

Report on an unannounced full follow-up  
inspection of

# **HMP Long Lartin**

17–26 August 2011

by HM Chief Inspector of Prisons

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# Introduction

HMP Long Lartin in Worcestershire is a high security dispersal prison holding some of the country's most dangerous prisoners. This follow-up inspection found the prison sustained reasonably good outcomes for most prisoners in most areas. However, within that generally good picture we had a number of significant concerns.

The prison was divided into two parts. The older wings held prisoners who were vulnerable because of the nature of their offence, who could not cope with the main prison or who needed protection for other reasons.

Most prisoners in the main prison felt safe. However, a high proportion of the prisoners on the vulnerable prisoner wings told us they did not feel safe at the time of the inspection and we did not believe the prison had taken sufficient steps to understand and address their concerns. One of the factors they said made them fearful was the availability of drugs. Diverted medication was indeed a problem but despite this, suspicion testing rates were very low. There were relatively few violent incidents but those that did occur were often serious. The supervision of and efforts to address bullying and violent behaviour were not sufficiently rigorous.

Incidents of self-harm were similarly low – but once again we were concerned about how the few prisoners involved were dealt with. Too often prisoners subject to formal self-harm prevention procedures were held in the segregation unit. Those thought to be at most risk were held in gated observation cells and normally placed in strip clothing. Almost half of those held in the segregation unit were there for their own protection. Others were confined in their cells as a punishment because they said they were too frightened to go back to the main wings and had refused to do so. The segregation unit was undoubtedly a challenging environment but the regime was very limited, staff often appeared disinterested, the gated cell in use was dirty and the grim 'exercise yard' consisted of two rows of individual cages. In the prison as a whole, the use of force appeared proportionate and we saw good evidence of the use of de-escalation techniques.

In contrast to their perceptions of safety, most prisoners on the vulnerable prisoner wings felt staff treated them with respect and it was mainstream prisoners whose perceptions were worse in this area. This was born out by our own observations. Relationships were, at best, mixed and too many staff appeared distant and unapproachable. The prison itself had identified similar concerns.

The vulnerable prisoner wings had a night sanitation system. This involved prisoners using their night sanitation button at night to join a queue so they could leave their cell one at a time to use the toilet. Inevitably, the system did not work effectively and prisoners often had to use a bucket in their cell which they emptied in the morning. Whatever the official title, this was slopping out.

There was good diversity work and an effective, energetic chaplaincy. Five per cent of prisoners overall and 10% on the vulnerable prisoner wings identified themselves as Gypsy or Traveller. Efforts to meet their needs and understand the implications of their background for resettlement and offender management were (as they are nationally) superficial. The prison also needed much more help from the Prison Service nationally to work successfully with around a quarter of prisoners who were Muslim. It is disappointing that little progress appears to have been made in responding to our thematic report on Muslim prisoners' experiences, published last year. Eid took place before inspection and those held in the Detainee Unit were

not allowed to celebrate with the rest of the prison population. Although not the subject of this inspection (we reported separately on the Detainee Unit in April 2011) there had been little change in the position of the detainees, some of whom had been held without trial for a number of years. One of the detainees has now been released back into the community, which appears to further undermine the case for a blanket policy of detaining all of these men in isolation from other prisoners.

Communal dining and simple self-cooking arrangements were appreciated. Health care was good and well organised. There were good inpatient facilities for very ill patients and the quality of palliative care had recently been commended following an independent clinical investigation. However, it was unacceptable that sick prisoners who needed transfer to mental health facilities faced excessive waits. In 2010 it took over nine months to get one prisoner transferred to an NHS medium secure unit.

Purposeful activity was of reasonable quantity and quality, although there was scope for improvement in both. There was broadly sufficient activity to meet the needs of the population and additional vocational training places were planned. The prison had worked effectively to ensure vulnerable and mainstream prisoners both had access to equivalent activity. Workshops reflected commercial conditions but there were not always enough orders to provide sufficient work. The library and PE were good.

Few prisoners were released from Long Lartin and most were subject to offender management over the length of their sentence to reduce the risk of their reoffending. Although a good strategy and procedures were in place, some offender supervisors lacked the training, experience, supervision and time to carry out their duties effectively. Measures to identify and manage the public and child protection risks some prisoners posed were effective.

For most prisoners, most of the time, Long Lartin provided a reasonably safe and decent environment with sufficient purposeful activity and work to reduce the risk that they would reoffend on their eventual release. Some aspects of the prison, such as health care, were very good. However other aspects – the segregation unit cages and slopping out – were unacceptably poor. The contrasts in the perceptions of vulnerable and mainstream prisoners were striking. The fears of vulnerable prisoners for their safety need to be taken seriously, understood and addressed, as do mainstream prisoners' concerns about the way they are treated, which were reflected in our observations and the prison's own concerns. Long Lartin successfully holds some of the most challenging prisoners in the system; this report notes its achievement in doing so but recognises that there is no room for complacency.

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

**October 2011**

# Fact page

## Task of the establishment

HMP Long Lartin is a dispersal establishment for sentenced and remand category A and sentenced category B male prisoners who require high security conditions. The establishment also holds detainees under immigration legislation.

## Prison status

Public

## Department

High security prisons group

## Number held

17 August 2011: 616

## Certified normal accommodation

622

## Operational capacity

622

## Date of last full inspection

14-18 July 2008

The Long Lartin detainee unit was separately inspected in April 2011. Appendix III sets out the significant developments inspectors identified since that date. The full report of the April 2011 inspection can be found on the Inspectorate's website.

## Brief history

Long Lartin, which occupies the site of a former war department ordnance depot, was built in the 1960s and opened as a prison in 1971. Although originally opened as a category C prison, it was upgraded to provide dispersal level security in 1973. Further improvements in security were made between 1995 and 1997, and an additional wing, Perrie, was opened in June 1999. In 2009 a new purpose built unit, Atherton, replaced older style wings, increasing the capacity of the prison.

## Short description of residential units

- A, B, C and D wings – older-style wings, which currently hold vulnerable prisoners. They do not have in-cell sanitation and offer night sanitation. A wing has 75 single cells and two safer custody cells.
- Perrie wing – a modern unit with accommodation for up to 111 prisoners. Perrie Blue has 42 single cells and two safer custody cells. Perrie Red has 65 single cells and two safer custody cells.
- Atherton wing – a modern unit with accommodation for up to 183 prisoners. E wing has 93 single cells and F wing has 90 single cells, including one with disabled access.
- Segregation unit – accommodation for up to 42 prisoners, including eight high control, two gated, two safer custody, 14 punishment, two special and two Listener cells.
- Health care – accommodation for up to eight prisoners, including six single cells, one safer custody and one low mobility cell.
- Detainee unit – accommodation for up to 14 detainees, including two quiet cells and one safer custody cell.

**Escort contractor**

Global Solutions Limited (GSL)

**Health service commissioner and provider**

NHS Worcestershire

Worcestershire Health and Care NHS Trust

**Learning and skills providers**

The Manchester College

JHP Group

# Healthy prison summary

## Introduction

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- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | prisoners, even the most vulnerable, are held safely  |
| <b>Respect</b>             | prisoners are treated with respect for their human dignity  |
| <b>Purposeful activity</b> | prisoners are able, and expected, to engage in activity that is likely to benefit them                          |
| <b>Resettlement</b>        | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
  - **outcomes for prisoners are reasonably good against this healthy prison test.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
  - **outcomes for prisoners are not sufficiently good against this healthy prison test.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
  - **outcomes for prisoners are poor against this healthy prison test.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2008 we found that Long Lartin was performing reasonably well against the healthy prison test of safety. We made 40 recommendations, of which 18 had been achieved, seven partially achieved and 15 were not achieved. We have made 16 further recommendations.
- HP5 In 2008 we found that Long Lartin was performing reasonably well against the healthy prison test of respect. We made 68 recommendations, of which 29 had been achieved, 19 partially achieved, 18 were not achieved and two were no longer relevant. We have made 26 further recommendations.
- HP6 In 2008 we found that Long Lartin was performing reasonably well against the healthy prison test of purposeful activity. We made 12 recommendations, of which four had been achieved, five partially achieved and three were not achieved. We have made nine further recommendations.
- HP7 In 2008 we found that Long Lartin was performing reasonably well against the healthy prison test of resettlement. We made 24 recommendations, of which 14 had been achieved, four partially achieved and six were not achieved. We have made six further recommendations.

## Safety

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HP8 Reception and first night procedures were satisfactory with an appropriate focus on risk, although many vulnerable prisoners said they had felt unsafe on their first night. Most prisoners had an induction but the programme needed to explain prison routines and services. Despite the seriousness of some incidents, the level of recorded violence was low, although many vulnerable prisoners indicated that they felt unsafe. Anti-bullying interventions were limited. The incidence of self-harm was low but monitoring procedures and the management of continuous observation cells required improvement. Security arrangements were sophisticated, generally proportionate and supported the broader work of the establishment. Use of force was well managed. Work with prisoners in the segregation unit was challenging but the regime was poor and there was very limited staff engagement and case management. The prison was addressing a significant problem with the diversion and abuse of prescribed medication. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment continued to be reasonably good against this healthy prison test.

HP9 Journey times to the prison were relatively short for most prisoners but those who travelled long distances were not usually offered any toilet breaks. The GSL escort vans were dirty but free from graffiti. Reception was welcoming and new arrivals in the holding cells were offered refreshments and reading material. Reception staff were courteous and helpful, and searching was carried out thoroughly but sensitively. Most prisoners, although not all, were processed quickly. New arrivals were given an induction information booklet, which was available in a range of languages.

- HP10 As individual arrivals were planned in advance, prisoners were allocated to wings before they arrived. A member of staff interviewed all new arrivals to ensure their risk issues and immediate needs were met. In our survey,<sup>1</sup> a significant number of prisoners indicated that they felt unsafe on their first night.
- HP11 There were separate induction programmes for vulnerable and mainstream prisoners, which ran in parallel. We were assured that all prisoners completed the full induction, although the process often took too long. The programme lacked information on the prison's day to day procedures and routines, and some prisoners told us that its content was insufficient.
- HP12 In our survey, 44% of vulnerable prisoners said they currently felt unsafe, compared with only 21% of mainstream prisoners. The prison had done little to understand and address these perceptions. However, the level of recorded violence was low, although some assaults against both prisoners and staff were extremely serious and most were referred to the police. There was a comprehensive 'unacceptable behaviour' strategy that included supervision and intervention compacts, but this was not yet widely understood or sufficiently embedded. Monitoring of identified bullies was particularly poor. The safer custody meeting lacked a strategic focus and had limited influence.
- HP13 There had been no apparent self-inflicted deaths since the last inspection. Actions from previous Ombudsman reports had been completed but some required ongoing reinforcement. The incidence of self-harm was low and the number of prisoners on assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was comparable to other high security prisons. However, too many prisoners on open ACCTs were located in the segregation unit without the exceptional circumstances to warrant this explained or justified. Gated constant observation cells were stark, poorly equipped and dirty. Strip clothing was too often issued without recorded justification or proper authorisation. ACCT documents were of a variable quality but many were poor and indicated limited care and a lack of constructive staff engagement with prisoners in crisis. There was a useful monthly report with data on violence, unacceptable behaviour and self-harm but this was not used to inform strategy. Governance of all aspects of safer custody, including violence reduction, required improvement.
- HP14 The security department was large and sophisticated. It received a good flow of information and intelligence into the department, and the large number of security

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

information reports was processed efficiently by trained analysts. The security committee was properly constructed, with appropriate governance, internal and external representation and links to the wider establishment. There was good use of information to inform intelligence-based risk management systems and, on the whole, security procedures were proportionate to the significant challenges being managed.

- HP15 Given the size and nature of the prison, the number of formal adjudications was relatively low. Records of hearings showed that proceedings were conducted fairly and that punishments were proportionate and consistent. Standardisation meetings took place quarterly. Minutes showed good levels of discussion and analysis.
- HP16 Incidents involving the use of force – 89 to date in 2011 – were not excessive given the nature of the prison. There had been a significant increase in reported incidents that had not involved the full use of control and restraint techniques, and improved use of de-escalation techniques was evident. The records we examined were not always properly completed but written accounts from officers usually gave assurance that force was used as a last resort. Planned interventions were video recorded and reviewed but the security of this evidence was surprisingly poor. Use of special cells was high but many incidents had been due to a single very difficult prisoner. Lengths of stay were reasonably short. Governance of the special cells, however, required improvement.
- HP17 Living conditions in the very large segregation unit were reasonable but some cells, particularly the two constant watch cells, were dirty. The gated exercise yards were little more than bleak cages and not fit for purpose. Staff-prisoner relationships in the unit were disappointing. We saw instances of positive staff engagement, but many relationships we observed were indifferent and worse than we usually see in similar cases. The regime for prisoners was poor. Many written case notes were poor and often failed to demonstrate that staff either knew or cared much about the circumstances of their prisoners. Case management arrangements were not well developed, and there needed to be a more strategic approach to multidisciplinary care planning that included effective communication and more positive engagement with difficult prisoners.
- HP18 Integrated drug treatment system (IDTS) procedures were in place and 31 prisoners were receiving opiate substitution treatment. Prescribing was flexible and based on individual need. Secondary detoxification was available. The mandatory drug testing rate was comparatively low at 5.35% for the previous six months, although there was evidence that diverted prescription drugs were widely available throughout the jail. Suspicion drug test positive rates were surprisingly poor at just 5.26%.

## Respect

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- HP19 The accommodation for prisoners varied greatly. Vulnerable prisoners were held on the older and poorer condition wings where the continued operation of night sanitation arrangements was unacceptable. Access to amenities was generally good. Staff-prisoner relationships were reasonably good on the vulnerable prisoner wings but much worse on the mainstream wings. The personal officer scheme seemed reasonably effective. Prisoners had negative perceptions about the quality of the food, although we judged the provision as satisfactory. Communal dining and self-cook arrangements were appreciated by prisoners. Work to promote diversity was

comprehensive, proactive and effective. There were adequate arrangements to deal with applications and complaints but prisoners expressed limited confidence in the timeliness or fairness of systems. The chaplaincy provided a very good service in a very challenging context. The provision of health services was similarly very good, but the transfer of patients to external mental health facilities remained a significant concern. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

- HP20 The residential wings for vulnerable prisoners were older than the rest and still operated night sanitation arrangements, limiting and delaying prisoner access to the most basic sanitation. Some prisoners were forced to use buckets and 'slop out' at unlock. Despite some improvement work, the vulnerable prisoner wings remained cramped, difficult to supervise and scruffy. Accommodation for the mainstream prisoners was generally brighter and more spacious. Access to cell cleaning materials was good and most cells were clean but the communal areas on all wings were often dirty. Prisoner access to basic amenities, such as phones, showers, clothing, kit, and laundries, was generally good. Recreational facilities were reasonably good and prisoners appreciated the introduction of fitness equipment on the wings. Consultation with prisoners was good with a well-attended, meaningful monthly meeting.
- HP21 In our survey, fewer prisoners than at comparator prisons felt that staff treated them with respect. The perceptions of vulnerable prisoners on A-D wings were, however, significantly better. Our observations suggested variable relationships around the prison. We saw positive engagement on A-D wings and Perrie, but distant relationships were also evident at times. Relationships between prisoners and many non-uniformed staff were, in contrast, good.
- HP22 Most prisoners knew their personal officer although only half said they found them helpful. The views of vulnerable prisoners about personal officers were generally more positive. Staff carried a small caseload of around four or five prisoners and those we spoke to had a good knowledge of them. Case notes generally recorded contact less frequently than required, but entries were mostly useful and reflected some constructive engagement. The prison was working to encourage personal officers to engage with the offender management process, although this needed to develop further.
- HP23 In our survey, only 11% of respondents overall – and even fewer vulnerable prisoners – said the food was good, which was the poorest finding we have seen for a time. The kitchen and serveries were generally clean and well equipped. Menus were varied and balanced and all diets were catered for. Consultation arrangements were reasonable. Prisoners could dine out of cell informally, and self-cook opportunities were greatly appreciated by those who used them.
- HP24 The shop was provided through the national DHL shop contract but it offered prisoners more items than usual, principally to support self-catering. Prisoners could also order goods from over 20 catalogues. Consultation with prisoner representatives took place every two months and changes to the shop list resulted. However, minority groups felt that the shop did not sell a wide enough range of goods to meet their needs.
- HP25 The equality policy was up to date, easy to read, covered all relevant diversity strands and was an example of good practice. The proactive work of the equality support

team was underpinned by an effective action plan. The equality committee meetings were well attended, minuted and actions progressed. Monitoring of data on race was good but poor for other strands.

