The nurse?  55% 65%  3c The dentist?  42% 45%  3d The optician?	10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	18%
1aIs it easy/very easy to see the doctor?38%42%1bIs it easy/very easy to see the nurse?55%61%1cIs it easy/very easy to see the dentist?14%17%1dIs it easy/very easy to see the optician?14%18%2Are you able to see a pharmacist?46%48%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:56%61%3aThe doctor?56%65%3cThe nurse?55%65%3dThe optician?42%45%	11	Is it easy/very easy to get illegal drugs in this prison?	8%	20%
1bIs it easy/very easy to see the nurse?55%61%1cIs it easy/very easy to see the dentist?14%17%1dIs it easy/very easy to see the optician?14%18%2Are you able to see a pharmacist?46%48%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:56%61%3aThe doctor?56%61%3bThe nurse?55%65%3cThe dentist?42%45%3dThe optician?42%47%	SEC	TION 6: Health services		
1c Is it easy/very easy to see the dentist?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  1d Is it easy/very easy to see the optician?  46% 48%  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:  3a The doctor?  56% 61%  3b The nurse?  55% 65%  3c The dentist?  42% 45%  3d The optician?	1a	Is it easy/very easy to see the doctor?	38%	42%
1dIs it easy/very easy to see the optician?14%18%2Are you able to see a pharmacist?46%48%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:56%61%3aThe doctor?55%65%3bThe nurse?55%65%3cThe dentist?42%45%3dThe optician?42%47%	1b	Is it easy/very easy to see the nurse?	55%	61%
2 Are you able to see a pharmacist?  46% 48%  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:  3a The doctor?  56% 61%  3b The nurse?  55% 65%  3c The dentist?  42% 45%  3d The optician?	1c	Is it easy/very easy to see the dentist?	14%	17%
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:  3a The doctor?  56% 61%  3b The nurse?  55% 65%  3c The dentist?  42% 45%  3d The optician?	1d	Is it easy/very easy to see the optician?	14%	18%
the following is good/very good:       56%       61%         3a       The doctor?       56%       61%         3b       The nurse?       55%       65%         3c       The dentist?       42%       45%         3d       The optician?       42%       47%	2	Are you able to see a pharmacist?	46%	48%
3b         The nurse?         55%         65%           3c         The dentist?         42%         45%           3d         The optician?         42%         47%				
3c       The dentist?       42%       45%         3d       The optician?       42%       47%	3a	The doctor?	56%	61%
3d The optician? 42% 47%	3b	The nurse?	55%	65%
	3с	The dentist?	42%	45%
4 The overall quality of health services? 48% 53%	3d	The optician?	42%	47%
	4	The overall quality of health services?	48%	53%

	Any percentage highlighted in green is significantly better		
P P	Any percentage highlighted in blue is significantly worse	so.	ω
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP/YOI Isis	Young adults comparator
F	Percentages which are not highlighted show there is no significant difference	HMP/	Young
Healt	th services continued		
5	Are you currently taking medication?	24%	22%
For th	nose currently taking medication:		
6	Are you allowed to keep possession of your medication in your own cell?	70%	67%
7 [	Do you feel you have any emotional wellbeing/mental health issues?	17%	22%
For th follow	nose with emotional wellbeing/mental health issues, are these being addressed by any of the ving:		
8a	Not receiving any help?	63%	42%
8b	A doctor?	16%	26%
8c	A nurse?	6%	20%
8d	A psychiatrist?	22%	21%
8e	The mental health in-reach team?	22%	36%
8f	A counsellor?	16%	9%
9a [	Did you have a drug problem when you came into this prison?	17%	31%
9b [	Did you have an alcohol problem when you came into this prison?	10%	26%
10a H	Have you developed a drug problem since you have been in this prison?	3%	5%
For th	nose with drug or alcohol problems:		
11	Do you know who to contact in this prison for help?	90%	82%
12	Have you received any help or intervention while in this prison?	85%	79%
For th	nose who have received help or intervention with their drug or alcohol problem:		
13	Was this intervention or help useful?	82%	82%
14a [	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	16%	25%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	15%	23%
For th	nose who may have a drug or alcohol problem on release, do you know who in this prison:		
15	Can help you contact external drug or alcohol agencies on release?	56%	52%

