

Report on an announced inspection of

HMYOI Lancaster Farms

8–12 September 2008

by HM Chief Inspector of Prisons

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Introduction

Lancaster Farms is a modern establishment, which currently holds both young adults (18-21) and children and young people (15-18). It is about to lose the latter population and to become a dedicated young adults' site. This inspection, therefore, looked only at the young adult population.

It revealed a disappointing, and rather depressing, picture of an establishment that was unlikely to improve the life chances of the young men it held. The prison was not performing sufficiently well against any of our four tests: safety, respect, purposeful activity or resettlement.

The prison's task was made much more difficult because young men stayed at the prison for very short periods after sentence. This was exacerbated by the fact that the relationship between residential staff and young prisoners was distant and distrustful. Young men were locked up for most of the time they were on the residential wings, even though they were modern, open and easy to supervise. Most staff appeared wary of any active engagement with them, and were too often observed to be dismissive when approached by prisoners. An effective security department was alert to, and actively monitoring, gang activity – but their confidence about the limited scale of, and the ability to manage, this issue was not shared by staff on the units. The number of violent incidents was high, but personal officers were not actively engaged in the anti-bullying strategy, or with the support of young prisoners in crisis. By contrast, use of force was high, and its governance poor.

Added to this were elements of institutional disrespect. Young men did not have daily association, and access to showers during the week was very poor. They could also change their clothes only once a week. During visits with their families and friends, they had to wear grubby red boiler suits – allegedly for security reasons, though the security department said they had not required this. Even though the prison was relatively new, the condition of some cells was poor, and many, including double cells, had no privacy curtains.

Time out of cell was unacceptably low for a young offender institution, with young people having access to association only twice on weekdays. Though there were in theory enough work and activity places for 80% of the population, we found nearly half the young men locked in their cells during the core day. The education curriculum had broadened, but achievements were only satisfactory, and there was insufficient vocational training, even in the well-regarded PE department.

There had been a resettlement needs analysis, though some of the resettlement pathways were underdeveloped. Offender management of sentenced prisoners was good, but there was no custody planning for the large population of remanded prisoners, and insufficient support for those serving indeterminate sentences, some of whom stayed there for considerable periods. Though there was some effective offending behaviour and drugs work, there were no services to assist the 40% of young prisoners who admitted to having an alcohol problem when they came into the prison. Visiting arrangements were poor, though some very good work was done by the family links worker.

At the time of the inspection, Lancaster Farms was not providing a sufficiently purposeful, safe and decent environment for the young adults within it. The imminent removal of the under-18 population should allow Lancaster Farms to acquire a longer-staying young adult population, provide more vocational training and focus on this task. This will, however, require some

fundamental changes in the way the establishment is run, and the active engagement of all staff and managers.

Anne Owers
HM Chief Inspector of Prisons

November 2008

Fact page

Task of establishment

HMYOI Lancaster Farms is a closed YOI and juvenile centre holding remand and sentenced young adult men aged 18-21 and young men aged 15-18.

Area organisation

North West

Number held

1 September 2008: 483

Certified normal accommodation

480

Operational capacity

517

Last inspection

2-6 October 2006

Brief history

Lancaster Farms opened in March 1993 as a remand centre and young offender institution, accommodating only young adults between 18 and 21. Originally consisting of three residential units, a fourth was added in April 2000 specifically to hold juvenile prisoners. Two years later, one of the original units was re-roled to also accommodate juveniles.

Description of residential units

Four residential units – Coniston, Derwent, Windermere and Buttermere – each divided into two units with 60 cells.

Coniston and Derwent hold young adults aged 18- 21 who are remanded and/or convicted but awaiting sentence. Coniston 1 is the induction unit.

Buttermere and Windermere hold children aged 15-18, both remanded and sentenced. Buttermere 2 is the induction unit.

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.

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

- HP3 Reception, first night and induction procedures were adequate, but no Listeners or peer supporters were involved. There were structures to address anti-social behaviour, but the quality of some of this work needed improvement. The quality of assessment, care in custody and teamwork (ACCT) procedures and documents was

variable. The number of incidents of violence and the use of force were high, but arrangements to manage the use of force were poor. The security department had a good knowledge of gang activity, although staff perceptions of this problem were generally overstated. There was a high reliance on formal discipline. Segregation procedures were satisfactory. Drug use was low, but detoxification arrangements were poor. Potentially vulnerable prisoners were managed safely. Lancaster Farms was not performing sufficiently well against this healthy prison test.

- HP4 There were good working relationships between the prison and staff from the escort contractor, Global Solutions Ltd. Information handover and the quality of prisoner escort records were satisfactory, and problems with late arrivals had improved.
- HP5 The reception area was large enough and well maintained, although holding rooms were unwelcoming and had no useful information for new arrivals or distractions such as television or reading material. Relationships between reception staff and new arrivals appeared good, and staff seemed clear about the potential risks. However, there was no use of Listeners or peer supporters in reception or throughout the first night and induction period, and no Listeners in the prison at all.
- HP6 All new arrivals were initially located on the first night and induction unit on Coniston unit. The staff focus on prisoner safety was good, and included formal first night interviews and initial needs assessments. The written records showed that new arrivals were supported. Although there were no dedicated first night cells, handover procedures ensured that night staff were aware of the location of all new arrivals and any individual needs.
- HP7 All prisoners received an induction that was introduced by staff and supported by supplementary written information. Although the rolling programme was due to last for five days, in practice new arrivals spent a considerable amount of this time locked in their cells.
- HP8 The number of violent incidents was high, at 20 a month. Violence reduction was managed through the prison's safeguarding work and led by a dedicated violence reduction coordinator. Monthly violence reduction meetings considered a useful range of data, although some key information – such as use of force and unexplained injuries – was overlooked. The security department worked in partnership with the Manchester multi-agency gang strategy to identify and monitor gang members, but this was not well integrated into the prison as a whole. Residential staff had a high, but disproportionate, perception of gang activity in the prison. The recent introduction of the tackling anti-social behaviour (TAB) model to address bullying was a good initiative, but required further work and quality assurance, as well as the involvement of personal officers.
- HP9 In 2008 to date, 134 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents had been opened, with 14 open at the time of our inspection. All open cases were reviewed in the monthly suicide prevention meetings, although reviews paid insufficient attention to the quality of care. The quality of ACCT documentation varied, and some had weak care maps, limited observational monitoring, and case reviews that were not multidisciplinary. There were examples of support and one-to-one structured work by psychology and/or mental health in-reach staff, but links to reviews and ongoing evaluations were rare. Personal officers were also rarely charged with specific responsibility for prisoners in crisis.

- HP10 The security department was sound and the security committee had effective links with other aspects of the prison, such as the violence reduction and public protection committees.
- HP11 There was a heavy reliance on formal disciplinary proceedings. There had been 446 governors' adjudications and more than 800 minor reports during 2008, as well as robust use of incentives and earned privileges (IEP) warnings. Some awards, particularly for minor reports, were harsh, and some charges could have been dealt with informally. However, formal adjudication proceedings were properly conducted and judgments based on the evidence. Prisoners had the opportunity to challenge evidence against them and to call witnesses.
- HP12 The segregation unit (Ullswater) was well run and its regime specified access to daily showers, exercise and telephones. Those segregated under good order and/or discipline could sometimes, subject to risk assessment, attend work or education activity. Prisoners who complied with the conditions of their compacts could have in-cell television. Communal areas were reasonably clean, but some cells were dirty and poorly furnished. Staff-prisoner relationships in the unit were good, and showed an appropriate level of care. Staff entries about prisoners in segregation unit files were good, although reintegration and formal care planning were underdeveloped.
- HP13 There had been 87 instances involving the use of force in the previous six months, which was high. Governance of the use of force was poor, and management arrangements confused. In many cases, authorisation had not been recorded properly, some authorisation forms were missing, and some documents only contained statements from officers involved in the incident. Authorisation documents and statements gave little assurance that force was always used as a last resort or that there had been meaningful attempts at de-escalation. There were similar inadequacies with the management of special accommodation, although its use was low. Information on the use of force was not analysed sufficiently to identify trends or emerging patterns.
- HP14 Drug detoxification arrangements were inadequate, due to the prison's unwillingness to prescribe detoxification medication. About five new arrivals a month needed detoxification, but their treatment was restricted to symptomatic relief. The evidence suggested that drug use was low. Mandatory drug testing (MDT) data recorded positive findings of under 2%, with no MDT refusals. All recent positives were for cannabis. There had been 26 suspicion tests in the previous four months, although nearly half of all suspicion test requests were not completed.
- HP15 There was no dedicated vulnerable prisoner unit, and potentially vulnerable prisoners were managed on normal residential units and had full access to the prison regime. Staff entries in occurrence books indicated that they were aware of the location of vulnerable prisoners and were focused on issues concerning their safety. Most prisoners indicated that they felt reasonably safe. The segregation unit was not used regularly to house vulnerable prisoners.

Respect

- HP16 The prison was relatively new and of good design, but environmental standards were poor. Some areas were grubby, and standards in cells were poor. Prisoners had

inadequate access to basic facilities such as showers and clothing. Staff and prisoners had low expectations of their relationships, and the personal officer scheme required further development. Prisoners were negative about the quality of food, and often had to eat it alongside unscreened toilets. The management of race and diversity was generally satisfactory, although some aspects needed further development. The provision of health services, and in particular mental health, were good. The prison was not performing sufficiently well against this healthy prison test.

- HP17 Many areas of the prison were grubby. The quality of accommodation varied. Many cells were in a poor state, and toilets in double cells were not screened. The offensive displays policy was not enforced. In our survey of prisoners, most responses about the residential accommodation were significantly worse than the comparators.¹ All prisoners, even those unconvicted, had to wear prison clothes. Kit changes took place weekly, but included only one change of clothes. Access to showers and telephones was very poor. In the week, most prisoners could only use the showers during their twice-weekly hour-long evening association. Even then, only a handful could shower at these times.
- HP18 The points-based IEP scheme was applied consistently, although it was easier for prisoners to lose points than to gain them. Only five prisoners were on basic regime, which was not excessive, and the monitoring and review of basic-level prisoners were satisfactory. The scheme's value as a motivational tool was limited.
- HP19 Prisoners had low expectations of the staff. Staff, similarly, had low expectations of prisoners, and were risk averse in dealing with them. There was limited staff engagement with prisoners, and the restricted core day made it easy for staff and prisoners to avoid interaction. The quality of relationships and some staff comments and attitudes about prisoners were disrespectful.
- HP20 The personal officer scheme had improved since our last inspection, but required further work. The policy was comprehensive and gave some good guidance, but some staff did not understand the role of the personal officer. There was also confusion about its relationship to the role of the offender supervisor. The quality of prisoner unit files was varied, but we saw some examples of regular comments and effective personal officer engagement. Personal officers were not sufficiently engaged in processes to assist and supervise individual prisoners.
- HP21 Prisoners were generally very negative about the quality of the food. The recently appointed catering manager had started to attend meetings of the monthly young prisoner forum, where food could be discussed. Our own observations indicated that while some food was acceptable, quality was variable. Prisoners had no access to hot water to make drinks while they were locked up overnight, even though tea and coffee were included in breakfast packs. Staff shortages routinely affected the ability to dine in association, and prisoners often had to eat their meals next to the unscreened toilets in their cells.
- HP22 There were good systems for the administration of the prison shop, and effective consultation with prisoners. Supervision of the distribution of orders to prisoners was

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

satisfactory. New arrivals could wait up to four days to put in their first order, although reception packs were available.

- HP23 There had been some work on sexuality and disability, including workshops for prisoners during a recent diversity week. The disability action plan was under review, and a disability liaison officer had recently been designated.
- HP24 Survey responses from black and minority ethnic prisoners raised concerns – 58% said they had felt unsafe in the prison, compared with 28% of white respondents, and 22% said they had been victimised by staff, which no white respondents reported as a problem. By contrast, there were few formal racist incident complaints, which may have reflected a lack of confidence in the procedures. The management of race equality had suffered from a lack of staff continuity, but an assistant race equality officer post had been created. The bi-monthly race equality action team meetings carried out some analysis of patterns and trends, but this focused on process and there was little evidence that their discussions influenced practice. The black and minority ethnic forum enabled prisoners to discuss race issues, but here too there was little evidence that this resulted in actions. There was some good work to identify known and potential racist offenders. There were regular activities to celebrate aspects of cultural diversity, which were widely promoted.
- HP25 Work with foreign national prisoners was limited. The relatively few foreign national prisoners had, until recently, been supported by a non-specialist administrative worker. However, a foreign national coordinator had recently been appointed, with allocated time. Contact with outside agencies was reasonably well developed, but more needed to be done to expedite the cases of prisoners whose sentences had expired. Not all foreign national prisoners received their free monthly telephone call, and there were no peer support structures.
- HP26 The applications system was basic, and there was no system to monitor or quality check them. Some prisoners said their applications were not replied to or were lost, and significantly fewer prisoners than at comparator prisons felt that applications were responded to fairly. In contrast, complaints were managed efficiently, with a 95% response rate within identified timescales. The general quality of responses was good and improving following the introduction of robust quality control.
- HP27 There was no legal advice for prisoners, although bail information was available and eligible new arrivals identified very swiftly. Just under 50% of the bail applications submitted in 2007-08 were successful.
- HP28 The chaplaincy team of full-time and sessional chaplains met the faith needs of prisoners. The team focused on one-to-one and pastoral work, which was appropriate to the transient population. The chaplaincy also ran faith-based groups and contributed to anti-bullying and self-harm reduction work. The chaplain was the lead manager for the dedicated group of family link workers. The multi-faith room used to hold Muslim services was too small for this purpose.
- HP29 There was a good range of clinical healthcare services. Nurses were visible and worked well with other departments, and access to doctors was good. Pharmacy services were good, although governance arrangements were underdeveloped. Provision for the small number of inpatients was satisfactory, and mental health arrangements, although requiring some organisational clarification, ensured a good service to prisoners.

Purposeful activity

HP30 There were sufficient activity places for most prisoners, although attendance was variable. During the core day, up to half the population were locked in cell. Achievement and standards in learning and the quality of teaching were only satisfactory, and there was evidence of attempts to meet the individual needs of learners. Information, advice and guidance and learning support were good. The amount of accredited and vocational training needed to increase. Prisoners could use the gym at least twice a week, but there were not enough accredited PE courses. Time unlocked and access to association and exercise periods were poor. Lancaster Farms was not performing sufficiently well against this healthy prison test.

HP31 Leadership and management of educational and vocational learning were only satisfactory, but there had been improvement in some areas since the previous inspection, such as the induction process, information, advice and guidance (IAG) and the curriculum. A good range of education was available, from entry level up to level three, including GCSE and A level, with approximately 130 full-time equivalent places in education and training. Attendance in education had been poor, although this had improved recently. Achievement and standards were satisfactory, though some prisoners produced high quality work. Learning support was effective and well managed, and teaching and learning were generally satisfactory. Prisoner mentors were used to support other learners, particularly in vocational education, but this was in the early stages of development.

HP32 There were sufficient activity places to meet the needs of 80% of the population. Full-time and part-time places were available, which allowed some prisoners to attend both education and work. However, attendance was low. Most of the training opportunities offered experience for employment, but there was not enough accredited work-based and vocational training. Activities for prisoners included waste management, gardening, industrial cleaning and decorating, but much work was not accredited.

HP33 Prisoners did not have sufficient access to the library, and there was no evening or weekend service. Organised sessions in the library were restricted to two 15-minute slots a week, and there was not enough time for prisoners to use the computer or reference material.

HP34 All new arrivals had a three-hour introduction to the gym and health screening before their participation. Prisoners could use the gym for a minimum two sessions a week. Facilities were good, well maintained and met the needs of the population, but showers were not screened. Outside facilities included an AstroTurf pitch and a rugby field. The gym provided insufficient accredited courses, and achievements were low. Better links with other departments had enabled the PE department to respond more effectively to prisoners' rehabilitation and educational needs, including special drug and health awareness courses.

HP35 The prison's records showed that prisoners spent only between 6.5 and 7.5 hours a day out of cell, well short of our expectation of 10 hours. Our observations revealed that up to half of prisoners were locked up at any point during the core day. Time out of cell was even less for the few prisoners who did not work. The core day was controlled and restrictive, with very limited time for routine domestic activity or association. Prisoners were limited to only one hour's association on two evenings

during the week, which was very poor. Prisoners could only exercise for 30 minutes early in the morning, and only on alternate days for half the population.

Resettlement

- HP36 There was a reducing reoffending policy and action plan, which were being reviewed and updated. There were good structures for offender management and planning, but they were not integrated into the wider work of the prison and were affected by the difficulties of applying meaningful sentence planning to the transient population. Offender assessment system (OASys) assessments were largely up to date, but quality assurance processes were weak. Public protection arrangements were satisfactory, but provision for life-sentenced prisoners had been diluted. Work on drug resettlement was well developed, but there was insufficient attention to alcohol. Further work was needed in accommodation, finance, and children and families resettlement areas. The prison was not performing sufficiently well against this healthy prison test.
- HP37 The reducing reoffending policy and action plan had been developed in July 2007, since when there had been two separate needs analyses involving a whole prison survey and a review of offender assessment system (OASys) sentence plans. These findings required extrapolation to provide a revised policy. Reducing reoffending forums met bi-monthly and were well attended by departments in the prison, but did not routinely involve community groups. Some pathways work was underdeveloped, but staff in these areas appeared to have identified the weaknesses.
- HP38 There were no custody planning arrangements for unsentenced prisoners or those on remand, in some cases in relation to serious sexual or violent offences. A large and well-integrated resettlement department included an offender management unit (OMU), probation department, observation, classification and allocation (OCA) department and work on public protection, home detention curfew (HDC), recall, lifers and foreign nationals. All sentenced prisoners were allocated to an offender supervisor, and initial contact was usually prompt. Of the 154 sentenced prisoners, 130 were allocated to offender supervisors. OASys initial assessments were largely up to date, although affected by the redeployment of staff to cover shortages. No releases on temporary licence had been granted, and only about a third of HDC applications were successful. Movement through the prison was, however, high with OCA allocating approximately 130 individuals a month to training establishments.
- HP39 The prison held 13 prisoners on indeterminate sentences for public protection (IPP) and one serving a mandatory life sentence. A lifer clerk managed these prisoners, although some OMU staff had had lifer training. The prison had ceased holding specific forums and family days for lifers since the last inspection, and written information was also limited. We met one prisoner on an IPP sentence who had arrived at Lancaster Farms in 2005 with a four-month tariff. He had remained in the prison ever since.
- HP40 The YMCA provided an accommodation service. Staff gave new arrivals a housing needs assessment and provided support to those who needed it. Accommodation needs were not seen as a priority, and there was little hard evidence about the outcome of the service. A full-time Jobcentre Plus representative helped new arrivals to close down benefit claims, and set up appointments for new claims. There were no

other services to help prisoners manage debts or their finances, and this area needed further development.

- HP41 Vocational training needed to be extended to support prisoners' opportunities for education, training and employment on release. Although relatively few prisoners were released from Lancaster Farms into the community, an employment support officer had recently been appointed, funded by the Prison Service until March 2010, to prepare prisoners for employment and promote employer engagement.
- HP42 Healthcare staff did not see all prisoners before their release, and they received minimal support in accessing health services in the community. Provision to support the drugs and alcohol resettlement pathway was generally good. The counselling, assessment, referral, advice and throughcare (CARAT) service had a caseload of 104 prisoners with drug problems, and the short duration programme (SDP) achieved its targets for course starts and completions. The only alcohol groupwork was a one-day alcohol awareness course. The drugs policy included only a passing reference to alcohol, and there were no plans to address alcohol as a problem, despite the evident need.
- HP43 Visiting arrangements were poor. The telephone booking arrangements were inadequate, and the limited capacity in the visits area restricted the number of visitors able to attend, particularly at the weekend. The visits area was unwelcoming and poorly equipped, with little provision for children, no proper catering and poorly stocked vending machines. The requirement for prisoners to wear boiler suits during visits was unnecessary and degrading. The family links staff provided valuable support in helping prisoners maintain links with their family.
- HP44 The psychology department had developed mechanisms to refer individuals to relevant departments to address their offending behaviour needs. There was a range of specialist assessments, and better links with public protection work had targeted prisoners for appropriate interventions. Enhanced thinking skills was the main programme offered, with a target of 36 completions a year.

Main recommendations

- HP45 The prison should introduce a Listeners scheme.
- HP46 Personal officers should support and engage with prisoners, and in particular engage proactively in anti-bullying and self-harm monitoring arrangements.
- HP47 Prisoners should have daily access to showers.
- HP48 Staff should be specifically trained and supported in working with young people, to develop their confidence in doing so.
- HP49 Prisoners should be able to dine in association at all times and not have to eat in cells alongside unscreened toilets.
- HP50 Prisoners should have at least an hour's association every day.
- HP51 The provision of vocational training should be increased.

- HP52 The prison should provide more accredited qualifications for work activities.
- HP53 The prison should improve participation in education, training and work.
- HP54 All prisoners should receive some form of custody or sentence planning.
- HP55 There should be sufficient services to assist prisoners to tackle alcohol misuse.
- HP56 Management and monitoring of the use of force should be strengthened.

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 prisoners' individual needs are recognised and given proper attention.

1.1 There were good relations between the prison and the escort provider. Late arrivals were rare, and all prisoners arrived in time to benefit from full reception and first night procedures.

1.2 Global Solutions Ltd held the escorts and transfers contract. Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically, and reception staff made appropriate use of it to inform initial risk assessments. Prisoner escort records were properly completed and legible.

1.3 The cellular vehicles we inspected were clean and had sufficient space.

1.4 Problems with late arrivals had improved, and all new prisoners arrived in time to receive reception and first night services. During our inspection, no prisoners arrived after 7pm, and records showed that during July and August 2008 all new receptions had arrived before 8pm.

1.5 The establishment had a video-link court and two video interview booths. They were well used, and daily court sessions were run effectively.

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.

1.6 The reception area was clean, but holding rooms had no facilities to inform and occupy new arrivals, who were not given written information about what they could expect from their first few days in custody. Listeners were not available, and peer support systems were not used in reception or during induction. The open interview areas were overly formal, and there were no facilities for reception officers to talk with new arrivals in private. However, new arrivals were moved to the first night centre quickly, where they were supported and there was a good focus on first night safety. Although there were no dedicated first night cells, the location of first night prisoners was identified effectively. All new arrivals had an appropriate induction, although this took less time than the one-week rolling programme described, and they were locked in their cells during gaps in the programme.