- HP26 Survey responses from black and minority ethnic prisoners were mixed. Fewer black and minority ethnic than white respondents said that they were treated with respect by staff, but more said that they felt safe in the prison. In the previous six months, 59 racist incident report forms had been submitted and were thoroughly and promptly investigated. In our survey, 5% of respondents identified themselves as a Traveller or Gypsy. The new Traveller and Gypsy forum was a welcome development, although it had only been attended by prisoners from the vulnerable prisoner wings.
- HP27 The bimonthly foreign nationals consultative meetings were well attended and constructive. Foreign national prisoner representatives received good training. There were bimonthly surgeries from the UK Border Agency, which was a suitable frequency, but there was no independent immigration advice. Telephone interpreting was not used for prisoners who could not speak English.
- HP28 Reasonable adjustments had been made for some prisoners with disabilities, although the vulnerable prisoner wings were not appropriate for wheelchair users. Prisoners with disabilities were positive about the disability equality officer, but many wing staff could not easily locate details of prisoners who required assistance in an emergency and there were no individualised evacuation plans. The establishment of a gay, bisexual and transgender group was an excellent development, although no mainstream prisoners currently took part.
- HP29 Application and complaint forms were freely available, although fewer prisoners than at comparator prisons felt that their applications and complaints were dealt with fairly or promptly. Prisoners in general told us they did not feel encouraged to resolve issues informally. Most complaints we sampled were personally addressed, polite, timely and responded to the issue raised. However, many complaints were complex and needed someone of appropriate competence to deal with. In our survey, prisoners were more negative than the comparator about legal services. Provision was limited and underdeveloped.
- HP30 Provision for religious activities was generally good, and the coordinating chaplain was involved in all aspects of prison life. Our inspection took place during Ramadan, for which there were good arrangements, although detainees should have been allowed to attend Eid celebrations with mainstream prisoners, subject to an individual risk assessment. Muslim prisoners' responses to our survey were mixed. Fewer Muslims than non-Muslims said that staff treated them with respect, but more said that they felt safe in the prison. Despite our previous main recommendation, there was still no Prison Service-wide strategy to inform and assist staff to engage with and support Muslim prisoners.
- HP31 Prisoners were generally satisfied with the quality of health care. The range of clinical services had outgrown the health centre building, which was due to be refurbished. The scope of primary care services was impressive and included minor surgery, and the range of clinics included those for the care of age-specific and lifelong conditions. The appointments system had improved, clinics were well managed and waiting times were short. Dental and pharmacy services were of a good standard. The inpatient unit provided a good standard of care for very disturbed or seriously physically ill patients, and the quality of palliative care had recently been complimented following

investigation. The range of meaningful daytime activities could be enhanced further. Mental health services had improved and had been reinforced with the addition of clinical psychology. Patients often waited too long to be transferred to external mental health facilities.

## Purposeful activity

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HP32 Time out of cell was predictable and reasonable, although many prisoners were locked in their cell during the working part of the day. The prison had broadly sufficient activity to meet the needs of the population. The range of work on offer was reasonable and most was well planned and of a good standard. Vocational training was more limited, although also of a good standard, and more was planned. The quality of education provision was generally good with meaningful progression opportunities. There was a welcoming library with good access for prisoners. PE offered a balance of accredited and recreational provision. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

HP33 Prisoners spent on average about nine hours a day out of cell. This was consistent with the prison's own records and the amount of time available in the core day. However, during a roll check in the middle of the working day we found about 17% of the population locked in cell. Association and exercise were offered every day and rarely cancelled. Association facilities were reasonably good.

HP34 The prison provided 578 activity places, including education, which was broadly sufficient to meet the needs of the population. A variety of work in prison workshops was on offer, although some was repetitive and low skill. Some contract workshops experienced short-term closure because of insufficient work or inadequate cover for staff absence.

HP35 The variety of vocational training was limited, although additional workshops to extend the provision were nearing completion. Current opportunities included bricklaying, PICTA (Prisons Information Communication Technology Academy) programmes, woodworking and Industrial cleaning. Achievement on accredited courses, skills development, and coaching and training were generally good. All workshops had separate training rooms for theory development and were also used to support prisoners' literacy and numeracy skills development to level 2.

HP36 Education was provided by The Manchester College and was well managed. There were robust quality assurance systems and a good self-assessment process. Initial educational assessments were meaningful, and learning and skills were well integrated with sentence planning. The standard of teaching and learning was judged to be good, as were standards of work. Achievements of qualifications were good. Standards of behaviour in learning and skills were conducive to learning and there were high levels of respect between prisoners and staff. Attendance was high at 87%. The range of courses was satisfactory with some progression routes to level 2. The impressive number of prisoners on distance learning programmes were well supported.

HP37 The library provided a well-planned welcoming environment. Access was good with the library open in the evening and at weekends. The library hosted a variety of

projects and courses to engage prisoners, such as the writer in residence, family-based projects and a joint course with the chaplaincy to encourage prisoner participation with the regime.

- HP38 The prison offered good indoor and outdoor PE activities and access was good. The range of recreational courses reflected the needs of the population well. Achievement on the three accredited courses in the gym was high, and there was good literacy and numeracy support in conjunction with PE. There were good links with health care.

## Resettlement

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HP39 The reducing reoffending policy was comprehensive. Strategic objectives were appropriate and were reviewed through the monthly management team meeting. OASys (offender assessment system) assessments were largely up to date, and assessment and sentence planning arrangements were reasonable. Focus on risk had improved but needed to develop further. The frequency and focus of offender supervisor contact with prisoners varied and there was insufficient supervision, training and development of caseworkers. Public protection arrangements were robust and appropriate. Reintegration planning was good for the few prisoners released each year. Provision under the resettlement pathways was appropriate and broadly met need, although interventions for those with alcohol problems were inadequate. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

HP40 There was a comprehensive reducing reoffending policy covering all aspects of provision, including offender management, public protection and the resettlement pathways. Strategic objectives were identified with clear links to each pathway, ensuring comprehensive coverage and development. Objectives were appropriate and progress was reviewed effectively. A comprehensive needs analysis underpinned much of the strategic direction of the monthly reducing reoffending group, which was well attended.

HP41 OASys assessments were completed to a reasonable standard with appropriate quality assurance. Sentence planning arrangements had improved, and the quality of documentation was reasonable. However, links with other departments and focus on risk assessment and reduction needed embedding further. Prisoners in scope for formal offender management were prioritised for contact by offender supervisors, but the frequency, nature and focus of this varied and lacked clear objectives. Offender supervisors received little training and there was no casework supervision or management oversight. Although offender supervisors had a reasonable understanding of identified prisoner risk factors, the way these were addressed was less well understood, especially for prisoners who did not meet the criteria for offending behaviour programmes or to use prisoner skills learned during such courses. The two probation officers based in the public protection unit undertook some individual offence-focused work, but this was limited.

HP42 With about 93% of the prison's population subject to multi-agency public protection arrangements (MAPPA), work on public protection was robust and monthly inter-departmental risk management team meetings were appropriately constituted and

coordinated. The management of the 178 prisoners subject to child protection arrangements and 40 to issues of harassment was also appropriate.

- HP43 On average, 12 prisoners a year were released from Long Lartin and individual prisoner pre-release plans were appropriately drawn up through the public protection unit well in advance of their release. Clear objectives were identified with good links to offender supervisors and community-based offender managers. Nearly all prisoners were discharged to approved premises.
- HP44 Prisoners received good information, advice and guidance from the careers, information and advice support (CIAS) service before their release or transfer. The prison's strategy focused on helping prisoners to develop employability skills and personal skills to benefit from continued training and education.
- HP45 Substance misuse was addressed by the CARAT (counselling, assessment, referral, advice and throughcare) team, which had a current caseload of 70. Integration with the IDTS was good. Focus drugs programmes were appropriately targeted and had been run for mainstream prisoners, although there was a waiting list for vulnerable prisoners. Alcohol interventions were limited.
- HP46 There was a reasonable range of provision to address finance, benefit and debt work. Basic budget management workshops were provided by library-based staff, and a more comprehensive programme was delivered twice a year via education.
- HP47 The visitors' centre was well run and provided a range of support to visitors. Recent changes to booking-in procedures had improved visitor access, although prisoners continued to experience some delays. The visits hall had been refurbished and was a reasonable facility, although refreshments were very limited. The range of provision to support families included Storybook Dads, and the 'big book share' initiative. Family visits were provided about six times a year during school holidays but could only be accessed by enhanced prisoners.
- HP48 The range of accredited programmes included the thinking skills programme, controlling anger and learning to manage it (CALM) and the cognitive self-change programme, which were broadly appropriate and in line with the needs of the population. There were good links between the interventions and offender management teams, with prisoner participation in programmes linked to their sentence planning targets. Waiting lists for programmes were not excessive and most prisoners could access them within 12 months of referral.

## Main concerns and recommendations

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- HP49 Concern: Although the number of violent incidents was low, those that had occurred were serious. Anti-bullying interventions were too limited. Vulnerable prisoners in particular felt unsafe and insufficient work had been done to understand and, where necessary, address their concerns. The work of the safer prisons committee was insufficiently strategic or prioritised.

**Recommendation: The governance of safer custody should be urgently improved to provide greater priority and strategic direction. The prison should ensure it understands and addresses vulnerable prisoners' concerns about**

**their safety and that interventions to supervise bullies and tackle their behaviour are effective.**

HP50 Concern: Too many prisoners on assessment, care in custody and teamwork (ACCT) documents and at risk of self-harm or suicide were located in the segregation unit and had their clothing removed and replaced with strip clothing in the absence of justification or appropriate authorisation.

**Recommendation: Prisoners on assessment, care in custody and teamwork (ACCT) documents should only be located in the segregation unit when there are exceptional circumstances to warrant this. Normal clothing should only be removed from prisoners in exceptional circumstances when justified through a risk assessment and subject to appropriate authorisation.**

HP51 Concern: The prison accepted in principle our previous recommendation that the night sanitation system should be replaced. No action had been taken and it remained an unacceptable and degrading system that often amounted to 'slopping out'.

**Recommendation: A to D wing cells should be refurbished to include integral sanitation.**

HP52 Concern: The perceptions of some groups of prisoners and prisoners notably on the mainstream wings, combined with our own observations, indicated that relationships and engagement between prisoners and uniformed staff were too often poor

**Recommendation: The prison should explore the negative prisoner perceptions about relationships with uniformed staff, particularly on the mainstream wings, and take action to improve them.**

HP53 Concern: The Prison Service continued to lack a strategy to inform and assist staff to engage with and support Muslim prisoners.

**Recommendation: The Prison Service should develop a service-wide strategy to inform and assist staff to engage with and support Muslim prisoners.**

HP54 Concern: The frequency and focus of offender supervisor contact with prisoners was variable, and staff training and quality assurance of work were also inconsistent.

**Recommendation: The prison have clearer expectations and standards for engaging prisoners in work associated with reducing reoffending that goes beyond offending behaviour courses. There should be appropriate training and supervision for staff undertaking such work, especially in addressing individual risk factors.**

# Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

## Main recommendations

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**MR1 All prisoners should have access to night sanitation when they need it. (HP44)**

**Not achieved.** The night sanitation system was still used on A, B, C and D wings. A prisoner was allowed out for 15 minutes for sanitation at night, with a waiting list of 10 prisoners. Prisoners told us that access to night sanitation between 8pm and 1am was inconsistent and most had to wait up to two hours for access. There were buckets in cells, which equated to 'slopping out', and some prisoners resorted to the degrading practice of defecating into plastic bags and throwing these out of their cell windows.

See main recommendation HP51.

**MR2 The establishment should liaise with the Worcester Primary Care Trust to ensure they urgently address the serious shortfalls of all grades of staff in the provision of primary and secondary mental health, including medical and nursing staff and administrative support. (HP45)**

**Achieved.** Staffing had been increased and there were sufficient staff from several disciplines to respond to the mental health needs of prisoners, although a clinical psychologist had yet to be appointed.

**MR3 A fully comprehensive diversity policy should be developed specifically for Long Lartin. (HP46)**

**Achieved.** There was a concise and up-to-date equality policy covering all the diversity strands. It was published in plain English and in an easy-read format suitable for its target population.

### Good practice

MR4 *The equality policy was concise, easy to read and published in a format suitable for its target population.*

**MR5 The Prison Service should develop a service-wide strategy to inform and assist staff to engage with and support Muslim prisoners. (HP47)**

**Partially achieved.** Although there was no service-wide strategy to inform and assist staff to engage with and support Muslim prisoners, a national faith awareness staff training package covered Muslim issues.

See main recommendation HP53.

**MR6 Safety requirements for vulnerable prisoners should be met in all areas of the prison, particularly in the health care centre and during visits. (HP48)**

**Not achieved.** Arrangements for visits now worked well. Supervision of vulnerable prisoners' attendance at the health care centre had improved but they continued to share a common waiting area with mainstream prisoners, though not at the same time. Forty-four per cent of vulnerable prisoners said they felt unsafe at the time of the inspection and the prison had not made adequate efforts to understand and address their concerns.

**See main recommendation HP49 and further recommendation 5.2.**

MR7 **The reducing reoffending strategy and action plan should be updated, particularly given the recent changes to the population. (HP49)**

**Achieved.** The prison had an up-to-date reducing reoffending strategy for 2011/12. It was updated annually and reflected the needs of the population. It covered all key aspects of reducing reoffending, including offender management and public protection, along with each resettlement pathway. Two additional pathways were included – faith and spirituality, and victims and communities. The document set out a wider context and included national developments. The reducing reoffending action plan incorporated four key objectives for the year with comprehensive targets for the related resettlement pathways and departments. The reducing reoffending strategy group monitored milestones and progress against objectives.

# Progress on recommendations since the last report

## Section 1: Arrival in custody

### Courts, escorts and transfers

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#### Expected outcomes:

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

#### 1.1 Prisoners travelling on prison transport should be offered regular toilet breaks. (1.5)

**Not achieved.** We reviewed several prisoner escort records (PERs) and found that most journey times were relatively short, but that there were no toilet breaks for escorts travelling to the prison for longer than two and a half hours. In our survey, only 5% of respondents, against the comparator of 11%, said that the frequency of toilet breaks on journeys to the prison was good.

We repeat the recommendation.

#### 1.2 Prisoners should have access to their property within 24 hours of their arrival. (1.6)

**Achieved.** Most prisoners arrived in small numbers and received their property to take with them to the wings immediately after they were processed. When groups of three or more prisoners arrived their property was usually dealt with once they had been processed and they were allowed to take basic essentials to the wing. The remaining property was delivered to them the following morning, which was within 24 hours.

#### **Additional information**

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1.3 Prison staff escorted category A prisoners and Global Solutions Limited (GSL) usually escorted category B prisoners, unless specific intelligence meant they were escorted by prison staff. In our survey, only 44% of respondents, against the comparator of 52%, said that the cleanliness of the van was good. The GSL vans we saw were dirty but free from graffiti.

1.4 We observed little escort staff interaction or engagement with prisoners when they took them from the vans into reception. In our survey, only 46% of respondents, against the comparator of 58%, said they were treated well by the escort staff. Prisoners were always double handcuffed between vans and reception and vice versa, despite the relatively short distance, secure compound and staff presence.

1.5 Reception remained open over lunch to accept prisoners, and most arrived before 5pm. Waiting times outside the prison gate and in the sterile area were kept to a minimum. The new arrivals we observed spent less than 30 minutes waiting on the vehicles, and disembarkation was swift.

- 1.6 There was an average of only four new receptions a week and five escorts to court or hospital. The few prisoners who attended court travelled in prison clothing but were allowed to take personal clothes to change into, and could launder these in advance of the court appearance.

#### Housekeeping points

- 1.7 Prison escort vans should be clean and maintained to a good standard.
- 1.8 Contractor escort staff should interact courteously with prisoners in their charge.

## First days in custody

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#### Expected outcomes:

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

### Reception

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- 1.9 Interviews with new arrivals in reception should take place in private. (1.25)

**Not achieved.** We observed new arrivals interviewed by reception staff at the front desk, which was directly in front of the four holding cells. There was no separate private interview room for reception staff.

**We repeat the recommendation.**

- 1.10 New arrivals identified with special needs should be offered relevant help to meet these throughout the prison. (1.26)

**Achieved.** New arrivals were known in advance, information relating to them was received before they arrived and they were allocated appropriately to meet their individual needs. New arrivals were health screened in reception and any issues raised were passed to wing staff for a needs analysis as required.

- 1.11 All new arrivals should have the opportunity to have a shower and make a phone call. (1.27)

**Achieved.** All new arrivals were offered a shower on location to their wing. Their personal identification (PIN) phone numbers often arrived within 24 hours and they could use the phone. Staff routinely made a phone call on behalf of the prisoner on the day he arrived. Prisoners arriving without sufficient funds to make calls were given an advance that was required to be paid back in full. However, in our survey, only 14% of respondents, against the comparator of 23%, said they were allowed to make a free telephone call.

### Further recommendation

1.12 Prisoners should be allowed to make a free telephone call within 24 hours of arriving at the prison.

1.13 **New arrivals should have access to the prison shop within their first 24 hours. (1.28)**

**Achieved.** Although, under the national prison shop contract, prisoners were only allowed access to the prison shop on set days, all new arrivals could buy a combination of two packs, for smokers and non-smokers.

### Additional information

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1.14 Reception was small with limited facilities, but was clean, bright and welcoming. Notice boards displayed useful up-to-date information and prisoners were routinely offered refreshments and reading material. Health care staff interviewed new arrivals in a private interview room to identify and meet risks.

1.15 Staff aimed to complete the reception process and first night screening interview promptly. The process was swift when prisoners arrived singly, however it was protracted when there were groups of three or more and some new arrivals spent longer than three hours in reception before they moved to the wings. Vulnerable and mainstream prisoners were dealt with adequately in a safe and controlled manner.

1.16 Reception staff were courteous and had a good rapport with prisoners, making them feel at ease in their new surroundings, and they carried out searching sensitively. They explained each part of the process clearly to prisoners. We observed a group of new arrivals being processed and each one was updated regularly about subsequent delays.

### Further recommendation

1.17 Reception procedures should be expedited and new arrivals should not be held in reception for extended periods.

### First night

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1.18 **There should be specific training for all staff dealing with prisoners on their first night. (1.29)**

**Not achieved.** Although there was no formal training for staff undertaking first night duties, staff had built up a level of competence to carry these out.

1.19 **All new arrivals should have the opportunity to see an Insider. (1.30)**

**Achieved.** Insiders saw all new arrivals within 24 hours in private. They discussed issues relating to the prison and their wing, and used the opportunity to make the new arrival feel at ease.

## **Additional information**

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- 1.20 There was no specific first night wing for either vulnerable or mainstream prisoners who were all allocated on to one of the wings. In our survey, only 59% of respondents, against the comparator of 67%, said that they felt safe on their first night at the prison, and some prisoners we spoke to confirmed this view. In our survey, respondents were concerned about feeling supported and informed of what was going to happen to them on the day they arrived.
- 1.21 A member of staff interviewed the prisoner in private when he arrived on his allocated wing, and reviewed the first night screening completed in reception. The wing manager dealt with any issues immediately. Prisoners were given a basic first night booklet. Information on new arrivals was collated on to a daily handover sheet so that night staff were aware of them and any issues.