Key	to tables		
	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	HMP/YOI Isis	Young adults comparator
	Percentages which are not highlighted show there is no significant difference	HMP/	Young
SEC	TION 7: Purposeful activity		
1	Are you currently involved in any of the following activities:		
1a	A prison job?	30%	43%
1b	Vocational or skills training?	14%	19%
1c	Education (including basic skills)?	47%	36%
1d	Offending behaviour programmes?	7%	11%
2ai	Have you had a job while in this prison?	69%	76%
For	those who have had a prison job while in this prison:		
2aii	Do you feel the job will help you on release?	42%	51%
2bi	Have you been involved in vocational or skills training while in this prison?	67%	69%
For	those who have had vocational or skills training while in this prison:		
2bii	Do you feel the vocational or skills training will help you on release?	58%	65%
2ci	Have you been involved in education while in this prison?	88%	81%
For	those who have been involved in education while in this prison:		
2cii	Do you feel the education will help you on release?	66%	68%
2di	Have you been involved in offending behaviour programmes while in this prison?	65%	64%
For	those who have been involved in offending behaviour programmes while in this prison:		
2dii	Do you feel the offending behaviour programme(s) will help you on release?	44%	56%
3	Do you go to the library at least once a week?	16%	33%
4	On average, do you go to the gym at least twice a week?	60%	51%
5	On average, do you go outside for exercise three or more times a week?	63%	43%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	8%
7	On average, do you go on association more than five times each week?	78%	54%
8	Do staff normally speak to you most of the time/all of the time during association?	14%	24%
SEC	TION 8: Resettlement		
1	Do you have a personal officer?	49%	74%
For	those with a personal officer:		
2	Do you think your personal officer is helpful/very helpful?	36%	61%
For	those who are sentenced:		
3	Do you have a sentence plan?	58%	61%
For	those with a sentence plan?		
4	Were you involved/very involved in the development of your plan?	71%	62%
5	Can you achieve some/all of your sentence plan targets in this prison?	70%	81%
6	Are there plans for you to achieve some/all your targets in another prison?	38%	47%
For 1	those who are sentenced:  Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	21%	40%
8	Do you feel that any member of staff has helped you to prepare for release?	9%	21%
9	Have you had any problems with sending or receiving mail?	59%	46%
10	Have you had any problems getting access to the telephones?	32%	34%
11	Did you have a visit in the first week that you were here?	13%	32%
12	Did you receive one or more visits in the last week?	41%	40%
Щ_	·		1

Rey	to tables		
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse	12	w
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP/YOI Isis	Young adults comparator
	Percentages which are not highlighted show there is no significant difference	HMP/	Youn
Res	ettlement continued		
For	those who have had visits:		
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	40%	53%
14	Have you been helped to maintain contact with family/friends while in this prison?	31%	44%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	13%	17%
15c	Avoiding bad relationships?	7%	13%
15d	Finding a job on release?	24%	32%
15e	Finding accommodation on release?	27%	34%
15f	With money/finances on release?	11%	22%
15g	Claiming benefits on release?	16%	29%
15h	Arranging a place at college/continuing education on release?	20%	25%
15i	Accessing health services on release?	10%	17%
15j	Opening a bank account on release?	9%	19%
16	Do you think you will have a problem with any of the following on release from prison:		
16b	Maintaining good relationships?	9%	14%
16c	Avoiding bad relationships?	9%	16%
16d	Finding a job?	49%	47%
16e	Finding accommodation?	29%	29%
16f	Money/finances?	28%	26%
16g	Claiming benefits?	25%	24%
16h	Arranging a place at college/continuing education?	26%	25%
16i	Accessing health services?	9%	12%
16j	Opening a bank account?	16%	17%
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?	50%	57%