Reception

- 1.7 The reception area was busy and processed about 100 new arrivals a month. It was open from 6.30am until 8pm. Although closing out times had been agreed with the escort contractor, they were not enforced. Staff remained on duty to see and process all new arrivals, whatever time they arrived.
- 1.8 There were four large holding rooms, and a further two small rooms that were sometimes used when the number of prisoners in reception was low. The two holding cells were seldom used. The holding rooms were generally clean and well maintained. The graffiti we found during the last inspection had gone, and all rooms were freshly decorated and adequately furnished. Communal areas were also clean, floors were carpeted and prisoner showers, although seldom used, worked properly. New arrivals could collect a hot meal from an adequately equipped kitchen near the back of the building if they arrived during meal times or had missed a meal.
- 1.9 The searching area at the front of reception was screened. Searching procedures were carried out sensitively by two officers in private. In our survey, 84% of respondents said that they were searched in a respectful way, which was significantly better than the comparator of 69%.
- 1.10 There were no areas where reception officers could interview prisoners privately in a relaxed environment. New arrivals were interviewed by a senior officer who sat behind a high counter in an open area near to the main entrance. Although staff were courteous, the atmosphere was noisy and overformal.
- 1.11 Initial interviews were short to minimise the time new arrivals were in reception before they were moved to the first night unit, and most spent less than an hour there. Cell sharing risk assessments were covered, prisoners were asked if they had any immediate problems, and all were seen by a nurse.
- 1.12 There was little published information in reception to make new arrivals aware of what they could expect. Holding rooms and communal areas had no information notices, and new arrivals were not given written information to explain what would happen during their induction. The holding rooms had no televisions or newspapers and magazines to occupy prisoners while they waited to be taken to their residential unit.
- 1.13 Listeners were not used to support vulnerable prisoners in reception, and there was no peer support Insider scheme where trained prisoners could guide new arrivals through reception processes.

First night

- 1.14 All new arrivals were located on the first night and induction centre on Coniston. Trained first night officers interviewed them in private and made a comprehensive assessment of their immediate needs. A record of this assessment was kept in the prisoner's care and initial assessment plan, which was drawn up when he arrived on the unit. Identified needs were dealt with, and initial progress was tracked. Staff entries in files showed that they were aware of the importance of dealing with immediate risks and anxieties, while acknowledging prisoners' age and maturity levels.

- 1.15 All prisoners were offered a free telephone call, a shower and written information that set out what they could expect from the induction process. They were also offered £2 telephone credit, repayable at 30p per week, and an advanced shop pack (see paragraph 7.23).
- 1.16 Although there was no dedicated first night accommodation, new arrivals went into single cells that were clean and well equipped. There were handover procedures to ensure that staff coming on duty, particularly night staff, were aware of the locations of new prisoners and any special needs.

Induction

- 1.17 Induction officers based on Coniston saw new arrivals individually on their first morning to explain and describe the induction pack and to review their immediate needs assessments. Formal cell sharing risk assessments were also completed.
- 1.18 There had been little change to the induction procedures since the last inspection. Although described as a one-week rolling programme, in practice the general induction took about two hours. This covered access to prison services and activities (such as education and resettlement provision), expected behaviour, and prison rules. There were education and gym inductions and assessments later in the first week.
- 1.19 There had been some improvement to the content of the session and its delivery. The induction staff were confident, and they provided relevant material to prisoners. Sessions were informative, and prisoners were given time for discussion and to ask questions. However, as in reception, peer support was not used to help deliver the programme and give new arrivals a wider perspective of prison life.
- 1.20 The general induction session was followed by a hot-desking session with key agencies based at Lancaster Farms, in which personal details were taken and formal appointments, based on referrals, were made.
- 1.21 As at the last inspection, because most of the induction programme was delivered on just one day, prisoners spent most of the week locked in their cell during the core day with little to do.

Recommendations

- 1.22 Listeners and peer support workers should be employed in reception and the first night centre.
- 1.23 There should be a range of information notices displayed in reception.
- 1.24 New arrivals should be given written information about what they can expect from their first few days in custody.
- 1.25 Televisions and reading material should be available in reception holding rooms.
- 1.26 Private rooms should be available to interview new arrivals.
- 1.27 Prisoners undergoing induction should not be locked in their cells during the core day.

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 The residential accommodation was generally good, although some cells were in poor condition and some communal areas were dirty. The offensive materials policy was not applied consistently. Limited association restricted access to telephones, and there were reported delays in prisoners' mail. Prisoners had insufficient access to clothes, many cells, including doubled cells, did not have privacy screens around toilets, and access to showers was very poor.

Accommodation and facilities

2.2 The two house blocks were divided into two separate units, each accommodating 70 prisoners. Each unit was of the same design, with two landings, and ran the same regime, except Coniston 1, which was the first night and induction unit, and also held prisoners deemed vulnerable.

2.3 The units were modern, light and airy, with effective sightlines for staff to ensure safety. Some areas were grubby. The central area of each unit had recreational facilities, including pool and snooker. Coniston 2 also had an air hockey game, which was popular and very noisy. These areas also had a large television, although all prisoners, except those on the basic level, had their own sets.

2.4 Each unit had 10 cells designated as double cells, and the rest were single. The only safer cells were on Coniston 1, which had three. There were also safer cells in the healthcare centre. All accommodation had integral sanitation but many, including double cells, did not have privacy curtains around toilets. Although the communal areas were generally clean and tidy, the quality of cells varied considerably. Some were in a reasonable state of decoration and repair, but a number had been defaced by graffiti and had peeling plaster. Prisoners could display pictures and posters on walls. Although there was a clear offensive materials policy, we saw many examples where this was not enforced.

2.5 There were monthly consultation meetings between governors and prisoner unit representatives. Standing agenda items included issues relating to residential units. There was evidence that issues raised were taken seriously, although they were often raised several times.

2.6 A number of prisoners reported that units were noisy at night, especially with prisoners shouting out of windows (see paragraph 3.3). During the inspection we heard a lot of shouting, most of which appeared to go unchallenged by staff. In our survey, only 46% of respondents, significantly below the comparator of 58%, said that it was normally quiet enough to sleep at night.

- 2.7 Although electronic records on the use of cell bells were not kept, this appeared to be a concern on all units. We heard many bells that were rung and not answered for some time. In our survey, only 31% of respondents, significantly below the comparator of 42%, said that cell bells were answered within five minutes. Many staff said that prisoners abused the bell system, and we saw notices emphasising that incentives and earned privileges (IEP) points would be awarded for misuse, that cell bells were only for emergency purposes, and that this did not include a need for toilet paper. Given that prisoners were routinely locked in their cells whenever they were on the units, it was perhaps unsurprising that cell bells were used to communicate such needs, but staff appeared to regard any use of cell bells as an unwarranted interruption to their work.
- 2.8 Each unit had three telephones. Given the limited regime, and that telephones were usually only available at association times, access for most prisoners was restricted.
- 2.9 We received many complaints from prisoners about delays in mail. In our survey, 47% of respondents said they had problems in sending or receiving mail, compared with the comparator of only 38%. Although the management of mail was generally good, with appropriate systems for public protection, censoring and security matters, there were staff shortages and delays. On two days during our inspection the post was not delivered to the correspondence office until after 1pm, even though it had arrived at the prison before 9am. As a consequence, there were delays in sorting and delivery.

Clothing and possessions

- 2.10 Prisoners were unable to wear their own clothes, apart from socks and underwear. All other clothing was prison issue. The quality of this clothing was generally poor, and we saw many prisoners wearing ill-fitting garments.
- 2.11 Access to prison-issue clothing was a concern, as only one change of clothing a week was formally allowed. Prisoners could have further clothing on request, depending on availability. Those involved in work such as gardens or waste management were more likely to get extra clothes, but many others could not. A prisoners' forum meeting in May 2008 had suggested that prisoners get three sets of clothes a week, but this had not yet been implemented. In our survey, only 32% of respondents said that they received enough clothing to last them a week, against the comparator of 54%.
- 2.12 Each unit had a laundry, but there were often delays in washing clothes for prisoners. Some prisoners washed clothes in their cells, but they had no drying facilities.
- 2.13 Prisoners could hold a reasonable range of property in possession, which was partly determined by the IEP scheme. The list was reviewed twice yearly, but prisoners could suggest specific items through the consultative committee. Stored property could be accessed by application. Some prisoners said there were problems with this system; in our survey, only 25% of respondents, against a comparator of 35%, said they could normally access their stored property.

Hygiene

- 2.14 Prisoners could clean their cells at least weekly and had access to appropriate cleaning materials. In our survey, 84% of respondents, against the comparator of 55%, said they could access cleaning materials every week.

- 2.15 Each unit had a block with five showers and a bath, although access was very poor. Prisoners had to put their names forward for a shower, which they could usually only use during the hour-long evening association. The toilets had been identified as a high-risk area for assaults and so only one, sometimes two, prisoners were allowed in at a time. This meant that during most association, only nine to 10 prisoners could use the facilities. As weekday association was restricted to every other day, it was possible for some prisoners not to be able to shower all week. If staff were free to supervise, prisoners could use the showers during the day, but this was an informal arrangement. In our survey, only 23% of respondents said that they could shower every day, against the comparator of 57%.

Recommendations

- 2.16 Cells should be graffiti free and maintained to a reasonable standard.
- 2.17 Toilets in double cells should have privacy screening.
- 2.18 The decorative standard of cells should be consistent.
- 2.19 There should be more effective management of young people shouting out of their cells.
- 2.20 All cell bells should be answered within five minutes.
- 2.21 The offensive display policy should be implemented.
- 2.22 There should be sufficient staff to ensure that post is delivered to units the day it arrives.
- 2.23 Prisoners should be able to wear their own clothes.
- 2.24 There should be sufficient prison-issue clothing, which should be of a reasonable quality.

Staff-prisoner relationships

Expected outcomes:

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

- 2.25 Both staff and prisoners had generally low expectations of their relationships. Purposeful interaction was limited, and there were instances where staff were disrespectful and dismissive to prisoners.

- 2.26 In our discussions with prisoners, they were generally sanguine about their experiences of staff, although they seemed to have low expectations. While they had little negative to say about staff, there was also little that was constructive, apart from identifying a few staff who they saw as 'alright'. In our survey, respondents' views of staff were generally consistent with

those for the young offender estate, though responses and feedback from black and minority ethnic prisoners were better.

- 2.27 The prison's most recent measuring the quality of prison life (MQPL) survey in March 2007 was very negative. A significant number of respondents felt they were treated with disrespect, and nearly three-quarters felt ignored. Our observations of the structure of the core day and the character of the regime confirmed that it was easy for staff and prisoners to avoid each other and minimise their interaction.
- 2.28 Staff similarly had low expectations of prisoners. They often spoke of prisoners in dismissive terms or as an inconvenience, and tended not to see them as individuals or to engage in purposeful relationships. Although staff dealt with individual prisoner requests, they had limited active and informal engagement, which was not helped by the restrictive nature of the core day. Staff had limited engagement with prisoners while they dined communally or during association. They rarely referred to prisoners by their preferred names, except in written reports. Notices published around the prison were often needlessly aggressive or tetchy in tone.
- 2.29 We saw evidence of some inappropriate staff behaviour, for example, colluding with prisoners in playing pranks. Staff attitudes and perceptions, and the quality of some communications with prisoners, were disrespectful, and we heard prisoners being referred to or talked about in inappropriate and dismissive terms.

Recommendations

- 2.30 An action plan should be developed to address the findings of the MQPL survey on staff-prisoner relationships.
- 2.31 Staff should address prisoners by their titles or preferred names.
- 2.32 Information notices for prisoners should be easy to read and constructive.

Personal officers

Expected outcomes:

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

- 2.33 There was a reasonable policy on personal officers, who worked in teams across the units and were allocated responsibility for individual prisoners. Personal officers were unclear about the distinction between their role and that of offender supervisors, and were not sufficiently involved in supporting or challenging prisoners.
- 2.34 There was a detailed and comprehensive personal officer policy that outlined the principles of the scheme and provided advice to personal officers about what was expected of them. Once allocated, a personal officer retained responsibility for that prisoner for the duration of his stay on the unit. Coniston and Derwent units operated the same system with all main grade staff divided into one of four teams, which should have provided cover when personal officers were absent. However, some staff told us that cover for absence did not always happen.

- 2.35 Most prisoners knew who their personal officer was, but in our survey the response was significantly worse on Coniston unit than on Derwent, at 57% against 84%. Staff had a reasonable understanding of the personal officer scheme, but some were unsure of what their role was and how best to undertake it. The general consensus was that a personal officer offered little more than any other staff member. There was also confusion when prisoners subject to sentence management were assigned to an offender supervisor, as the distinction between the two roles was not well understood.
- 2.36 We looked at a sample of 20 prisoner files for the two units (see Appendix III). Although we found one file where no comment had been made for 34 days, the average frequency of entries was appropriate and was generally around the weekly target. However, the quality of entries varied considerably. Of 332 comments for all files, only 19% (62) were constructive and indicated positive interaction. The remaining 81% (260) were merely observational or functional. Of the 20 files, only 14 identified who the personal officer was, and only two of these were clearly marked. Nevertheless, in half the files, personal officer comments indicated involvement. File entries about vulnerable prisoners indicated that personal officers were aware of their location and specific safety issues. Of the 20 files reviewed, only two included management checks. These tended to focus primarily on process and less on the quality of content.
- 2.37 Personal officers were not specifically engaged with prisoners subject to anti-social behaviour or self-harm monitoring (see main recommendation HP46).

Recommendations

- 2.38 There should be a clear distinction between the roles of personal officer and offender supervisor.
- 2.39 Management checks of prisoners' unit files should focus on the quality of entries rather than the process.

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 There was a high number of violent incidents, and a third of prisoners had felt unsafe, though most reported feeling safe currently. There was a model for managing violence reduction, but more work was required to establish patterns of behaviour over time, and some key information was missing. The tackling anti-social behaviour model was reasonable, but focused almost exclusively on anti-bullying, and quality checks looked at process rather than content.
- 3.2 Around 20 incidents of violence – either a fight or an assault – were recorded each month, which was high for the size of establishment. A third of prisoners said they had felt unsafe, but only 8% said that they currently felt unsafe, against the 19% comparator.
- 3.3 The prison had a violence reduction policy, which had been updated in April 2008. This was oriented to the wider principle of tackling anti-social behaviour, but covered anti-bullying. Both elements came under the establishment-wide safeguarding strategy and were managed by the safeguarding manager. The violence reduction policy set out the broad strategy. Specific objectives were not included, but were incorporated into the minutes of monthly meetings. While a useful means of identifying key issues and the individuals responsible for taking them forward, these did not always set timescales or develop between meetings, and often tended to be matters arising from meetings rather than strategic long-term objectives. For example, both prisoners and staff expressed concern to us about shouting out of windows (see paragraph 2.6). The last three violence reduction meetings (May, June and July 2008) had referred to a zero tolerance approach to such behaviour. However, while some work was identified to take the matter forward, this was not included in any objectives. We observed much such behaviour that was not challenged by staff.
- 3.4 The violence reduction coordinator was a principal officer responsible for collating and managing core information for the violence reduction committee and overseeing the implementation of anti-bullying work. Monthly violence reduction committee meetings were generally well attended by key personnel from across the establishment. The primary focus of these meetings was on the coordinator's report, which contained a wide range of detailed information and data. There were, nevertheless, some significant omissions in data, including that relating to unexplained injuries and use of force. There was also no long-term comparative analysis. There had been recent attempts to produce bi-monthly comparative data for the senior management team, but this had proved difficult to collate, and the violence reduction committee did not get this information. At the time of the inspection, the psychology department was undertaking the annual anti-bullying survey of prisoners.
- 3.5 Although there had been no serious incidents of gang-related violence, many staff raised concerns about gang-related activity throughout the inspection. This appeared

disproportionate. We were concerned that any negative group activity was seen as gang related, despite the more proportionate approach taken by the security department. The prison had an identified senior officer lead with the Manchester multi-agency gang strategy (MMAGS) group, which was a useful link for information and advice on local activity. This officer gave an induction presentation to new staff. He also coordinated an initiative working with ex-gang members in the community who took on a mentoring role with current members in custody to discourage their involvement. Both initiatives were relatively new and, while encouraging, required further work to establish effectiveness. MMAGS was not well represented in violence reduction meetings.

- 3.6 The tackling anti-social behaviour (TAB) model was integral to the anti-bullying strategy. TAB was an area initiative incorporating aspects of assessment, care in custody and teamwork (ACCT) self-harm monitoring, with which staff were familiar. TAB took a three-tier approach to managing those behaving inappropriately, along with a support programme for victims. Since January 2008, 145 TABs had been opened. Most (79) were on level one or for support (59). Only 15 had been at levels two or three. In our survey, 43% of respondents who had been victimised by staff or prisoners said that they had reported this, against a comparator of 31%, which indicated some confidence that their concerns would be taken seriously.
- 3.7 Although in principle TABs were opened following any anti-social behaviour, assault, fight, damage to property or threats, all the TABs we saw concerned bullying, and other incidents were unlikely to result in a TAB. Unit staff believed the model was almost exclusively an anti-bullying strategy. Some staff had been trained in TAB, but only 17 of the 57 currently trained were working with the young adult population. Further work was required to embed this initiative.
- 3.8 Care maps (similar to ACCTs) were integral to the TAB. Our analysis of the one case currently open and some that were recently closed showed that care maps had non-specific objectives, failed to include interventions other than monitoring, and rarely identified specific staff to work with the prisoner concerned. Personal officers had no specific responsibility under the TAB model.
- 3.9 There was very limited quality control of TABs. Unit managers and duty governors undertook regular checks, but these focused on process (such as, that an appropriate log was in place, reviews undertaken, information included) rather than the effectiveness of work to correct inappropriate behaviour or support victims.

Recommendations

- 3.10 **The violence reduction committee should identify, manage and monitor annual objectives against an agreed timescale.**
- 3.11 **Information collated by the violence reduction committee should include use of force and unexplained injuries.**
- 3.12 **Violence-related data should be compared for patterns and trends over time, and submitted for analysis to the violence reduction committee.**
- 3.13 **Tackling anti-social behaviour (TAB) procedures should be quality assured, and this should be evaluated through the violence reduction committee.**

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.

- 3.14 The suicide and self-harm committee met monthly and was supported by a comprehensive policy document. There were appropriate systems to manage the relatively high number of assessment, care in custody and teamwork (ACCT) self-harm monitoring cases, and most staff had undertaken ACCT foundation training. However, the quality of ACCT documents varied considerably, and many were inadequate to manage vulnerable prisoners effectively. There was no Listeners scheme.
- 3.15 A comprehensive suicide and self-harm management policy had been updated in April 2008. The document was detailed, and covered procedures used at Lancaster Farms, as well as general guidance to staff responsible for managing vulnerable prisoners. The suicide and self-harm committee met monthly and was generally well represented by staff from across the establishment. A senior officer had the full-time role of suicide and self-harm coordinator.
- 3.16 The last self-inflicted death in custody had been in September 2007. At the time of the inspection, the prison had not received the report from the Prisons and Probation Ombudsman.
- 3.17 Information collated each month was reasonable and included both monthly and year-to-date data, as well as incidents of self-harm and suicide and key learning points from other prisons. However, there was little analysis of this information.
- 3.18 Since the beginning of 2008, 134 ACCT self-harm monitoring documents had been opened, averaging around 17 per month. At the time of the inspection, 14 were open. The system for managing ACCTs was appropriate, unit staff knew the system, and information was widely publicised, including a list of prisoners subject to ACCT posted in the gatehouse.
- 3.19 By May 2008, 98% of staff had undertaken the ACCT foundation training, and 28 staff had been identified as ACCT assessors. However, assessors and a back up were not always available.
- 3.20 We looked at all the ACCTs open during the inspection, as well as the last 10 that had been closed. Although most documentation was completed, the quality varied considerably. There were some good examples of assessments, while others were perfunctory and contained little assessment. Care maps were generally weak. In some cases, assessments were not reflected in subsequent plans and triggers were often very general. Care map targets rarely had a timescale or identified a member of staff to take forward specific work, except where the prisoner was accommodated in the healthcare department. It was not clear if departments identified in care maps were informed of this. Daily monitoring comments also varied in quality, with many merely observational.

- 3.21 Although there were regular reviews of prisoners on open ACCTs (usually at seven-day intervals) the quality of these also varied. Assessors were usually included in initial reviews, but rarely subsequently. Senior officers undertook reviews, but not always the same officer for each case, which affected continuity. Personal officers did not attend meetings routinely and had no specific role in ACCT cases. ACCT reviews were often undertaken with just the prisoner concerned and a senior officer. We saw some cases where departments identified in care maps were not included in reviews. None of the documents open at the time of the inspection had updated or reviewed the care map as a part of the regular case review. At the end of a review, a date for a subsequent review was always identified, but times were not decided until the actual day. This made it difficult for staff from other departments to attend.
- 3.22 Following a recent initiative, the monthly suicide and self-harm meetings reviewed all open ACCT cases. However, these reviews focused on the ACCT system and not on the quality and effectiveness of the work undertaken. Regular management checks by duty governors also rarely focused on quality.
- 3.23 There was limited support for prisoners on ACCTs. The psychology and/or mental health in-reach teams undertook some work, but this was limited and rarely reflected in ACCT review meetings or care maps. There were no Listeners, although the prison planned to introduce them (see main recommendation HP45).
- 3.24 There had been two near-deaths in 2008. The suicide and self-harm coordinator had investigated both cases, but this was limited to an interview with the prisoner concerned. Consequently, there was little that the prison could learn from the events.

Recommendations

- 3.25 **Assessment, care in custody and teamwork (ACCT) assessors should be identified and publicised in advance, and the prison should ensure that there is always a main assessor and back up.**
- 3.26 **The suicide and self-harm committee should analyse the monthly data to increase understanding and the management of risks.**
- 3.27 **There should be effective quality control of ACCTs to improve the effectiveness of the process.**
- 3.28 **ACCT case reviews should be scheduled well in advance, should ensure continuity of case managers and should be multidisciplinary.**
- 3.29 **Prisoners on ACCTs should have individualised care maps to meet their needs.**
- 3.30 **Near-death incidents should be fully investigated and learning points incorporated into subsequent action plans.**

Diversity

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

- 3.31 Work on diversity was still in its early stages. Diversity policies and structures tended to be staff focused. Issues of disability and sexuality needed to be addressed.
- 3.32 The diversity manager was a member of the senior management team and reported to the head of offender management. She was responsible for managing the race equality officer, foreign national coordinator and clerk, and the disability and sexuality liaison officer.
- 3.33 An equal opportunities policy had been published in March 2006. This covered all aspects of diversity, but was written mainly from a staff perspective. An up-to-date diversity policy had recently been produced, but we did not have sight of this. A diversity committee met quarterly and was chaired by the deputy governor. This forum tended to be staff focused.
- 3.34 A disability action plan was currently being reviewed in conjunction with a local disability organisation. Prisoners with disabilities were identified on admission. There was a designated disability liaison officer, who made arrangements for specialist support for prisoners with disabilities; in one case, this had meant extra visits. There were no adapted cells, although we were told that there were plans to introduce them.
- 3.35 There had been some work on sexuality and disability, including relevant workshops in a recent diversity week for prisoners, with plans to develop this work further.