### **Further recommendation**

- 1.22 There should be a dedicated first night location for vulnerable and mainstream prisoners.

## **Induction**

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- 1.23 **The induction pack should be available in a range of languages. (1.31)**

**Achieved.** The induction pack, which was given to new arrivals following reception, was available in nine languages.

- 1.24 **The induction arrangements for vulnerable prisoners should be regularised. (1.32)**

**Achieved.** Vulnerable prisoners had a formal three-day induction programme.

## **Additional information**

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- 1.25 In our survey, 95% of respondents said that they had been on an induction course, of whom over half said it was useful. Two induction programmes ran side-by-side, one for vulnerable and one for mainstream prisoners. The three-day programme consisted of several modules but did not cover basic information about the prison, which some prisoners said was a weakness.
- 1.26 Induction usually started four days after the prisoner arrived at the establishment and, although it was only three days, most prisoners took at least seven days – and some up to two weeks – to complete it. Induction was delivered by prison and support staff, and a prisoner Listener gave a presentation in the library. A comprehensive information booklet supported the process. The course took place in two dedicated workshops, which were suitable for purpose and free from distraction. Vulnerable prisoners worked in the workshop in between modules but mainstream prisoners were locked in their cell. High risk prisoners were inducted on their respective wings. We were assured that all prisoners completed the full induction programme.

### **Further recommendations**

- 1.27 The induction programme should cover information on the rules and regimes in the prison.

**1.28** Induction should start the day after a prisoner arrives at the establishment, take place without delay, and include purposeful activity in between modules.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

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

### Accommodation and facilities

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- 2.1 A, B, C and D wings should be refurbished to provide decent and well-maintained living conditions for prisoners. (2.14)

**Partially achieved.** There had been some improvement work on the wings but they still needed a full overhaul. Cells were small, untidy and not easy for staff to supervise. Accommodation on the newer wings was brighter and more spacious.

**We repeat the recommendation.**

- 2.2 Association facilities on A, B, C D wings should be improved. (2.15)

**Achieved.** Association rooms on each wing had adequate recreational equipment, which included a range of cardiovascular machines.

- 2.3 Prisoners' mail should only be opened to check for unauthorised enclosures or for legitimate or target censoring. (2.16)

**Achieved.** All incoming mail was opened, checked for unauthorised enclosures and routine target censoring took place but this had not caused any undue delays in prisoners receiving their mail, which we found at the last inspection.

### Additional information

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- 2.4 The cleanliness of the communal areas varied but was poor across all eight wings. The outside environment was generally good.

- 2.5 In our survey, 60% of respondents, against the comparator of 66%, said that it was normally quiet enough at night to relax and sleep. We found the prison to be calm during the night period with little excess noise.

- 2.6 The prison had a comprehensive offensive display policy that was enforced by staff and adhered to by prisoners. Notices on the wings were up to date and easily accessible. Consultation arrangements were good. Monthly wing meetings supported a monthly consultative meeting involving all wing prisoner representatives and staff from various departments.

### Housekeeping point

- 2.7 The cleanliness of communal areas should be improved.

## Clothing and possessions

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*No recommendations were made under this heading at the last inspection.*

### Additional information

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- 2.8 In our survey, only 53% of respondents said that they received enough, clean suitable clothes for the week. Despite this, we found that prison clothing was of a good standard, but some prisoners told us that when they received suitable clothing they usually kept it and laundered it on the wing. Prisoners could wear their own clothes and there were laundries on each wing.
- 2.9 In our survey, only 19% of respondents said that they could get their stored property when they needed to. The prison had identified this problem and in the previous six months had allocated suitable resources. Most prisoners we spoke to agreed that access had improved as a result.

## Hygiene

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*No recommendations were made under this heading at the last inspection.*

### Additional information

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- 2.10 In our survey, 83% of respondents, against the comparator of 69%, said that they received cell cleaning materials weekly. Those we spoke to said that they could use cleaning materials daily, and the cleanliness of the cells was good.
- 2.11 Showers on A and B wings were not adequately screened and were in a poor state of repair. In our survey, 95% of respondents said that could normally shower every day. Showers were open when prisoners were unlocked and access was unrestricted.
- 2.12 In our survey, only 56% of respondents said that they received clean sheets every week. Prisoners could have their own duvets. Prison bedding was in an acceptable condition.

### Further recommendation

- 2.13 Showers on A and B wings should be fully refurbished.

## Staff-prisoner relationships

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### Expected outcomes:

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

- 2.14 Managers should ensure that staff on Perrie wing engage more effectively with prisoners during association. (2.20)

**Partially achieved.** When we observed association on Perrie wing, staff engagement was minimal and relationships distant, but we saw more positive interactions at other times.

### **Additional information**

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- 2.15 In our survey, 64% of respondents said that staff treated them with respect and 70% said they had a member of staff they could turn to for help. These responses were below the comparators but were more positive for vulnerable prisoners. In our structured interviews with prisoners, those on A-D (vulnerable prisoner) wings were generally more positive about relationships with staff, and prisoners on other wings were consistently negative about their interactions with staff. Prisoners across all wings felt the emphasis was on them to approach staff but many felt that some staff were unapproachable. Our observations were that relationships were mixed. They were generally positive on A-D wings but inconsistent on other wings. Relationships between prisoners and non-uniformed staff were consistently good. The prison had highlighted some concerns about staff-prisoner relationships and had invited members of the measuring the quality of prison life (MQPL) survey team to undertake some research to assist it to understand and take action to improve relationships. (See main recommendation HP52.)

## **Personal officers**

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### **Expected outcomes:**

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

- 2.16 **Personal officers should regularly attend sentence planning boards. (2.26)**

**Achieved.** In the previous few months, there had been an emphasis on engaging personal officers with the sentence planning process and, where possible, personal officers were encouraged and enabled to attend sentence planning boards.

### **Additional information**

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- 2.17 The personal officer policy was comprehensive and well understood by staff, who each carried a caseload of between four and five prisoners. In our general survey, 95% of respondents said they had a personal officer, against the comparator of 88%, but only 50%, against 55%, said they were helpful, although the response from vulnerable prisoners was 61% against 40% for mainstream prisoners. The prison had made progress in developing the role of personal officers, and staff had a good knowledge of the prisoners for whom they were personal officer. Case notes mostly indicated constructive engagement but were often less frequent than the weekly requirement, and management checks were inconsistent.



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 There should be support interventions for victims of bullying, as stated in the policy document. (3.12)

**Not achieved.** The policy document had been reviewed and re-badged as an 'unacceptable behaviour' policy but there were still no specific interventions to support victims of bullying or unacceptable behaviour.

**We repeat the recommendation.**

### **Additional information**

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- 3.2 The safer prisons team comprised a senior officer and an officer and was responsible for both violence reduction and suicide and self-harm prevention work. Although full time, both staff were cross-deployed when the prison was short staffed.
- 3.3 The unacceptable behaviour policy was reasonably comprehensive and included compacts for the supervision of suspected and actual perpetrators and victims of unacceptable behaviour, including bullying. It was, however, not widely understood or sufficiently embedded. Between January and July 2011, only 40 compacts had been opened (with none opened in June or July), which did not reflect the incidence of unacceptable behaviour recorded through the adjudication or incident reporting procedures or in wing observation books. Monitoring of and reviews for prisoners on compacts were perfunctory, and interventions for both perpetrators and victims were limited. (See main recommendation HP49.)
- 3.4 Notwithstanding the inadequacies of the unacceptable behaviour policy, the recorded level of violence was low. Between January and the end of July 2011, there had been 24 assaults against staff and prisoners, some of which were extremely serious, and two fights. Assaults were well managed and many were referred to the police who pursued prosecution where possible.
- 3.5 A useful monthly report covered a range of data on violence, unacceptable behaviour and self-harm issues and was shared with the safer prisons committee and senior management team. There was limited evidence of pattern or trend analysis of the data.
- 3.6 The safer prisons committee met monthly and was at times poorly attended and seemed to have little priority. The meeting lacked a strategic focus and appeared to have limited influence, although violence and safer custody issues were in the top three key priorities of the security committee in four of the previous six months. Although the security team shared appropriate information with the safer prisons team, the links between the two were insufficiently developed. The prison maintained a safer prisons continuous improvement plan but there was a limited and insufficient focus on violence. (See main recommendation HP49.)

## Further recommendations

- 3.7 Monitoring of and interventions for the perpetrators and victims of violence and bullying should be improved.
- 3.8 The governance of safer custody, including violence reduction and bullying, should be improved.

## Vulnerable prisoners

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- 3.9 **There should be a needs analysis survey of vulnerable prisoners on A and B wings to determine any specific provision needed to deal with their perceptions of their safety. (3.13)**

**Not achieved.** The vulnerable prisoner population had doubled since the last inspection and was now located on A-D wings. There had still been no needs analysis, and vulnerable prisoners continued to have negative perceptions of safety. In our survey, 74% of vulnerable prisoners, compared with 50% of mainstream respondents, said they had felt unsafe in the prison, 44%, against 21%, said they currently felt unsafe, and 55%, against 16%, said that they had been victimised by other prisoners. We held structured interviews with 12 prisoners on A-D wings and they highlighted issues that they believed affected their safety, including: prisoners being aggressive or acting inappropriately to each other; ready availability of drugs; and lack of confidence in staff to tackle bullying. Areas where prisoners felt unsafe included the showers, corridors, walkways and treatments. Lack of supervision by staff was also cited as a concern. The prison had distributed a violence reduction survey in October 2010, which was responded to by 28 prisoners, all from A-D wings or in the segregation unit. Responses were analysed by a trainee psychologist and shared with the safer prisons committee in March 2011, but the findings were dismissed due to the small sample and no further action was taken. The prison had only a limited understanding of the negative perceptions of vulnerable prisoners about their safety, and this required further exploration and action (see main recommendation HP49).

## Additional information

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- 3.10 Vulnerable prisoners accounted for about half of the population and were accommodated on A, B, C, and D wings. About 48% of this population were prisoners sentenced for sex-related offences and the remainder were those unable to cope with conditions in the main prison, or in need of protection for other reasons.
- 3.11 Vulnerable prisoners occupied the worst living conditions in the prison. Their wings were poorly designed, old and worn, and lines of sight for supervision were poor. Despite this, staff-prisoner relationships were good and vulnerable prisoners felt they were treated with courtesy. Staff supervision was adequate and officers were aware of prisoner concerns. Staff entries in prisoners' electronic wing files were reasonably good and often showed a knowledge of their circumstances and levels of associated risk. In our survey, 73% of vulnerable prisoners, compared with 54% of mainstream respondents, said that staff treated them with respect, and 76%, against 67%, said that there was a member of staff that they could turn to if they had a problem.
- 3.12 A full activities regime had been published and vulnerable prisoners had access to most facilities, such as education, religious services and the gym. They were offered reasonable

work.

## Self-harm and suicide

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### Expected outcomes:

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

- 3.13 Prisoners at risk of suicide or self-harm should never be accommodated in a special cell or placed in strip clothing unless they are exceptionally violent, and on the basis of a risk assessment. (3.24)

**Not achieved.** Over a quarter of prisoners on assessment, care in custody and teamwork (ACCT) self-harm monitoring between February and July 2011 were located in the segregation unit without the exceptional circumstances to warrant this being properly explained or justified. Those deemed to pose the highest risk of suicide or self-harm were located in one of the two gated constant observation cells in the segregation unit or the gated cell in health care, all of which were stark and poorly equipped. The cell in the segregation unit that was occupied during the inspection was also dirty. The gated cell in health care was also used for clinical observations but there was no record of use for those at risk of self-harm or suicide. We were told by managers that prisoners' clothing was only removed on location to a gated cell or special accommodation following a risk assessment, but from our own observations, documentation examined and conversations with staff and prisoners, we were not assured that prisoners located there did not normally have their own clothes removed, and we were concerned that there was insufficient justification or appropriate authorisation recorded. Although we were told that prisoners' clothes were not routinely replaced with strip clothing in the gated cell in health care, we found a strip gown on the bed in the cell. We were not assured that all instances where clothing was removed in gated cells or special accommodation were appropriately justified or authorised. (See main recommendation HP50.)

- 3.14 Proper authority should be given and recorded for all use of special accommodation, including the removal of prisoner clothing. (3.25)

**Partially achieved.** Use of special accommodation appeared justified, however removal of prisoners' own clothing was still not justified using special accommodation paperwork (see paragraph 7.18).

**We repeat the recommendation.**

### Additional information

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- 3.15 The suicide and self-harm prevention policy was comprehensive but did not refer to the removal of clothing and replacement with strip gowns/blankets.
- 3.16 Although four prisoners had died since the last inspection, there had been no apparent self-inflicted deaths. Actions from previous Ombudsman reports, including clinical actions, had been completed. However, some actions, such as the requirement to ensure that observations of prisoners on ACCT documents were not too predictable, required ongoing reinforcement.

- 3.17 There had been 86 ACCT documents opened in the six months to July 2011, which was a slight rise since the last inspection. There had been 54 incidents of self-harm in this period, which was relatively low. The quality of ACCT documents was variable but many showed limited care of or constructive engagement with those in crisis. Some prisoners we spoke with who had been on an ACCT described feeling uncared for. Care maps were particularly limited, reviews were often not multidisciplinary, and entries were at times too predictable and mainly observational. Prisoners in crisis had reasonable support from health care staff, including the mental health team. The quality assurance of ACCT documents was ineffective and required improvement. There was insufficient staff refresher training in ACCT procedures, and records showed that some staff had not received it since 2005.
- 3.18 Prisoners had good access, including at night, to 18 trained Listeners, of whom 13 lived on the vulnerable prisoner wings. Support from the Samaritans was also good. There were three care suites, including one in the segregation unit, but they were poorly equipped and unwelcoming. Although Listeners had access to the suites, they sometimes had to speak to prisoners in crisis through their cell door.

#### Further recommendation

- 3.19 All staff should receive regular refresher training in suicide and self-harm procedures.

#### Housekeeping point

- 3.20 The environment in the care suites should be more conducive to the care of prisoners in crisis.

## Applications and complaints

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#### Expected outcomes:

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

- 3.21 Application forms should be directly available to prisoners on all wings. (3.92)

**Achieved.** Application and complaint forms were now freely available on all wings.

- 3.22 Application logs should always be fully completed. (3.93)

**Partially achieved.** Application logs were maintained on all wings and there was evidence that all applications were initially logged when they were received, but only limited evidence that the date of the response was logged. In our survey, only 40% of respondents, against the comparator of 50%, said that applications were responded to within seven days, and only 39%, against 54%, said that the responses were fair. We were not assured that all applications were responded to in a timely fashion or at all in some cases.

#### Further recommendation

- 3.23 Responses to applications should be timely and the date of the response should be recorded in application logs.

**3.24 Replies to complaints should always be detailed and constructive. (3.94)**

**Partially achieved.** There was a significant number of complaints – 3,004 between February 2011 and the time of the inspection. In our survey, only 13% of respondents felt that complaints were dealt with fairly and only 30% said they were dealt with promptly. We found, however, that complaints were generally well managed. Most that we sampled were personally addressed, polite, timely and responded to the issue raised. Complaints were generally responded to at the lowest possible level but many were complex and were not always responded to appropriately in the first instance. There had been some work before the inspection to address concerns about complaints procedures and there had been some progress as a result, but there was no consistent quality assurance of responses to ensure that they were all detailed and constructive

**Further recommendations**

**3.25** Someone of appropriate competence should be tasked to deal with more complex complaints.

**3.26** There should be consistent quality assurance of responses to complaints.

**3.27 The complaints boxes should be emptied by a civilian member of staff. (3.95)**

**Achieved.** A non-uniformed member of staff emptied the complaints boxes daily.

**3.28 Complaints should be analysed regularly to address any underlying issues. (3.96)**

**Partially achieved.** There was good analysis of complaints and there had been appropriate action to address some issues highlighted. However, further work was required to deal with such issues as improving prisoner confidence in the system, reducing the high number of complaints, resolving issues informally where appropriate, and dealing with complex cases appropriately.

**3.29 Staff should make more effort to deal with prisoner queries informally. (3.97)**

**Not achieved.** Many of the completed complaint forms we sampled could have been dealt with less formally. Prisoners said they were not always encouraged to resolve issues informally, and some said they resorted to the formal procedure as they had no confidence that staff would deal with even simple queries.

**We repeat the recommendation.**

## Legal rights

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**Expected outcomes:**

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

**3.30 There should be sufficient trained staff with allocated time to provide legal services promptly. (3.103)**

**Not achieved.** The two legal service officers based in the library were not formally trained and

were not allocated sufficient time to perform these duties.  
**We repeat the recommendation.**

**3.31 Legal services officers should have access to up-to-date training. (3.104)**

**Not achieved.** The legal services officers did not have access to up-to-date training.  
**We repeat the recommendation.**

**Additional information**

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**3.32** Legal services for prisoners were underdeveloped. A legal services policy had been drafted but had yet to be published. In our survey, only 37% of respondents, against the comparator of 62%, said that it was easy to communicate with their solicitor, only 40% against 64% said it was easy to attend legal visits, and only 6% against 10% said it was easy to obtain bail information. In addition, 65%, against 57%, said that mail from their solicitor had been opened before it reached them. In the previous six months, the mail censors had opened 24 privileged letters. We checked photocopies of the opened envelopes and found that there was nothing to indicate that the letter was legally privileged.

**3.33** The library had a wide selection of legal texts, Prison Service orders and instructions, and access to legal material. Prisoners appealing convictions and sentences could apply to borrow a laptop through the 'access to justice' scheme, and some prisoners had these during our inspection.

**3.34** Legal visits were available between Tuesday and Friday, except for Wednesday and Friday afternoons. Four of the eight legal visit rooms contained PCs, and the rooms were fit for purpose.