# Prisoner survey responses HMP/YOI Isis 2011 - Thames vs. Meridian

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		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	sə	ian
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
Nun	nber of completed questionnaires returned	111	58
SEC	TION 1: General information		
2	Are you under 21 years of age?	94%	31%
3a	Are you sentenced?	99%	100%
3b	Are you on recall?	5%	5%
4a	Is your sentence less than 12 months?	13%	2%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	2%
5	Do you have six months or less to serve?	45%	30%
6	Have you been in this prison less than a month?	9%	2%
7	Are you a foreign national?	16%	14%
8	Is English your first language?	86%	89%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	82%	65%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	3%
11	Are you Muslim?	33%	35%
12	Are you homosexual/gay or bisexual?	1%	0%
13	Do you consider yourself to have a disability?	2%	7%
14	Is this your first time in prison?	46%	50%
15	Have you been in more than five prisons this time?	4%	5%
16	Do you have any children under the age of 18?	15%	34%
SEC	TION 2: Transfers and escorts		
For	he most recent journey you have made either to or from court or between prisons:		
1a	Was the cleanliness of the van good/very good?	43%	41%
1b	Was your personal safety during the journey good/very good?	58%	66%
1c	Was the comfort of the van good/very good?	18%	7%
1d	Was the attention paid to your health needs good/very good?	29%	25%
1e	Was the frequency of toilet breaks good/very good?	12%	3%
2	Did you spend more than four hours in the van?	7%	7%
3	Were you treated well/very well by the escort staff?	60%	50%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	89%
4b	Before you arrived here did you receive any written information about what would happen to you?	36%	30%
4c	When you first arrived here did your property arrive at the same time as you?	87%	87%

Key	to tables		
	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	sət	lian
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
SEC	TION 3: Reception, first night and induction		
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	10%	9%
1c	Housing problems?	16%	13%
1d	Problems contacting employers?	8%	3%
1e	Problems contacting family?	32%	34%
1f	Problems ensuring dependants were looked after?	9%	2%
1g	Money problems?	9%	5%
1h	Problems of feeling depressed/suicidal?	37%	20%
1i	Health problems?	58%	46%
1j	Problems in needing protection from other prisoners?	16%	7%
1k	Problems accessing phone numbers?	29%	22%
2	When you first arrived:		
2a	Did you have any problems?	71%	68%
2b	Did you have any problems with loss of property?	20%	17%
2c	Did you have any housing problems?	18%	21%
2d	Did you have any problems contacting employers?	7%	8%
2e	Did you have any problems contacting family?	36%	26%
<b>2</b> f	Did you have any problems ensuring dependants were being looked after?	4%	8%
2g	Did you have any money worries?	14%	11%
2h	Did you have any problems with feeling depressed or suicidal?	9%	8%
2i	Did you have any health problems?	8%	11%
2j	Did you have any problems with needing protection from other prisoners?	7%	9%
2k	Did you have problems accessing phone numbers?	38%	34%
3a	Were you seen by a member of health services in reception?	98%	93%
3b	When you were searched in reception, was this carried out in a respectful way?	76%	54%
4	Were you treated well/very well in reception?	50%	37%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	34%	26%
5b	Support was available for people feeling depressed or suicidal?	27%	19%
5с	How to make routine requests?	19%	17%
5d	Your entitlement to visits?	33%	26%
5е	Health services?	47%	39%
5f	The chaplaincy?	32%	24%

ney	to tables		
	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	ø	⊑
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
SEC	TION 3: Reception, first night and induction continued	-	
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	79%	73%
6b	The opportunity to have a shower?	38%	29%
6с	The opportunity to make a free telephone call?	47%	35%
6d	Something to eat?	80%	69%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	27%	25%
7b	Someone from health services?	72%	66%
7c	A Listener/Samaritans?	6%	6%
8	Did you have access to the prison shop/canteen within the first 24 hours?	9%	11%
9	Did you feel safe on your first night here?	76%	71%
10	Have you been on an induction course?	83%	89%
For t	hose who have been on an induction course:		
11	Did the course cover everything you needed to know about the prison?	48%	27%
SEC	TION 4: Legal rights and respectful custody		
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	33%	28%
1b	Attend legal visits?	34%	40%
1c	Obtain bail information?	11%	6%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	24%	49%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	19%	16%
3b	Are you normally able to have a shower every day?	90%	87%
3с	Do you normally receive clean sheets every week?	23%	51%
3d	Do you normally get cell cleaning materials every week?	56%	60%
3е	Is your cell call bell normally answered within five minutes?	12%	19%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	59%
3g	Can you normally get your stored property if you need to?	28%	26%
4	Is the food in this prison good/very good?	35%	9%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	26%	24%
6a	Is it easy/very easy to get a complaints form?	79%	84%
6b	Is it easy/very easy to get an application form?	77%	65%
7	Have you made an application?	90%	93%