Recommendations

- 3.36 The diversity policy should be published.
- 3.37 The diversity committee should focus on issues relating to prisoners.
- 3.38 The prison should adapt cells to accommodate prisoners with disabilities.
- 3.39 There should be an action plan to address issues of disability and sexuality.

Race equality

Expected outcomes:

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

- 3.40 Some black and minority ethnic prisoners expressed very negative views about their treatment. There had been few formal complaints and there was an apparent lack of confidence in complaint procedures. The standard of investigations into complaints was good. Trend analysis of black and minority ethnic prisoner participation in the regime was adequate. Black and minority ethnic prisoners were given opportunities to express their views, and there was some evidence that action was taken as a result.

Race equality

- 3.41 Only 13% of young adults were from a black and minority ethnic background, which was less than half the figure at comparator establishments. While 84% of black and minority ethnic

respondents to our survey said that most staff treated them well – which was significantly better than the response of 61% from white prisoners surveyed – some of the other survey results raised concerns. For example, 58% of respondents from a black and minority ethnic background said they had felt unsafe at some time in this prison, which was significantly higher than the 28% response from white prisoners, and 22% said they had been victimised by staff, which none of the white respondents reported as a problem.

- 3.42 These negative views were reinforced by some of the comments made in our discussion group with black and minority ethnic prisoners. We also noted that prisoners had raised concerns at a recent young prisoner forum about staff failing to act when racist comments were made. More work was needed to determine the reasons for the negative responses from black and minority ethnic prisoners.
- 3.43 The diversity manager was responsible for the management of race equality work. This area had suffered from a lack of staff continuity, but a new race equality officer (REO) had recently been appointed and an additional post of assistant REO created.
- 3.44 Race equality action team (REAT) meetings were held bi-monthly and were chaired by the Governor. These carried out some analysis of patterns and trends of black and minority ethnic prisoner participation in the regime, although there was a strong emphasis on process and much of the discussion was descriptive. There was under-representation of Asian prisoners in the workshops, and there had been no investigation into the reasons for this. There were plans to obtain more qualitative data about the experience of prisoners from a black and minority ethnic background through survey work.

Managing racist incidents

- 3.45 Prisoners did not make many formal race complaints. On average, around four or five a month were submitted, which seemed low given our survey findings. One explanation was a lack of confidence in the formal procedures. The complaints made tended to be related to name calling, much of this connected with shouting out of windows (see also paragraph 2.6). The diversity manager was concerned about this issue, and it had been raised at the REAT meeting.
- 3.46 Racist incident complaints were dealt with carefully. Investigations were well documented and thorough, and the governor in charge took an active interest, as evidenced in his detailed comments on the reporting forms we reviewed. The investigating officer also routinely sought feedback from the prisoner who had made the complaint.

Race equality duty

- 3.47 Prisoners had the opportunity to participate in and contribute views on race equality issues through the bi-monthly young prisoners' black and minority ethnic forum, chaired by the diversity manager. We saw some examples where issues raised by prisoners at this meeting had resulted in practical action – for example, on concerns about the separation of halal utensils for cooking, and requests for the availability of more diverse music. One unresolved issue for black and minority ethnic prisoners was the lack of access to a suitable hairdresser.
- 3.48 There was good work between staff working in diversity and public protection to identify known or potential racist offenders on admission. There were plans to identify a suitable intervention programme that could be used to address any underlying racist attitudes.

- 3.49 There was a range of regular activities to celebrate aspects of different cultures. Some of this involved participation by outside community groups. This promotional work was reinforced by informative posters displayed throughout the establishment.

Recommendations

- 3.50 There should be analysis of the negative views expressed by prisoners from a black and minority ethnic background.
- 3.51 The trend analysis conducted for the race equality action team meeting should be supplemented by survey work on areas of concern.
- 3.52 Prisoners from a black and minority ethnic background should be consulted about the racist incident complaints system and their confidence in it.
- 3.53 Prisoners from a black and minority ethnic background should have the opportunity to use an appropriate hairdresser.

Foreign national prisoners

Expected outcomes:

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

- 3.54 Although this area had not received much priority, foreign national prisoners seemed to be reasonably well integrated into the establishment. Until recently, there had been a non-specialist clerk to support foreign nationals; there was no specialist support group. There were links with relevant community agencies, which needed to be strengthened.
- 3.55 There was a foreign national policy, but not all of its requirements were met. The policy was comprehensive and up to date, with clear information about how foreign nationals should be treated in custody.
- 3.56 At the time of the inspection, there were 10 foreign nationals who were dispersed throughout the establishment. An up-to-date database held detailed information about each foreign national prisoner, which enabled staff to get a clear picture of their profile.
- 3.57 Until recently, all the work relating to foreign nationals had been carried out by a non-specialist administrative clerk. She interviewed all new arrivals who were foreign nationals, although not always within 24 hours of their arrival. She gave them a general prison information booklet, available in 28 languages, and provided what basic guidance and assistance she could, on a one-to-one basis. The clerk had unrestricted access to a telephone interpretation service. The prison had contact with Global Link, which ran events on global citizenship issues, such as human rights and refugees. The clerk had developed links with local solicitors who were prepared to provide legal advice to foreign national prisoners, and she was also in touch with named caseworkers at the UK Border Agency.
- 3.58 A prison officer had been designated as foreign national coordinator two weeks before our inspection, but had not yet undertaken any training in this area. The officer, who had been

allocated dedicated time, intended to continue the work started by the clerk, and address the shortcomings in the delivery of the foreign national policy.

- 3.59 We spoke to three foreign national prisoners. Each felt they had been treated well, although one said that he had not been offered a free monthly telephone call. We were unable to find a central record of the free telephone calls offered. A governor's notice published in June 2008 reminded prisoners of this entitlement, but it appeared that the onus was on the prisoner to claim this rather than it being offered routinely. As a result, not everyone eligible for a free telephone call was offered one.
- 3.60 There was no opportunity for foreign national prisoners to meet together for mutual support.
- 3.61 We came across two foreign national prisoners whose sentences had expired. The foreign national clerk was aware of these individuals' circumstances, and they were being treated as remand prisoners. However, they were not receiving the additional specialist support and advice necessary to ensure that their cases were expedited.

Recommendations

- 3.62 All the requirements set out in the foreign national policy should all be implemented.
- 3.63 The foreign national coordinator should receive specialist training.
- 3.64 All foreign national prisoners should be interviewed within 24 hours of their arrival.
- 3.65 There should be stronger links with appropriate community organisations that can offer a range of relevant support to foreign nationals.
- 3.66 Foreign national prisoners should be able to meet in a group setting to share information and provide support.
- 3.67 Foreign national prisoners whose sentence has expired should be offered specialist advice and guidance to ensure these cases are expedited efficiently.

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.

- 3.68 The application system was basic, with no logging or quality control, and prisoners had lost confidence in it. Complaints were managed efficiently and responses were generally of a good standard.
- 3.69 Application and complaint forms were available on all units, although in our survey only 72% of respondents, against the comparator of 79%, said it was easy to get a complaint form. Information on the complaints system and how it worked was displayed near to the complaints forms.

- 3.70 Application forms were collected each day when prisoners were unlocked. However, there was no system to log applications, and some prisoners complained that these were often lost or that responses were slow. In our survey, only 54% of respondents, against a comparator of 63%, felt applications were dealt with fairly, and only 65%, against a comparator of 77%, had submitted one, indicating a possible lack of confidence in the system. Some prisoners told us that they were more likely to approach an officer they knew informally, although not necessarily their personal officer, to request information rather than use the application system. There was no quality assurance to monitor issues, evaluate patterns of applications or to ensure that responses were appropriate.
- 3.71 In contrast, the complaints system was efficiently managed with clear guidance for staff on how to respond appropriately. In 2008 to date, 177 complaints had been submitted, averaging around 35 a month – 95% were responded to within the agreed timescale. Our evaluation of these showed that the standard of response was generally good. Most answered the query appropriately and were polite and respectful. Under a quality assurance system, a random 10% of all complaints, and any others that the complaints clerk identified as having inappropriate responses, were forwarded to a governor grade to assess and, where appropriate, return to respondents for more appropriate replies.
- 3.72 Complaints against staff or confidential access requests often led to investigations. We reviewed some of these, which were undertaken fairly and generally to a good standard. Where investigations were necessary, there could be delays in responses to prisoners. Although prisoners were informed of this, they were given no timescale or update on progress.
- 3.73 Where prisoners identified that their complaint had a racial or bullying dimension, this information was generally forwarded to the appropriate departmental leads. We did, however, see some examples where this did not happen.

Recommendations

- 3.74 All applications should be logged and prisoners given a receipt as proof of submission.
- 3.75 There should be a timescale for responses to applications.
- 3.76 Quality assurance of applications should be introduced.
- 3.77 Interim replies to complaints should include timescales for responses.
- 3.78 All complaints that indicate a racial or bullying aspect should be forwarded to the appropriate department for investigation.

Legal rights

Expected outcomes:

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

- 3.79 The bail information system worked well, but no other legal services were available. Prisoners had inadequate access to legal reference material.

- 3.80 There were good systems to identify all new arrivals who could be eligible for bail on the first working day after their arrival. The bail clerk interviewed them as part of their induction to determine whether they wanted to make a bail application. The lack of cover arrangements when the clerk was absent was a weakness in an otherwise good service. In 2007-08, 379 young people were seen, 231 applications made, and 110 were successful in obtaining bail. Despite this record, only 27% of survey respondents, against a comparator of 44%, said it was easy to get bail information.
- 3.81 There was no trained legal services officer. Induction staff informed new arrivals about access to legal aid, but were not able to offer any other assistance. Prisoners had limited access to the library, which stocked legal reference material. In our survey, respondents were negative about legal services. Only 32% said it was easy to communicate with their legal representative, against a comparator of 59%, and only 58%, compared with 67%, said it was easy to attend legal visits.
- 3.82 Legal visits were available Monday to Friday and were well organised, with five private booths available as well as the tables in the visits room. It was not unusual for more than 20 legal visits to take place in the mornings, and up to another five in the afternoon in the private booths. Prisoners attending legal visits had to wear the same boiler suits as worn on social visits, which was inappropriate.

Recommendations

- 3.83 There should be cover arrangements to provide bail information in the absence of the bail information officer.
- 3.84 A trained legal services officer should see new arrivals within 24 hours.
- 3.85 Prisoners attending legal visits should not have to wear boiler suits.

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.

- 3.86 Detoxification arrangements were inadequate. Positive mandatory drug testing rates were low, and mainly for cannabis. Testing facilities were clean, but one holding room needed improvements. Intelligence-led suspicion tests were not completed routinely.

Clinical management

- 3.87 Demand for clinical detoxification services averaged five prisoners per month. There were policies and protocols to deliver detoxification services. However, inconsistent levels of doctor cover, particularly out of hours, meant that some prisoners requiring prescriptions for detoxification drugs had to wait, sometimes for days, before they received the necessary medication. In these cases, symptomatic relief was given by on-call doctors not willing to

prescribe detoxification drugs. The local healthcare commissioners had proposed a specialist-run substance misuse clinic at the prison, but funding had not yet been agreed.

Drug testing

- 3.88 The average random mandatory drug test (MDT) positive rate for the previous four months was 1.67% with no refusals. Cannabis was the most commonly detected drug. In our survey, only 18% of respondents said that it was easy to get drugs in the prison, against a comparator of 21%. Most prisoners who we interviewed agreed that drugs availability was minimal.
- 3.89 The MDT suite was clean and tidy. One of the two holding rooms had no natural light or ventilation and bare walls. The other holding room, in contrast, was light and airy, with drugs information posters and drug service leaflets on the walls.
- 3.90 There had been 26 intelligence-led suspicion drug tests in the previous four months, of which nine were positive and 10 refused. In the same period, however, there had been 57 referrals for suspicion tests from the security team. Staff shortages and operational redeployments were cited as the reasons for this 47.3% completion rate. There was also no testing at reception, again due to staff shortages.

Recommendations

- 3.91 The prison should develop a detoxification strategy, and the prison and the primary care trust should develop appropriate protocols, procedures and staff expertise to ensure the clinical management of drug-dependent prisoners at all times.
- 3.92 All mandatory drug test (MDT) holding rooms should be adequately ventilated, and should display information on drugs, blood-borne viruses and all related services.
- 3.93 MDT (including suspicion and reception testing) should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision.

Section 4: Health services

Expected outcomes:

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

4.1 There was a good level of health services, except for dentistry and optical services, which had extensive waiting lists. There was rapid access to the GP and nurse-led services. Sexual health services and health promotion were good, and mental health services were very good. The management of the inpatients unit was of a high standard. Healthcare staff worked well with other providers in the locality and benefited from the support of NHS community specialists who provided clinical expertise to the prison.

General

- 4.2 The North Lancashire Primary Care Trust (PCT) held commissioning responsibility for health services. A health needs assessment had been completed in January 2008. We did not have sight of this during the inspection, but we did see a copy of the prison health action plan dated April 2008. The clinical services coordinator, who had an extensive knowledge of prison healthcare, was a member of the senior management team, but did not attend the prison partnership board. This was unusual given the level of responsibility for the large number cared for.
- 4.3 The primary care setting in the healthcare department was comparable to many modern GP practices. There were plans to provide dedicated treatment rooms on all residential units for routine treatments and to save prisoners attending the main department. Treatment areas had been identified and were used to administer medications, but had not yet been converted to health rooms.
- 4.4 The waiting area in the healthcare department was large enough to accommodate those attending and had a good range of health promotion material. Offices and treatment areas were generally well equipped and provided the necessary privacy for patients undergoing examination. Access for those with disabilities was good.
- 4.5 The main treatment room also functioned as a dispensary. Medicines were stored in lockable metal cabinets, all cupboards were clean and tidy, and there was no evidence of excess stock. Other relevant medical equipment was in place, and everywhere was clean and tidy, except for the dental surgery. Contract cleaners were employed.
- 4.6 The nurses' station was large and well organised, with an electronic medical information system (EMIS) station there and others throughout the department. An adjacent room housed clinical records. Sightlines to the waiting area were good.
- 4.7 The dental surgery was spacious but needed redecoration. Dental equipment was aging, and there was a large defect in the chair seat. We could not confirm if the unit had been fitted with an amalgam separator. The surgery had clean and dirty areas, but these were not signed. The autoclave was a dated model with no printer. An autoclave logbook of autoclave strips was kept, but time and temperature parameters were not logged. There was no washer/disinfectant.

During the treatment session, the dentist did not wear specific surgery clothing or eye protection. There was no aluminium foil lining on the amalgam spillage tray. The compressor was in a cupboard off the surgery, and the dental staff were not aware of any draining requirements. There was no documentation on the maintenance of the autoclave and compressor in the dental surgery or with the healthcare manager. There were no written policy documents other than one relating to sharps injuries. The dental surgery contained resuscitation equipment and appropriate emergency drugs.

- 4.8 The inpatient area was bright, spacious and well decorated, and was clean and tidy. All cleaning was done by health staff or patients rather than contract cleaners. There were 11 single cells, including two camera-covered cells, on the certified normal accommodation (CNA). There was one safe cell. Two cells had hospital beds and the others had plinths. Television and radio was available to patients following a risk assessment. All cells had in-cell sanitation and washbasins.
- 4.9 The treatment room was functional and held necessary equipment. However, the hand washing facilities did not meet infection control guidelines, and there were no elbow taps, hand wash dispensers and towels. The medicine trolley was in this room and was secured to the wall at all times. There were two large association rooms, one of which was used for education.
- 4.10 The reception healthcare room was of a good size and reasonably clean. The room could only be accessed by health staff. It was suitably equipped and included an EMIS terminal.

Clinical governance

- 4.11 Clinical governance measures included the management and accountability of staff. The clinical services coordinator was an experienced registered general nurse (RGN) who had previously worked with NHS children's services. She reported directly to the Governor and the integrated service manager at the PCT. Staffing levels were reasonable with 33 whole-time equivalent (WTE) health professionals in post and two vacancies. The skill mix was good with a combination of RGNs, registered mental health nurses (RMNs), including learning disabilities, which was relevant to some prisoners, and healthcare assistants (HCAs). The structure and delegation of clinical and managerial responsibilities to team leaders and individual nurses was well organised. Each unit had named nurses, which allowed good professional relationships to be developed between prisoners, officers and healthcare staff. There were sound professional and respectful relationships between health staff and other prison staff. Relevant ongoing professional training was supported, as was clinical supervision, although there was little evidence that uptake by staff was sufficient. The clinical services coordinator was reviewing the supervision strategy to improve uptake.
- 4.12 GP cover was contracted in from a local practice that had worked at the prison for some years. A GP was in the prison for about an hour every weekday morning and saw up to eight booked and additional emergency appointments. GP support was said to be good and the waiting list was negligible. The same GPs provided telephone advice until 5pm, when the local NHS out-of-hours system took over.
- 4.13 Dental services were delivered by two dentists who held six sessions a week, supported by two dental surgery assistants. There was no cover for the dentists' annual or sick leave.
- 4.14 There were four administrative posts, one of which was vacant. The administrative support was good.

- 4.15 There were regular team meetings in addition to the routine daily meetings. The senior nurses met every two weeks and there were fortnightly primary and inpatient team meetings. Guests were invited, but the dentist or the GP were present by invitation only.
- 4.16 The PCT funded one discipline officer for healthcare, which was insufficient, especially in the inpatient unit where discipline presence was needed daily. Nurses in inpatients had to deal with cell cleaning, canteen and sentence issues, which took them away from their primary professional role.
- 4.17 Specialist medical equipment, occupational therapy and daily living aids were available through the PCT. Emergency equipment was located in both inpatient and primary care areas. The equipment was appropriate and was checked daily.
- 4.18 Clinical records were written directly on to the EMIS. We reviewed some entries and found them to be professional and appropriate. Old paper records were stored securely in the primary care office in a locked room only accessible to healthcare staff.
- 4.19 The management of communicable disease was good, and there were strong links with local health protection agencies.
- 4.20 There was no specific health forum for prisoners to have direct access to senior nurses on matters of general concern, or to inform them of changes in provision. For example, in our groups, prisoners complained that they had to see a nurse before they could see the doctor, and did not understand why this was.
- 4.21 The complaints system was robust. The clinical services coordinator dealt with complaints initially, and prisoners could take the complaint to the PCT if they wished.

Primary care

- 4.22 Primary care services were good and prisoners had access to all necessary health facilities on site or through visiting health professionals.
- 4.23 A trained nurse saw all new arrivals in reception and carried out an initial health assessment. Any identified needs were flagged up to the appropriate health professional, and a second health screening was completed within 48 hours. Prisoners were asked if they had a GP and, if so, were asked for permission for the prison to contact them to obtain previous medical records. Following an explanation, they were also asked to consent to their medical information being shared with relevant agencies where appropriate.
- 4.24 Many clinics were held in healthcare. Prisoners were collected by discipline staff or the healthcare discipline officer, who supervised them while waiting for appointments. In some instances, juveniles were in healthcare at the same time as young adults, which demanded the presence of officers, although this had never presented any concerns.
- 4.25 Until recently, nurses started duty at 7.45am and prisoners were brought to the healthcare department to collect their medications or to report sick. This caused problems for prisoners who had to be in work or education early in the morning. Work, education and healthcare timings often clashed. The clinical services coordinator had discussed the problems with staff, and it had been agreed that nurses would start work earlier in the morning to avoid the clash with the activities programme.

- 4.26 The normal morning routine was for two nurses to go to the units to administer any medications, which also allowed them to see and assess prisoners who said they felt unwell. Anyone reporting sick was assessed and findings entered on to the EMIS when the nurse returned to healthcare. Other prisoners who wished to access health services did so by submitting a completed application in a dedicated locked healthcare box on the units. The box was emptied daily by an HCA and given to primary care nurses, who forwarded the application to the relevant health professionals. GP clinics were generally full every day, but there were no waiting lists and any prisoner who needed to be seen was seen on the same day or within 48 hours.
- 4.27 Prisoners had access to a range of visiting specialists, including a dentist and an optician. The waiting list for the optician was very long and urgent action was required to reduce it. Physiotherapy was outsourced.
- 4.28 There were few young people with a chronic disease, but those who did were managed in house by senior nurses. Two nurses were undertaking a diploma course in the management of patients with asthma, and one senior nurse was trained in the management of diabetes. Retinal screening was carried out locally. Another named nurse managed prisoners with epilepsy.
- 4.29 Many prisoners complained of being unable to sleep and often asked for sedatives. Before they were referred to the GP, nurses tried simple remedies such as earplugs, as well as asking unit staff to carry out sleep watches. If the problem persisted, the prisoner was seen by the GP and prescribed a short course of Nytol.
- 4.30 Prisoners held in the segregation unit were seen by the GP on weekdays and by nurses during daily medication rounds and at the weekend.
- 4.31 There was good health promotion support. Smoking cessation courses were available, and immunisations against hepatitis B and MMR (measles, mumps, rubella) were offered to all young people. There was no policy on the use of condoms, although prisoners were given them if they asked. Condoms were not offered to prisoners on their release.
- 4.32 Sexual health was a well-developed service. Prisoners could self refer or ask any member of the health team for a referral to the visiting sexual health specialists. A team from the PCT worked with healthcare staff to screen as many prisoners as possible for sexually transmitted diseases. A chlamydia programme was advanced, with regular Saturday morning clinics to keep the waiting list under control. An HIV specialist nurse was also in the team and saw any prisoner seeking advice or treatment. Any who needed to be seen at consultant level did so through the local hospital.
- 4.33 Healthcare staff worked well with other departments such as the gym, which ran remedial gym programmes for prisoners with minor injuries, and fitness classes for obese young people.

Pharmacy

- 4.34 Pharmacy services were managed by the pharmacy at HMP Garth, and a technician visited regularly. The overall management of pharmacy in the prison was generally good. Medicines were stored in the healthcare treatment room and the inpatient ward trolley. Named medications and stock were separated, and all medicines were stored appropriately and labelled in accordance with regulations. Medicine refrigerator temperatures were maintained.

Controlled drugs were stored in accordance with safe custody legislation, but security of the controlled drug key security needed to be improved.