## Faith and religious activity

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Expected outcomes:

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

**3.35 A suitable multi-faith room should be provided as soon as possible. (5.47)**

**Achieved.** One of the two Christian chapels had been converted into a multi-faith room and was used by Christian, Muslim, Hindu, Sikh and other denominations.

**3.36 There should be appropriate Friday prayers accommodation for Muslim prisoners not attending the chapel or detainee unit. (5.48)**

**Not achieved.** Muslim Friday prayers were held in four locations. Detainees prayed in the detainee unit, vulnerable prisoners in an association room on the support wings, and mainstream prisoners were split between two locations – the multi-faith room and the association room on Perrie Red. The latter was inappropriate as it contained noisy fridges and the services were regularly interrupted. There were plans to rotate mainstream prisoners who could attend the multi-faith room for Friday prayers.

### Further recommendation

3.37 All accommodation used for Muslim Friday prayers should be appropriate.

3.38 **Chaplains should be included in ACCT reviews as a matter of course. (5.49)**

**Not achieved.** Chaplains were not routinely or frequently involved in ACCT reviews.

### Additional information

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- 3.39 Provision for religious activities was generally good. Prisoners had access to weekly corporate worship and chaplains of their faith. The chaplaincy team included the coordinating chaplain and a Muslim and Anglican chaplain, supported by a part-time administrator. There were several sessional chaplains from a variety of faiths and other chaplains attended on a voluntary basis. The coordinating chaplain recorded the number of prisoner religious conversions, which ran at about eight or nine a month – predominately to the Mormon, Buddhist and Muslim faiths.
- 3.40 There were a variety of religious services and study groups. The timings of services were well advertised and the facilities for services were good. Prisoners could have and purchase religious artefacts, and were able to practise their religion. A Muslim chaplain visited the detainee unit daily. Classes included Bible study, Qur'an study, Alpha course, Arabic language, Tai Chi and meditation. The prison promoted major religious festivals, including Ramadan, Dhamma Day, Chanukah and Christmas. Our inspection took place during Ramadan and prisoners told us that the arrangements for this were good, including the selection of Muslim prisoners to work in the kitchen to prepare food, although prisoners in the detainee unit were unable to celebrate Eid with mainstream prisoners. They had been offered the chance to celebrate with vulnerable prisoners but had rejected this on the grounds of stigmatisation. We were not shown an individualised risk assessment to demonstrate why detainees should not mix with mainstream prisoners.
- 3.41 Following our last inspection, a governor's order had been issued to advise staff how to search visitors appropriately, and the coordinating chaplain and prisoners reported that visitors and their property were searched in a religiously and culturally sensitive manner.
- 3.42 The coordinating chaplain was involved in all aspects of prison life and attended a range of meetings, including the senior management team. Chaplains were consulted about prisoners they were involved with when sentence plans were reviewed. The chaplaincy had links with external faith organisations. The chaplaincy team was involved with prisoners at the end of their lives.

### Further recommendation

3.43 Detainees should be able to attend religious celebrations with mainstream prisoners, subject to an individual risk assessment.

# Substance use

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## Expected outcomes:

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

## Clinical management

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- 3.44 There should be a needs analysis to assess the current specific drug treatment needs of all prisoners. (3.113)

**Partially achieved.** There had been a health care needs analysis, which included prisoners' drugs and alcohol needs, but there were no current specific counselling, assessment, referral, advice and throughcare service (CARATs) or integrated drug treatment system (IDTS) analyses.

- 3.45 All staff involved in the clinical management of drug problems should be trained for this role. (3.114)

**Achieved.** The IDTS manager, the two IDTS nurses and the GPs working with IDTS were all trained to the Royal College of General Practitioners (RCGP) level 2 certificate in the management of drug misuse.

- 3.46 Detoxification regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (3.115)

**Achieved.** Primary and secondary opiate detoxification regimes were available and opiate substitution prescribing was flexible and led by individual needs. Alcohol detoxification was potentially available, although none had been required in the previous 12 months. Clinical protocols were in line with IDTS, National Treatment Agency and Department of Health guidance.

- 3.47 Clinical services should be extended to offer a more flexible regime incorporating stabilisation, detoxification and maintenance provision, including methadone. (3.116)

**Achieved.** IDTS had been running for approximately 12 months. At the time of the inspection, 31 prisoners were receiving opiate substitution treatment, with 15 on maintenance and 16 on reducing doses.

## Additional information

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- 3.48 IDTS was in place though awaiting the completion of the four-bed stabilisation unit in health care. There was good integration between nurses and the CARAT team. One of the two IDTS nurses worked half time as a dual-diagnosis nurse, providing a valuable link to the mental health team.

## Drug testing

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- 3.49 Drug testing figures should be collated by type and by wing to provide effective management information. (3.117)

**Achieved.** Mandatory drug testing (MDT) figures were collated as recommended and discussed at the monthly drug strategy meeting.

- 3.50 There should be effective security measures to reduce the supply of drugs in the prison. (3.118)

**Partially achieved.** The MDT rate had been 5.35% for the last six months against a target of 5.5%. In the six months to July 2011, there had been 46 drugs finds. Illicit buprenorphine was the most commonly detected drug and the most commonly found illicit drug in cell searches. Tramadol (an opiate-based painkiller) was also frequently found in searches.

- 3.51 The wider prison drug strategy should include an up-to-date supply reduction strategy, which should be implemented. (3.119)

**Achieved.** A supply reduction action plan had been added to the drug strategy, and action points were addressed as part of the implementation of the action plan.

- 3.52 There should be appropriate staffing to ensure that all mandatory and suspicion drug testing is carried out within identified timescales and without gaps in provision. (3.120)

**Not achieved.** Suspicion test rates were very low at 5.26% for the six months to July 2011 (out of 57 tests). With refusals, this rate rose to just 19.3%. In that period, 10 tests were not completed as they fell out of the required 72-hour time slot. The lack of regular staff to perform tests was the main factor where tests fell out of time.

**We repeat the recommendation.**

### **Additional information**

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- 3.53 There were significant differences in the views of mainstream and vulnerable prisoners about the availability of drugs. In our survey, 30% of vulnerable prisoners believed it was easy to get illegal drugs in the prison against 10% of mainstream prisoners.

- 3.54 Prisoners told us that diverted prescription drugs (mostly tramadol and the antiepileptic gabapentin) were widely available throughout the jail. This view was endorsed by the majority of staff, and GP meeting minutes expressed concerns about the high level of tramadol prescribing. Tests for some medications were due to be available on a trial basis.



## Section 4: Diversity

Expected outcomes:

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

### Diversity

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- 4.1 There should be an appropriate diversity forum to discuss the full range of diversity issues. (3.33)

**Achieved.** The full range of equality issues were discussed at the monthly equality committee meetings. These were well attended and minutes demonstrated progression of actions

- 4.2 There should be full diversity monitoring to assess the specific needs of individuals and ensure discrimination does not take place. (3.35)

**Partially achieved.** A monthly equality monitoring report was produced and discussed at the equality committee meetings. The report concentrated on racial discrimination and monitored trends over time using ethnic monitoring data. Other equality strands were not monitored.

#### Further recommendation

- 4.3 Data on all relevant equality strands should be monitored over time to ensure discrimination does not take place.

#### Additional information

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- 4.4 Equality work was managed by the equality support team (EST), which comprised the head of equality, two equality officers and an administrator. Its proactive work was underpinned by an effective action plan. Equality committee meetings were preceded by a productive pre-meeting of prisoner representatives and members of the EST. Prisoners identified two issues to be brought to the equality committee meetings. There were seven prisoner equality representatives, all from the vulnerable prisoner wings. During our inspection, there was a campaign under way to recruit representatives from the mainstream wings. All but 16 staff (who were on sickness or maternity leave) had received the 'challenge it, change it' diversity training. A programme of equality impact assessments was under way. Other than the health care assessment of new arrivals, which identified some prisoners with disabilities, there was no mechanism to identify prisoners with needs protected by the Equalities Act on arrival.

#### Further recommendation

- 4.5 Prisoners should be able to self-identify their equality needs during their induction, and the equality support team should record these needs centrally.

## Race equality

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- 4.6 **The prison should produce a race equality policy specifying the key principles of race and religious equality at Long Lartin, based on an annual race equality needs analysis. (3.53)**

**Partially achieved.** The equality policy specified the key principles of race, religion and other strands but was not based on an annual equality needs analysis.

### Further recommendation

- 4.7 **An equality needs analysis should be conducted annually and acted on.**

- 4.8 **There should be more detailed analysis of ethnic monitoring to determine patterns and trends, and such data should cover locally agreed areas alongside that identified nationally. (3.54)**

**Achieved.** Ethnic monitoring (SMART) data were analysed at the monthly equality meetings to determine patterns and trends (see also paragraph 4.2).

- 4.9 **There should be appropriate work with prisoners and programmes to address racially motivated offending. (3.58)**

**Partially achieved.** The prison did not routinely run programmes to address racially motivated offending, although a package developed by London Probation Trust had been used on an ad hoc basis; three staff had been trained in the package. The education department ran a course on 'understanding diversity'.

- 4.10 **Wing race equality representatives should have a clear job description and receive regular training on their role. (3.59)**

**Partially achieved.** Race equality representatives had become equality representatives (see additional information). They had a job description but no regular training. There were plans to allow the representatives to undertake the Prison Service 'challenge it, change it' diversity training.

### Further recommendation

- 4.11 **Equality representatives should receive regular training in their role.**

- 4.12 **Wing race equality notice boards should display the names of wing representatives, minutes of REAT meetings, and ethnic monitoring data to better promote race equality. (3.60)**

**Partially achieved.** Equality notices and SMART data were displayed around the prison, but not minutes of meetings. The names of wing representatives were not on the boards, although signs were placed over their cell doors. Representatives had been issued with yellow 'equality representative' T-shirts with the EST logo, although we did not see these being worn.

## Housekeeping point

- 4.13 Names and photographs of equality representatives should be displayed on notice boards together with the latest equality committee minutes.

## Managing racist incidents

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- 4.14 There should be a separate racist incident complaints form box on all wings, which should be opened only by the race equality officer. (3.56)

**Achieved.** There were discrimination incident reporting form boxes on all wings, which were emptied daily with the forms passed to the EST.

- 4.15 There should be a multidisciplinary panel, including external representation, to evaluate and quality control an agreed proportion of racist incident report forms on a regular basis. (3.57)

**Not achieved.** Racist incident report forms had been replaced by discrimination incident reporting forms (DIRFs). These were investigated by an equality officer and each investigation reviewed by the governing governor. In addition, the director of the high security estate and a member of the Independent Monitoring Board (IMB) reviewed DIRFs. Those with a religious element were forwarded to the coordinating chaplain. There had been attempts to involve Worcestershire County Council and NHS Worcestershire in monitoring DIRFs but arrangements had not yet been finalised.

**We repeat the recommendation.**

## Additional information

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- 4.16 Thirty-six per cent of the prison population were black or minority ethnic. In the previous six months, 59 racist incident forms had been submitted. Incidents were thoroughly investigated, outcomes justified and those involved written to. Most but not all incidents were responded to within a reasonable timescale.

- 4.17 In our survey, 5% of respondents generally, and 10% of vulnerable prisoners, identified themselves as Gypsy, Traveller or Romany. A Gypsy, Traveller and Romany group had been established in early 2011 and had met monthly, but there had been no meetings since May and only prisoners from the vulnerable wings attended. The prison had prepared a special meal in June 2011 to celebrate Traveller and Gypsy month. Traveller and Gypsy prisoners told us they were grateful for the steps taken by the equality support team but felt that more work was needed by the prison to understand their culture and traditions. Travellers were not formally identified on reception or in induction.

## Further recommendation

- 4.18 The Gypsy, Traveller and Romany group should meet monthly and include participants from the mainstream wings.

## Religion

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- 4.19 **The race equality action team (REAT) should consider issues relating to religion and religious belief, and monitoring by prisoners' religion should be developed to assist this. (3.55)**

**Not achieved.** There was no detailed monitoring of equality of treatment by religion. (See further recommendation 4.3.)

### **Additional information**

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- 4.20 Religious equality was managed through the overarching equality policy. As noted above, staff were being trained in religious diversity. Discrimination on the basis of religion was dealt with through the DIRFs.
- 4.21 Muslim prisoners' responses to our survey were mixed. Fewer Muslims than non-Muslims (52% against 69%) said that staff treated them with respect. However, only 51% of Muslim respondents compared with 67% of non-Muslims said that they had ever felt unsafe at the prison. Muslim respondents were less positive on their treatment by escort staff, searching in reception, access to clean clothing, complaints and applications, access to outside exercise, association and Listeners, goods from the prison shop, respect for religious beliefs, control and restraint, the segregation unit, and victimisation by staff. They were more positive about access to health care during their early days, access to religious leaders, the gym and education, victimisation by other prisoners, and their mental and emotional well-being.

## Foreign nationals

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- 4.22 **The information and advice for foreign national prisoners' document should be updated and provided in appropriate languages. (3.72)**

**Achieved.** The induction booklet was available in English and eight other languages (see paragraph 1.23). Despite this, foreign national prisoners were confused about their entitlements.

- 4.23 **Wing foreign national officers should receive training and support for their role. (3.73)**

**Not achieved.** There had been no training for foreign national officers.  
**We repeat the recommendation.**

- 4.24 **Foreign national prisoner representatives should have job descriptions and receive training and support for their roles. (3.74)**

**Achieved.** The 12 foreign national representatives had a job description, and an excellent foreign national awareness training package had been delivered in June 2011.

### **Good practice**

- 4.25 *An up-to-date and relevant training package had been delivered to foreign national representatives.*

**4.26 The prison should facilitate cheap international phone calls for foreign national prisoners. (3.75)**

**Achieved.** Prisoners with next of kin abroad received a free monthly five-minute international phone call. Over and above this, foreign national prisoners who had not received a visit within the last six months could have a further free five-minute phone call. Foreign nationals, unlike British prisoners, could purchase further PIN credit from their private money account.

**Good practice**

**4.27** *Foreign national prisoners who did not receive a visit for at least six months could have 10 minutes of phone calls a month.*

**4.28 The REAT should introduce monitoring to ensure that the current regime does not affect foreign national prisoners disproportionately. (3.76)**

**Not achieved.** The equality support team did not monitor the regime by nationality. (See further recommendation 4.3.)

**4.29 There should be regular immigration surgeries for foreign national prisoners to receive appropriate legal advice on their status. (3.77)**

**Not achieved.** There were no independent immigration advice surgeries from accredited advisers. Generally those held in the prison had more than four years of their sentence to serve. The UK Border Agency (UKBA) began considering a foreign national 18 months before their release. However, prisoners needed to receive impartial advice on their options, including repatriation, the early release scheme, making an asylum claim and contesting a deportation notice.

**We repeat the recommendation.**

**Additional information**

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**4.30** Provision for foreign nationals was good. The foreign national coordinator was supported by a foreign national clerk. In our survey, foreign national respondents generally felt safe and respected. More foreign national than British respondents, 79% against 55%, said that they felt safe on their first night, and only half of foreign nationals said that they had ever felt unsafe compared with two-thirds of British prisoners. More foreign national than British respondents, 79% against 62%, said that most staff treated them with respect.

**4.31** Four immigration detainees were held under immigration powers during our inspection. Three were in the detainee unit and suspected of being a threat to national security. The fourth was held in the segregation unit because he had threatened to attack anyone who attempted to remove him to his country of origin.

**Disability and older prisoners**

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**4.32 All prisoners should have a comprehensive assessment of disability at the earliest opportunity, and this information should be collated centrally. (3.34)**

**Partially achieved.** New arrivals were assessed by health care staff and details were passed to the equality team who collated and kept this information. During our inspection, the EST was

aware of 39 prisoners with disabilities, although this figure under-recorded the number. In our survey, 29% of respondents overall said they had a disability, which equated to approximately 200 prisoners. The proportion rose to 39% for vulnerable prisoners. It was clear the prison had under identified the number of prisoners with disabilities for when it needed to make provision.

**4.33 Appropriately adapted cells should be available for both mainstream and vulnerable prisoners with disabilities. (3.36)**

**Not achieved.** None of the prison's four wheelchair users were accommodated in adapted cells. Both the adapted cells were on the mainstream units – one on E wing and one on F wing. One cell was used by a prisoner whose leg had been amputated below the knee, and the other by a prisoner sentenced to cellular confinement. The cells were suitable for those with disabilities. Despite being unable to enter his cell in his wheelchair, the wheelchair user on the mainstream wing had chosen not to move to an adapted cell. There were no adapted cells on the vulnerable prisoner wings, although they held three wheelchair users. Apart from wider doors, their cells were identical to other cells. The EST log of all reasonable adjustments showed that there had been some efforts to address needs, such as slip mats and grip rails in the communal showers. However, their cells lacked grip rails, seats with arms and suitable toilet and shower facilities. As the vulnerable prisoner wings did not have lifts, wheelchair users were unable to access association rooms on the first floor.

**We repeat the recommendation.**

**4.34 Prisoners with hearing problems should have access to televisions that display subtitles. (3.37)**

**Partially achieved.** Some but not all prisoners with hearing problems had access to televisions that displayed subtitles. Other prisoners with hearing difficulties were given headphones or hearing loops.

**Additional information**

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**4.35** Following our last inspection, the directorate of high security had commissioned a 'delivering Disability Discrimination Act access improvement plan'. The audit, conducted by Dial UK/Scope, was completed in March 2009 and recommended a number of actions, but it was not clear if it had been followed up. The EST was conducting an 'access all areas' exercise to note areas of the prison that were inaccessible. There was no formal carer or buddy system for prisoners with disabilities. Prisoners unfit to work due to a disability were unlocked during the day. All five disability representatives were located on the vulnerable prisoner wings, and only prisoners from these wings attended the regular disability meetings. Meetings were well minuted and there was some evidence that actions were progressed.