ney	to tables		
	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	Se	an
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
SEC	TION 4: Legal rights and respectful custody continued		
For	those who have made an application:		
8a	Do you feel applications are dealt with fairly?	54%	37%
8b	Do you feel applications are dealt with promptly (within seven days)?	38%	19%
9	Have you made a complaint?	63%	85%
	hose who have made a complaint:		4004
10a	Do you feel complaints are dealt with fairly?	26%	18%
10b	Do you feel complaints are dealt with promptly (within seven days)?	46%	22%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	26%	25%
10c	Were you given information about how to make an appeal?	22%	41%
1,2	Is it easy/very easy to see the Independent Monitoring Board?	20%	32%
13	Are you on the enhanced (top) level of the IEP scheme?	30%	45%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	24%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	38%
16a	In the last six months have any members of staff physically restrained you (C&R)?	22%	23%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	26%	21%
13a	Do you feel your religious beliefs are respected?	59%	44%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	60%
14	Are you able to speak to a Listener at any time if you want to?	49%	23%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	50%	40%
15b	Do most staff in this prison treat you with respect?	53%	43%
SEC	TION 5: Safety		
1	Have you ever felt unsafe in this prison?	45%	45%
2	Do you feel unsafe in this prison at the moment?	21%	23%
4	Have you been victimised by another prisoner?	18%	24%
5	Since you have been here, has another prisoner:		400/
5a	Made insulting remarks about you, your family or friends?	6%	12%
5b	Hit, kicked or assaulted you?	7%	11%
5c	Sexually abused you?	0%	2%
5d	Victimised you because of your race or ethnic origin?	3%	7%
5e	Victimised you because of drugs?  Taken your content/armorth/a	1%	2%
5f	Taken your canteen/property?	12%	11%
5g	Victimised you because you were new here?	7%	14%
5h	Victimised you because of your sexuality?	0%	0%
5i	Victimised you because you have a disability?	0%	0%
5j	Victimised you because of your religion/religious beliefs?	0%	2%
5k	Victimised you because of your age?	0%	2%
5I -	Victimised you because you were from a different part of the country?	1%	7%
5m	Victimised you because of your offence/crime?	1%	2%
5n	Victimised you because of gang related issues?	1%	3%

Key	to tables		
	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	set	lian
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
SEC	TION 5: Safety continued		
6	Have you been victimised by a member of staff?	36%	55%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	16%	19%
7b	Hit, kicked or assaulted you?	9%	9%
7с	Sexually abused you?	0%	3%
7d	Victimised you because of your race or ethnic origin?	11%	18%
7e	Victimised you because of drugs?	1%	0%
7f	Victimised you because you were new here?	10%	7%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	1%	0%
7i	Victimised you because of your religion/religious beliefs?	9%	11%
7j	Victimised you because of your age?	2%	0%
7k	Victimised you because you were from a different part of the country?	5%	5%
71	Victimised you because of your offence/crime?	3%	11%
7m	Victimised you because of gang related issues?	7%	5%
For	those who have been victimised by staff or other prisoners:		
8	Did you report any victimisation that you have experienced?	48%	45%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	28%
10	Have you ever felt threatened or intimidated by a member of staff in here?	27%	39%
11	Is it easy/very easy to get illegal drugs in this prison?	7%	11%
SEC	TION 6: Health services		
1a	Is it easy/very easy to see the doctor?	42%	31%
1b	Is it easy/very easy to see the nurse?	53%	57%
1c	Is it easy/very easy to see the dentist?	16%	11%
1d	Is it easy/very easy to see the optician?	16%	11%
2	Are you able to see a pharmacist?	47%	44%
	those who have been to the following services, do you think the quality of the health service from following is good/very good:		
3a	The doctor?	58%	51%
3b	The nurse?	56%	52%
3с	The dentist?	37%	47%
3d	The optician?	35%	52%
4	The overall quality of health services?	48%	45%