- 4.35 Prescriptions were generated through the EMIS and were printed on forms that included an administration record chart. Prescriptions were faxed through to the pharmacy for same-day delivery. Some prescriptions were supplied through pre-packed medicines; as these prescriptions were not sent through to HMP Garth, the patient medication records were incomplete.
- 4.36 Nurses maintained good paper and electronic records of special sick medicines supplied. All records were detailed and auditable.
- 4.37 The prison used standard hospital controlled drug registers, which did not comply with legislative changes that came into force in February 2008. Controlled drugs running balances were maintained and regularly audited. Although controlled drug standard operating procedures were in place, they were not up to date or implemented.
- 4.38 There were three medicine administration rounds a day, and two nurses took medicines to the units in secure bags. Most medicines were supplied in possession following a risk assessment. In-possession medications were given for up to three months, depending on the risk assessment, and unit staff were advised of the prisoners who had their medication in possession. A traffic light system, with red, amber and green sheets of paper indicating the level of risk associated with a medication, was used in prisoners' unit files to alert officers to the specific risks.
- 4.39 Some prescribed medication, such as inhalers and antibiotics, were supplied pre-packed. Such prescriptions were not routinely sent through to the pharmacy, which meant that records were not updated. The use of dual-labelled pre-packs, which we recommended in 2005, should be implemented to enable the pharmacist to undertake a professional check, update records and replenish stock automatically.
- 4.40 A limited list of medicines for special sick was available for supply by nursing staff, and a range of simple medicines was available from the prison shop. Patient group directions (PGDs) were limited to vaccines.
- 4.41 Patient information leaflets were not always provided, but nurses printed these off from the internet.
- 4.42 Incident reports and error logs were filled out and sent to the PCT's risk management team, but there was no feedback from the PCT on these. Copies of reports were also not routinely made available to the relevant health professional involved in the incident.
- 4.43 The medicines and therapeutics committee had not met since the PCT pharmacist had ceased to visit the prison in early 2008.

Dentistry

- 4.44 Dental care was a concern because of the lengthy waiting list, which had 88 names at the time of our inspection. Some were waiting for routine treatment, while others had received some interim treatment from healthcare staff. The waiting time for a non-urgent appointment was up to two months. Up to eight patients were treated at each session, and there were slots for

emergencies. There was a high level of non-attendance for appointments, which the dentists told us equated to up to one clinic a week.

- 4.45 New arrivals were asked during the initial reception screening if they needed dental treatment. If they were in pain, they were given appropriate medication until they could be seen by the dentist at the next available clinic.
- 4.46 A full range of NHS treatments was offered. However, patients undergoing routine treatment were not given their next appointment on the day of treatment, but were put back on the waiting list. This prolonged courses of treatment.
- 4.47 Records were held in paper or electronic form. However, one dentist used the paper system and the other the computer system. As one of the dentists had not been granted access to the computer, this meant that patients seen by both dentists were on two systems; this affected governance. Prisoners due for transfer or release were encouraged to take their dental records with them.
- 4.48 Emergency dental care was available through the local dental access centre, and there were specialist referrals to external providers. Some dental health education sessions were provided, but there were no dental health education materials on display, although some leaflets were available for distribution.

Inpatients

- 4.49 The inpatient unit provided care for prisoners with physical or mental health conditions. At the time of the inspection, all the inpatients had mental health needs. A draft admission policy was being developed, but there was an understanding that any prisoner who required mental and physical health support would be admitted for assessment, as would those undergoing detoxification, needing post-operative care, or prisoners with learning difficulties considered vulnerable.
- 4.50 Care plans were initiated on admission and reviewed at least weekly, and more often if necessary. All notes and observations were made on the EMIS, and we found examples of very good record keeping. The GP visited as required, as did the visiting psychiatrist.
- 4.51 On all our visits to the unit, inpatients were out of their cells and engaging well with staff and other patients in an atmosphere conducive to their wellbeing. Inpatients were encouraged to dine out of cell, and most did so. The excellent therapeutic activity included sessions delivered by the education staff, and inpatients could also go to education. Art and creative writing were also provided. Inpatients could go to the gym for dedicated sessions, and there was an inpatient exercise area for physical activity, such as basketball. Patients were regularly reviewed by nursing staff, and multidisciplinary meetings discussed their future management or whether they were to be discharged back to the units. Unit staff were kept informed of prisoners' progress while they were in inpatients.
- 4.52 There was no discipline support to the inpatients unit.

Secondary care

- 4.53 The management of external NHS appointments was good. Existing appointments for new arrivals were honoured wherever possible. Prisoners referred to an outside specialist were often put on hold to ensure that they did not miss that appointment. Only two appointments

were available each day, but we were told this did not present serious problems for healthcare, and that few appointments were cancelled due to lack of escorts.

Mental health

- 4.54 Mental health services were provided by the Lancashire Care Foundation Trust and were considered to be of a high quality by both prison staff and prisoners. The mental health in-reach team, which also covered HMP Lancaster Castle, comprised a band 7 RMN, one full-time and two part-time band 6 RMNs, and a full-time band 6 occupational therapist, as well as an administrator and a counsellor, who was off long-term sick. Psychiatrist support was good with eight sessions a week, and a psychiatrist was in the prison four days a week. The psychiatrists included one forensic and one child and adolescent mental health specialist, and they were supported by staff grade specialist registrars.
- 4.55 The team accepted referrals from across the prison, including prisoners, and provided primary and secondary care services. Referrals were discussed and prioritised at the weekly allocation meeting. All referrals were normally seen within seven days, although those in urgent need were seen as soon as possible. The in-reach team saw all prisoners with mental health needs; the RMNs on the healthcare team did not carry a caseload and concentrated mainly on inpatients.
- 4.56 The in-reach team had a caseload of approximately 40, who were all on an enhanced care programme approach. The main areas of health needs related to the use of cannabis and its effects, and attention deficit hyperactivity disorder (ADHD). The team had good relationships with residential staff, who appreciated its support in managing difficult young men on the units. The team saw its clients in the inpatient area every day, but could not always see clients on the units due to lack of rooms. The use of rooms on the units would improve clients' attendance rates, and help the team to inform unit staff of their progress. There was no formal mental health awareness training for staff in the prison, and the in-reach team did not see new prison officers to discuss the mental health needs of young people.
- 4.57 Wherever possible, the team worked with external community teams to set up and maintain a good working relationship for the benefit of joint clients. There were occasional problems in gaining information from external teams.
- 4.58 The occupational therapist post was invaluable to patients. The therapist visited the segregation unit every day to offer support and advice to staff, as well as see clients. She also delivered anxiety and anger management support on the units.
- 4.59 The prison had been relatively successful in accessing beds in secure units in the past year. At the time of the inspection, no prisoners were waiting for assessment or admission to secure units.

Recommendations

- 4.60 **The clinical services coordinator should be a member of the prison partnership board.**
- 4.61 **The inpatient beds should be removed from the prison's certified normal accommodation.**
- 4.62 **Contract cleaning that meets NHS standards should be extended to all healthcare areas.**

- 4.63 Hand washing facilities in all healthcare areas should meet infection control requirements.
- 4.64 Clinical supervision should be formally adopted and documented.
- 4.65 Regular healthcare providers, such as the dentist and the GP, should attend healthcare team meetings.
- 4.66 There should be a discipline officer post in the inpatient unit.
- 4.67 There should be a regular healthcare forum for prisoners, led by a senior nurse.
- 4.68 Barrier protection should be available to prisoners in prison and on their release.
- 4.69 Health rooms should be identified on residential units, which include interviewing facilities for in-reach staff.
- 4.70 The dental surgery should be refurbished and include a new dental unit and an amalgam separator.
- 4.71 There should be a dedicated decontamination area for the dental surgery, incorporating a new autoclave with printer and a washer/disinfector, and new guidelines on cross-infection control should be implemented.
- 4.72 Dental triage should be introduced in accordance with a dental protocol.
- 4.73 Clinical record keeping should be either paper or electronic to avoid duplication.
- 4.74 Dental records should be consistently entered on to the patient clinical record.
- 4.75 There should be more dental sessions to reduce the waiting list.
- 4.76 The waiting list for the optician should be reduced and be subject to nurse triage by appropriately training staff.
- 4.77 The medicines and therapeutics committee (MTC) should be re-established as soon as possible, meet at least four times a year and be attended by all stakeholders.
- 4.78 The MTC should formally review and adopt all procedures and policies, and all relevant staff should read and sign the agreed procedures.
- 4.79 The MTC should regularly monitor the special sick policy to ensure that all appropriate medicines can be supplied.
- 4.80 There should be patient group directions to allow nurses to supply more potent medicines, where appropriate.
- 4.81 Incident and error reports should be copied to relevant health professionals to enable proper reviews of incidents and action on any learning points to prevent similar errors in the future. Feedback should be sought from the risk management team at the PCT.

- 4.82 Dual-labelled pre-packs should be supplied from the pharmacy. One of the labels should be removed and attached to the prescription, which should be sent to the pharmacy.
- 4.83 The pharmacy service level agreement should allow sufficient time for the pharmacist to take a more active role in health initiatives at the prison, including direct contact with patients. Clinical audit and prescribing review should also be encouraged.
- 4.84 Controlled drug key security should ensure there is an audit trail to indicate who has accessed controlled drugs, for example, through the use of numbered seals.
- 4.85 There should be a new format controlled drug register to comply with recent legislative changes.
- 4.86 All officers, including newly trained officers, should receive regular mental health awareness training.

Housekeeping points

- 4.87 Patients undergoing dental treatment should be informed of their next appointment before leaving the surgery.
- 4.88 The dental ultrasonic bath should be used for pre-sterilisation cleaning.
- 4.89 Physical parameters of time and temperature should be recorded for the dental autoclave.
- 4.90 The dentist should wear surgery clothing and eye protection at all times.
- 4.91 Clean and dirty areas in the dental surgery should be indicated.
- 4.92 Aluminium foil should cover the amalgam spillage tray.
- 4.93 The dental surgery should hold copies of documentation relating to staff and written policies and documentation relating to equipment maintenance and waste disposal.
- 4.94 Cover should be provided for the dentists' annual leave and sick leave.
- 4.95 There should be regular dental health education input by the dental health educator, preferably outside clinical time, and literature should be displayed and readily available.

Good practice

- 4.96 *The change in staff working hours facilitated better health services and increased collaborative working between health and discipline staff.*
- 4.97 *The introduction of weekend immunisation and screening clinics to address sexual health would have a lasting effect on the health of young people.*
- 4.98 *The medication traffic light system to inform residential staff of those prisoners on in-possession medication, and the specific risks, helped to increase staff awareness and ensured that healthcare remained everyone's responsibility.*

Section 5: Activities

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.

- 5.1 Overall, the learning and skills provision was judged to be satisfactory, but progress in implementing previous recommendations had been slow. There had been some progress in broadening the curriculum to meet the needs of prisoners with varying sentence lengths. There were activity spaces for around 80% of the population, but not all were filled at the time of the inspection, and inspectors found nearly half the prisoners locked up during the core day. The range of vocational provision remained insufficient.
- 5.2 Leadership and management of educational and vocational provision were satisfactory, as was the capacity to improve. Following the appointment of a new head of learning and skills in January 2008, significant improvements had extended the range and quality of provision and had raised the profile of learning and skills in the prison. There had been strategic and improvement planning, although many plans had not yet been implemented as they were dependent on the outcome of the prison re-role. Overall progress in addressing some of the areas for improvement identified at the previous inspection had been slow.
- 5.3 A quality assurance framework had been devised for all learning and skills activities, although this was at an early stage in some areas. At the time of the inspection, formal self-assessment was not completed for all aspects of learning and skills provision, but that for the education provision was broadly accurate. The collection and use of data were good.
- 5.4 The education department promoted equality and diversity well, and staff had received equality and diversity training. Relationships between staff and prisoners were good. Learning opportunities were available in most areas of the prison, including the residential units, healthcare and the segregation unit, which widened participation for those unable or unwilling to attend formal classes.
- 5.5 Accommodation in education and training was satisfactory. Staff were appropriately qualified and opportunities for staff training and development were satisfactory. Working relationships and communications between learning and skills staff were good, and teams shared best practice. Links with external organisations were developing and contributing to improvements. Education courses were well managed, and behaviour in classes was generally good.
- 5.6 There were 133 education and training places in the morning and 127 in the afternoon. Access to education and vocational areas was generally satisfactory. Punctuality was good, but attendance in many education classes was low during the inspection. However, attendance was well monitored and in recent months had averaged between 75% and 80%.

- 5.7 Achievement and standards were satisfactory. Learners made good progress in many cases, and some produced a high standard of work. Success rates were high on some skills for life courses and on many vocational training programmes, but were low on personal development and literacy and numeracy level one programmes.
- 5.8 Teaching and learning were satisfactory overall, with some good and outstanding teaching in education and vocational training. In the best sessions, teaching and learning were dynamic, catered well for the diverse needs of the group, and learners were motivated and engaged throughout. The less successful sessions were hurried, with insufficient attention to ensure that learning materials were appropriate for the level of learner or that learners understood what they were being taught. Learning support from learning support assistants in the education department and on the residential units was effective and well managed. There was some use of prisoners as mentors to support other learners, particularly in vocational education, but the initiative was in the early stages of development.
- 5.9 A range of Offender Learning and Skills Service (OLASS)-funded education was available – from entry level up to level three provision, including GCSE and A level – and was well managed. The few English for speakers of other languages (ESOL) learners were only offered adult literacy qualifications. There was a range of accredited short courses on an extended two-week induction, which included vocational and personal development programmes. Most of the accredited vocational courses at levels one and two were offered over three weeks. Prisoners could also gain the construction skills certificate scheme (CSCS) card. There were, however, missed opportunities to accredit some training, and the industrial cleaning programmes had not been offered for several months. Skills for life provision was not sufficiently embedded in activity areas outside education. In some cases, there was insufficient recognition of and reference to the acquisition of interpersonal skills, such as self-esteem and self-confidence. Learning classrooms were being introduced in the vocational training areas to integrate skills for life and key skill accreditation with vocational qualifications.
- 5.10 The learning and skills induction was well structured and managed. The prison had identified a need to restructure its provision to meet the needs of the population. Those serving short sentences were given a short prison induction and immediately placed into work with no formal training. Those serving longer sentences were given a similar induction and then referred to learning and skills for a formal initial assessment of their literacy, numeracy and language skills before they were allocated to education or training. Links with information, advice and guidance (IAG) were strong and supportive.
- 5.11 There were sufficient activity places for 80% of the population, though inspectors found up to half the prisoners locked up during the inspection. Some places were offered on a full-time and part-time basis, which allowed some prisoners to attend both education and work. Most of the training opportunities offered good experience for employment prospects and supported personal development. However, the space available for vocational training and the range of provision were insufficient.
- 5.12 Employment included wing cleaning, gardening, learning and skills, and vocational training. Waste management work, gardening and personal development programmes were mainly offered to those convicted and serving short sentences. There were missed opportunities to accredit some activities, for example wing cleaning, in-cell decorating and painting. There was accredited training in the gardens but none was being offered at the time of the inspection.

Library

- 5.13 The library was managed by Lancashire County Council. It was understaffed by one full-time member, and there was no evening or weekend service. Access had improved since the previous inspection, but was still insufficient. Classes, vocational areas and units had organised sessions in the library, but these were restricted to two 15-minute sessions a week. Prisoners had insufficient time to access computer resources, and most spent their time there reading newspapers. There were plans to introduce a new schedule of half-hour slots after the inspection, with structured activities and sufficient time for access to loan books. Library staff supported in-cell work and Storybook Dads.
- 5.14 Prisoners had good access to books not in stock and foreign language books through the inter-library loans system. Stock loss was high at an estimated 20%. Monitoring of stock was poor and the number of books low, at approximately 1,600. Stock checks had not been fully carried out and the number of overdue books was high. A range of talking books was available. The computer prison information point had not worked for a long time. Access to prisoner handbooks and other legal resources was good, but prisoners had insufficient time to use restricted material. The library did not feature in the prison induction.

Recommendations

- 5.15 The quality of teaching and learning should be improved.
- 5.16 There should be improved success rates in personal development and literacy and numeracy level one programmes.
- 5.17 There should be quality assurance arrangements for all areas of learning and skills.
- 5.18 Attendance at activities should be monitored and improved.
- 5.19 There should be more library staff.
- 5.20 Prisoners should have better access to the library, including evening opening.
- 5.21 The book stock should be increased, and the monitoring of shelf stock and book loss improved.
- 5.22 The library should be included in the prison 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.

- 5.23 Prisoners had adequate access to recreational PE. Facilities were good and included an indoor sports hall, weights room and fitness suite. Access to outdoor activities was limited, as these facilities were shared with juveniles. The range of accredited courses was insufficient. Showers were not screened and did not provide privacy.
- 5.24 All new arrivals had a general three-hour introduction to the gym in their first week, and were screened by healthcare staff before participating in fitness activities. Recreational PE was available three evenings a week to prisoners who worked full-time and those who had additional privileges. Those in education could attend sessions twice a week during the day. All could attend a one-and-a-half hour session on Saturday and Sunday. Prisoners in the inpatient and segregation units had dedicated time slots each week. Over a two-week period, 57% of the population attended PE.
- 5.25 Facilities were good, in good repair and reflected the needs of the population. Outside facilities included an AstroTurf pitch and a rugby pitch, although access was limited as these facilities were shared with juveniles and were not used at the same time. The more up-to-date gym, changing and showering facilities were used almost exclusively by juveniles. Showers for young adults had no screens or partitions and did not allow them to shower in privacy or with respect for their dignity.
- 5.26 There were insufficient accredited courses in PE. Only one accredited course had run since January 2008, and only just over half of participants had achieved the qualification. The prison had recognised the inadequacy in provision. It had restructured the area, and new staff were being trained to bring staff levels up to full complement by December 2008. Staff were well qualified to offer a full range of programmes and activities.
- 5.27 A good quality improvement plan had started to improve provision. Better links with healthcare, education and the counselling, assessment, referral, advice and throughcare service (CARATs) were being developed to enable the PE department to respond more effectively and holistically to prisoners' rehabilitation and educational needs. Healthcare referred prisoners to PE for special drug and health awareness courses. Skills for life and key skills had started to become embedded in PE courses. PE ran short accredited courses as part of the education area's extended induction programme.
- 5.28 Appropriate records were kept of accidents and incidents in PE. An injury log was maintained and incidents were also recorded in the daily diary. PE officers had current first aid qualifications and could give first aid treatment.

Recommendations

- 5.29 The range of and access to accredited physical education training programmes should be increased.
- 5.30 Showers in the PE department should be screened.

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.

- 5.31 The chaplaincy team provided an appropriate range of faith-based activity, although the short stays by most prisoners restricted opportunities for development. There had been some innovative work to support prisoners with newborn children, and there were close links with family support services.
- 5.32 The chaplaincy team was led by the full-time Anglican chaplain who had also recently expanded his role to incorporate the area chaplaincy lead. There were two further full-time chaplains and a number of part-time and sessional staff.
- 5.33 A member of the team interviewed all new arrivals and told them what was available. Two church services were provided at weekends, and other religions could worship in the groupwork room or multi-faith room. However, the current multi-faith room was not large enough to accommodate the number of juvenile and young adult Muslims who came together for Friday prayers.
- 5.34 As the prison population at Lancaster Farms was relatively transient, there were few opportunities to develop faith-based training and support groups. There was a Muslim study group and a similar Christian support group after weekend services.
- 5.35 Pastoral care took up a significant proportion of the chaplaincy's work. Chaplains saw prisoners on a one-to-one basis for specific help and support, and visited the inpatient and segregation units daily. They also attended key meetings, including race equality and violence reduction.
- 5.36 The team had developed some innovative work, including support and counselling for couples, where appropriate, and facilitating new fathers to meet their children. The family links workers were incorporated into the wider chaplaincy team and were line managed by the lead chaplain. Chaplains regularly saw prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring, but rarely attended ACCT reviews. However, a representative of the team usually attended the monthly suicide and self-harm meeting.

Recommendations

- 5.37 There should be a larger multi-faith room to accommodate the expanding Muslim population.
- 5.38 Chaplains should attend ACCT self-harm monitoring reviews for prisoners with whom they have been involved.

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.

- 5.39 Time out of cell was limited and constrained by an overly restrictive core day, which also limited access to basic amenities. Prisoners had as little as two hours association during the main part of the week, and opportunity for exercise was similarly limited

- 5.40 The prison recorded only 6.5 to 7.5 hours out of cell a day against a target of 8.4 hours, well short of our expectation of 10 hours. Our own observations revealed that between 40% and 50% of prisoners were locked up at any point during the core day, which indicated that the actual amount of time spent out of cell was likely to be nearer four or five hours a day for a significant number of prisoners.
- 5.41 The core day was controlled and restrictive, and often excessively so. Prisoners not on exercise were not unlocked until 8.30am, although staff were on duty by 7.30am. At unlock they were moved directly to labour and were locked up immediately on their return. The process during the afternoon was similar. Time for routine domestic activity and access to basic amenities, such as showers, was extremely limited, and there seemed to be little effort to mitigate this. During the main part of the day, of those not off the wing at activity, only the cleaners were unlocked, although staff sometimes added to this group at their discretion.
- 5.42 Access to association was very poor. Prisoners were limited to one hour's association on alternate evenings during the week, although this was supplemented by some weekend association. Evening association could be curtailed still further when prisoners' shop orders were distributed. This happened during our inspection and in the previous week. Prisoners' ability to dine in association was also frequently limited because of staff shortages. Prisoners on basic regime had one hour's association during the week and a weekend association session. For those few prisoners who were unemployed or who, as unconvicted prisoners, had declined activity, time out of cell was potentially as low as 2.5 hours or less on a typical weekday. In our survey, only 5% of respondents, against a comparator of 42%, said they went out on association more than five times per week.
- 5.43 There were three exercise yards for young adults, one of which was shared by two units. For these two units, exercise was only available on alternate days, regardless of how few prisoners were in the yard. The timing of exercise, its brevity (30 minutes) and the lack of anything to do in the yard were a clear disincentive to participation. In our survey, only 23% of respondents said that they went on exercise at least three times per week, against a comparator of 40%.

Recommendations

- 5.44 Prisoners should be unlocked for at least 10 hours per day.
- 5.45 Prisoners should be allowed out of their cell daily to attend to domestic activity, such as showers.
- 5.46 All prisoners should have daily access to exercise.

Section 6: 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. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 The security committee was properly constructed, with appropriate internal and external representatives. Meetings were well attended, given a high profile and had effective links to the violence reduction and public protection committees. Processes to identify and track activity of gang members were proportionate.

Security

- 6.2 The security committee was properly constructed and attended by representatives from appropriate internal departments and external agencies. These included the part-time police officer, prison managers and staff from all areas in the establishment. Meetings were held monthly and chaired by the head of security (an operational governor). Individual meetings were generally well attended. The standing agenda was comprehensive and included security reports from all residential areas. The security manager presented an analysis of security information reports (SIRs). Security objectives were agreed following consideration of intelligence, and progress was monitored and recorded.
- 6.3 The small security department was managed effectively by a principal officer responsible to the head of security. There were effective systems to process information and use intelligence to inform risk, including information on prisoners' recent custodial behaviour and historic information used to complete assessments. Intelligence was communicated to other areas, particularly the residential units. There were also strong links to the safeguarding committee and effective sharing of information through regular attendance at formal meetings.
- 6.4 There was a large number of SIRs – 2,411 between January and August 2008. These were processed and categorised by nominated security collators based in the security department. Information was communicated to staff through monthly bulletins, published security assessments, and regular security briefings.
- 6.5 Systems to track gang activity in the prison had recently been put into place. There was a close working relationship between the department and the senior officer working with the Manchester multi-agency gang strategy (see paragraph 3.5). A matrix to monitor all known gang members was used to track their involvement in incidents of bullying, violence and other related issues.
- 6.6 Residential staff conducted routine cell searches. The establishment met its targets for searching all cells every quarter and all areas monthly.