**4.36** During our inspection, there were 155 prisoners over 50 and 20 over 65. The oldest prisoner was 85. In our survey, 79% of respondents over 50, compared with 59% of those under 50, said that staff treated them with respect. However, 45%, against 32%, said they felt unsafe currently, 47% against 35% said they had been victimised by another prisoner, and 49% against 36% said they had felt threatened by other prisoners.

**4.37** The gym provided dedicated sessions for older and disabled prisoners where they could play bowls, badminton and take part in walking exercises. Prisoners were positive about these activities. A bowls competition for older prisoners had attracted some who did not normally attend the gym. The prison had made attempts to engage with external support agencies. In April 2011, Age UK and the Royal National Institute for Deaf people held separate awareness

raising briefing sessions for staff and prisoners. There had been an older prisoner survey before our inspection but the results had yet to be analysed.

- 4.38 Not all wing staff could easily identify those prisoners who required assistance in the event of an emergency. There were no personal emergency and evacuation plans documenting the specific assistance that each disabled or older prisoner required.

#### Further recommendations

- 4.39 There should be a further disability access improvement assessment to assess progress against the recommendations of the March 2009 Dial/Scope report.
- 4.40 There should be a forum for older prisoners to meet and discuss their needs.
- 4.41 Wing staff should be able to identify prisoners who require assistance in an emergency and the type of assistance needed.

## Sexual orientation

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*No recommendations were made under this heading at the last inspection.*

### Additional information

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- 4.42 In our survey, 6% of respondents said they were gay or bisexual. The equality policy covered sexual orientation, and the EST had made excellent efforts to promote equal outcomes for gay and bisexual prisoners. A gay, bisexual and transgender (GBT) group met regularly and was supported by five GBT representatives. Minutes showed that the group was productive and actions were completed. Two GBT representatives had attended the last equality meeting to promote the views of gay and bisexual prisoners. Staff told us that 11 prisoners had been at one GBT meeting. However, only prisoners from the vulnerable prisoner wings had attended the meetings and acted as representatives. We reviewed the file of a transgender prisoner, which showed that the EST had made some adjustments to address the prisoner's needs.

#### Further recommendation

- 4.43 Gay and bisexual prisoners on the mainstream wings should have access to and be supported by the gay, bisexual and transgender group.



## Section 5: Health services

Expected outcomes:

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

### General

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- 5.1 The area next to the health care waiting room should be converted into an additional waiting room for patients. (4.54)

**Not achieved.** No additional waiting room had been provided. A plan to provide better waiting facilities had been funded but had not yet commenced. There was no separate waiting area for vulnerable prisoners (see paragraph MR6). The television set in the waiting room was not working, which was a missed opportunity to promote health and well-being.

**We repeat the recommendation.**

#### Further recommendation

- 5.2 There should be a separate health care waiting area for vulnerable prisoners.

#### Housekeeping point

- 5.3 The television in the health care waiting area should be working and used to promote health and well-being.

- 5.4 There should be a dedicated health care room in reception to ensure confidentiality for new arrivals and to enable examinations, if necessary. (4.55)

**Achieved.** There was a dedicated and private health care room in reception, although it had no telephone.

#### Housekeeping point

- 5.5 There should be a telephone in the reception health care room.

### Additional information

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- 5.6 Health services were commissioned by NHS Worcestershire and provided by Worcestershire Health and Care NHS Trust, which was a new integrated primary care and mental health services provider. Health services at HMPs Hewell and Long Lartin were structured as a clinical directorate within the Trust. The directorate led the Trust action in response to Lord Bradley's report on **the** experience of people with mental health problems and with learning disabilities in the criminal justice system. There had been a recent health needs assessment to understand service demand. There was a prison health development plan and monitoring through the prison health performance and quality indicators framework. A partnership board

met quarterly and relationships between the prison and health services provider were described as productive. In our survey, prisoner satisfaction with the quality of health care was better than the comparator, at 42% against 34%, but below the 50% response in 2008. The survey indicated that prisoners from diverse groups had equity of access to health services.

- 5.7 Work had begun on new health treatment rooms on the wings, and major refurbishment of the main health care building was due. Health facilities offered privacy and dignity for patients. There was a full-time domestic and a daily schedule of cleaning. The health care service had achieved 98% compliance with infection control standards and there was a plan to address outstanding issues.
- 5.8 There was a health promotion action group, a strategy for the promotion of health and well-being, and a health care assistant led on developing health promotion. Prisoner health champions were being introduced to enhance health promotion. Health promotion materials were evident in the health care department and on the wings.
- 5.9 We observed good-natured professional interactions between prisoners and health care staff. Over a fifth of prisoners were over 50 and two nurses led on their care. New arrivals were given a Trust prisoner information leaflet on health services and there was information on the wings, but there was little material in languages other than English.

#### Good practice

- 5.10 *There were high standards in infection control practices, which minimised the potential for cross-contamination.*

### Clinical governance

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- 5.11 **The health care team meetings should include the dentist and a GP. (4.56)**

**Achieved.** The dentist and GPs attended the daily health care team meetings.

#### Additional information

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- 5.12 Clinical governance arrangements were robust with regular clinical governance facilitation group meetings. The group was linked with the partnership board and into the Trust governance systems. Detailed performance reports on all key and sensitive areas of service delivery were presented to the group quarterly.
- 5.13 There was a clinical director, senior nurse manager, team leaders and teams for primary care, inpatients, mental health and IDTS. There was sufficient capacity in the team to provide a 24-hour service, and the skills mix was enhanced by staff training to support the introduction of wing clinics as part of the service development plan. Staff took part in annual mandatory training updates, including basic and intermediate life support as required by their roles. The Trust used NHS systems to quality assure staff credentials, and there were a variety of approaches to their clinical supervision. Not all staff records indicated their receipt of clinical supervision. Nursing students from the University of Worcester undertook practice experience at Long Lartin and a staff member occasionally lectured at the university.

- 5.14 The Trust community store of daily living aids was available to patients at Long Lartin and the community occupational therapy service responded to requests for assessments.
- 5.15 SystmOne (electronic patient record) was used to record and store clinical information. Paper medical records were stored in house and then archived on site. Information storage and retrieval systems complied with best practice. Evidence-based and individualised care plans were used for patients with complex or lifelong conditions. However, in the records we sampled, not all patients with such conditions had care plans, and not all care plans were reviewed by the date stipulated. Where care plans were absent, treatment indications were recorded in the SystmOne journal. There was a programme of clinical audits.
- 5.16 There was a patients' forum where prisoner representatives were consulted and could raise concerns. There were surveys of prisoners about health services, the most recent on pharmacy services. Health care personnel attended the general prisoner consultative committee.
- 5.17 The number of health complaints was low at an average of one a week. Complaints tended to concern access to health professionals and medication issues. In the complaints we sampled, responses were timely, focused and included apologies if appropriate. An enhanced complaints system was due to be introduced to complement the introduction of wing-based services.
- 5.18 The Trust control of infectious diseases policy was used at the prison and there was an information sharing protocol. Medical in-confidence information was shared sparingly, and only as necessary, with other departments.

#### Further recommendation

- 5.19 Patients with complex or lifelong conditions should have care plans, which should be reviewed by the date stipulated.

#### Housekeeping point

- 5.20 The receipt of clinical supervision should be recorded in staff personal files.

#### Good practice

- 5.21 *The presence of student nurses for practice experience introduced the service to regular outside scrutiny, and the staff contribution to university courses helped future professionals to understand the health needs of prisoners.*

## Primary care

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- 5.22 There should be additional optician clinics to reduce the waiting list. (4.57)

**Achieved.** Additional optician clinics were provided when waiting times began to exceed eight weeks. An additional clinic was being arranged during our inspection.

- 5.23 Prisoners should carry identification cards with them when they collect medication, and medicine charts should include a photograph of the patient. (4.58)

**Partially achieved.** Prisoners did not carry identification cards when they collected medication and photographs were not attached to medication cards. Photographs were available on SystmOne (by consent) but some photographs in the records we sampled were unclear or missing.

#### Further recommendation

- 5.24 All patients should be clearly identifiable to ensure that medication is given to the correct person.

#### Additional information

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- 5.25 Primary care services were impressively efficient and extensive. New arrivals were seen in reception and screened for initial health problems, and all were also screened using the learning disability screening questionnaire. A comprehensive health assessment was completed on the following day.
- 5.26 Primary care clinics were led by GPs, nurses, allied health professionals and visiting specialist consultants and nurses. The extensive list of visiting professionals included consultants from endocrinology, ear, nose and throat, general surgery, orthopaedics and a general physician. There were clinics for triage, general practice, blood-borne viruses, communicable diseases, genito-urinary medicine, lifelong conditions, optometry and ophthalmics, physiotherapy, podiatry, smoking cessation, specialist assessment, treatment and follow-up, including minor operations. Well man clinics were available for older prisoners and 'mental health plus' assessments were offered to check for early signs of dementia. Chlamydia screening was offered to the under-25s.
- 5.27 The department was busy and scheduling of clinics was a challenge due to the limited space. Triage algorithms were used for minor ailments. Some nurses had been trained in triage and more were in training. There was a wide range of patient group directions, which the nurses used. Prisoners sometimes spent excessive time in the health care waiting room before and following their appointments because of the prison escort regime.
- 5.28 There was a dedicated health care application system, which worked well. The appointments system was well managed and the senior nurse manager monitored trends. There was separate data for vulnerable prisoners, detainees in the special unit, segregated and mainstream prisoners. Waiting times to see a doctor were less than 48 hours. Failure-to-attend rates were low at 5% or less for the GP and optician. Patients who failed to attend were routinely followed up. The Trust medical on-call rota was used for out-of-hours consultations, and staff indicated that the service was satisfactory.

#### Further recommendation

- 5.29 Patients should not have to wait for excessive periods in the health care waiting room before and following their appointments.

#### Good practice

- 5.30 *The use of the learning disability screening questionnaire for all new arrivals was a suitable way to identify prisoners with potential learning disabilities.*

## Pharmacy

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**5.31 Requisitions for controlled drugs must be signed by a doctor. (4.59)**

**Achieved.** Pharmacy requisitions were appropriately signed.

**5.32 General stock should be audited to reconcile orders against prescription. (4.60)**

**Achieved.** General stock was audited and reconciled against prescriptions. However, the pharmacy did not monitor audits regularly.

### Housekeeping point

**5.33 General stock audits should be regularly monitored by the pharmacy.**

**5.34 Secondary dispensing should stop immediately. (4.61)**

**Partially achieved.** Secondary dispensing had largely stopped. However, in emergencies, usually during lockdown, some secondary dispensing took place in the best interests of the patient.

**5.35 Pharmacy-led clinics and medication reviews should be introduced, and prisoners should have access to the pharmacist. (4.62)**

**Partially achieved.** A pharmacist was available three days a week. The pharmacist undertook medicines use reviews when requested by prisoners, and prisoners were positive about them. The pharmacist provided input to a variety of clinics on request.

### Housekeeping point

**5.36 Pharmacy staff should identify prisoners who would benefit from a medicines use review and invite them to take part in this service.**

**5.37 The pharmacy staff should monitor the use of special sick medication. (4.63)**

**Not achieved.** The use of special sick medication was recorded on SystemOne but was not monitored by the pharmacy. There was a policy to reduce the use of special sick medication through encouraging prisoners to buy such items through the prison shop.  
**We repeat the recommendation.**

**5.38 The medicines and therapeutics committee should agree standard procedures to cover pharmacy service provision and delivery of medication to prisoners. (4.64)**

**Achieved.** The medicines and therapeutics committee agreed standard operating procedures for pharmacy services, although these were not kept in the pharmacy. It was not possible to inspect the procedures and ascertain who had read them.

### Housekeeping point

- 5.39 Standard operating procedures should be kept in the pharmacy and should contain a record of staff members who have read and signed them.

### Additional information

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- 5.40 Pharmacy services and medicines management were good with a dedicated pharmacy team in post. Named-patient medication was separated from stock. Medication for stock was not dual labelled but over-labelled by a third party, complying with statutory requirements. Stock medication consisted mainly of antibiotics and inhalers. There were robust procedures for date checking medicines in the pharmacy and on the wings. Controlled drugs were managed and stored correctly, but returned and date-expired controlled drugs required differentiation.
- 5.41 Medication records were held on SystmOne, as were drug administration records. Medications were administered at 8am and 11.40am from the health care treatment rooms in the health centre and on the wings. Only one prisoner at a time was allowed at the hatch and this was regulated by uniformed officers. Despite the vigilance, there was a widespread belief that opiate-based medications were being diverted (see also paragraph 3.54). The clinical director and GP team had considered clinical scrutiny of prescribing for pain and opiate substitution. As a result, a pain clinic had been introduced and the prescribing of opiates and opiate substitutes was subjected to second opinion.
- 5.42 The in-possession policy was adhered to. Most prisoners held their medication in possession and all were risk assessed. Patients on repeat medication were encouraged to take responsibility for managing their repeat prescriptions, although the pharmacy ordered prescriptions if the repeat request has not been received in time to ensure no disruption in supply to the patient.

### Housekeeping point

- 5.43 Patient-returned controlled drugs and date-expired controlled drugs should be clearly labelled and kept separate from each other and from usable stock.

### Dentistry

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- 5.44 There should be an additional dental session for a dental hygienist, and a programme of oral health promotion should be introduced. (4.65)

**Achieved.** Additional dental hygienist sessions were due to commence in the following month. The dentist provided oral health promotion.

- 5.45 The dental triage system for prisoners in the segregation unit should be reinstated to reduce the waiting list for prisoners held there. (4.66)

**Achieved.** The dentist provided triage and the waiting list for prisoners in the segregation unit was short, with a wait of one week for a first appointment.

- 5.46 There should be an additional emergency equipment set, including emergency drugs, in the dental surgery. The dental team should be aware of emergency procedures in the

health care department, and these should be exercised. (4.67)

**Partially achieved.** Emergency equipment was sited next to the dental surgery but not in it. Other emergency equipment, including automated external defibrillators and oxygen, was located strategically in the prison and regularly checked. The dental team was aware of emergency procedures.

#### Housekeeping point

- 5.47 There should be a notice on the wall of the dental surgery to indicate the location of the emergency equipment near by.

#### Additional information

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- 5.48 The dentist held four sessions a week, and was assisted by a dental nurse. A full range of NHS dental services was available to prisoners, who could access the dentist through a health care application. Prisoners who needed an emergency appointment were seen the same or following day. Out-of-hours treatment was through the local dental access service. Mainstream prisoners waited no longer than four days for non-urgent appointments. The failure-to-attend rate was less than 5% and patients failing to attend were followed up. Dental staff had access to SystmOne, although had yet to use its full potential.
- 5.49 The dental surgery was well equipped and had separate decontamination facilities. All equipment, including the X-ray machine, was regularly maintained and tested in accordance with good practice. A new servicing contract for the dental chair had yet to be signed by the Trust.

#### Inpatient care

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- 5.50 **There should always be two health care staff on duty at night, including at least one qualified nurse. (4.68)**
- Achieved.** There were two health care staff on duty at night, including at least one qualified nurse.
- 5.51 **The inpatient unit should be staffed by at least one health care-trained member of staff, such as registered general nurse, registered mental health nurse or health care assistant. (4.69)**
- Achieved.** The inpatient unit was staffed by a registered mental health nurse.

#### Additional information

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- 5.52 The inpatient unit provided a good standard of care for very disturbed and/or seriously physically ill patients. At the time of the inspection there was a capacity of eight beds, of which five were filled. Average bed use over the previous 36 months had been 6.5. Beds were not part of the certified normal accommodation, and admissions were made on clinical grounds only.

- 5.53 The regime for inpatients had improved since our last inspection with a more diverse programme of meaningful activities available. However, the environment restricted the activities that could be provided. Following refurbishment, a 'poor copers' group was to be established in a new therapies room and would be open to inpatients and wing-based patients.
- 5.54 The prison was working towards providing dedicated uniformed staff in the inpatient unit. The uniformed officers knew their patients well and were caring and conscientious. Inpatients' care plans were shared (by consent) with the uniformed officers, and the lead mental health nurse for inpatients explained individualised approaches in daily meetings to enable uniformed officers to support the patients.

## Secondary care

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*No recommendations were made under this heading at the last inspection.*

## Additional information

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- 5.55 There were no delays in prisoners accessing external health services. A senior administrator managed external appointments. Cancellations for security reasons were uncommon. Advanced diagnostics, such as MRI scanning, were brought to the prison, which improved access.

## Mental health

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- 5.56 **Discipline staff working in the inpatient and segregation units should receive regular appropriate mental health training. (4.70)**

**Not achieved.** Discipline staff working in the inpatient and segregation units had not received regular appropriate mental health training. The inpatient mental health lead nurse and colleagues were devising a training package to be introduced in November 2011.

**We repeat the recommendation.**

- 5.57 **All prison staff should have at least annual mental health training. (4.71)**

**Not achieved.** Only 56 out of 517 uniformed staff had been trained in mental health awareness since 2009.

**We repeat the recommendation.**

- 5.58 **Mental health referral meetings should include residential staff where appropriate, including segregation staff. (4.72)**

**No longer relevant.** The meeting structure had changed. Wing officers who had concerns about their prisoners could submit written mental health referrals. The referrals were allocated for assessment at the twice-weekly referrals meeting. Uniformed officers attended multidisciplinary case meetings as necessary.

- 5.59 **There should be additional generic counselling services for prisoners. (4.73)**

**Achieved.** The integrated mental health team provided a full range of evidence-based interventions, including client-centred therapies.