ney	to tables		
	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	es	ian
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
Hea	th services continued		
5	Are you currently taking medication?	22%	29%
For	hose currently taking medication:		
6	Are you allowed to keep possession of your medication in your own cell?	68%	73%
7	Do you feel you have any emotional wellbeing/mental health issues?	18%	14%
	hose with emotional wellbeing/mental health issues, are these being addressed by any of the wing:		
8a	Not receiving any help?	65%	62%
8b	A doctor?	14%	21%
8c	A nurse?	8%	0%
8d	A psychiatrist?	29%	0%
8e	The mental health in-reach team?	22%	21%
8f	A counsellor?	14%	21%
9a	Did you have a drug problem when you came into this prison?	14%	20%
9b	Did you have an alcohol problem when you came into this prison?	8%	15%
10a	Have you developed a drug problem since you have been in this prison?	1%	5%
For	hose with drug or alcohol problems:		
11	Do you know who to contact in this prison for help?	94%	84%
12	Have you received any help or intervention while in this prison?	83%	85%
For	hose who have received help or intervention with their drug or alcohol problem:		
13	Was this intervention or help useful?	80%	83%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	13%	20%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	11%	22%
For	hose who may have a drug or alcohol problem on release, do you know who in this prison:		
15	Can help you contact external drug or alcohol agencies on release?	63%	41%

Key	to tables		
	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	se	ian
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
SEC	TION 7: Purposeful activity		
1	Are you currently involved in any of the following activities:		
1a	A prison job?	26%	39%
1b	Vocational or skills training?	13%	18%
1c	Education (including basic skills)?	47%	47%
1d	Offending behaviour programmes?	8%	5%
2ai	Have you had a job while in this prison?	62%	81%
For	those who have had a prison job while in this prison:		
2aii	Do you feel the job will help you on release?	49%	33%
2bi	Have you been involved in vocational or skills training while in this prison?	63%	75%
For	those who have had vocational or skills training while in this prison:		
2bii	Do you feel the vocational or skills training will help you on release?	64%	51%
2ci	Have you been involved in education while in this prison?	84%	96%
For	those who have been involved in education while in this prison:		
2cii	Do you feel the education will help you on release?	70%	61%
2di	Have you been involved in offending behaviour programmes while in this prison?	62%	69%
For	those who have been involved in offending behaviour programmes while in this prison:		
2dii	Do you feel the offending behaviour programme(s) will help you on release?	44%	46%
3	Do you go to the library at least once a week?	16%	18%
4	On average, do you go to the gym at least twice a week?	59%	64%
5	On average, do you go outside for exercise three or more times a week?	62%	65%
6	On average, do you spend ten or more hours out of your cell on a weekday?	6%	3%
7	On average, do you go on association more than five times each week?	75%	86%
8	Do staff normally speak to you most of the time/all of the time during association?	17%	9%
SEC	TION 8: Resettlement		
1	Do you have a personal officer?	39%	70%
For	those with a personal officer:		
2	Do you think your personal officer is helpful/very helpful?	43%	29%
For	those who are sentenced:		
3	Do you have a sentence plan?	47%	80%
For	those with a sentence plan:		
4	Were you involved/very involved in the development of your plan?	74%	65%
5	Can you achieve some/all of your sentence plan targets in this prison?	79%	60%
6	Are there plans for you to achieve some/all your targets in another prison?	38%	40%
For	those who are sentenced:		
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	22%	20%
8	Do you feel that any member of staff has helped you to prepare for release?	11%	5%
9	Have you had any problems with sending or receiving mail?	51%	71%
10	Have you had any problems getting access to the telephones?	28%	39%
11	Did you have a visit in the first week that you were here?	11%	16%
12	Did you receive one or more visits in the last week?	44%	37%