- 6.7 A modified free-flow system was used for supervised prisoner movement at the beginning and end of planned regime activities, with officers placed at strategic points along the route to work and education classes. Supervision was unobtrusive and allowed prisoners to walk freely within limited areas in the prison grounds.

Rules

- 6.8 Prison Service and local rules were published on notice boards on all residential units. Prisoners were required to sign compacts that acknowledged their receipt and understanding of the published rules.

Categorisation

- 6.9 The observation, classification and allocation (OCA) department was busy, with over 130 moves each month. The average length of stay for sentenced prisoners was very short and resulted in moves to a wide range of establishments in the North West and North East. Virtually all moves were to address population management issues and there were very few to progress sentence planning objectives. Categorisation boards were rarely held, as most prisoners were not at the prison for the required length of time.
- 6.10 A staff member from YOI Thorn Cross had started visiting the establishment regularly, and in recent weeks three prisoners had been deemed suitable for open conditions and had been moved there within two weeks.
- 6.11 Eight prisoners were awaiting moves to adult establishments. The prison reported some difficulties in moving on a small group of prisoners who did not meet the allocation criteria of some establishments and this needed to be addressed. There was an informal holds policy for prisoners attending accredited programmes or undergoing medical treatment.

Recommendation

- 6.12 Prisoners identified as requiring a transfer should be moved as soon as possible.

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.

- 6.13 There was a heavy reliance on formal disciplinary proceedings. Awards following minor reports were usually harsh, and lacked formal safeguards. Formal proceedings were properly conducted and judgments appropriate. There was a high number of incidents involving the use of force. The necessary paperwork was poorly completed, and gave little assurance that force was always used as the last resort or that there had been meaningful attempts at de-escalation. Links between use of force, security and violence reduction were underdeveloped, and information on the use of force was not sufficiently analysed to identify trends. The segregation unit was covered by a strategy document, and its published regime included daily showers, exercise and access to telephones. Staff-prisoner relationships on the unit were

good, and officers dealt with difficult prisoners well using appropriate levels of care. There was little planning to return longer stay prisoners to normal location.

Disciplinary procedures

- 6.14 There had been 446 governors' adjudications between January and August 2008, which was high for the average young adult population of about 250. The records of adjudications we examined showed that punishments were, on the whole, awarded consistently, and there were examples where adjudicating governors had dismissed charges due to lack of evidence or anomalies.
- 6.15 The adjudication room was in the segregation unit. It was a good size, had adequate natural light, and was furnished with a desk for the adjudicating governor and comfortable chairs for staff and the prisoner.
- 6.16 The hearings we observed were well conducted. The prisoner was put at his ease and referred to by his first name. The adjudicator took time to ensure that the prisoner understood the process before moving on, and all were offered the opportunity to seek legal advice. Throughout the hearing, the prisoner had the chance to challenge the evidence and state his version of events. Where a hearing resulted in a finding of guilt, the prisoner was given written details of the award and the appeal process.
- 6.17 Monthly statistics on the number and nature of adjudications were presented to the senior management team. Results of proven offences were noted, categorised and communicated to adjudicators to identify trends and to deal with particular problem areas as they arose.
- 6.18 Adjudication standardisation meetings took place quarterly and were chaired by the Governor. They were well attended by adjudicating governors. The minutes showed good standards of discussion. Punishment tariffs had been published and were used consistently at formal hearings.
- 6.19 There was also a minor report system to deal with minor infringements of prison rules. There had been over 800 minor reports between January and August 2008. Charges were heard by trained senior officers, and were usually conducted informally in an office during the evening. Records we examined did not give assurances that charges were always thoroughly investigated, and nearly all charges resulted in a verdict of guilt. Some charges were petty and could have been better dealt with through the incentives and earned privileges (IEP) scheme. There were many examples where mitigation was not properly taken into consideration, and stoppage of association was widely used as punishment for minor infringements of rules, such as lateness to activities. There was no evidence that a tariff of appropriate punishments was used or that senior managers monitored the awards issued following hearings.
- 6.20 Information on the nature or number of minor reports was not collated or analysed at the adjudication standardisation meeting.

The use of force

- 6.21 Use of force was high, with 87 incidents between January and August 2008.
- 6.22 The records on the spontaneous use of force were poor. Proper authorisation was not given in many cases, and a high number had no authorisation forms at all – these forms were missing

from a third of the documents for August 2008. In other cases, the authorising officer was also named as the certifying officer and was actively involved in the application of force. Accounts from officers did not give assurances that force was always used as a last resort following meaningful attempts at de-escalation. Many statements indicated that a quick verbal warning was seen as an attempt to calm a situation.

- 6.23 Information on the nature and location of incidents and the ethnicity and age of the prisoners involved was not collated consistently, and there was little analysis of reported incidents to identify trends and inform necessary changes in strategy.
- 6.24 Management arrangements were confused. There were no meaningful quality checks of use of force records, and no links between the management of the use of force and the overarching violence reduction and safeguarding committees. Use of force was not discussed at the safeguarding committee, and did not feature in the violence reduction strategy.
- 6.25 The quality of records to authorise and monitor the use of special accommodation was also poor. Although the accommodation had been used only five times between January and August 2008, forms did not always indicate that proper authorisation was granted and necessary observations were not always recorded.

Segregation unit

- 6.26 The segregation unit (Ullswater) was in a purpose-built building in the prison grounds. It had 12 cells, two special cells and a gymnasium located over one floor. There was also a staff office, adjudication room and classroom. There was a secure outside exercise yard.
- 6.27 The environment was bright and adequately decorated. Communal areas were clean and well maintained, with up-to-date information clearly displayed on notice boards. Although most cells were clean, some were dirty and cell furniture was poor quality.
- 6.28 Forty-three prisoners had been segregated under prison rule 45 (good order or discipline) between January and August 2008. The average stay in the unit was calculated at about eight days. Only two prisoners were there as a result of fears for their safety.
- 6.29 A published strategy document set out the management arrangements, expected working practices, and the guiding principles of the unit. We found copies in the unit office, and staff were aware of its content. There was also a published staff selection policy.
- 6.30 Prisoner safety had a high priority, and staff interviewed all newly arriving prisoners in private to identify any immediate needs. Prisoners arriving on to the unit were searched thoroughly and respectfully. They were only strip searched following an assessment of risk, authorised by the senior officer in charge.
- 6.31 A published regime programme included daily showers, exercise and access to telephones. Prisoners could continue to attend communal education activities following assessments of risk, and could also attend daily education sessions in the classroom on the unit. Longer stay prisoners who complied with the conditions of their compacts could have a television in their cell. Prisoners had daily access to a governor and chaplain in private.
- 6.32 Relationships between staff and prisoners were good. Officers dealt with difficult individuals respectfully, using appropriate levels of care. All prisoners were allocated a personal officer, and officer entries in personal files showed that levels of engagement were high and that they

knew the personal circumstances of their prisoners. There was extensive use of preferred names and titles, and all residents we spoke to said that staff were kind and helpful.

- 6.33 Planning to return longer stay prisoners to normal prison location was underdeveloped. Although staff supported individual prisoners and dealt with some of the issues that had caused their segregation, case management in terms of formal and consistent reintegration planning had not yet been developed.

Recommendations

- 6.34 Punishments given under the minor reports system should be fair, and there should be full and properly conducted investigations into allegations.
- 6.35 The incentives and earned privileges system should be better used to deal with minor infringements of prison rules.
- 6.36 There should be a programme of staff training in de-escalation techniques.
- 6.37 Force should be used as a last resort and only when attempts at meaningful de-escalation have failed.
- 6.38 Use of force should be properly authorised and justified in all cases.
- 6.39 Senior managers should carry out quality checks of use of force forms.
- 6.40 Links should be developed between use of force and the safeguarding committee.
- 6.41 Analysis of the use of force should inform changes to the violence reduction strategy.
- 6.42 All cells in the segregation unit should be clean and adequately furnished.
- 6.43 There should be formal planning to return prisoners held in the segregation unit under good order or discipline to normal prison location.

Incentives and earned privileges

Expected outcomes:

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

- 6.44 The incentives and earned privileges (IEP) scheme was applied consistently, although marks for good behaviour were underused and most entries on prisoner files concerned poor behaviour. Some incentives at enhanced levels to motivate prisoners were no longer available.
- 6.45 The incentives and earned privileges (IEP) scheme had three incentive levels – enhanced, standard and basic. The policy contained links to the anti-bullying policy, and any prisoner placed on stage three of the anti-bullying strategy had his IEP level reviewed immediately. New arrivals at Lancaster Farms joined the scheme at standard level, but could retain enhanced status if they had been on that level when they transferred in.

- 6.46 Eligibility for promotion to enhanced level was based on good behaviour for at least three weeks, including compliance with sentence planning targets. Adjudications and minor reports did not result in automatic downgrading.
- 6.47 Staff made regular entries in prisoner history files about good or poor behaviour. Poor behaviour attracted one P (poor) marking and acted as one penalty point. Proven adjudications attracted three P points, and proven minor reports two points. Behaviour was monitored over a 14-day period, and senior officers were made aware of any prisoner who attracted five or more P points during that period. Those on standard level were given a final warning that they could be considered for demotion to basic level, which remained in force for 28 days. Prisoners could only be demoted to basic if they had received a warning and had amassed seven P points in a 14-day period, which triggered an automatic review for demotion. Those on enhanced who received five P markings in 14 days were considered for demotion to standard when they received their fifth point. Any prisoner with less than three P points in a 21-day period was considered for promotion to enhanced.
- 6.48 There were also G marks, which could be awarded for good behaviour or work. The majority of G marks we saw recorded on files came from education, while most P marks came from residential unit staff. There was scope for residential staff to record more G marks to reflect the good behaviour that led them to recommend prisoners' promotion in the scheme.
- 6.49 Weekly review boards took place on each residential unit, chaired by a principal officer. Prisoners could make representations to the board, and anyone considered for demotion to basic level had to attend the review board. Prisoners placed on basic were given targets. They could still attend normal activities and education, but had restricted association and no in-cell television. They were put on basic for seven days, and if they did not achieve promotion to standard during that time could be retained on basic for periods of up to 14 days before another review. Although many P marks were issued, prisoners were given every opportunity to progress within the scheme. Anyone placed on basic could move back to standard at the earliest opportunity, usually after the first review, and we saw no evidence that demotion to basic was used as an unofficial punishment.
- 6.50 We looked at a random selection of documentation and found that the scheme was operated fairly and consistently across the residential units. During the inspection, two prisoners on Coniston and three on Derwent were on basic level. The establishment's monthly monitoring showed that outcomes in the previous six months had been appropriate.
- 6.51 The main differentials between standard and enhanced levels were an additional visit, the option to have two pairs of training shoes, access to unit-based employment, and increased pay levels. Prisoners on enhanced could no longer have an Xbox in their cells. Managers faced challenges in providing sufficient motivation for prisoners to achieve enhanced status, as decisions outside their control had resulted in the removal of some valued incentives.

Recommendations

- 6.52 Residential staff should acknowledge positive behaviour by recording G (good) marks in prisoner files.
- 6.53 Prisoners should be consulted about the incentives available on enhanced status.

Section 7: 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.

- 7.1 Food was of variable, and sometimes poor, quality. Most food handling procedures were observed, but proper serving utensils were not always used, and the weekly menu choice sheets were inaccurate. Prisoners were supposed to dine out, but this was frequently curtailed and they had to eat in their cells alongside unscreened toilets.
- 7.2 Catering services were provided under contract by a private company, Compass. Compass had recently appointed a new catering manager following a period of staffing difficulties in the kitchen. The kitchen, which was large and clean, was staffed entirely by caterers employed by the contractors. There was no evidence that staff had received any training since 2004. Prisoners were not employed in the kitchen.
- 7.3 Food was transported to residential units on heated trolleys. Some of these were stained on the inside and needed to be properly cleaned. Food was mostly stored appropriately, although we found some halal meat stored alongside non-halal meat in one freezer.
- 7.4 The survey results on food were poor, and only 13% of respondents, against a comparator of 26%, said that the food was good. We had many complaints about the food, and we saw some unappetising choices and tension at the serveries, as prisoners saw the menu choice they had selected and wanted to change their meal. Unadvertised changes to the pre-select menu also caused tension at the serveries. There were arrangements for Muslims observing Ramadan during our inspection, with flasks containing hot food supplemented by bagged cold food. However, we observed problems on one night when the bags provided sandwich fillings, but no bread.
- 7.5 The residential unit serveries were large and appropriately equipped. All the servery workers and supervising staff wore protective clothing, and temperature checks of the food were taken. However, we saw several instances where servery workers used their gloved hands rather than utensils to serve vegetables. Portion control was appropriate to the needs of the population, although different menu choices did not always provide the same size serving. The amount of bread supplied to each unit led to some waste.
- 7.6 Food comment books and cards were available on each residential unit, but prisoners preferred to tell whoever was supervising the servery what they thought of the food. Catering staff did not attend the serveries, and although the catering manager had started to attend consultation meetings, there were only limited opportunities for prisoners to comment on the food to anyone who could do anything about it.
- 7.7 There was a four-week cycle of pre-select menus. These were inaccurate in their description of some dishes as vegan and vegetarian, and the symbols on the menu sheets for these options had been switched midway through. To add to the confusion, fish dishes were described as both vegan and vegetarian. The baguette evening meals on Friday, Saturday and Sunday

were particularly unpopular, with complaints about the quality of the bread and the fillings. The free menu available on Thursdays appeared popular, although the needs of those on special diets were not always thought through. At the meal we observed, the only meat-free option on two serveries was gone after one landing had been served, and there was no option for vegans.

- 7.8 Breakfast was a pack that contained cereal, tea, coffee and jam, although a hot breakfast was provided on Saturday and Sunday. The provision of jam but no bread or toast inevitably led to complaints. Prisoners also said that it was difficult to obtain hot water for the tea and coffee, even though they had the option of getting hot water if they were dressed at the 7.30am unlock. The prison was exploring the provision of flasks in cells to enable prisoners to make a hot drink during lock up.
- 7.9 The midday and evening meals were early, at 11.45am and 4.45pm. Prisoners were supposed to eat out of their cells, but this was regularly curtailed, and they had to eat in cells alongside unscreened toilets, which was not appropriate (see main recommendation HP49).

Recommendations

- 7.10 The quality of food should be improved.
- 7.11 All staff employed in the preparation and serving of food should be appropriately trained and receive regular updated training to meet their needs.
- 7.12 Prisoners should be employed in the kitchen.
- 7.13 Prison managers should quality check the food regularly, and catering staff should regularly attend serveries at meal times.
- 7.14 The catering department should ensure that it caters adequately for the needs of Muslim prisoners and other religious groups, and that halal food is stored and served separately from non-halal food.
- 7.15 The pre-select menus should correctly describe the menu choices for those requiring a meat- or dairy-free diet.
- 7.16 Changes to the pre-select menu should take place as infrequently as possible, and be communicated to the residential units before the food is delivered.
- 7.17 The breakfast packs should only include items that prisoners can use as part of their breakfast.
- 7.18 Prisoners should be provided with flasks for in-cell use.

Housekeeping point

- 7.19 The heated trolleys should be thoroughly cleaned on a regular basis.

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.

- 7.20 Arrangements for the ordering and delivery of shop purchases were well established, and prisoners could choose from a wide range of goods.
- 7.21 The shop service was run by Aramark. Prisoners could order goods once a week, and orders were delivered to Coniston on Tuesday night and Derwent on Wednesday night. Aramark staff remained on the units while the goods were delivered to cells so that any mistakes could be identified as soon as possible. The delivery of bagged orders to cells reduced the potential for bullying.
- 7.22 A wide range of products was available on the shop list, and prisoners could also order approved goods from catalogues. Newspapers, approved magazines and flowers for delivery could also be ordered without incurring any administration charges. Some young adults were unhappy that they could not order 'top shelf' magazines because of the juvenile population on the site.
- 7.23 A choice of advance packs was available for new arrivals who arrived too late in the week to put in a shop order and might have to wait up to four days to place their first order. The cost of the packs was repayable at 30p a week.
- 7.24 Prisoners did not raise any concerns about the shop system with us. Governor's notices about the prison shop were clear, and there was regular consultation through the monthly forum and the black and minority ethnic prisoner forum.

Section 8: 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.

8.1 The reducing reoffending policy was based on the needs of prisoners. A reducing reoffending forum met regularly, but had no representatives from local voluntary and community groups.

8.2 A comprehensive reducing reoffending policy and action plan had been published in July 2007 and was based on a needs analysis. There had been further needs analysis work since then, including a whole prison survey and a review of offender assessment system (OASys) sentence plans, which was due to form the basis for a revised policy and action plan. Further work was required to identify any significant differences between the young adult and juvenile populations to develop future plans.

8.3 A reducing reoffending forum met every two months and was reasonably well attended by staff from most key departments, although residential units were not always represented. The forum reviewed and updated work on the resettlement pathways. The voluntary and community sectors were not represented, despite the wide range of local groups. Meetings also failed to reflect work on diversity and inclusion.

Recommendations

8.4 Residential units should always be represented at the reducing reoffending forum.

8.5 Voluntary and community sector groups should be invited to be represented at the reducing reoffending forum.

8.6 The membership and work of the reducing reoffending forum should reflect the prison's approach to diversity and inclusion.

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.

8.7 There were no custody planning arrangements for prisoners on remand. The resettlement unit covered all key functions and worked with 130 prisoners. Offender supervisors were frequently redeployed to operational tasks. Offender assessment system (OASys) assessments and reviews were up to date, but quality assurance was weak. There were no formal discharge processes for prisoners released into the community.

Sentence planning and offender management

- 8.8 There were no custody planning arrangements for prisoners on remand. Some prisoners were charged with serious sexual or violent offences and could be at Lancaster Farms for long periods without any meaningful contact with staff involved in offender management and planning.
- 8.9 A large resettlement department covered a wide range of functions linked to offender management and planning, including an offender management unit (OMU), public protection, probation, observation, classification and allocation (OCA) (see also paragraph 6.9), and lifer management. There were well-developed links between each function, and staff were motivated and enthusiastic. There were four uniformed offender supervisors and two further staff able to provide cover, but it was common for staff to be deployed to other operational roles. Most offender supervisors had received training in offender management, but not in motivational interviewing or risk of harm.
- 8.10 OASys assessments and reviews were largely up to date. However, due to staff changes, there were currently no quality assurance processes to meet the required monthly sampling target of 10%. At the time of the inspection, there were 83 prisoners under phase two of offender management and a further 13 subject to phase three. Offender supervisors were working with 130 sentenced prisoners.
- 8.11 Sentence planning arrangements were in place and monthly boards were scheduled. Video and telephone conferencing facilities were available, although there were still occasions where offender managers did not attend or contribute to sentence planning boards. We observed one sentence planning board that effectively engaged the prisoner with the sentence planning process, although he was vulnerable and accompanied by a representative from the mental health in-reach team who worked with him. Families were not invited to participate in sentence planning boards. Release on temporary licence was not used to support resettlement plans. Approximately one-third of home detention curfew (HDC) applications were granted, but we were told that it was possible for prisoners to be transferred while HDC enquiries were under way.
- 8.12 OMU staff were not routinely invited to contribute to assessment, care in custody and teamwork (ACCT) self-harm monitoring care plans or tackling anti-social behaviour (TAB) anti-bullying cases, which suggested that the OMU was not seen as integral to the management of all prisoners and that links with residential units needed to be strengthened.
- 8.13 There were no formal discharge processes for prisoners returning to the community, although the Jobcentre Plus representative did target prisoners who required Fresh Start appointments. No exit surveys were undertaken.

Public protection

- 8.14 A public protection policy underpinned public protection processes, which were overseen by the senior probation officer. Public protection meetings took place monthly and were well attended, although the police liaison officer was not always present. The public protection clerk checked all new arrivals against the violent and sexual offenders register, and opened files on the most high risk offenders. All high risk prisoners were reviewed monthly, and 15 cases a month, on average, were discussed. Notes of public protection meetings were not routinely forwarded to offender managers in the community. A high proportion of staff had received safeguarding children training.

- 8.15 A register of all high risk cases – including those at risk to children, those subject to prevention of harassment orders, and those who posed a high or very high risk of harm to others – was on the shared drive and accessible to all staff. One full-time member of staff monitored the telephone system and targeted 30 individuals, in addition to a random sample of 5% of the population. All new prisoners were given written information about telephone monitoring on arrival.
- 8.16 Offender supervisors represented the prison at community multi-agency public protection arrangements (MAPPA) meetings when required.

Indeterminate-sentenced prisoners

- 8.17 There was one mandatory life-sentenced prisoner and 13 prisoners on indeterminate sentences for public protection (IPP). Arrangements for such prisoners appeared to have slipped since the last inspection, and there were no longer forums and family days for them. These prisoners said they received little information from the prison on their sentence, either in writing or through a meeting with an offender supervisor. Multi-agency lifer risk assessment panel (MALRAP) and multi-agency risk action plan (MARAP) meetings were convened at the prison, although there had been difficulties in securing a police representative. Approximately eight MARAP meetings were outstanding.
- 8.18 All IPP prisoners had been allocated to offender supervisors, and three staff had received lifer training. We met one prisoner on an IPP sentence who had arrived at Lancaster Farms in 2005 with a four-month tariff. He had remained in the prison ever since, and was extremely anxious about the future management of his sentence. IPP prisoners had been moved on from Lancaster Farms reasonably swiftly in previous months, but as the proposal to re-role the prison was likely to result in the transfer in of many more IPP prisoners, there was currently less urgency regarding their moves to other establishments.

Recommendations

- 8.19 Offender supervisors should not be redeployed to operational duties.
- 8.20 Offender supervisors should receive further training to undertake their roles effectively.
- 8.21 There should be quality assurance processes for the offender assessment system (OASys).
- 8.22 Families should have the opportunity to attend sentence planning boards.
- 8.23 Prisoners should not be transferred to other establishments while home detention curfew assessments are under way.
- 8.24 Prisoners should have access to release on temporary licence wherever possible to support resettlement plans.
- 8.25 Offender management unit staff should be invited to contribute to self-harm monitoring and anti-bullying processes.
- 8.26 There should be discharge processes for prisoners being released into the community.
- 8.27 Exit surveys should be introduced.

- 8.28 The police liaison officer should attend the monthly public protection meetings.
- 8.29 Public protection meetings should be notified to offender managers in the community.
- 8.30 There should be regular lifer forums.
- 8.31 There should be regular lifer family days.
- 8.32 Multi-agency lifer risk assessment panels should be convened as soon as possible after sentence.
- 8.33 Mandatory lifers and those sentenced to indeterminate sentences for public protection (IPP) should be given written information about their sentence.
- 8.34 Prisoners serving IPP sentences should have access to the interventions identified in their sentence plan or should be transferred to establishments where they can be provided in a timely manner.