- 5.60 Day care facilities should be identified and staffed appropriately to provide support services to inpatients, older prisoners and prisoners who need additional support. (4.74)

**Not achieved.** Day care facilities had not been provided, although there were plans to provide a therapy facility as part of the refurbishment of the inpatient unit (see paragraph 5.53).  
**We repeat the recommendation.**

### **Additional information**

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- 5.61 Mental health services had been reorganised following a user group consultation with 1,500 prisoners at HMPs Hewell and Long Lartin. Staffing levels had improved and the skills mix included learning disability nurses, as well as mental health nurses, psychiatry, forensic psychiatry and a clinical psychologist. There were frequent mental health team and management meetings.
- 5.62 Trust and Royal College of Psychiatry self-help leaflets, self-help guidance books on prescription and 'beating the blues' materials were available to prisoners experiencing emotional distress or common mental health problems. Nurses specialised in a variety of approaches, including client-centred brief therapies and solution-focused therapies. The workload demand was high with most patients requiring care for common mental health problems. A significant number of patients required help with post-traumatic stress disorder (PTSD), sexual abuse issues or psychotic mental health problems. The clinical psychologist was anticipated to introduce cognitive behavioural therapy and undertake in-depth work with prisoners experiencing PTSD and/or sexual abuse.
- 5.63 There was an open referral system for mental health care and the majority of referrals arose from the application system, SystemOne following primary care assessment or a mental health concerns referral form completed by uniformed officers. The multidisciplinary team met weekly to review the care of individual patients. Patients with complex mental health problems were managed under the care programme approach (CPA), and CPA was used to ensure the continuing monitoring of patients with common mental health problems whose behaviour was problematic.
- 5.64 Patients requiring transfer to mental health facilities following mental assessment often waited excessive times. Waits of five to six weeks were common, and in 2010 a patient waited over nine months from acceptance to transfer to a London NHS medium secure unit. The situation was closely monitored by the senior nurse manager.

#### **Further recommendation**

- 5.65 Patients requiring external specialist mental health services should be transferred without delay.

#### **Good practice**

- 5.66 *The use of the care programme approach to monitor the care of patients with common mental health problems enabled targeted support and closer scrutiny of the patient's situation.*



# Section 6: Activities

## Time out of cell

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### Expected outcomes:

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

- 6.1 Prisoners should be able to attend all activities as described in the prison's scheduled core day. (5.56)

**Partially achieved.** The activities described in the prison's core day were generally adhered to. They usually began and ended on time, and there was little slippage in the regime due to late unlocking. As at the last inspection, however, prisoners were not always required for activities due to a lack of work, usually in the contract workshops or because of temporary shortfalls of instructors to supervise prisoners at work. During a roll check in the middle of the working day, we found about 17% of the population locked up because of this.

### Additional information

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- 6.2 Most prisoners had been assigned to an activity and provision for time out of cell, including association, was reasonable. Residential officers managed attendance at activities reasonably well, and we saw examples where prisoners who were reluctant to engage were challenged appropriately.
- 6.3 The prison's core day allowed about 11 hours out of cell for prisoners on the main wings. Provision for prisoners in the segregation unit was much shorter (see paragraph 7.39). We found that the hours booked for activities, including association and exercise, were reasonably accurate. Although there was a small amount of slippage in the regime, particularly after lunch, the prison's reported figure of about nine hours a day largely reflected the time that employed prisoners could usually spend out of their cells. Time out of cell for the small number of unemployed or those not required for their scheduled activity was about five hours.
- 6.4 The regime at weekends was good and provided up to about seven hours out of cell through exercise, association and other organised activities, such as visits and gym
- 6.5 At least one hour's exercise was offered to prisoners at the weekend and during weekday evenings. Exercise was also offered every weekday morning for about 30 minutes.

## Learning and skills and work activities

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### Expected outcomes:

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

## Leadership and management

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- 6.6 **Individual learning plans should be used more widely by tutors, and should provide greater specificity and focus. (5.23)**

**Partially achieved.** There had been some improvements since the last inspection. The use of individual learning plans to record learners' progress was generally satisfactory, although the quality of target-setting varied and was missing in some learning plans. Student diaries were used particularly well in some subjects, such as IT, but merely as a worklog in others and it was not clear if learning had taken place. In the vocational workshops, documentation has been introduced to address this recommendation, but was used primarily for tracking learners' progress in completing programme units. Tutors did not always receive the outcome of the prisoner's initial assessment to inform individualised planning of learning.

### Further recommendation

- 6.7 There should be better use of specific targets in individual learning plans to help learners progress.

- 6.8 **Quality improvement arrangements in learning and skills should be extended and improved. (5.24)**

**Partially achieved.** Quality arrangements had improved after a restructuring of the management of learning and skills, but it was too early to judge their impact. Comprehensive quality improvement arrangements were in place in education, and were well understood by staff. Many of the new systems to develop quality assurance across all areas of learning and skills were not yet fully embedded.

### Further recommendation

- 6.9 The prison should continue to develop and implement quality improvement measures to cover all aspects of learning and skills.

- 6.10 **There should be greater use of data to inform and develop the learning and skills provision. (5.25)**

**Partially achieved.** Data were used to inform the planning of the provision, and in education data were used well to identify retention and achievement. However, data to identify and compare the achievement of mainstream and vulnerable prisoners were not used routinely, and there were no data to give a clear picture of attendance rates in workshops.

### Additional information

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- 6.11 There were 578 activity places at the prison, which were sufficient for a prison of this size. Prisoners had good opportunities to engage in a range of activities throughout the week. The strategic planning for learning and skills was clear. The Manchester College provided education and some vocational training. There was good partnership working with the prison, which had responded well to managing the increase in the vulnerable prisoner population and ensuring equality of access to education and training. The prison has responded well to the changes in the population and developed a curriculum to meet prisoner needs. There had

been a recent shortfall on the delivery of 19,500 planned hours, as the completion of new workshops to provide 76 additional vocational training was behind schedule. The system for measuring attendance at work was insufficiently clear and unable to provide an accurate assessment of attendance at work. High risk prisoners were denied access to most vocational and work activities for security reasons, but could go to education and the library. There was a new prisoner pay policy that was fair and not a disincentive to prisoners who wanted to attend education.

#### Further recommendation

- 6.12 There should be a clear and accurate system to measure planned prisoner attendance at work.

### Induction

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*No recommendations were made under this heading at the last inspection.*

- 6.13 The induction process was clear and gave prisoners a good introduction to what was available at the prison. Careers information and advice support (CIAS) was good and provided a detailed assessment of prisoners' needs, which was regularly reviewed and updated throughout their sentence. CIAS hours had been recently reduced and we had some concerns on the ability of the service to continue to carry out prisoner reviews. Initial assessments of literacy and numeracy were satisfactory. CIAS had good links with sentence planning. Allocation to activities was fair and equitable. There were short waiting lists for the most popular courses, which were equitably managed.

#### Further recommendation

- 6.14 Prisoners should continue to receive regular reviews of their initial objectives identified by the careers information and advice support service.

### Work

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- 6.15 **Employability skills gained in prison work activities should be recognised and recorded.** (5.22)

**Not achieved.** Progress to introduce appropriate arrangements across the provision had been slow, and prisoners' employability skill development was still not formally recognised.

**We repeat the recommendation.**

#### Additional information

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- 6.16 The prison provided 411 work places. Work for vulnerable prisoners included light fitting assembly, plastic recycling, and laundry and waste management. Accreditation was available in the laundry where qualification achievement was satisfactory. Mainstream prisoners could access plumbing parts assembly, packaging and furniture manufacture. Prisoners working in the kitchen undertook the level 1 and 2 food hygiene programme, in addition to industrial cleaning at level 1. While education provided wider key skills at levels 1 and 2, there was insufficient literacy support for prisoners participating in food hygiene programmes. Since the previous inspection, the Skills for Life provision for other prisoners in work had improved. The

range of work based on residential wings included cleaning, painting, servery, laundry and barbering. Orderly wing work accounted for 115 work places.

- 6.17 The workshops generally reflected commercial conditions. They were spacious, well maintained, appropriately equipped for their function and had ample lighting. However, the demand for completed products in some commercial workshops was not consistently high enough to occupy all prisoners full time. Prisoners' received appropriate coaching. Health and safety practice was covered at induction and reinforced during work. While some of the available work was repetitive and low skilled, prisoners developed good employability skills to support resettlement. Work was well structured to allow most prisoners to progress to more difficult tasks. Attendance at some workshops was erratic and sometimes low due to insufficient cover for staff absences.

#### Further recommendations

- 6.18 The prison should introduce sufficient literacy support for prisoners participating in food hygiene programmes.
- 6.19 All workshops should be fully utilised at all times.

## Vocational training

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- 6.20 **The range of accredited vocational courses should be extended and the number of places for prisoners increased. (5.21)**

**Not achieved.** The range of accredited courses and places had not significantly increased. The barbering and food preparation and cookery provision had ceased, and too few prisoners had participated in industrial cleaning programmes. The conversion of workshops to provide level 1 accredited painting and decorating and electrical installation qualifications was well advanced. Warehousing and computer repair courses were also planned. However, the vocational provision was mainly level 1 and offered very limited opportunity for progression. **We repeat the recommendation.**

#### Additional information

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- 6.21 The prison offered 72 full-time-equivalent places on vocational programmes. The Manchester College delivered the level 1 bricklaying programme for mainstream prisoners. The prison also provided mainstream prisoners with Prisons Information Communication Technology Academy (PICTA) programmes, and vulnerable prisoners had access to a level 1 and 2 programme in woodworking practical skills. Level 1 British Institute of Cleaning Sciences (BICS) training was available to all prisoners, although the number taking the qualification in the last year had been low. Wood machining programme at level 1 for mainstream prisoners had just started.
- 6.22 Achievement for the full or part woodworking practical skills qualification was satisfactory at level 1 and high for level 2. Achievement of qualifications in bricklaying was high. PICTA programme achievement rates were generally satisfactory. Prisoners in bricklaying and woodwork developed practical skills and produced work of a high standard. Tracking of learners' progress in these two areas was good and effectively facilitated their development. Most prisoners developed good employability skills.

- 6.23 Tutors provided prisoners with effective coaching and training. The vocational workshops were generally well managed and equipped. All workshops had separate training rooms for theory development and were used to support prisoners' literacy and numeracy skills development to level 2.
- 6.24 All workshops were accessible to prisoners with mobility difficulties. Ventilation in the bricklaying workshop was not adequate to remove all dust from the atmosphere.

#### Further recommendation

- 6.25 There should be adequate ventilation in the bricklaying workshop.

## Education

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### Additional information

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- 6.26 Prisoners had good access to education. Education was available for vulnerable prisoners in the morning and mainstream prisoners during the afternoon for five days a week, apart from Friday afternoon.
- 6.27 The education provision was well managed, with robust quality assurance systems and a good self-assessment process. Achievement of qualifications was good and the overall standard of work was generally good, reaching excellent in art. Standards of behaviour were good and we saw a high level of mutual respect between prisoners and staff. Attendance at classes was 87%. Teaching and learning were good with good use of learning support assistants. Teaching sessions were well planned with strategies to meet the varying needs and abilities of learners. Tracking of learners' progress was good. Assessment of their work was satisfactory with useful feedback to support improvement.
- 6.28 There was a satisfactory range of education subjects, including literacy, numeracy, English for speakers of other languages (ESOL), Spanish, information technology, business enterprise, art and information media, and a range of course focused on personal and social development. Progression to level 2 courses was available in most subjects. The 113 prisoners on Open University and distance learning programmes were generally well supported.
- 6.29 Teachers were well qualified and participated in a broad programme of continuous professional development. Resources were generally good, supporting a variety of learning strategies, and improvements had included the introduction of some interactive whiteboards and screens for electronic presentations.

## Library

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- 6.30 **The prison should work with partners to develop further opportunities for learning through, for example, the Toe-by-Toe and Storybook Dads initiatives. (5.26)**
- Achieved.** The prison provided good opportunities for prisoners to engage with Toe-by-Toe and Storybook Dads.
- 6.31 **Appropriately qualified staff should be appointed as soon as possible to manage the library provision. (5.27)**

**Achieved.** The library was staffed by one full-time and one part-time qualified librarian, along with two library officers and three prisoner orderlies, which provided a good library service. However, there was no accredited training for the orderlies.

#### Further recommendation

6.32 There should be accredited training for prisoner orderlies working in the library.

#### Additional information

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- 6.33 The library was provided through Worcestershire County Council and was a well-planned environment for prisoners to study, read and seek relevant information. Prisoners had good access, with the library open for 61 hours a week, including Saturday and Sunday morning and weekday evenings. In our survey, 73% of respondents said they visited the library at least once a week, against the comparator of 49%.
- 6.34 The range of stock reflected the needs of the prisoner population and included easy-reads, books in different languages, DVDs, CDs and audio books.
- 6.35 The library had good links with the chaplaincy, which delivered a course to develop the confidence of prisoners who would not normally engage with activities. The library had developed projects linked with families, such as 'big book share', and had made key stage 1 materials available for use with prisoners' children, as well as colouring sheets for prisoners to send to their children. The promotion of literacy was good, and a writer in residence helped develop prisoner skills in creative writing and poetry. Although the library collected data on use, there had been insufficient analysis of why some prisoners did not use it.

## Physical education and health promotion

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Expected outcomes:

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

6.36 There should be appropriate PE activities to meet the needs of prisoners in the segregation unit. (5.36)

**Not achieved.** Prisoners in segregation had no access to appropriate PE activities. We repeat the recommendation.

6.37 Rooms accommodating weights and cardiovascular equipment should be improved. (5.37)

**Achieved.** There was now an extra facility offering an appropriate range of equipment, and each residential wing had a fitness suite. The main gym room designated for weights and cardiovascular equipment was generally satisfactory.

**6.38 The quality of the PE shower area should be improved. (5.38)**

**Partially achieved.** The shower area has been refurbished, but the ceiling had accumulated mould.

**Housekeeping point**

**6.39 The maintenance of the PE shower ceiling should be improved.**

**6.40 The damaged sports hall floor should be repaired. (5.39)**

**Achieved.** The floor has been renewed and was fit for purpose.

**Additional information**

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**6.41** The gym facilities comprised a good sports hall, two weights rooms and a well-maintained and appropriately resourced classroom. All prisoners, except high risk, had access to an all-weather outside sports pitch. There was a good range of indoor and outdoor activities, including badminton, soft tennis, basketball, football, cricket and volleyball. The facilities were well managed and staffed by one PE senior officer and nine PE officers, supported by eight PE orderlies (four each from the vulnerable and mainstream wings).

**6.42** New arrivals were checked by health care staff and completed a brief PE induction before taking part in gym activities. Where prisoners subsequently disclosed a medical condition, gym staff made appropriate referrals to health care. Sessions were offered to meet specific needs, including the retired and those with limited mobility. Health promotion was adequate with productive links between health care and gym staff.

**6.43** There were high achievement rates on the three nationally accredited safety, first aid at work and working in fitness industry courses. However, the range of internally and externally accredited courses was too limited and had declined since the previous inspection. Links with the education department provided appropriate literacy assessment and support.

**6.44** Early morning and morning sessions were offered Monday to Thursday for mainstream prisoners and afternoons for vulnerable prisoners. Evening provision was available two evenings a week each for vulnerable and mainstream prisoners. Two of the eight weekend sessions were available for vulnerable prisoners. All prisoners could attend up to five sessions a week, and those on enhanced status had priority allocation at weekends. Recent figures indicated that 77% of mainstream and 56% of vulnerable prisoners used the gym at least once a week.

**6.45** All prisoners could use their own gym kit and towels. Prison-issue kit was available together with access to washing facilities. Shower and toilet facilities were satisfactory overall. There had been very few accidents or injuries in the previous 12 months, and these were appropriately recorded.

**Further recommendation**

**6.46** The range of internally and externally accredited gym courses should be increased.



# Section 7: Good order

## Security and rules

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### Expected outcomes:

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

### Security

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- 7.1 A nominated residential manager should attend monthly intelligence committee meetings. (6.13)

**Achieved.** Communication between the security department and the rest of the prison had improved since the last inspection. Security committee meetings were well attended, given a high profile and there were particularly effective links to residential units. Residential managers attended all security meetings, including a weekly briefing, and, in addition, security managers usually attended daily information handover meeting on residential units.

### Additional information

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- 7.2 The large security department was effectively managed by an operational governor supported by four security managers, a group of 10 security analysts and a dedicated security and search team (DST) of 12 trained officers.
- 7.3 The physical security and general condition of the prison were good and we found no obvious weaknesses or anomalies in the physical and procedural security. There were regular checks and routine searches of perimeter fences and walls every day, along with routine searches of communal areas and activities buildings.
- 7.4 On the whole, important elements of dynamic security were in place. Relationships between staff and prisoners were reasonably positive, particularly on the vulnerable prisoner wings, and supervision arrangements had improved with the inclusion of upgraded CCTV on the older part of the prison. There were also strong links with local and regional police forces and a good exchange of relevant information.
- 7.5 DST officers were responsible for all target searching and residential staff for routine wing searches. Searching procedures had been revised to increase staff confidence and ensure consistency. There was evidence that strip searching was carried out for sound and justifiable security reasons.
- 7.6 The relationship between the DST and the rest of the prison was good. We observed relaxed DST relationships with prisoners based on a mature and measured attitude to their duties.
- 7.7 There had been little overall change to security structures. The security committee remained well constructed and meetings were consistently attended by representatives from relevant areas. The standing agenda was comprehensive, included an analysis of security information reports (SIRs) and was clearly driven by intelligence.

- 7.8 The security department received an average of about 700 SIRs a month. They were processed and categorised by full-time security collators and analysts. Intelligence was effectively communicated to other areas of the prison, particularly the residential wings, to allow them to make informed decisions about prisoners or to take necessary action.
- 7.9 Information from SIRs and police incident reports was collated into a comprehensive monthly intelligence report that detailed all information received across a number of areas, including violence reduction, disorder and control, and extremism. An intelligence committee met monthly for a detailed assessment of all information received, and to make recommendations and plan and agree appropriate follow-up action.