,	to tables		
	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	se	ian
	Percentages which are not highlighted show there is no significant difference	Thames	Meridian
Res	ettlement continued		
For t	those who have had visits:		
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	43%	35%
14	Have you been helped to maintain contact with family/friends while in this prison?	35%	23%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	13%	12%
15c	Avoiding bad relationships?	7%	6%
15d	Finding a job on release?	27%	18%
15e	Finding accommodation on release?	29%	21%
15f	With money/finances on release?	9%	14%
15g	Claiming benefits on release?	19%	10%
15h	Arranging a place at college/continuing education on release?	22%	18%
15i	Accessing health services on release?	11%	8%
15j	Opening a bank account on release?	9%	8%
16	Do you think you will have a problem with any of the following on release from prison:		
16b	Maintaining good relationships?	12%	4%
16c	Avoiding bad relationships?	11%	6%
16d	Finding a job?	53%	40%
16e	Finding accommodation?	32%	23%
16f	Money/finances?	33%	21%
16g	Claiming benefits?	28%	19%
16h	Arranging a place at college/continuing education?	26%	27%
16i	Accessing health services?	11%	6%
16j	Opening a bank account?	17%	14%
For t	hose who are sentenced:		
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	54%	46%



### Key question responses (ethnicity, nationality and religion) HMP/YOI Isis 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.

	Any percentage highlighted in green is significantly better	ic	
	Any percentage highlighted in blue is significantly worse	rity ethr	
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Black and minority ethnic prisoners	White prisoners
	Percentages which are not highlighted show there is no significant difference	Black and prisoners	White
Numb	er of completed questionnaires returned	127	41
1.3	Are you sentenced?	99%	100%
1.7	Are you a foreign national?	17%	10%
1.8	Is English your first language?	87%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	1%	10%
1.11	Are you Muslim?	41%	12%
1.12	Do you consider yourself to have a disability?	2%	10%
1.13	Is this your first time in prison?	50%	39%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	27%	27%
2.3	Were you treated well/very well by the escort staff?	58%	51%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	91%	90%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	33%	32%
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%	13%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	35%
3.2a	Did you have any problems when you first arrived?	68%	78%
3.3a	Were you seen by a member of health care staff in reception?	97%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	71%	63%
3.4	Were you treated well/very well in reception?	45%	46%
3.7b	Did you have access to someone from health care within the first 24 hours?	71%	70%
3.9	Did you feel safe on your first night here?	80%	57%
3.10	Have you been on an induction course?	89%	74%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	21%
	i		

Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
25	142	58	11:
95%	100%	100%	999
		12%	179
52%	93%	81%	909
84%	74%	91%	689
0%	4%	0%	5%
28%	36%		
5%	4%	0%	7%
48%	48%	43%	489
42%	25%	25%	279
52%	58%	45%	629
75%	94%	90%	909
28%	34%	38%	299
24%	33%	29%	329
40%	56%	60%	519
69%	69%	71%	699
96%	97%	98%	969
68%	70%	61%	739
50%	45%	40%	499
80%	68%	63%	749
80%	73%	79%	719
92%	84%	87%	839
28%	33%	35%	299

	Any percentage highlighted in green is significantly better	ınic	
	Any percentage highlighted in blue is significantly worse	rity eth	<b>(</b> 0
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Black and minority ethnic prisoners	White prisoners
	Percentages which are not highlighted show there is no significant difference	Black and prisoners	White
4.3a	Are you normally offered enough clean, suitable clothes for the week?	16%	26%
4.3b	Are you normally able to have a shower every day?	89%	90%
4.3e	Is your cell call bell normally answered within five minutes?	14%	15%
4.4	Is the food in this prison good/very good?	33%	10%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	28%	15%
4.6a	Is it easy/very easy to get a complaints form?	78%	88%
4.6b	Is it easy/very easy to get an application form?	72%	73%
4.9	Have you made a complaint?	68%	82%
4.13	Are you on the enhanced (top) level of the IEP scheme?	32%	41%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme	? 31%	29%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	40%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	25%	16%
4.16b	In the last six months have you spent a night in the segregation/ care and separation unit?	27%	15%
4.17a	Do you feel your religious beliefs are respected?	55%	50%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	57%
4.18	Are you able to speak to a Listener at any time if you want to?	41%	36%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	46%	51%
4.19b	Do most staff in this prison treat you with respect?	50%	50%
5.1	Have you ever felt unsafe in this prison?	44%	50%
5.2	Do you feel unsafe in this prison at the moment?	21%	27%
5.4	Have you been victimised by another prisoner?	17%	30%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	8%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	1%	0%
5.6	Have you been victimised by a member of staff?	42%	43%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	8%