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

- 8.35 The recent needs analysis had identified a need for housing advice that was greater than current take-up of accommodation services. Few prisoners were released directly into the community, but there was a new initiative to support prisoner employment on their release. There was little support for prisoners with debt problems, and no pre-release health clinic.

Accommodation

- 8.36 The YMCA provided basic accommodation services, and currently employed two staff. They interviewed all new arrivals and completed an initial housing needs assessment. Prisoners could make an application to see YMCA staff if they were likely to have no fixed address on release. The YMCA was unable to report the number of successes it had had in assisting prisoners to secure accommodation, and was working with only five prisoners at the time of the inspection.
- 8.37 In our survey, 20% of respondents said they had accommodation problems when they arrived, against a comparator of 14%, and only 34% knew who in the prison to contact for help with accommodation, compared with 48%. The needs analysis had also found that prisoners wanted further opportunities to access housing advice.

Education, training and employment

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

- 8.38 There were sufficient activity places for most prisoners to be employed. However, attendance in education was poor, and although opportunities for vocational training had been extended, there were still insufficient places. Accredited training in cleaning was not available.
- 8.39 Support and information, advice and guidance (IAG) were good and enabled prisoners to consider education and vocational training to improve their skills in preparation for their release and employment.
- 8.40 There were good working relationships with Connexions and IAG staff. Very few prisoners were released from Lancaster Farms into the community. However, an employment support officer had recently been appointed (funded by the Prison Service until March 2010) to prepare prisoners for employment and promote employer engagement. The appointment was part of a network of eight staff working in 10 prisons in the North West. The officer aimed to find paid employment for prisoners due for release, and support both prisoners and employers for the first 13 weeks.

Finance, benefit and debt

- 8.41 A full-time representative from Jobcentre Plus was based at the prison and provided a standard service of closing down benefit claims, setting up new appointments for those about to be released, and assisting with community care grant claims. All new arrivals were interviewed to help close down benefits, and prisoners could make applications to see the Jobcentre representative at other times. There was no other support for prisoners who had debt management problems or financial literacy needs.

Mental and physical health

- 8.42 There was no dedicated discharge clinic. While prisoners due for release received a letter for their GP and any medication before they left, they were not seen routinely by a health professional, which was a gap in an otherwise good service. Condoms were not offered to prisoners due for release, on security grounds, which was unreasonable (see recommendation 4.68).
- 8.43 The mental health in-reach team saw prisoners with mental health needs before their release and discussed their management with future external providers.

Recommendations

- 8.44 Accommodation providers should report on the outcome of interventions with prisoners.
- 8.45 There should be greater promotion of the accommodation services to ensure that prisoners are aware of their availability.
- 8.46 There should be further interventions to assist prisoners with debt management problems.

- 8.47 There should be formal pre-release clinics to cater for the health needs of prisoners due for discharge.

Drugs and alcohol

- 8.48 The substance misuse policy lacked a strategic approach. Alcohol programmes were limited, but counselling, assessment, referral, advice and throughcare (CARAT) provision and the short duration programme (SDP) achieved good outcomes. Voluntary drug testing (VDT) facilities were not adequate.
- 8.49 The substance misuse policy included alcohol, but there were no strategic targets or action plans in the policy document. Discussions in policy group meetings were, therefore, mostly retrospective rather than forward looking.
- 8.50 The programmes unit delivered a one-day alcohol awareness course. Referrals were normally made through the OMU when the course was identified as a sentence plan target. During August 2008, 27 new arrivals had reported hazardous levels of alcohol use, and nine reported harmful levels. This data was collected during the reception health screening, but was not used to inform subsequent interventions for alcohol misuse. Prisoners whose only substance misuse was for alcohol could not access any one-to-one help from the counselling, assessment, referral, advice and throughcare service (CARATs) due to funding restrictions.
- 8.51 There were 245 voluntary drug testing (VDT) compacts in place. The positive rate was 8% over the previous three months. There were no dedicated VDT facilities, so tests were conducted by the mobile VDT team in residential unit toilet recesses.
- 8.52 Psychosocial provision was generally good, and CARATs saw 104 prisoners with drug problems. The team provided a range of in-cell work packs for prisoners to complete on their own and then discuss in the one-to-one sessions.
- 8.53 Links with local and area drug intervention programme (DIP) teams were good, and some visited the establishment regularly to meet prisoners whose release date was imminent. Where necessary, prisoners could be transferred to other establishments to undertake 12-step drug rehabilitation programmes.
- 8.54 The short duration programme (SDP) achieved its target of 100 starts per year, and exceeded its completions target of 65 with 72 completions in the last year. Current practice, as determined by the Prison Service interventions group, meant that psychometric tests undertaken at the beginning and end of programmes were not scored and used to assess individual progress. Consequently, post-programme reviews were unnecessarily subjective.

Recommendations

- 8.55 The substance misuse policy document should be updated and contain detailed strategic action plans and performance measures.
- 8.56 There should be dedicated facilities for voluntary drug testing on all residential units.
- 8.57 Psychometric test results taken pre- and post-short duration programme courses should be annotated to individual prisoners as a measure of progress.

Children and families of offenders

- 8.58 The visiting procedures were very institutional, and the level of security disproportionate for the population. The facilities for visitors were limited, and the telephone booking system was particularly poor. There were no efforts to take account of visitors' views. Prisoners were well supported by the family links initiative, but the staff often had to take action to remedy faults in the visiting arrangements.
- 8.59 Visitors reported to a small visitors' centre just outside the prison, which was overseen by probation department staff and provided a warm waiting area with access to toilets and lockers.
- 8.60 Domestic visits took place between 1.30pm and 4pm every day, except Wednesdays. A maximum of 30 visits could be booked per session. Visitors were required to pre-book visits at least 24 hours in advance through the telephone booking line. We received many complaints from visitors about difficulties in trying to make a booking. The member of staff responsible for managing this area confirmed that this was a problem, and that the equipment used was inadequate to cope with the demand and that insufficient staff were allocated to this work. The number of visits offered was also too limited, and weekend visits were usually fully booked by the Wednesday beforehand. Family links team staff (see below) told us that they often had to deal with relatives who were frustrated or upset because of the difficulty in trying to book a visit.
- 8.61 The visits area was tidy and reasonably clean, but very institutional. All the seats were fixed to the floor, and staff tended to observe from static positions. Apart from some posters covering aspects of diversity, most information displayed related to security. There was some limited artwork by prisoners. A comment book was available in the visits area, but it was not easily accessible and there were no recent entries.
- 8.62 Prisoners taking visits had to wear red boiler suits. This measure had allegedly been introduced to reduce the risk of contraband being passed at visits. The boiler suits were grubby and ill fitting, and many were left lying on the floor after use. Their use was unnecessary and degrading, although none of the staff we spoke to regarded the boiler suits as a problem. There was an overemphasis on security, highlighted by the recent introduction of plastic tabs, which all prisoners going to visits had to put on their trainers to prevent swapping – another unnecessarily intrusive measure. The staffing levels in the visits area were sufficient for adequate supervision.
- 8.63 There was no staffed canteen in the visitors' centre or the visits area, and visitors were unable to buy any hot food. There were three poorly stocked vending machines, with a selection of chocolate biscuits, crisps and drinks. Staff observed that young people often topped up on unhealthy snacks during their visit, returning to the unit hyperactive because of the sugar consumed.
- 8.64 The facilities for visitors' children were limited. A room off the visits area was used as a children's library and stocked with a limited range of books for young children, but appeared to be little used.
- 8.65 An up-to-date list of prisoners assessed as presenting a risk to children was kept in the visits area. Staff used this to ensure that anyone so identified was located at a designated table to be discretely monitored to avoid any non-approved contact.

- 8.66 The family links team was made up of three staff who dealt with both juveniles and young adults. Their role was to help young people maintain positive relationships with their families and to help build and re-establish contact where this was a problem. A member of the team interviewed all new arrivals during their induction and, with their permission, sent out an information leaflet to their parents, carer or partner. The team worked with approximately 40 young adults at the time of the inspection.
- 8.67 All prisoners could participate in the Storybook Dads scheme, run by a member of library staff, in which they could record stories for their children. The family links team, and members of the chaplaincy, also organised special visits, which took place in a private area. These generally involved prisoners having initial contact with their babies born while they had been in custody. They were also used to reunite siblings, often when they were in care. The family links team organised family days and parenting courses for juveniles, but these had not yet been extended to the young adults.

Recommendations

- 8.68 There should be an analysis to establish if there is sufficient capacity to meet the demand for visits, and any deficits identified should be remedied.
- 8.69 Visits booking arrangements should be improved.
- 8.70 The environment in visits should be improved, including better facilities for visitors' children and better catering.
- 8.71 Visitors should be encouraged to make contributions to the comments book.
- 8.72 Prisoners going to visits should not be required to wear boiler suits or plastic tags on their shoes.
- 8.73 Young adults should be given the opportunity to participate in family days and parenting courses.

Attitudes, thinking and behaviour

- 8.74 Enhanced thinking skills was the main programme, and the psychology department referred prisoners who needed support to relevant departments. There were links with public protection staff to target the highest risk prisoners.
- 8.75 The prison had an annual target of 36 enhanced thinking skills completions and was confident this would be met. It had been decided to target the IPP prisoners who required this programme to ensure there would be sufficient candidates.
- 8.76 Staffing difficulties in the psychology department had been addressed, and a new head of psychology had commenced work. A referral process for prisoners who required support or specialist assessments from the psychology department had been rolled out across the prison, and there had been over 60 individual referrals since April 2008. A psychology service was also provided to HMP Haverigg, which was funding one post in Lancaster Farms due to recruiting difficulties. A range of research initiatives was under way, including a review of cases

on Ullswater (segregation unit), and a restorative justice intervention that was being revised to meet accreditation requirements.

- 8.77 The psychology department had conducted a comprehensive needs analysis of the whole population in July 2008, and was aware of a number of gaps in provision. These included anger management, a motivational programme, thinking skills for the workplace, and gang-related issues. Plans for future interventions were on hold until the re-role was concluded.
- 8.78 Staff from the psychology department had developed better links with public protection staff to target prisoners who posed the highest risk of serious harm. They had recently been successful in transferring individuals to prisons that offered the sex offender treatment programme.
- 8.79 The SOVA organisation provided a mentoring service to approximately 12 prisoners. Prisoners were positive about this, and there were plans for contact to be sustained in the community for those coming up to release.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

To the Governor

-
- 9.1 The prison should introduce a Listeners scheme. (HP45)
 - 9.2 Personal officers should support and engage with prisoners, and in particular engage proactively in anti-bullying and self-harm monitoring arrangements. (HP46)
 - 9.3 Prisoners should have daily access to showers. (HP47)
 - 9.4 Staff should be specifically trained and supported in working with young people, to develop their confidence in doing so. (HP48)
 - 9.5 Prisoners should be able to dine in association at all times and not have to eat in cells alongside unscreened toilets. (HP49)
 - 9.6 Prisoners should have an hour's association every day. (HP50)
 - 9.7 The provision of vocational training should be increased. (HP51)
 - 9.8 The prison should provide more accredited qualifications for work activities. (HP52)
 - 9.9 The prison should improve participation and attendance in education, training and work. (HP53)
 - 9.10 All prisoners should receive some form of custody or sentence planning. (HP54)
 - 9.11 There should be sufficient services to assist prisoners to tackle alcohol misuse. (HP55)
 - 9.12 Management and monitoring of the use of force should be strengthened. (HP56)

Recommendation

To NOMS

-
- 9.13 Prisoners identified as requiring a transfer should be moved as soon as possible. (6.12)

Recommendation

To the Prison Service interventions group

-
- 9.14 Psychometric test results taken pre- and post-short duration programme courses should be annotated to individual prisoners as a measure of progress. (8.57)

First days in custody

- 9.15 Listeners and peer support workers should be employed in reception and the first night centre. (1.22)
- 9.16 There should be a range of information notices displayed in reception. (1.23)
- 9.17 New arrivals should be given written information about what they can expect from their first few days in custody. (1.24)
- 9.18 Televisions and reading material should be available in reception holding rooms. (1.25)
- 9.19 Private rooms should be available to interview new arrivals. (1.26)
- 9.20 Prisoners undergoing induction should not be locked in their cells during the core day. (1.27)

Residential units

- 9.21 Cells should be graffiti free and maintained to a reasonable standard. (2.16)
- 9.22 Toilets in double cells should have privacy screening. (2.17)
- 9.23 The decorative standard of cells should be consistent. (2.18)
- 9.24 There should be more effective management of young people shouting out of their cells. (2.19)
- 9.25 All cell bells should be answered within five minutes. (2.20)
- 9.26 The offensive display policy should be implemented. (2.21)
- 9.27 There should be sufficient staff to ensure that post is delivered to units the day it arrives. (2.22)
- 9.28 Prisoners should be able to wear their own clothes. (2.23)
- 9.29 There should be sufficient prison-issue clothing, which should be of a reasonable quality. (2.24)

Staff-prisoner relationships

- 9.30 An action plan should be developed to address the findings of the MQPL survey on staff-prisoner relationships. (2.30)
- 9.31 Staff should address prisoners by their titles or preferred names. (2.31)
- 9.32 Information notices for prisoners should be easy to read and constructive. (2.32)

Personal officers

- 9.33 There should be a clear distinction between the roles of personal officer and offender supervisor. (2.38)
- 9.34 Management checks of prisoners' unit files should focus on the quality of entries rather than the process. (2.39)

Bullying and violence reduction

- 9.35 The violence reduction committee should identify, manage and monitor annual objectives against an agreed timescale. (3.10)
- 9.36 Information collated by the violence reduction committee should include use of force and unexplained injuries. (3.11)
- 9.37 Violence-related data should be compared for patterns and trends over time, and submitted for analysis to the violence reduction committee. (3.12)
- 9.38 Tackling anti-social behaviour (TAB) procedures should be quality assured, and this should be evaluated through the violence reduction committee. (3.13)

Self-harm and suicide

- 9.39 Assessment, care in custody and teamwork (ACCT) assessors should be identified and publicised in advance, and the prison should ensure that there is always a main assessor and back up. (3.25)
- 9.40 The suicide and self-harm committee should analyse the monthly data to increase understanding and the management of risks. (3.26)
- 9.41 There should be effective quality control of ACCTs to improve the effectiveness of the process. (3.27)
- 9.42 ACCT case reviews should be scheduled well in advance, should ensure continuity of case managers and should be multidisciplinary. (3.28)
- 9.43 Prisoners on ACCTs should have individualised care maps to meet their needs. (3.29)
- 9.44 Near-death incidents should be fully investigated and learning points incorporated into subsequent action plans. (3.30)

Diversity

- 9.45 The diversity policy should be published. (3.36)
- 9.46 The diversity committee should focus on issues relating to prisoners. (3.37)
- 9.47 The prison should adapt cells to accommodate prisoners with disabilities. (3.38)

- 9.48 There should be an action plan to address issues of disability and sexuality. (3.39)

Race equality

- 9.49 There should be analysis of the negative views expressed by prisoners from a black and minority ethnic background. (3.50)
- 9.50 The trend analysis conducted for the race equality action team meeting should be supplemented by survey work on areas of concern. (3.51)
- 9.51 Prisoners from a black and minority ethnic background should be consulted about the racist incident complaints system and their confidence in it. (3.52)
- 9.52 Prisoners from a black and minority ethnic background should have the opportunity to use an appropriate hairdresser. (3.53)

Foreign national prisoners

- 9.53 All the requirements set out in the foreign national policy should all be implemented. (3.62)
- 9.54 The foreign national coordinator should receive specialist training. (3.63)
- 9.55 All foreign national prisoners should be interviewed within 24 hours of their arrival. (3.64)
- 9.56 There should be stronger links with appropriate community organisations that can offer a range of relevant support to foreign nationals. (3.65)
- 9.57 Foreign national prisoners should be able to meet in a group setting to share information and provide support. (3.66)
- 9.58 Foreign national prisoners whose sentence has expired should be offered specialist advice and guidance to ensure these cases are expedited efficiently. (3.67)

Applications and complaints

- 9.59 All applications should be logged and prisoners given a receipt as proof of submission. (3.74)
- 9.60 There should be a timescale for responses to applications. (3.75)
- 9.61 Quality assurance of applications should be introduced. (3.76)
- 9.62 Interim replies to complaints should include timescales for responses. (3.77)
- 9.63 All complaints that indicate a racial or bullying aspect should be forwarded to the appropriate department for investigation. (3.78)

Legal rights

- 9.64 There should be cover arrangements to provide bail information in the absence of the bail information officer. (3.83)

- 9.65 A trained legal services officer should see new arrivals within 24 hours. (3.84)
- 9.66 Prisoners attending legal visits should not have to wear boiler suits. (3.85)

Substance use

- 9.67 The prison should develop a detoxification strategy, and the prison and the primary care trust should develop appropriate protocols, procedures and staff expertise to ensure the clinical management of drug-dependent prisoners at all times. (3.91)
- 9.68 All mandatory drug test (MDT) holding rooms should be adequately ventilated, and should display information on drugs, blood-borne viruses and all related services. (3.92)
- 9.69 MDT (including suspicion and reception testing) should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.93)

Health services

- 9.70 The clinical services coordinator should be a member of the prison partnership board. (4.60)
- 9.71 The inpatient beds should be removed from the prison's certified normal accommodation. (4.61)
- 9.72 Contract cleaning that meets NHS standards should be extended to all healthcare areas. (4.62)
- 9.73 Hand washing facilities in all healthcare areas should meet infection control requirements. (4.63)
- 9.74 Clinical supervision should be formally adopted and documented. (4.64)
- 9.75 Regular healthcare providers, such as the dentist and the GP, should attend healthcare team meetings. (4.65)
- 9.76 There should be a discipline officer post in the inpatient unit. (4.66)
- 9.77 There should be a regular healthcare forum for prisoners, led by a senior nurse. (4.67)
- 9.78 Barrier protection should be available to prisoners in prison and on their release. (4.68)
- 9.79 Health rooms should be identified on residential units, which include interviewing facilities for in-reach staff. (4.69)
- 9.80 The dental surgery should be refurbished and include a new dental unit and an amalgam separator. (4.70)
- 9.81 There should be a dedicated decontamination area for the dental surgery, incorporating a new autoclave with printer and a washer/disinfector, and new guidelines on cross-infection control should be implemented. (4.71)
- 9.82 Dental triage should be introduced in accordance with a dental protocol. (4.72)

- 9.83 Clinical record keeping should be either paper or electronic to avoid duplication. (4.73)
- 9.84 Dental records should be consistently entered on to the patient clinical record. (4.74)
- 9.85 There should be more dental sessions to reduce the waiting list. (4.75)
- 9.86 The waiting list for the optician should be reduced and be subject to nurse triage by appropriately training staff. (4.76)
- 9.87 The medicines and therapeutics committee (MTC) should be re-established as soon as possible, meet at least four times a year and be attended by all stakeholders. (4.77)
- 9.88 The MTC should formally review and adopt all procedures and policies, and all relevant staff should read and sign the agreed procedures. (4.78)
- 9.89 The MTC should regularly monitor the special sick policy to ensure that all appropriate medicines can be supplied. (4.79)
- 9.90 There should be patient group directions to allow nurses to supply more potent medicines, where appropriate. (4.80)
- 9.91 Incident and error reports should be copied to relevant health professionals to enable proper reviews of incidents and action on any learning points to prevent similar errors in the future. Feedback should be sought from the risk management team at the PCT. (4.81)
- 9.92 Dual-labelled pre-packs should be supplied from the pharmacy. One of the labels should be removed and attached to the prescription, which should be sent to the pharmacy. (4.82)
- 9.93 The pharmacy service level agreement should allow sufficient time for the pharmacist to take a more active role in health initiatives at the prison, including direct contact with patients. Clinical audit and prescribing review should also be encouraged. (4.83)
- 9.94 Controlled drug key security should ensure there is an audit trail to indicate who has accessed controlled drugs, for example, through the use of numbered seals. (4.84)
- 9.95 There should be a new format controlled drug register to comply with recent legislative changes. (4.85)
- 9.96 All officers, including newly trained officers, should receive regular mental health awareness training. (4.86)

Learning and skills and work activities

- 9.97 The quality of teaching and learning should be improved. (5.15)
- 9.98 There should be improved success rates in personal development and literacy and numeracy level one programmes. (5.16)
- 9.99 There should be quality assurance arrangements for all areas of learning and skills. (5.17)
- 9.100 Attendance at activities should be monitored and improved. (5.18)
- 9.101 There should be more library staff. (5.19)

- 9.102 Prisoners should have better access to the library, including evening opening. (5.20)
- 9.103 The book stock should be increased, and the monitoring of shelf stock and book loss improved. (5.21)
- 9.104 The library should be included in the prison induction. (5.22)

Physical education and health promotion

- 9.105 The range of and access to accredited physical education training programmes should be increased. (5.29)
- 9.106 Showers in the PE department should be screened. (5.30)

Faith and religious activity

- 9.107 There should be a larger multi-faith room to accommodate the expanding Muslim population. (5.37)
- 9.108 Chaplains should attend ACCT self-harm monitoring reviews for prisoners with whom they have been involved. (5.38)

Time out of cell

- 9.109 Prisoners should be unlocked for at least 10 hours per day. (5.44)
- 9.110 Prisoners should be allowed out of their cell daily to attend to domestic activity, such as showers. (5.45)
- 9.111 All prisoners should have daily access to exercise. (5.46)

Discipline

- 9.112 Punishments given under the minor reports system should be fair, and there should be full and properly conducted investigations into allegations. (6.34)
- 9.113 The incentives and earned privileges system should be better used to deal with minor infringements of prison rules. (6.35)
- 9.114 There should be a programme of staff training in de-escalation techniques. (6.36)
- 9.115 Force should be used as a last resort and only when attempts at meaningful de-escalation have failed. (6.37)
- 9.116 Use of force should be properly authorised and justified in all cases. (6.38)
- 9.117 Senior managers should carry out quality checks of use of force forms. (6.39)
- 9.118 Links should be developed between use of force and the safeguarding committee. (6.40)
- 9.119 Analysis of the use of force should inform changes to the violence reduction strategy. (6.41)

- 9.120 All cells in the segregation unit should be clean and adequately furnished. (6.42)
- 9.121 There should be formal planning to return prisoners held in the segregation unit under good order or discipline to normal prison location. (6.43)

Incentives and earned privileges

- 9.122 Residential staff should acknowledge positive behaviour by recording G (good) marks in prisoner files. (6.52)
- 9.123 Prisoners should be consulted about the incentives available on enhanced status. (6.53)