## Rules

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- 7.10 **All prisoners should have a signed copy of the compact, and a copy should be retained in their wing file. (6.14)**

**Achieved.** The rules of the establishment were incorporated into the induction booklet issued to new arrivals and into incentives and earned privileges (IEP) compacts. Prisoners signed these compacts and were issued with a copy. A further copy was kept on file. Prison Service rules were published and displayed on notice boards in all residential units. Prisoners told us that they were generally aware of the standards of behaviour expected of them.

## Discipline

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**Expected outcomes:**

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

### Disciplinary procedures

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- 7.11 **The adjudication standardisation meeting should be held quarterly. (6.34)**

**Achieved.** Adjudication standardisation meetings took place quarterly. They were usually chaired by the governor and were well attended by adjudicating governors. The minutes indicated good standards of discussion on appropriate issues. Statistics about the number and nature of adjudications were presented, and results of proven offences were noted, categorised and communicated to managers to identify trends to deal with particular problem areas as they arose.

- 7.12 **The published tariff should be revised. (6.35)**

**Achieved.** Punishment tariffs had been revised and published and were used consistently at formal hearings. There was no evidence that unofficial or collective punishments were used either individually or systematically.

- 7.13 **Telephone interpreter services should be used during adjudications for prisoners with poor English. (6.36)**

**Not achieved.** We could find no evidence of use of telephone interpreting services. As we found at the last inspection, adjudication staff said that it was unusual for them to use

telephone interpreting during adjudications, and that another prisoner was used to interpret if there were language difficulties.

**We repeat the recommendation.**

### **Additional information**

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- 7.14 Given the nature of the prison the number of formal adjudications was reasonably low at about 60 a month. The adjudication room, located in the segregation unit, was adequately set out, and a copy of prison rules, a pen and writing paper were available to the prisoner as a matter of routine. Before adjudication, prisoners were given written information that explained the process with particular emphasis on what to expect from the experience.
- 7.15 The records of adjudications we examined showed that hearings were generally conducted fairly with full investigations of charges. Punishments appeared fair and there were examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process. There was evidence too that governors took time to ensure that the prisoner fully understood each stage of the process before moving on, and all were offered the opportunity to seek legal advice.
- 7.16 The appeals process was explained to all prisoners directly after the formal hearing by the adjudicating governor and again by residential officers on leaving the adjudication room. The number of upheld appeals was low at seven to date in 2011. This was lower than other high security prisons and further evidenced the fairness of hearings.

### **The use of force**

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- 7.17 **The person who authorises use of force should not certify the document. (6.37)**
- Not achieved.** We found examples of use of force documents that were certified by the person who had authorised the use of force.  
**We repeat the recommendation**
- 7.18 **Authorisation for use of special accommodation should specify whether clothing is removed from a prisoner, and the reasons for doing so should be documented. (6.38)**
- Not achieved.** As at the last inspection, special cell authorisation forms did not always state whether a prisoner's clothing had been removed or the reasons for doing so when it was.  
**We repeat the recommendation.**
- 7.19 **Special accommodation should only be used for violent and unmanageable prisoners and for the minimum possible length of time. All staff should maintain and record regular contact with prisoners in this accommodation. (6.39)**
- Partially achieved.** Use of the special cell was high at about 13 cases from January 2011 to the time of inspection. However, about 10 of these incidents involved a single very difficult prisoner over a period of about a month. Overall, lengths of stay were reasonably short and there was evidence that use was justified. Most recorded observations by prison officers, however, did not indicate any meaningful interaction.

### Further recommendation

- 7.20 The quality of officer entries on special accommodation observation forms should be improved and indicate meaningful engagement with prisoners.

### Additional information

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- 7.21 Given the nature of the prison, the incidence of the use of force was not excessive. There had been 89 incidents in 2011 to date that required the use of force, which was an overall reduction of about 18 compared with the same period in 2010.
- 7.22 There had been a significant increase in reported incidents that did not involve the full use of control and restraint techniques, and an improved use of de-escalation techniques. More than half of all incidents did not involve the use of control and restraint techniques.
- 7.23 The documentation we examined was not always properly completed but written accounts from officers usually gave assurance that force was used as a last resort.
- 7.24 Monitoring arrangements were good with strong links to the security committee. Incidents were discussed at a monthly use of force committee, and the nominated control and restraint coordinator quality assured most associated documentation. Information, including the nature of the incident, its location and the ethnicity of the prisoners involved, was collated each month and presented for analysis to the security committee and the use of force committee. Trends were identified and appropriate action taken.
- 7.25 There was evidence that planned intervention was well organised and correctly carried out, and documentation was generally completed appropriately. Authority was recorded, all incidents were supervised by senior staff and intervention was video recorded. However, the quality of some recordings was poor and the prisoner was not always in view. The security of the recordings was also poor, and the cameras with the videos were kept unsecured in the segregation unit.

### Housekeeping point

- 7.26 The security of video recordings of planned use of control and restraint should be improved.

### Segregation unit

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- 7.27 **Segregation unit history sheets should detail the frequency and content of contact with prisoners by staff and visitors to the unit. (6.40)**

**Partially achieved.** Although history sheets and entries in electronic prisoner files gave some detail of the frequency of contact between staff of all grades and prisoners, the quality of entries was generally poor and often did not demonstrate that staff knew or cared much about the personal circumstances of their prisoners.

## Further recommendation

7.28 The quality of staff entries in segregation unit prisoner files should be improved and evidence levels of care.

7.29 Strip searches should only be performed following a risk assessment to determine whether this is necessary. (6.41)

**Not achieved.** All prisoners were strip searched on admission to the segregation unit regardless of risk.

**We repeat the recommendation.**

7.30 The standards of cleanliness in the segregation unit cells should be maintained at an acceptable level. (6.42)

**Partially achieved.** Living conditions in the segregation unit had improved. Communal areas were clean and well maintained, with up-to-date information clearly displayed on notice boards. The showers were screened and worked properly. Most cells were generally clean and well ventilated but the two gated cells on the ground floor landing were dirty.

7.31 Prisoners should be allowed access to relevant regime facilities, including cell cleaning equipment on request, without the need for formal written application. (6.43)

**Not achieved.** There had been no changes and prisoners were still required to make an application in the morning to access to any part of the segregation unit regime.

**We repeat the recommendation.**

7.32 The use of cardboard furniture should be determined by a risk assessment, which is regularly reviewed. (6.44)

**Not achieved.** Although we were told that the use of cardboard furniture in cells was determined by a risk assessment, all the high control cells had cardboard furniture.

**We repeat the recommendation.**

7.33 Prisoners in the segregation unit should be able to have a shower every day. (6.45)

**Achieved.** All prisoners could have a daily shower, through application.

7.34 Prisoners in the segregation unit should be able to collect meals from the servery. (6.46)

**Achieved.** A hot plate had been installed in a separate room on the ground floor landing. Following risk assessment, prisoners could collect their own meals.

7.35 Residential staff should attend the fortnightly segregation unit review boards. (6.47)

**Not achieved.** Although a residential governor chaired each review board and attendance from segregation unit and health care staff was reasonable, officers from the prisoner's residential wing did not attend meetings.

**We repeat the recommendation.**

- 7.36 Care plans should be put in place for prisoners who stay in the segregation unit for 30 days, and these should include a phased return to normal location where appropriate. (6.48)

**Partially achieved.** Planning to allow prisoners segregated under good order or discipline to return to normal prison location remained underdeveloped. Although algorithms were completed on time, there was little information to show that progress in prisoner behaviour and circumstances were monitored or acted upon. Although individual care plans had been prepared for all longer stay prisoners, they contained little information on any required action or desired outcome. Behaviour targets were not set and staff were not engaged in the planning process.

### **Additional information**

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- 7.37 The segregation unit consisted of 42 cells across two landings, including two special cells, two gated safer cells, two Listener cells and five cells modified to accommodate prisoners on dirty protest and high risk prisoners. There was a staff office, servery, adjudication room, interview room and five prisoner showers, and four caged exercise yards outside. Although living conditions were generally reasonable with a few notable exceptions (see paragraph 7.30), the exercise yards were in poor condition – they were stark and featureless with no seating or greenery. Prisoners could not participate in shared exercise regardless of their risk, so only a maximum of four prisoners (one in each cage) could exercise at a time. This meant that they had to press their faces against the metal cage and shout in order to talk to each other.
- 7.38 At the time of inspection, there were 31 prisoners in the segregation unit. They included 13 vulnerable prisoners segregated under prison rule 45 (own protection), 11 for good order or discipline, and seven for cellular confinement following adjudication. Three of the latter seven had refused to be located in the main prison because of fears for their safety. Most prisoners remained in segregation for an average of two months. These figures were an increase of about 90% compared with the last inspection.
- 7.39 There was a basic regime programme that included daily showers, exercise and access to telephones and a small selection of books, but most prisoners had nothing meaningful to do. Although there was some in-cell education for a few prisoners, they could not attend workshops or education classes with other prisoners. They had no access to the prison library or the gym. Nearly all prisoners remained unoccupied and locked in their cells for nearly all of the day.
- 7.40 Relationships between officers and prisoners were disappointing. We saw instances where staff engaged positively with prisoners, but many relationships we observed were distant. Officers were sometimes dismissive of prisoners and often appeared disinterested in their care and well-being.

### **Further recommendations**

- 7.41 The environment and conditions in the segregation unit exercise yards should be improved.
- 7.42 Following risk assessment, prisoners should be allowed to exercise together and share some activities in association.
- 7.43 The regime in the segregation unit should be improved and include more purposeful activity.

7.44 Segregation unit officers should engage more positively with prisoners in the unit and show awareness of their care and well-being.

## Incentives and earned privileges

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### Expected outcomes:

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

7.45 The role and purpose of Perrie blue should be reflected in the published incentives and earned privileges policy. (6.57)

No longer relevant. Perrie unit was no longer used to accommodate enhanced prisoners.

7.46 Prisoners on the basic level of the scheme should have the opportunity for daily association. (6.58)

**Not achieved.** Prisoners on basic could have association on only one weekday evening and one period during the day at weekends.

**We repeat the recommendation.**

### Additional information

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7.47 The incentives and earned privileges (IEP) policy had been revised in 2010. There were annual IEP reviews for each prisoner following sentence planning boards, but urgent reviews and applications for review were considered in the interim. Files demonstrated personal officer involvement with the scheme and some links with sentence planning.

7.48 At the time of inspection, 48% of prisoners were on enhanced status, nearly 52% on standard and under 1% on basic. There was a reasonable difference between the levels but the regime for the few prisoners on basic did not include enough association, and we were not assured that they could make phone calls in the evening. Cases of prisoners on basic were reviewed every week and there was evidence that they were supported by staff and encouraged to achieve behaviour targets.

7.49 The scheme was well publicised, and prisoners were clear about the criteria for promotion. There was evidence that it was properly administered by residential managers and prisoners could gain access to the enhanced level quickly. The enhanced units on F and C wings were popular with prisoners and seen as effective incentives.

7.50 In contrast, our survey results on IEP were worse than the comparators. Only 36% of respondents said that they had been treated fairly by the scheme, compared with 55%, and only 30%, against 42%, thought the scheme encouraged them to change their behaviour.

### Further recommendation

7.51 Prisoners on basic should be allowed to use phones in the evening.



# Section 8: Services

## Catering

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### Expected outcomes:

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

**8.1 All workers in the wing serveries should wear protective clothing. (7.7)**

**Achieved.** Workers on all wing serveries wore protective clothing.

**8.2 There should be basic hygiene checks to cover the self-catering arrangements. (7.8)**

**Achieved.** All self-catering areas were clean, and wing managers included the self-catering kitchens in their weekly wing inspections.

**8.3 The facilities for self-catering should be extended. (7.9)**

**Partially achieved.** On A-D and Perrie wings the self-catering facilities remained the same as at the last inspection. However, E and F wings were newly built and each had two facilities for prisoners. All self-catering facilities were well used and extremely busy at certain times but were greatly appreciated by those who used them. Although knives had been removed from all kitchens as a result of an assault, prisoners could still fully self-cater, but it was unacceptable that many resorted to using unsafe methods, such as tin lids and razor blades, to cut food.

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### Housekeeping point

**8.4 There should be appropriate tools to allow safe preparation of food in the prisoner self-catering facilities.**

**8.5 The arrangements for consulting prisoners about the food should be improved. (7.10)**

**Partially achieved.** The catering manager attended the monthly prisoner consultative committee. Regular food surveys were conducted but response rates were low and any changes that arose were not effectively communicated to prisoners. Food comments books were available but were not easily accessible or widely used.

**We repeat the recommendation.**

### **Additional information**

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**8.6** In our survey, only 11% of respondents overall said the food was good, which was worse than the comparator of 25% and the 30% response at the last inspection. The response from vulnerable prisoners was even poorer, at only 8%. Despite the poor perceptions of prisoners, the provision was broadly adequate.

**8.7** The kitchen was clean and well equipped but decoratively tired. Arrangements for the storage, preparation and cooking of halal food were good. A variety of diets were appropriately catered for, and religious festivals were celebrated. Most serveries were also clean and well equipped.

- 8.8 There was a healthy and balanced range of meals, including daily fresh fruit and vegetables. Four cold meals a week were provided and were the least favourite with prisoners. Themed menus were also regularly offered. Portions were adequate, but salads were too small.
- 8.9 Lunch and dinner were served too early and it was inappropriate that breakfast packs were issued the day before they were to be consumed. There were some informal opportunities for prisoners to dine out of cell.

#### Further recommendation

- 8.10 Lunch should be served between 12 noon and 1.30pm and dinner between 5pm and 6.30pm.

## Prison shop

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#### Expected outcomes:

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

- 8.11 The price of items sold in the prison shop should reflect supermarket prices. (7.16)

**Achieved.** The prison shop was run on a national contract with DHL Booker and its prices were comparable to those in supermarkets.

- 8.12 Prisoners should have greater influence over the items available for purchase. (7.17)

**Achieved.** There were shop consultation meetings every two months, which were attended by a senior manager, DHL Booker staff and prisoner representatives from each wing. This meeting reviewed the shop list and items that should be replaced. The minutes indicated that prisoners had influence over the items available for purchase.

#### Additional information

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- 8.13 Prisoners were given their shop order forms each Friday along with a statement of their financial accounts. Their orders were delivered the following Thursday and Friday. Prisoners could order from over 20 external catalogues, and could order newspapers and magazines weekly.

- 8.14 In our survey, black and minority ethnic, foreign national and Muslim respondents said that the shop did not sell a wide enough range of goods to meet their needs. The shop list contained over 500 items, which was more than we usually see, and had a good cross-section of items, including a diverse range of religious items and products to meet differing dietary requirements.

#### Further recommendation

- 8.15 The prison should work with minority groups of prisoners to understand their negative perceptions of the shop list.

# Section 9: Resettlement

## Strategic management of resettlement

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Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Previous main recommendation MR7 applies.

### **Additional information**

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- 9.1 The reducing reoffending group met monthly. Each pathway was represented along with offender management, learning and skills and public protection. Attendance levels were generally reasonable.
- 9.2 Shortly after the last inspection, there had been a comprehensive needs analysis based on data for 2008/9. Although these data were used to inform subsequent strategies, including that for 20011/2, more up-to-date data had been received shortly before this inspection but had yet to be fully analysed or incorporated into the current strategy.

## Offender management and planning

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Expected outcomes:

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

### **Sentence planning and offender management**

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- 9.3 **Video conferencing facilities should be installed to improve the sentence planning process. (8.19)**

**Achieved.** Video conferencing facilities were now available, although they were used only occasionally for sentence planning, primarily because of demand from elsewhere, including court hearings. However, telephone conferencing was used regularly for sentence planning, and we observed its use at meetings during the inspection. We were told that offender managers tended to either attend or use this approach. Although some offender managers did not attend meetings, there was no indication that their attendance would have been more likely if video conferencing had been more easily available.

- 9.4 **Health care staff should participate in the sentence planning boards for prisoners with whom they work. (8.20)**

**Achieved.** Sentence planning boards were reasonably well attended with core representatives from the offender management unit (OMU), psychology, CARATs and wings. A representative from health care usually attended where prisoners were known to them and there was

involvement relating to sentence planning. Occasionally, health care staff gave a written submission instead or in addition.

**9.5 Sentence plan objectives should be tailored to individual need, and the purpose behind the objectives should be clearly understood by prisoners. (8.21)**

**Partially achieved.** There had been significant improvement in this aspect of the OMU's work. There had been considerable effort to ensure that offender supervisors and other staff, including personal officers, had a reasonable understanding of issues of risk and how these related to sentence planning targets. We saw some good examples of personalised targets, designed to address identified risk factors, although this approach continued to vary and required further development. The extent to which prisoners understood this significant distinction was less clear. Many prisoners we spoke to understood their targets but did not have a clear understanding of why they had been set or the risk factors underpinning them. In our survey, although 91% of respondents said that had a sentence plan, against the comparator of 87%, only 43% of these said that they were involved in the development of the plan, against the comparator of 50%.

**We repeat the recommendation.**

**9.6 The prison should clarify the arrangements for the quality assurance of the offender assessment system (OASys). (8.22)**

**Achieved.** The prison was currently using its former senior probation officer on a sessional basis to quality assure OASys (offender assessment system) assessments. The head of offender management and the senior officer in the unit were scheduled to have training to undertake this role.

**Additional information**

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**9.7** Over a third of prisoners, 205 (34%), were in scope for offender management (including those subject to indeterminate sentence for public protection, IPP) with a further 395 (64%) serving life sentences. Approximately 100 OASys assessments were out of date at the time of the inspection with about half the responsibility of offender supervisors – this equated to a delay of about one month. The prison chased up delays in the completion of assessments by offender managers but these were more significant and there was no strategy to keep them to a minimum. In our review of OASys assessments, most were completed to a reasonable standard.

**9.8** All 10 of the offender supervisors based in the OMU were officer grades who also had other tasks, including general prisoner supervision, covering prisoner moves and covering for staff shortages elsewhere (although this had been less frequent recently). Although some offender supervisors expressed frustration at not working full time on offender management, the staffing profile ensured reasonable coverage of tasks, and caseloads were relatively small to reflect this.