		_		
Foreign national prisoners	British prisoners		Muslim prisoners	Non-Muslim prisoners
20%	19%		12%	22%
84%	90%		90%	90%
12%	16%		18%	14%
24%	28%		28%	26%
30%	25%		29%	24%
64%	83%		76%	83%
72%	72%		64%	77%
60%	71%		69%	70%
34%	35%		24%	40%
42%	29%		26%	32%
48%	43%		38%	46%
30%	21%		24%	21%
16%	27%		34%	21%
63%	53%		47%	57%
76%	62%		65%	63%
38%	40%		36%	42%
45%	48%		33%	54%
48%	51%		37%	56%
60%	43%		50%	43%
42%	18%		28%	20%
31%	19%		16%	24%
18%	2%		3%	5%
0%	0%		0%	0%
0%	1%		2%	0%
31%	44%		52%	37%
13%	13%		23%	8%

	Any percentage highlighted in green is significantly better	U	
	Any percentage highlighted in blue is significantly worse	ity ethni	
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	ack and minority ethnic isoners	White prisoners
	Percentages which are not highlighted show there is no significant difference	Black and prisoners	White p
5.7h	Have you been victimised because you have a disability? (By staff)	1%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	5%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	24%	39%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	32%	34%
5.11	Is it easy/very easy to get illegal drugs in this prison?	6%	15%
6.1a	Is it easy/very easy to see the doctor?	39%	35%
6.1b	Is it easy/ very easy to see the nurse?	55%	55%
6.2	Are you able to see a pharmacist?	46%	47%
6.5	Are you currently taking medication?	22%	34%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	16%	21%
7.1a	Are you currently working in the prison?	30%	31%
7.1b	Are you currently undertaking vocational or skills training?	13%	18%
7.1c	Are you currently in education (including basic skills)?	48%	43%
7.1d	Are you currently taking part in an offending behaviour programme?	7%	8%
7.3	Do you go to the library at least once a week?	14%	20%
7.4	On average, do you go to the gym at least twice a week?	62%	53%
7.5	On average, do you go outside for exercise three or more times a week?	64%	62%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	4%	8%
7.7	On average, do you go on association more than five times each week?	75%	88%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	20%
8.1	Do you have a personal officer?	46%	54%
8.9	Have you had any problems sending or receiving mail?	54%	74%
8.10	Have you had any problems getting access to the telephones?	33%	34%

Foreign national prisoners	British prisoners	
0%	1%	
8%	9%	
32%	27%	
32%	31%	
8%	8%	
31%	39%	
45%	57%	
47%	46%	
30%	24%	
17%	16%	
38%	30%	
17%	13%	
45%	49%	
5%	8%	
26%	15%	
58%	61%	
55%	64%	
0%	6%	
55%	83%	
5%	16%	
69%	46%	
48%	60%	
34%	32%	

Muslim prisoners	Non-Muslim prisoners
2%	0%
22%	2%
28%	27%
45%	24%
3%	11%
39%	37%
48%	58%
42%	48%
29%	21%
12%	20%
26%	32%
14%	15%
49%	46%
5%	8%
16%	16%
55%	64%
62%	63%
3%	6%
68%	83%
9%	17%
47%	50%
45%	66%
39%	29%



# Diversity analysis - age Key question responses (age - under 21) HMP/YOI Isis 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.