Catering

- 9.124 The quality of food should be improved. (7.10)
- 9.125 All staff employed in the preparation and serving of food should be appropriately trained and receive regular updated training to meet their needs. (7.11)
- 9.126 Prisoners should be employed in the kitchen. (7.12)
- 9.127 Prison managers should quality check the food regularly, and catering staff should regularly attend serveries at meal times. (7.13)
- 9.128 The catering department should ensure that it caters adequately for the needs of Muslim prisoners and other religious groups, and that halal food is stored and served separately from non-halal food. (7.14)
- 9.129 The pre-select menus should correctly describe the menu choices for those requiring a meat- or dairy-free diet. (7.15)
- 9.130 Changes to the pre-select menu should take place as infrequently as possible, and be communicated to the residential units before the food is delivered. (7.16)
- 9.131 The breakfast packs should only include items that prisoners can use as part of their breakfast. (7.17)
- 9.132 Prisoners should be provided with flasks for in-cell use. (7.18)

Strategic management of resettlement

- 9.133 Residential units should always be represented at the reducing reoffending forum. (8.4)
- 9.134 Voluntary and community sector groups should be invited to be represented at the reducing reoffending forum. (8.5)
- 9.135 The membership and work of the reducing reoffending forum should reflect the prison's approach to diversity and inclusion. (8.6)

Offender management and planning

- 9.136 Offender supervisors should not be redeployed to operational duties. (8.19)
- 9.137 Offender supervisors should receive further training to undertake their roles effectively. (8.20)
- 9.138 There should be quality assurance processes for the offender assessment system (OASys). (8.21)
- 9.139 Families should have the opportunity to attend sentence planning boards. (8.22)
- 9.140 Prisoners should not be transferred to other establishments while home detention curfew assessments are under way. (8.23)
- 9.141 Prisoners should have access to release on temporary licence wherever possible to support resettlement plans. (8.24)
- 9.142 Offender management unit staff should be invited to contribute to self-harm monitoring and anti-bullying processes. (8.25)
- 9.143 There should be discharge processes for prisoners being released into the community. (8.26)
- 9.144 Exit surveys should be introduced. (8.27)
- 9.145 The police liaison officer should attend the monthly public protection meetings. (8.28)
- 9.146 Public protection meetings should be notified to offender managers in the community. (8.29)
- 9.147 There should be regular lifer forums. (8.30)
- 9.148 There should be regular lifer family days. (8.31)
- 9.149 Multi-agency lifer risk assessment panels should be convened as soon as possible after sentence. (8.32)
- 9.150 Mandatory lifers and those sentenced to indeterminate sentences for public protection (IPP) should be given written information about their sentence. (8.33)
- 9.151 Prisoners serving IPP sentences should have access to the interventions identified in their sentence plan or should be transferred to establishments where they can be provided in a timely manner. (8.34)

Resettlement pathways

- 9.152 Accommodation providers should report on the outcome of interventions with prisoners. (8.44)
- 9.153 There should be greater promotion of the accommodation services to ensure that prisoners are aware of their availability. (8.45)
- 9.154 There should be further interventions to assist prisoners with debt management problems. (8.46)

- 9.155 There should be formal pre-release clinics to cater for the health needs of prisoners due for discharge. (8.47)
- 9.156 The substance misuse policy document should be updated and contain detailed strategic action plans and performance measures. (8.55)
- 9.157 There should be dedicated facilities for voluntary drug testing on all residential units. (8.56)
- 9.158 There should be an analysis to establish if there is sufficient capacity to meet the demand for visits, and any deficits identified should be remedied. (8.68)
- 9.159 Visits booking arrangements should be improved. (8.69)
- 9.160 The environment in visits should be improved, including better facilities for visitors' children and better catering. (8.70)
- 9.161 Visitors should be encouraged to make contributions to the comments book. (8.71)
- 9.162 Prisoners going to visits should not be required to wear boiler suits or plastic tags on their shoes. (8.72)
- 9.163 Young adults should be given the opportunity to participate in family days and parenting courses. (8.73)

Housekeeping points

Health services

- 9.164 Patients undergoing dental treatment should be informed of their next appointment before leaving the surgery. (4.87)
- 9.165 The dental ultrasonic bath should be used for pre-sterilisation cleaning. (4.88)
- 9.166 Physical parameters of time and temperature should be recorded for the dental autoclave. (4.89)
- 9.167 The dentist should wear surgery clothing and eye protection at all times. (4.90)
- 9.168 Clean and dirty areas in the dental surgery should be indicated. (4.91)
- 9.169 Aluminium foil should cover the amalgam spillage tray. (4.92)
- 9.170 The dental surgery should hold copies of documentation relating to staff and written policies and documentation relating to equipment maintenance and waste disposal. (4.93)
- 9.171 Cover should be provided for the dentists' annual leave and sick leave. (4.94)
- 9.172 There should be regular dental health education input by the dental health educator, preferably outside clinical time, and literature should be displayed and readily available. (4.95)

Catering

9.173 The heated trolleys should be thoroughly cleaned on a regular basis. (7.19)

Examples of good practice

Health services

9.174 The change in staff working hours facilitated better health services and increased collaborative working between health and discipline staff.(4.96)

9.175 The introduction of weekend immunisation and screening clinics to address sexual health would have a lasting effect on the health of young people. (4.97)

9.176 The medication traffic light system to inform residential staff of those prisoners on in-possession medication, and the specific risks, helped to increase staff awareness and ensured that healthcare remained everyone's responsibility. (4.98)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Marie Orrell	Inspector
Gordon Riach	Inspector
Ian Macfadyen	Inspector
Angela Johnson	Inspector
Catherine Nicholls	Researcher
Sherrelle Parke	Researcher
Michael Skidmore	Researcher

Specialist inspectors

Bridget McEvilly	Healthcare inspector
Paul Roberts	Substance inspector
Jennifer Davis	Dental inspector
Jill Williams	Pharmacy inspector
Sheila Willis	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	164	64.6
Convicted but unsentenced	39	15.3
Remand	49	19.3
Civil prisoners	2	0.8
Total	254	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	34	20.7
6 months-less than 12 months	13	7.9
12 months-less than 2 years	42	25.6
2 years-less than 4 years	41	25
4 years-less than 10 years	22	13.4
Life	12	7.3
Total	164	99.9

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	63	38.4	29	32.2
1 month to 3 months	39	23.8	29	32.2
3 months to 6 months	32	19.5	23	25.5
6 months to 1 year	16	9.7	9	10
1 year to 2 years	13	7.9	0	0
2 years to 4 years	1	0.6	0	0
Total	164	99.9	90	99.9

(iv) Main offence	Number of prisoners	%
Violence against the person	61	24
Sexual offences	15	5.9
Burglary	42	16.5
Robbery	49	19.3
Theft and handling	21	8.3
Fraud and forgery	1	0.4
Drugs offences	21	8.3
Other offences	41	16.1
Offence not recorded/ Holding warrant	3	1.2
Total	254	100

(v) Age	Number of prisoners	%
18 years	72	28.3
19 years	81	31.9
20 years	92	36.2
21 years	9	3.5
Total	254	99.9

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	92	36.2
Between 50 and 100 miles of the prison	120	47.2
Over 100 miles from the prison	3	1.2
No fixed address	9	3.5
Not known	30	11.8
Total	254	99.9

(vii) Nationality	Number of prisoners	%
British	245	96.5
Foreign nationals	9	3.5
Total	254	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	226	88.9
Other White	1	0.4
<i>Mixed:</i>		
White and Black Caribbean	8	3.1
White and Black African	1	0.4
White and Asian	1	0.4
Other Mixed	1	0.4
<i>Asian or Asian British:</i>		
Pakistani	1	0.4
Other Asian	2	0.8
<i>Black or Black British:</i>		
Caribbean	5	1.9
African	4	1.6
Other Black	2	0.8
<i>Chinese or other ethnic group:</i>		
Chinese	2	0.8
Total	254	99.9

(ix) Religion	Number of prisoners	%
Church of England	48	18.9
Roman Catholic	69	27.2
Other Christian denominations	1	0.4
Muslim	7	2.7
Buddhist	1	0.4
Other	1	0.4
No religion	127	50
Total	254	100

Appendix III: Wing file analysis

On 9 September 2008, the population at HMP YOI Lancaster Farms was 479. A sample of wing history sheets was analysed; 10 files were looked at on each wing, resulting in a total sample of 20 across the site. This represented 4% of the population.

All history sheets were assessed in terms of the frequency and quality of comments. The additional forms and information contained in the file were also noted.

Identification of the prisoner

All history sheets stated the prisoner's name and number. However, the only means for identifying each prisoner's ethnicity was by observing the photos in the files, predominantly attached to the cell sharing risk assessment. Photos were found in 100% (n=20) of the files. This reliance on photos as a means to identify ethnicity clearly limits accuracy. No reference to a prisoner's ethnicity was made in the comments section of the files.

Frequency of entries

The frequency of entries was calculated in terms of the average number of days since the last entry.

	Average number of management checks per file	Average number of days since last entry in file
C1 (Induction)	1	7 days
C2	0	9 days
D1	0	5 days
D2	1	6 days
Overall	0	7 days

In our sample, the longest time that elapsed since the last file entry was 34 days, and one file had only one entry and cited no date.

The average number of management checks for each wing per month was also calculated. However, for all wings, and across the whole closed site, the average number of management checks per month was actually 0. The most frequent use of management checks was found on D2 unit, where the average was 0.8.

Quality of comments

Comments were assessed in terms of the level of positive interaction with prisoners. All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate, a record was kept.

Wing averages	Interactional	Observational	Inappropriate
C1	5	34	0
C2	1	5	0
D1	3	9	0
D2	5	22	0
Total average	3	13	0

Of the total 332 comments assessed, only 19% (n=62) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 81% (n=260) were deemed to be observational or functional in nature (e.g. 'x complies with the regime' or 'gave x formal warning'). None of the comments in the sample files were deemed inappropriate, and examples are detailed below. Many of the observational or functional comments related to behaviour management difficulties. An example of this emphasis towards behaviour and discipline was the observation that there would have been considerably fewer entries in a case from C1 had the prisoner's behaviour been more positive.

Personal officers

History sheets were assessed in terms of whether it was clear who the personal officer was, and the quantity and quality of comments made by the personal officer. In 70% (n=14) of the files, name of the prisoner's personal officer could be gleaned, though only 15% (n=3) of these identified the personal officer clearly on the folder – for the remaining 55% (n=11), it was necessary to read through the history sheets in order to identify the personal officer. In those files where the personal officer was identifiable, 72% (n=10) of them had made entries which were assessed as predominantly interactional. 14% (n=2) of the personal officers identified had yet to make an entry into the file, and the remaining 14% (n=2) had made entries assessed as largely functional or observational in nature.

Comments on bullying

None of the files incorporated any description of bullying occurring at the time. One case outlined interaction with a prisoner pertaining to his offence, and his accordant vulnerability; this was an interactional entry and described strategies to prevent bullying.

Notes on detoxification/withdrawal

35% (n=7) of the wing files noted detoxification or withdrawal issues for the prisoner.

Cell sharing risk assessments

All the files in the sample incorporated a cell sharing risk assessment (CSRA), with over half of these (55%, n=11) completed on the day of the prisoner's reception into Lancaster Farms. Across all the units, the average number of days between reception and completion of the CSRA was just one day.

Additional documentation

It was noted whether additional documentation was included, whether it had been completed, and whether it had been completed at Lancaster Farms. The table below shows the results.

Documentation	Percentage of files included and completed at Lancaster Farms
Custody and care plan induction pack	75% (n=15)
Induction history sheet	35% (n=7)
Compacts	20% (n=4)
IEP	45% (n=9)
Cell sharing risk review	20% (n=4)
OM sentence plan summary	5% (n=1)
Previous HMP history files	20% (n=4)
List of previous convictions	25% (n=5)

The figures above do not represent a judgement of the quality of the documentation. Those highlighted in red are those documents completed outside Lancaster Farms.

An observation in conducting the analysis was the lack of consistency in the layout of the files, with the custody and care plan pack generally the only prevalent element.

Overall state of the file

All files were rated with a score from 1 (poor) to 4 (very good). The ratings were based on the level of evidence of interaction with prisoners, evidence of personal officer interaction, and the frequency of comments.

All files were given a rating of 1 (poor), 2 (fair) or 3 (good). The most frequent rating was fair. In total, 45% (n=9) were rated poor; 40% (n=8) were rated as fair and 10% (n=2) were rated as poor. Across the whole sample, the average rating was 2.

Appendix IV: Summary of prisoner questionnaires and interviews

Young adult survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the young adult 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 2 September 2008, the young adult population at HMYOI Lancaster Farms was 259. The sample size was 106. Overall, this represented 41% of the young adult population.

Selecting the sample

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

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

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

Methodology

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

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

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

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

Response rates

In total, 98 respondents completed and returned their questionnaires. This represented 38% of the young adult population. The response rate was 92%. In addition to the four respondents

who refused to complete a questionnaire, one questionnaire was not returned and three were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all young adults surveyed in young offender institutions (YOI). This comparator is based on all responses from young adult surveys carried out in 22 YOIs since April 2003.
- A comparison within the 2008 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2008 survey between the responses of young adults from Coniston unit and those from Derwent 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 young adults' background details.

Summary

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

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

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

Appendix V: Summary of prisoner survey results

Section 1: About you

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

- Q1.1 What wing or houseblock are you currently living on?**
- Q1.2 How old are you?**
- | | |
|--------------------------|-----|
| <i>Under 21</i> | 93% |
| <i>21 - 29</i> | 6% |
| <i>30 - 39</i> | 0% |
| <i>40 - 49</i> | 0% |
| <i>50 - 59</i> | 0% |
| <i>60 - 69</i> | 0% |
| <i>70 and over</i> | 0% |
- Q1.3 Are you sentenced?**
- | | |
|--|-----|
| <i>Yes</i> | 55% |
| <i>Yes - on recall</i> | 8% |
| <i>No - awaiting trial</i> | 14% |
| <i>No - awaiting sentence</i> | 22% |
| <i>No - awaiting deportation</i> | 1% |
- Q1.4 How long is your sentence?**
- | | |
|---|-----|
| Not sentenced | 37% |
| <i>Less than 6 months</i> | 17% |
| <i>6 months to less than 1 year</i> | 6% |
| <i>1 year to less than 2 years</i> | 11% |
| <i>2 years to less than 4 years</i> | 14% |
| <i>4 years to less than 10 years</i> | 7% |
| <i>10 years or more</i> | 0% |
| <i>IPP (Indeterminate Sentence for Public Protection)</i> | 8% |
| <i>Life</i> | 0% |
- Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?**
- | | |
|---------------------------------|-----|
| Not sentenced | 40% |
| <i>6 months or less</i> | 32% |
| <i>More than 6 months</i> | 28% |
- Q1.6 How long have you been in this prison?**
- | | |
|--------------------------------------|-----|
| <i>Less than 1 month</i> | 30% |
| <i>1 to less than 3 months</i> | 24% |

	<i>3 to less than 6 months</i>	15%		
	<i>6 to less than 12 months</i>	16%		
	<i>12 months to less than 2 years</i>	12%		
	<i>2 to less than 4 years</i>	2%		
	<i>4 years or more</i>	1%		
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	Yes.....	7%		
	No.....	93%		
Q1.8	Is English your first language?			
	Yes.....	94%		
	No.....	6%		
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	84%	<i>Asian or Asian British - Bangladeshi</i>	0%
	<i>White - Irish</i>	3%	<i>Asian or Asian British - Other</i>	0%
	<i>White - Other</i>	0%	<i>Mixed Race - White and Black Caribbean</i>	2%
	<i>Black or Black British - Caribbean</i>	4%	<i>Mixed Race - White and Black African</i>	0%
	<i>Black or Black British - African</i>	1%	<i>Mixed Race - White and Asian</i>	0%
	<i>Black or Black British - Other</i>	1%	<i>Mixed Race - Other</i>	1%
	<i>Asian or Asian British - Indian</i>	0%	<i>Chinese</i>	1%
	<i>Asian or Asian British - Pakistani</i>	2%	<i>Other ethnic group</i>	1%
Q1.10	What is your religion?			
	<i>None</i>	40%	<i>Hindu</i>	0%
	<i>Church of England</i>	21%	<i>Jewish</i>	0%
	<i>Catholic</i>	29%	<i>Muslim</i>	5%
	<i>Protestant</i>	2%	<i>Sikh</i>	0%
	<i>Other Christian denomination</i>	2%	<i>Other</i>	0%
	<i>Buddhist</i>	0%		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>	97%		
	<i>Homosexual/Gay</i>	0%		
	<i>Bisexual</i>	3%		
	<i>Other</i>	0%		
Q1.12	Do you consider yourself to have a disability?			
	Yes.....	17%		
	No.....	83%		

Q1.13	How many times have you been in prison before?	0	1	2 to 5	More than 5
		33%	10%	35%	22%
Q1.14	Including this prison, how many prisons have you been in during this sentence/remand time?	1	2 to 5	More than 5	
		45%	49%	6%	
Q1.15	Do you have any children under the age of 18?	Yes.....	25%		
		No.....	75%		

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	5%	29%	24%	25%	14%	2%	0%
	Your personal safety during the journey	8%	52%	22%	12%	3%	3%	0%
	The comfort of the van	1%	9%	6%	24%	58%	2%	0%
	The attention paid to your health needs	5%	29%	29%	17%	8%	6%	7%
	The frequency of toilet breaks	5%	12%	11%	14%	42%	9%	7%
Q2.2	How long did you spend in the van?	Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember		
		13%	56%	22%	7%	2%		
Q2.3	How did you feel you were treated by the escort staff?	Very well	Well	Neither	Badly	Very badly	Don't remember	
		11%	48%	31%	7%	1%	2%	
Q2.4	Please answer the following questions about when you first arrived here:	Yes	No	Don't remember				
	Did you know where you were going when you left court or when transferred from another prison?	80%	20%	0%				
	Before you arrived here did you receive any written information about what would happen to you?	16%	78%	5%				
	When you first arrived here did your property arrive at the same time as you?	82%	15%	3%				

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	9%	<i>Money worries</i>	20%
<i>Loss of property</i>	16%	<i>Feeling depressed or suicidal</i>	54%
<i>Housing problems</i>	32%	<i>Health problems</i>	71%
<i>Contacting employers</i>	13%	<i>Needing protection from other prisoners</i>	23%
<i>Contacting family</i>	71%	<i>Accessing phone numbers</i>	52%
<i>Ensuring dependents were being looked after</i>	14%	<i>Other</i>	3%

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

<i>Didn't have any problems</i>	38%	<i>Money worries</i>	11%
<i>Loss of property</i>	18%	<i>Feeling depressed or suicidal</i>	15%
<i>Housing problems</i>	20%	<i>Health problems</i>	11%
<i>Contacting employers</i>	6%	<i>Needing protection from other prisoners</i>	11%
<i>Contacting family</i>	21%	<i>Accessing phone numbers</i>	11%
<i>Ensuring dependents were looked after</i>	4%	<i>Other</i>	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	<i>Don't remember</i>
Were you seen by a member of health services?	95%	4%	1%
When you were searched, was this carried out in a respectful way?	84%	13%	3%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
16%	53%	23%	7%	0%	1%

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

<i>Information about what was going to happen to you</i>	53%
<i>Information about what support was available for people feeling depressed or suicidal</i>	51%
<i>Information about how to make routine requests</i>	49%
<i>Information about your entitlement to visits</i>	60%
<i>Information about health services</i>	69%
<i>Information about the chaplaincy</i>	57%
<i>Not offered anything</i>	17%

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply)	
	<i>A smokers/non-smokers pack</i>	88%
	<i>The opportunity to have a shower</i>	15%
	<i>The opportunity to make a free telephone call</i>	91%
	<i>Something to eat</i>	81%
	<i>Did not receive anything</i>	1%
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)	
	<i>Chaplain or religious leader</i>	46%
	<i>Someone from health services</i>	75%
	<i>A listener/Samaritans</i>	21%
	<i>Did not meet any of these people</i>	21%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes</i>	11%
	<i>No</i>	89%
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	74%
	<i>No</i>	15%
	<i>Don't remember</i>	12%
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	20%
	<i>Within the first week</i>	51%
	<i>More than a week</i>	21%
	<i>Don't remember</i>	7%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	21%
	<i>Yes</i>	43%
	<i>No</i>	24%
	<i>Don't remember</i>	11%

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
						<i>N/A</i>
	Communicate with your solicitor or legal representative?	7%	25%	14%	33%	15%
	Attend legal visits?	14%	44%	19%	11%	5%
	Obtain bail information?	8%	18%	19%	25%	13%
						7%
						16%

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters 11%
 Yes..... 40%
 No..... 49%

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	32%	65%	2%	1%
Are you normally able to have a shower every day?	23%	75%	1%	1%
Do you normally receive clean sheets every week?	86%	11%	2%	1%
Do you normally get cell cleaning materials every week?	84%	14%	1%	1%
Is your cell call bell normally answered within five minutes?	31%	55%	13%	1%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	46%	47%	5%	1%
Can you normally get your stored property, if you need to?	25%	43%	28%	3%

Q4.4 What is the food like here?

	Very good	Good	Neither	Bad	Very bad
	0%	13%	20%	32%	35%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
Have not bought anything yet..... 9%
 Yes..... 45%
 No..... 46%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	28%	44%	8%	2%	4%	14%
An application form	36%	48%	6%	3%	2%	6%

Q4.7 Have you made an application?
 Yes..... 65%
 No..... 35%

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

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	35%	35%	30%

Do you feel *applications* are dealt with promptly? 35% 31% 35%
(within seven days)

Q4.9 Have you made a complaint?

Yes..... 42%
No..... 58%

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

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	58%	14%	28%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	58%	11%	30%
Were you given information about how to make an appeal?	37%	22%	40%

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

Not made a complaint 59%
Yes..... 13%
No..... 28%

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

<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
37%	5%	13%	23%	16%	5%

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

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	42%	14%	44%
Are you able to speak to a religious leader of your faith in private if you want to?	49%	9%	42%

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

Yes	No	Don't know
23%	22%	55%

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

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	73%	27%
Do most staff treat you with respect?	63%	37%

Section 5: Safety

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

Yes..... 32%
No..... 68%

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

Yes..... 8%
No..... 92%

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

Never felt unsafe	69%	<i>At meal times</i>	14%
<i>Everywhere</i>	3%	<i>At health services</i>	5%
<i>Segregation unit</i>	3%	<i>Visit's area</i>	2%
<i>Association areas</i>	14%	<i>In wing showers</i>	15%
<i>Reception area</i>	4%	<i>In gym showers</i>	15%
<i>At the gym</i>	12%	<i>In corridors/stairwells</i>	9%
<i>In an exercise yard</i>	12%	<i>On your landing/wing</i>	12%
<i>At work</i>	9%	<i>In your cell</i>	4%
<i>During movement</i>	15%	<i>At religious services</i>	3%
<i>At education</i>	11%		

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

Yes..... 20%
No..... 80%

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

<i>Insulting remarks (about you or your family or friends)</i>	12%	<i>Because you were new here...</i>	10%
<i>Physical abuse (being hit, kicked or assaulted)</i>	11%	<i>Because of your sexuality</i>	3%
<i>Sexual abuse</i>	2%	<i>Because you have a disability</i>	2%
<i>Because of your race or ethnic origin</i>	2%	<i>Because of your religion/religious beliefs</i>	2%
<i>Because of drugs</i>	3%	<i>Being from a different part of the country than others</i>	7%
<i>Having your canteen/property taken</i>	6%	<i>Because of your offence/ crime</i>	3%

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

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

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

<i>Insulting remarks (about you or your family or friends)</i>	11%	<i>Because of your sexuality</i>	1%
<i>Physical abuse (being hit, kicked or assaulted)</i>	3%	<i>Because you have a disability</i>	1%

Sexual abuse.....	3%	Because of your religion/religious beliefs.....	2%
Because of your race or ethnic origin.....	2%	Being from a different part of the country than others.....	7%
Because of drugs.....	2%	Because of your offence/crime.....	3%
Because you were new here	4%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?
Not been victimised..... 69%
 Yes..... 13%
 No..... 18%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes..... 21%
 No..... 79%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes..... 22%
 No..... 78%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?
 Very easy Easy Neither Difficult Very difficult Don't know
 8% 10% 9% 8% 18% 48%

Section 6: Health services

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

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	17%	12%	34%	14%	18%	4%
The nurse	12%	19%	51%	6%	10%	2%
The dentist	23%	4%	8%	9%	28%	28%
The optician	38%	1%	11%	10%	21%	19%

Q6.2 Are you able to see a pharmacist?
 Yes..... 46%
 No..... 54%

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

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	34%	12%	27%	9%	10%	9%
The nurse	22%	15%	42%	8%	6%	8%
The dentist	44%	8%	11%	9%	17%	12%
The optician	63%	6%	7%	8%	7%	10%

- Q6.4 What do you think of the overall quality of the health services here?**
- | | | | | | |
|-----------------|------------------|-------------|----------------|------------|-----------------|
| <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
| 13% | 11% | 34% | 16% | 16% | 10% |
- Q6.5 Are you currently taking medication?**
- Yes..... 25%
- No..... 75%
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- Not taking medication* 76%
- Yes..... 20%
- No..... 4%
- Q6.7 Do you feel you have any emotional well being/ mental health issues?**
- Yes..... 35%
- No..... 65%
- Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**
- Do not have any issues / Not receiving any help*..... 77%
- Doctor*..... 9%
- Nurse*..... 6%
- Psychiatrist*..... 12%
- Mental health in reach team*..... 12%
- Counsellor*..... 10%
- Other*..... 6%
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | | |
|---------|-----|-----|
| | Yes | No |
| Drugs | 46% | 54% |
| Alcohol | 40% | 60% |
- Q6.10 Have you developed a problem with either of the following since you have been in this prison?**
- | | | |
|---------|-----|-----|
| | Yes | No |
| Drugs | 7% | 93% |
| Alcohol | 5% | 95% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- Yes..... 46%
- No..... 12%
- Did not / do not have a drug or alcohol problem* 42%
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?**
- Yes..... 35%

No..... 22%
Did not / do not have a drug or alcohol problem 43%

Q6.13 Was the intervention or help you received, while in this prison, helpful?
 Yes..... 27%
 No..... 8%
Did not have a problem/Have not received help..... 65%

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

	Yes	No	Don't know
Drugs	14%	63%	24%
Alcohol	18%	61%	21%

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?
 Yes..... 24%
 No..... 18%
 N/A..... 57%

Section 7: Purposeful activity

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

Prison job	34%
Vocational or skills training	23%
Education (including basic skills)	34%
Offending behaviour programmes	8%
Not involved in any of these	24%

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

	Not been involved	Yes	No	Don't know
Prison job	28%	41%	20%	11%
Vocational or skills training	32%	38%	18%	11%
Education (including basic skills)	20%	41%	28%	12%
Offending behaviour programmes	38%	33%	19%	11%

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

Don't want to go	13%
Never	52%
Less than once a week	9%
About once a week	18%
More than once a week	0%
Don't know	9%

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
13%	7%	5%	25%	39%	2%	8%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
11%	18%	36%	18%	5%	12%

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

<i>Less than 2 hours</i>	28%
<i>2 to less than 4 hours</i>	29%
<i>4 to less than 6 hours</i>	17%
<i>6 to less than 8 hours</i>	12%
<i>8 to less than 10 hours</i>	4%
<i>10 hours or more</i>	4%
<i>Don't know</i>	5%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
0%	2%	23%	63%	5%	6%

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

<i>Do not go on association</i>	2%
<i>Never</i>	23%
<i>Rarely</i>	22%
<i>Some of the time</i>	33%
<i>Most of the time</i>	17%
<i>All of the time</i>	2%

Section 8: Resettlement

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

<i>Still have not met him/her</i>	30%
<i>In the first week</i>	39%
<i>More than a week</i>	20%
<i>Don't remember</i>	11%

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

<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
30%	14%	33%	9%	9%	5%

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

<i>Not sentenced</i>	37%
<i>Yes</i>	28%
<i>No</i>	35%

Q8.4	<p>How involved were you in the development of your sentence plan?</p> <p><i>Do not have a sentence plan/OASys</i>..... 75%</p> <p><i>Very involved</i>..... 8%</p> <p><i>Involved</i>..... 7%</p> <p><i>Neither</i>..... 4%</p> <p><i>Not very involved</i>..... 4%</p> <p><i>Not at all involved</i>..... 2%</p>
Q8.5	<p>Can you achieve all or some of your sentence plan targets in this prison?</p> <p><i>Do not have a sentence plan/OASys</i>..... 73%</p> <p><i>Yes</i>..... 22%</p> <p><i>No</i>..... 5%</p>
Q8.6	<p>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</p> <p><i>Do not have a sentence plan/OASys</i>..... 74%</p> <p><i>Yes</i>..... 17%</p> <p><i>No</i>..... 9%</p>
Q8.7	<p>Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?</p> <p><i>Not sentenced</i>..... 38%</p> <p><i>Yes</i>..... 21%</p> <p><i>No</i>..... 41%</p>
Q8.8	<p>Do you feel that any member of staff has helped you to prepare for your release?</p> <p><i>Yes</i>..... 17%</p> <p><i>No</i>..... 83%</p>
Q8.9	<p>Have you had any problems with sending or receiving mail?</p> <p><i>Yes</i>..... 47%</p> <p><i>No</i>..... 40%</p> <p><i>Don't know</i>..... 13%</p>
Q8.10	<p>Have you had any problems getting access to the telephones?</p> <p><i>Yes</i>..... 29%</p> <p><i>No</i>..... 70%</p> <p><i>Don't know</i>..... 1%</p>
Q8.11	<p>Did you have a visit in the first week that you were here?</p> <p><i>Not been here a week yet</i>..... 7%</p> <p><i>Yes</i>..... 34%</p> <p><i>No</i>..... 55%</p> <p><i>Don't remember</i>..... 3%</p>
Q8.12	<p>Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)</p> <p><i>Don't know what my entitlement is</i> 29%</p>

Yes..... 45%
 No..... 26%

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

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
8%	47%	45%	0%	1%

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

Yes..... 41%
 No..... 59%

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

<i>Don't know who to contact</i>	51%	<i>Help with your finances in preparation for release</i>	20%
<i>Maintaining good relationships</i>	16%	<i>Claiming benefits on release</i> ...	33%
<i>Avoiding bad relationships</i>	13%	<i>Arranging a place at college/continuing education on release</i>	26%
<i>Finding a job on release</i>	38%	<i>Continuity of health services on release</i>	18%
<i>Finding accommodation on release</i>	34%	<i>Opening a bank account</i>	15%

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

<i>No problems</i>	33%	<i>Help with your finances in preparation for release</i>	33%
<i>Maintaining good relationships</i>	17%	<i>Claiming benefits on release</i> ...	29%
<i>Avoiding bad relationships</i>	18%	<i>Arranging a place at college/continuing education on release</i>	33%
<i>Finding a job on release</i>	58%	<i>Continuity of health services on release</i>	14%
<i>Finding accommodation on release</i>	30%	<i>Opening a bank account</i>	30%

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

Not sentenced..... 38%
 Yes..... 33%
 No..... 29%

Thank you for completing this survey



Prisoner survey responses HMYOI Lancaster Farms 2008

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

Key to tables

Any percent highlighted in green is significantly better	HMYOI Lancaster Farms	Young offender institutions comparator
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		

Number of completed questionnaires returned	98	1815
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SECTION 1: General information

2	Are you under 21 years of age?	93%	87%
3a	Are you sentenced?	64%	82%
3b	Are you on recall?	8%	5%
4a	Is your sentence less than 12 months?	23%	18%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	1%
5	Do you have six months or less to serve?	32%	41%
6	Have you been in this prison less than a month?	30%	15%
7	Are you a foreign national?	7%	10%
8	Is English your first language?	94%	93%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	13%	29%
10	Are you Muslim?	5%	19%
11	Are you homosexual/gay or bisexual?	3%	2%
12	Do you consider yourself to have a disability?	17%	10%
13	Is this your first time in prison?	33%	42%
14	Have you been in more than 5 prisons this time?	6%	1%
15	Do you have any children under the age of 18?	25%	24%

SECTION 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?	35%	34%
1b	Was your personal safety during the journey good/very good?	59%	57%
1c	Was the comfort of the van good/very good?	10%	11%
1d	Was the attention paid to your health needs good/very good?	34%	32%
1e	Was the frequency of toilet breaks good/very good?	18%	12%
2	Did you spend more than four hours in the van?	7%	6%
3	Were you treated well/very well by the escort staff?	59%	65%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	79%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	23%
4c	When you first arrived here did your property arrive at the same time as you?	82%	86%

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SECTION 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?	16%	
1c	Housing problems?	32%	
1d	Problems contacting employers?	13%	
1e	Problems contacting family?	71%	
1f	Problems ensuring dependants were looked after?	14%	
1g	Money problems?	20%	
1h	Problems of feeling depressed/suicidal?	54%	
1i	Health problems?	71%	
1j	Problems in needing protection from other prisoners?	23%	
1k	Problems accessing phone numbers?	52%	
2	When you first arrived:		
2a	Did you have any problems?	63%	57%
2b	Did you have any problems with loss of property?	18%	8%
2c	Did you have any housing problems?	20%	14%
2d	Did you have any problems contacting employers?	6%	4%
2e	Did you have any problems contacting family?	21%	21%
2f	Did you have any problems ensuring dependants were being looked after?	4%	3%
2g	Did you have any money worries?	11%	20%
2h	Did you have any problems with feeling depressed or suicidal?	15%	14%
2i	Did you have any health problems?	11%	9%
2j	Did you have any problems with needing protection from other prisoners?	11%	5%
2k	Did you have problems accessing phone numbers?	11%	23%
3a	Were you seen by a member of health services in reception?	95%	89%
3b	When you were searched in reception, was this carried out in a respectful way?	84%	69%
4	Were you treated well/very well in reception?	69%	63%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	53%	56%
5b	Information about what support was available for people feeling depressed or suicidal?	51%	53%
5c	Information about how to make routine requests?	49%	43%
5d	Information about your entitlement to visits?	60%	55%
5e	Information about health services?	69%	58%
5f	Information about the chaplaincy?	57%	54%

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SECTION 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?	88%	82%
6b	The opportunity to have a shower?	15%	42%
6c	The opportunity to make a free telephone call?	92%	71%
6d	Something to eat?	81%	82%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	46%	49%
7b	Someone from health services?	75%	68%
7c	A listener/Samaritans?	21%	24%
8	Did you have access to the prison shop/canteen within the first 24 hours?	11%	20%
9	Did you feel safe on your first night here?	74%	80%
10	Have you been on an induction course?	80%	91%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	55%	65%
SECTION 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?	32%	59%
1b	Attend legal visits?	58%	67%
1c	Obtain bail information?	27%	44%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	39%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	32%	54%
3b	Are you normally able to have a shower every day?	23%	57%
3c	Do you normally receive clean sheets every week?	86%	82%
3d	Do you normally get cell cleaning materials every week?	84%	55%
3e	Is your cell call bell normally answered within five minutes?	31%	42%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	46%	58%
3g	Can you normally get your stored property, if you need to?	25%	35%
4	Is the food in this prison good/very good?	13%	26%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	48%
6a	Is it easy/very easy to get a complaints form?	72%	79%
6b	Is it easy/very easy to get an application form?	83%	84%
7	Have you made an application?	65%	77%

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	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	54%	63%
8b	Do you feel applications are dealt with promptly? (within 7 days)	47%	54%
9	Have you made a complaint?	42%	47%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	32%	39%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	27%	40%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	31%	26%
10c	Were you given information about how to make an appeal?	23%	31%
12	Is it easy/very easy to see the Independent Monitoring Board?	19%	24%
13a	Do you feel your religious beliefs are respected?	42%	48%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	49%	55%
14	Are you able to speak to a Listener at any time, if you want to?	23%	50%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	69%
15b	Do most staff, in this prison, treat you with respect?	63%	66%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	32%	31%
2	Do you feel unsafe in this prison at the moment?	8%	19%
4	Have you been victimised by another prisoner?	20%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	12%	13%
5b	Hit, kicked or assaulted you?	11%	10%
5c	Sexually abused you?	2%	1%
5d	Victimised you because of your race or ethnic origin?	2%	4%
5e	Victimised you because of drugs?	3%	2%
5f	Taken your canteen/property?	7%	5%
5g	Victimised you because you were new here?	10%	6%
5h	Victimised you because of your sexuality?	3%	2%
5i	Victimised you because you have a disability?	2%	1%
5j	Victimised you because of your religion/religious beliefs?	2%	3%
5k	Victimised you because you were from a different part of the country?	7%	6%
5l	Victimised you because of your offence/crime?	3%	3%

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SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	22%	23%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	11%	13%
7b	Hit, kicked or assaulted you?	3%	4%
7c	Sexually abused you?	3%	1%
7d	Victimised you because of your race or ethnic origin?	2%	4%
7e	Victimised you because of drugs?	2%	1%
7f	Victimised you because you were new here?	5%	5%
7g	Victimised you because of your sexuality?	1%	1%
7h	Victimised you because you have a disability?	1%	2%
7i	Victimised you because of your religion/religious beliefs?	2%	3%
7j	Victimised you because you were from a different part of the country?	7%	5%
7k	Victimised you because of your offence/crime?	3%	5%

For those who have been victimised by staff or other prisoners:

8	Did you report any victimisation that you have experienced?	43%	31%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	27%
10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	19%
11	Is it easy/very easy to get illegal drugs in this prison?	18%	21%

SECTION 6: Healthcare

1a	Is it easy/very easy to see the doctor?	46%	37%
1b	Is it easy/very easy to see the nurse?	70%	57%
1c	Is it easy/very easy to see the dentist?	12%	11%
1d	Is it easy/very easy to see the optician?	12%	9%
2	Are you able to see a pharmacist?	46%	72%

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?	59%	59%
3b	The nurse?	73%	67%
3c	The dentist?	33%	44%
3d	The optician?	33%	44%
4	The overall quality of health services?	52%	54%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	25%	22%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	82%	56%
7	Do you feel you have any emotional well being/mental health issues?	35%	28%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	28%	
8b	A doctor?	28%	
8c	A nurse?	17%	
8d	A psychiatrist?	38%	
8e	The Mental Health In-Reach Team?	38%	
8f	A counsellor?	31%	
9a	Did you have a drug problem when you came into this prison?	46%	15%
9b	Did you have an alcohol problem when you came into this prison?	40%	12%
10a	Have you developed a drug problem since you have been in this prison?	7%	3%
10b	Have you developed an alcohol problem since you have been in this prison?	5%	3%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	79%	70%
12	Have you received any help or intervention whilst in this prison?	61%	45%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	79%	76%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	38%	26%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	39%	25%
For those 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?	57%	45%
SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	34%	
1b	Vocational or skills training?	22%	
1c	Education (including basic skills)?	34%	
1d	Offending Behaviour Programmes?	7%	

Key to tables

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Purposeful activity continued			
2ai	Have you had a job whilst in prison?	72%	71%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	56%	52%
2bi	Have you been involved in vocational or skills training whilst in prison?	68%	65%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	56%	56%
2ci	Have you been involved in education whilst in prison?	80%	77%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	51%	64%
2di	Have you been involved in offending behaviour programmes whilst in prison?	63%	59%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	52%	58%
3	Do you go to the library at least once a week?	18%	29%
4	On average, do you go to the gym at least twice a week?	66%	48%
5	On average, do you go outside for exercise three or more times a week?	23%	40%
6	On average, do you spend ten or more hours out of your cell on a weekday?	4%	9%
7	On average, do you go on association more than five times each week?	5%	42%
8	Do staff normally speak to you most of the time/all of the time during association?	19%	22%
SECTION 8: Resettlement			
1	Do you have a personal officer?	70%	64%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	68%	62%
For those who are sentenced:			
3	Do you have a sentence plan?	44%	53%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	57%	70%
5	Can you achieve some/all of you sentence plan targets in this prison?	80%	76%
6	Are there plans for you to achieve some/all your targets in another prison?	67%	46%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	33%	26%
8	Do you feel that any member of staff has helped you to prepare for release?	17%	12%
9	Have you had any problems with sending or receiving mail?	47%	38%
10	Have you had any problems getting access to the telephones?	29%	31%
11	Did you have a visit in the first week that you were here?	34%	38%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	44%	68%

Key to tables

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Resettlement continued			
13	Did you receive one or more visits in the last week?	46%	43%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	41%	46%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	16%	
15c	Avoiding bad relationships?	13%	
15d	Finding a job on release?	38%	45%
15e	Finding accommodation on release?	34%	48%
15f	With money/finances on release?	19%	34%
15g	Claiming benefits on release?	33%	44%
15h	Arranging a place at college/continuing education on release?	26%	41%
15i	Accessing health services on release?	18%	41%
15j	Opening a bank account on release?	15%	37%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	17%	
16c	Avoiding bad relationships?	18%	
16d	Finding a job?	58%	58%
16e	Finding accommodation?	30%	40%
16f	Money/finances?	32%	53%
16g	Claiming benefits?	29%	35%
16h	Arranging a place at college/continuing education?	32%	47%
16i	Accessing health services?	15%	18%
16j	Opening a bank account?	30%	30%
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?	53%	62%



Key questions (wing analysis) HMYOI Lancaster Farms 2008

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

Key to tables

Any percent highlighted in green is significantly better		Coniston Unit	Derwent Unit
Any percent highlighted in blue is significantly worse			
Percentages which are not highlighted show there is no significant difference			
Number of completed questionnaires returned		49	47
3.10	Have you been on an induction course?	74%	85%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	38%	27%
4.3b	Are you normally able to have a shower every day?	27%	17%
4.3c	Do you normally receive clean sheets every week?	87%	85%
4.3d	Do you normally get cell cleaning materials every week?	83%	85%
4.3e	Is your cell call bell normally answered within five minutes?	30%	33%
4.3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	45%	47%
4.4	Is the food in this prison good/very good?	14%	11%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	43%
4.6a	Is it easy/very easy to get a complaints form?	74%	71%
4.6b	Is it easy/very easy to get an application form?	87%	81%
4.9	Have you made a complaint?	38%	44%
4.13a	Do you feel your religious beliefs are respected?	36%	46%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	44%	52%
4.14	Are you able to speak to a Listener at any time, if you want to?	21%	26%
4.15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	69%
4.15b	Do most staff, in this prison, treat you with respect?	67%	58%
5.1	Have you ever felt unsafe in this prison?	35%	31%
5.2	Do you feel unsafe in this prison at the moment?	9%	9%

Key to tables

		Coniston Unit	Derwent Unit
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
5.4	Have you been victimised by another prisoner?	20%	22%
5.6	Have you been victimised by a member of staff?	17%	28%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22%	21%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	22%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	12%	22%
6.1a	Is it easy/very easy to see the doctor?	56%	35%
6.1b	Is it easy/very easy to see the nurse?	74%	65%
7.3	Do you go to the library at least once a week?	13%	22%
7.4	On average, do you go to the gym at least twice a week?	58%	74%
7.5	On average, do you go outside for exercise three or more times a week?	30%	17%
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)	9%	0%
7.7	On average, do you go on association more than five times each week?	6%	4%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	23%
8.1	Do you have a personal officer?	57%	84%
8.9	Have you had any problems with sending or receiving mail?	41%	52%
8.10	Have you had any problems getting access to the telephones?	24%	35%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	43%	46%



Key question responses (ethnicity) HMYOI Lancaster Farms 2008

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		13	84
1.3	Are you sentenced?	69%	63%
1.7	Are you a foreign national?	28%	5%
1.8	Is English your first language?	69%	98%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.		
1.10	Are you Muslim?	38%	0%
1.13	Is this your first time in prison?	62%	29%
2.3	Were you treated well/very well by the escort staff?	53%	59%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	69%	81%
3.2a	Did you have any problems when you first arrived?	81%	60%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	95%
3.3b	When you were searched in reception, was this carried out in a respectful way?	69%	88%
3.4	Were you treated well/very well in reception?	38%	74%
3.9	Did you feel safe on your first night here?	69%	75%
3.10	Have you been on an induction course?	77%	80%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	16%	34%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	29%
4.3b	Are you normally able to have a shower every day?	24%	23%

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3e	Is your cell call bell normally answered within five minutes?	24%	32%
4.4	Is the food in this prison good/very good?	24%	11%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	46%
4.6a	Is it easy/very easy to get a complaints form?	31%	79%
4.6b	Is it easy/very easy to get an application form?	66%	86%
4.9	Have you made a complaint?	47%	40%
4.13a	Do you feel your religious beliefs are respected?	50%	41%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	48%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	84%	73%
4.15b	Do most staff, in this prison, treat you with respect?	84%	61%
5.1	Have you ever felt unsafe in this prison?	58%	28%
5.2	Do you feel unsafe in this prison at the moment?	0%	8%
5.4	Have you been victimised by another prisoner?	28%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.6	Have you been victimised by a member of staff?	33%	19%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	22%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	11%	21%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	20%

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.11	Is it easy/very easy to get illegal drugs in this prison?	9%	20%
6.1a	Is it easy/very easy to see the doctor?	42%	46%
6.1b	Is it easy/ very easy to see the nurse?	66%	70%
6.7	Do you feel you have any emotional well being/mental health issues?	38%	36%
7.1a	Are you currently working in the prison?	17%	37%
7.1b	Are you currently undertaking vocational or skills training?	17%	23%
7.1c	Are you currently in education (including basic skills)?	83%	29%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	0%	9%
7.3	Do you go to the library at least once a week?	38%	15%
7.4	On average, do you go to the gym at least twice a week?	84%	63%
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)	9%	4%
7.7	On average, do you go on association more than five times each week?	9%	5%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	34%	17%
8.1	Do you have a personal officer?	84%	67%
8.9	Have you had any problems sending or receiving mail?	34%	50%
8.10	Have you had any problems getting access to the telephones?	38%	27%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	28%	47%