	Any percentage highlighted in green is significantly better	e age of	over
	Any percentage highlighted in blue is significantly worse	nder th	21 and
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Young adults under the age 21	Prisoners aged 21 and over
	Percentages which are not highlighted show there is no significant difference	Young a	Prisone
Numb	Number of completed questionnaires returned		47
1.3	Are you sentenced?	99%	100%
1.7	Are you a foreign national?	16%	13%
1.8	Is English your first language?	87%	86%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	79%	68%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	7%
1.11	Are you Muslim?	31%	43%
1.13	Do you consider yourself to have a disability?	5%	2%
1.14	Is this your first time in prison?	48%	42%
2.1d	Was the attention paid to your health needs good/very good?	28%	24%
2.3	Were you treated well/very well by the escort staff?	58%	51%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	90%	89%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	31%	35%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feelin depressed/suicidal within the first 24 hours?	<sup>g</sup> 34%	24%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	57%
3.2a	Did you have any problems when you first arrived?	71%	68%
3.3a	Were you seen by a member of health care staff in reception?	98%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	74%	55%

	Any percentage highlighted in green is significantly better	e age of	over
	Any percentage highlighted in blue is significantly worse	nder th	21 and
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Young adults under the age 21	Prisoners aged 21 and over
	Percentages which are not highlighted show there is no significant difference	Young a	Prisone
3.4	Were you treated well/very well in reception?	49%	36%
3.7b	Did you have access to someone from health care within the first 24 hours?	73%	64%
3.9	Did you feel safe on your first night here?	77%	68%
3.10	Have you been on an induction course?	85%	85%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	25%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	18%	21%
4.3b	Are you normally able to have a shower every day?	90%	87%
4.3e	Is your cell call bell normally answered within five minutes?	13%	20%
4.4	Is the food in this prison good/very good?	34%	9%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs	? <b>26%</b>	24%
4.6a	Is it easy/very easy to get a complaints form?	80%	83%
4.6b	Is it easy/very easy to get an application form?	76%	64%
4.9	Have you made a complaint?	63%	87%
4.13	Are you on the enhanced (top) level of the IEP scheme?	30%	47%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme	? <b>32%</b>	26%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	33%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	23%	20%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	28%	17%
4.17a	Do you feel your religious beliefs are respected?	56%	46%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to	? <b>64</b> %	63%

	Any percentage highlighted in green is significantly better	e age of	over
	Any percentage highlighted in blue is significantly worse	nder th	21 and
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Young adults under the age 21	Prisoners aged 21 and over
	Percentages which are not highlighted show there is no significant difference	Young a	Prisone
4.18	Are you able to speak to a Listener at any time if you want to?	41%	36%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	48%	45%
4.15b	Do <b>most</b> staff in this prison treat you with respect?	55%	37%
5.1	Have you ever felt unsafe in this prison?	46%	42%
5.2	Do you feel unsafe in this prison at the moment?	23%	20%
5.4	Have you been victimised by another prisoner?	22%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%
5.5i	Victimised you because you have a disability?	0%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	1%	0%
5.6	Have you been victimised by a member of staff?	36%	59%
5.7d	Have you been victimised because of your race or ethnic origin since you hav been here? (By staff)	11%	20%
5.7h	Victimised you because you have a disability?	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	15%
5.7j	Have you been victimised because of your age? (By staff)	1%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	29%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	42%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	11%
6.1a	Is it easy/very easy to see the doctor?	42%	28%
6.1b	Is it easy/ very easy to see the nurse?	56%	52%

# Diversity analysis - age

	Any percentage highlighted in green is significantly better	age of	ver
	Any percentage highlighted in blue is significantly worse	Young adults under the age 21	Prisoners aged 21 and over
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	dults un	rs aged 2
	Percentages which are not highlighted show there is no significant difference	Young a 21	Prisone
6.2	Are you able to see a pharmacist?	47%	43%
6.5	Are you currently taking medication?	23%	27%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	18%	14%
7.1a	Are you currently working in the prison?	23%	48%
7.1b	Are you currently undertaking vocational or skills training?	16%	11%
7.1c	Are you currently in education (including basic skills)?	49%	42%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	4%
7.3	Do you go to the library at least once a week?	15%	18%
7.4	On average, do you go to the gym at least twice a week?	59%	63%
7.5	On average, do you go outside for exercise three or more times a week?	63%	65%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	4%
7.7	On average, do you go on association more than five times each week?	77%	83%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	16%	9%
8.1	Do you have a personal officer?	41%	69%
8.9	Have you had any problems sending or receiving mail?	55%	69%
8.10	Have you had any problems getting access to the telephones?	31%	36%