**9.9** On average, offender supervisors were each responsible for around 20 in-scope and 40 out-of-scope prisoners. In-scope prisoners were prioritised for contact, but the frequency, nature and focus of this varied and lacked clear objectives. Offender supervisors had received little training beyond that relating to OASys, and there was no casework supervision or management oversight of ongoing contact. While offender supervisors had a reasonable understanding of identified prisoner risk factors, how to address these was less well understood. This was especially the case for prisoners not meeting the criteria for offending behaviour programmes or in relation to using skills learned during such courses. At the time of

the inspection, the two probation officers based in the public protection unit were responsible for a few high risk and complex cases (primarily to cover maternity leave), and there was some individual offence-focused work, but this was limited. The psychology department also worked with some individual prisoners, but again this was restricted by limited resources.

- 9.10 Approximately 12 prisoners a year were released from Long Lartin. Pre-release sentence plans were developed around 12 months before their release and linked effectively to public protection arrangements.

#### Further recommendations

- 9.11 The prison should develop a strategy to deal with delays in OASys (offender assessment system) assessments undertaken by community-based offender managers.
- 9.12 There should be quality assurance of the frequency and quality of offender supervisor contact with prisoners.

## Categorisation

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- 9.13 Prisoners should be able to make written submissions to recategorisation meetings. (6.15)

**Achieved.** All prisoners had regular, usually annual, recategorisation reviews. Category A reviews were undertaken externally but prisoners could make representation. Processes for internal category B reviews were reasonable and consistent. Prisoners could submit representation themselves or through a solicitor. Although the responses to prisoners indicating the reasons for not downgrading were reasonable, many were very difficult to read.

#### Housekeeping point

- 9.14 Responses to prisoners about their failure to have their security status downgraded should be printed to ensure they can be read and understood.

## Public protection

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- 9.15 The establishment should ensure that the police liaison officer attends or contributes to monthly risk management meetings. (8.23)

**Achieved.** Our review of minutes from the prison's inter-departmental risk management meetings indicated that the police liaison officer regularly attended and was a core member of the group.

- 9.16 Prison staff overseeing visits should receive safeguarding children training. (8.24)

**Partially achieved.** The former senior probation officer was working on the creation and delivery of a child protection and safeguarding programme, which had recently been delivered to some staff based in visits. Other staff were due to undertake this programme later in the year.

**We repeat the recommendation.**

## **Additional information**

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- 9.17 Around 93% of the population were subject to multi-agency public protection arrangements (MAPPA). Work on public protection was generally robust, and monthly inter-departmental risk management team meetings were appropriately constituted and coordinated. A good range of staff attended meetings and reviews were appropriate. Links with community offender managers on public protection arrangements were generally good. The management of the 178 prisoners subject to child protection arrangements and 40 to issues of harassment was also appropriate.

## **Indeterminate-sentenced prisoners**

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- 9.18 **Wing-based staff should participate in lifer training. (8.25)**

**Not achieved.** Prisoners serving IPPs or life sentences made up 78% of the population. The only national training for staff was MISAR (managing indeterminate sentences and risk). Approximately half the offender supervisors had completed it with the rest scheduled to attend over the next 12 months. It was impractical for all wing staff to complete the training and some used OMU staff as a resource when they did not know the answer to a query. The staff we spoke to were reasonably knowledgeable about managing life-sentenced prisoners and knew where to get information if they required it.

- 9.19 **Life-sentenced prisoners should be given written information about the management of their sentence at Long Lartin. (8.26)**

**Partially achieved.** Although there was no specific information for new arrivals serving indeterminate sentences, all had previously been at establishments where such information was generally available. As all indeterminate-sentenced prisoners had regular sentence planning, including an initial assessment and/or review within three months of their arrival, they were given information about their sentence, what to expect and how they would be managed.

## **Resettlement pathways**

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**Expected outcomes:**

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

### **Reintegration planning**

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#### **Accommodation**

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*No recommendations were made under this heading at the last inspection.*

### **Additional information**

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- 9.20 As the vast majority of prisoners were subject to, or likely to be subject to, MAPPA on release, most of those released had accommodation arranged at approved premises by community-based offender managers. In the past two years, no prisoner had required support in finding accommodation on release.

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

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

- 9.21 There should be more opportunities for prisoners to engage in a full range of accredited vocational training. (8.34)

**Not achieved.** Since the previous inspection, the range of accredited courses and places had not significantly increased (see recommendation 6.20).

- 9.22 There should be more self-employment programmes to meet the needs of prisoners who require information and training to set up a business. (8.35)

**Achieved.** Prisoners now had access to a 'preparing yourself for starting a business' course, which provided opportunities to gain qualifications up to level 3

### **Additional information**

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- 9.23 Prisoners received good information, advice and guidance from the careers, information and advice support (CIAS) service before their release or transfer. The CIAS and education department supported those who required help with producing a CV or how to deal with disclosure. The prison helped prisoners to develop employability skills and personal skills to benefit from continued training and education.

### **Mental and physical health**

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*No recommendations were made under this heading at the last inspection.*

### **Additional information**

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- 9.24 There were good health services arrangements for prisoners being transferred or released. They were offered a health check before their release, and those with a GP were given a letter for them explaining their medical care while in prison. A mental health nurse saw prisoners under mental health care, and was the case manager for patients subject to the care programme approach. Prisoners due for release were given a supply of medication where necessary and health promotion information.
- 9.25 The prison made active use of the Trust palliative care policy and *Liverpool End of Life* document. The quality of palliative care had recently been complimented following an investigation by a senior clinician.

## **Finance, benefit and debt**

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- 9.26 **There should be an increase in the range of courses and services to enhance prisoners' financial literacy. (8.36)**

**Achieved.** The prison's needs analysis had indicated that half the population had a need for financial management support, and a third had a severe need for budgeting support. Since the last inspection, support available under this pathway had improved and there was now a reasonable range of services to support financial literacy for prisoners. Staff based in the library provided basic money management and budgeting courses, and the education department delivered a more comprehensive and detailed programme twice a year. The latter was tailored to the needs of prisoners attending but also included debt management and resolution, and provided templates to assist prisoners contacting organisations with whom they had debts. Prisoners could also open bank accounts if they were in the last six months of their sentence, and there were plans for Barclay's Bank to deliver debt workshops for prisoners.

## **Drugs and alcohol**

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- 9.27 **The drug strategy document should be updated using information drawn from an up-to-date needs analysis, and should include alcohol. (8.43)**

**Not achieved.** Although the drug strategy was dated 2011, it did not reflect the results of several diverse needs analyses and had no specific section on alcohol. An up-to-date supply reduction action plan had, however, been implemented with a range of initiatives to address the current drugs problems.

**We repeat the recommendation.**

- 9.28 **The PADS (Peer Advice on Drugs) mentoring programme should be fully embedded into the drug and alcohol strategy. (8.44)**

**Achieved.** The PADS scheme had been disbanded due to security concerns but had been replaced by 20 Listeners and seven Insiders who had been trained in drugs and addiction awareness. The drug strategy document contained full details of these peer support services, and the senior officer in charge of drug strategy oversaw their training and supervision.

- 9.29 **Staff training targets for drug and alcohol awareness and relevant programmes awareness should be met. (8.45)**

**Not achieved.** Although there was a specific programme of drug and alcohol awareness training, only four wing staff had been through it. Staff shortages and staff not being released from everyday duties to attend training were cited as the problems.

**We repeat the recommendation.**

- 9.30 **There should be sufficient staff to ensure that all necessary voluntary and compliance drug tests are completed. (8.46)**

**Achieved.** As with mandatory drug testing (see paragraph 3.52), staff shortages in the prison meant that testing staff were often redeployed. However, 320 compacts were in place, and in the six months to July 2011, 320 tests a month were completed.

## Additional information

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- 9.31 There were significant differences between mainstream and vulnerable prisoners in their perceptions of drugs availability, problems and interventions. In our survey, vulnerable prisoners were twice as likely to say that they had developed a drug problem since being at the prison, 10% compared with 5% of mainstream prisoners.
- 9.32 Perceptions of the usefulness of interventions varied widely too: only 47% of vulnerable prisoners said the interventions were useful, compared with 71% of mainstream prisoners; and 20%, against 7%, and 17%, against 10%, thought they would have problems with drugs and alcohol respectively on leaving the prison.
- 9.33 Vulnerable prisoners further told us that they felt discriminated against in their access to the Focus drug and alcohol programme. Two consecutive courses had been run for mainstream prisoners, which usually alternated with courses for vulnerable prisoners. As the programme lasted for six months, the 25 vulnerable prisoners on the waiting list had been waiting for the programme for nearly a year (there were eight mainstream prisoners on the waiting list). The lack of a suitable group room was cited as the reason for not running a vulnerable prisoner Focus programme.
- 9.34 Interventions for those with alcohol problems were limited but prisoners who needed alcohol-related psychosocial interventions could access the alcohol group module from the IDTS 28-day programme, as well as in-cell packs on alcohol awareness. Focus was also available to prisoners with alcohol problems, although there were no Alcoholics Anonymous or Narcotics Anonymous fellowships due to security clearance issues for external group facilitators.

### Further recommendation

- 9.35 A suitable room for hosting a vulnerable prisoner Focus programme should be found and used without further delay.

## Children and families of offenders

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- 9.36 **There should be a queuing system in the visitors' centre to ensure that visitors are processed according to their actual arrival time. (8.53)**

**Achieved.** Visitors could now book their place in the visits queue from midday. Recent changes meant that the prison processed visitors from about 1.15pm, allowing 45 minutes before visits started. This system appeared to work reasonably well and visitors told us that they were usually processed reasonably quickly.

- 9.37 **There should be an annual visitors' survey to ascertain views, implement appropriate changes, and improve the experience of visitors. (8.54)**

**Not achieved.** There had been a visitors' survey approximately six weeks before the inspection; this was the first comprehensive survey since our last inspection. Information from the survey had still to be analysed and any necessary actions undertaken.

**We repeat the recommendation.**

**9.38 Prisoners should be able to attend visits for their full duration. (8.55)**

**Not achieved.** Prisoners continued to experience delays in getting to visits sessions. Main moves started at approximately 1.45pm but delays could occur if movements were frozen or because of delays in moving vulnerable prisoners. As there was currently no holding room for prisoners they were not moved until their visitor(s) had arrived, which compounded the delays. **We repeat the recommendation.**

**Additional information**

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**9.39** The visitors' centre was generally well run and provided a range of support to visitors. The visits hall had been refurbished and offered a reasonably positive environment for up to 30 prisoners and their visitors. There was also a small play area for children, although play workers were not always available to staff this during the week. The recent recruitment of a play leader should improve this situation. In the absence of play workers, children could take books and other activities to their table. Prisoners and visitors could obtain snacks and fizzy drinks from vending machines in the visits hall but healthier and more substantial options were not available.

**9.40** There was a reasonable range of provision to engage wider family support, including Storybook Dads and the 'big book share' via the library and education departments. Family visits were provided around six times a year during school holidays but could only be accessed by enhanced prisoners. There was no parenting course.

**Further recommendations**

**9.41** A wider and healthier range of refreshments should be available in the visits hall.

**9.42** A parenting course should be provided for prisoners.

**Attitudes, thinking and behaviour**

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**9.43 There should be a needs analysis of vulnerable prisoners to assess their offending behaviour programme needs. (8.57)**

**Achieved.** The prison had undertaken a needs analysis, based on OASys data from 2008/9. The document helpfully differentiated between the vulnerable prisoner and mainstream populations. The current reducing reoffending strategy and action plans had been informed by this analysis. Although more up-to-date data had recently been collected, this had yet to be analysed to inform current developments.

**9.44 Interventions to raise victim awareness should be introduced. (8.58)**

**Partially achieved.** Although there was no specific victim awareness programme, all accredited programmes included aspects of victim awareness.

**9.45 The schedule of offending behaviour programmes should be publicised to prisoners to promote greater awareness of their frequency and accessibility. (8.59)**

**Achieved.** The interventions department published a list of scheduled programmes for the forthcoming year, which was available on all wings.

9.46 **Prisoner access to accredited programmes should be based on sentence planning needs or priorities, not their history of adjudications. (8.60)**

**Achieved.** Allocation to programmes was based on a number of factors, including length of sentencing, sequencing and, primarily, need, but all criteria were linked to sentence planning and targets. Adjudication history was only considered as a factor if it was directly related to attendance, for example, placing facilitation staff at risk.

**Additional information**

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9.47 The prison delivered four nationally accredited offending behaviour programmes – thinking skills programme (TSP), controlling anger and learning to manage it (CALM), cognitive self-change programme (CSCP), and the Focus drug programme. The prison had a target of 104 programme completions for the forthcoming year and appeared likely to meet this. The range of programmes was broadly appropriate for the population and in line with the needs analysis. At the time of the inspection, 109 prisoners were assessed as suitable and waiting to attend one of the programmes, and suitable prisoners were expected to go on to a programme within 12 months of referral.



# Section 10: Summary of 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 recommendation

To NOMS

- 
- 10.1 The Prison Service should develop a service-wide strategy to inform and assist staff to engage with and support Muslim prisoners. (HP53)

## Main recommendations

To the governor

- 
- 10.2 The governance of safer custody should be urgently improved to provide greater priority and strategic direction. The prison should ensure it understands and addresses vulnerable prisoners' concerns about their safety and that interventions to supervise bullies and tackle their behaviour are effective. (HP49)
- 10.3 Prisoners on assessment, care in custody and teamwork (ACCT) documents should only be located in the segregation unit when there are exceptional circumstances to warrant this. Normal clothing should only be removed from prisoners in exceptional circumstances when justified through a risk assessment and subject to appropriate authorisation (HP50)
- 10.4 A to D wing cells should be refurbished to include integral sanitation. (HP51)
- 10.5 The prison should explore the negative prisoner perceptions about relationships with uniformed staff, particularly on the mainstream wings, and take action to improve them. (HP52)
- 10.6 The prison should have clearer expectations and standards for engaging prisoners in work associated with reducing reoffending that goes beyond offending behaviour courses. There should be appropriate training and supervision for staff undertaking such work, especially in addressing individual risk factors. (HP54)

## Recommendation

To Prison Escort and Custody Services

- 
- 10.7 Prisoners travelling on prison transport should be offered regular toilet breaks. (1.1)

## Recommendations

To the governor

## First days in custody

- 
- 10.8 Interviews with new arrivals in reception should take place in private. (1.9)
- 10.9 Prisoners should be allowed to make a free telephone call within 24 hours of arriving at the prison. (1.12)

- 10.10 Reception procedures should be expedited and new arrivals should not be held in reception for extended periods. (1.17)
- 10.11 There should be a dedicated first night location for vulnerable and mainstream prisoners. (1.22)
- 10.12 The induction programme should cover information on the rules and regimes in the prison. (1.27)
- 10.13 Induction should start the day after a prisoner arrives at the establishment, take place without delay, and include purposeful activity in between modules. (1.28)

### **Residential units**

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- 10.14 A, B, C and D wings should be refurbished to provide decent and well-maintained living conditions for prisoners. (2.1)
- 10.15 Showers on A and B wings should be fully refurbished. (2.13)

### **Bullying and violence reduction**

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- 10.16 There should be support interventions for victims of bullying, as stated in the policy document. (3.1)
- 10.17 Monitoring of and interventions for the perpetrators and victims of violence and bullying should be improved. (3.7)
- 10.18 The governance of safer custody, including violence reduction and bullying, should be improved. (3.8)

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

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- 10.19 Proper authority should be given and recorded for all use of special accommodation, including the removal of prisoner clothing. (3.14)
- 10.20 All staff should receive regular refresher training in suicide and self-harm procedures. (3.19)

### **Applications and complaints**

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- 10.21 Responses to applications should be timely and the date of the response should be recorded in application logs. (3.23)
- 10.22 Someone of appropriate competence should be tasked to deal with more complex complaints. (3.25)
- 10.23 There should be consistent quality assurance of responses to complaints. (3.26)
- 10.24 Staff should make more effort to deal with prisoner queries informally. (3.29)

## **Legal rights**

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- 10.25 There should be sufficient trained staff with allocated time to provide legal services promptly. (3.30)
- 10.26 Legal services officers should have access to up-to-date training. (3.31)

## **Faith and religious activity**

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- 10.27 All accommodation used for Muslim Friday prayers should be appropriate. (3.37)
- 10.28 Detainees should be able to attend religious celebrations with mainstream prisoners, subject to an individual risk assessment. (3.43)

## **Substance use**

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- 10.29 There should be appropriate staffing to ensure that all mandatory and suspicion drug testing is carried out within identified timescales and without gaps in provision. (3.52)

## **Diversity**

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- 10.30 Data on all relevant equality strands should be monitored over time to ensure discrimination does not take place. (4.3)
- 10.31 Prisoners should be able to self-identify their equality needs during their induction, and the equality support team should record these needs centrally. (4.5)
- 10.32 An equality needs analysis should be conducted annually and acted on. (4.7)
- 10.33 Equality representatives should receive regular training in their role. (4.11)
- 10.34 There should be a multidisciplinary panel, including external representation, to evaluate and quality control an agreed proportion of discrimination incident reporting forms on a regular basis. (4.15)
- 10.35 The Gypsy, Traveller and Romany group should meet monthly and include participants from the mainstream wings. (4.18)
- 10.36 Wing foreign national officers should receive training and support for their role. (4.23)
- 10.37 There should be regular immigration surgeries for foreign national prisoners to receive appropriate legal advice on their status. (4.29)
- 10.38 Appropriately adapted cells should be available for both mainstream and vulnerable prisoners with disabilities. (4.33)
- 10.39 There should be a further disability access improvement assessment to assess progress against the recommendations of the March 2009 Dial/Scope report. (4.39)
- 10.40 There should be a forum for older prisoners to meet and discuss their needs. (4.40)

- 10.41 Wing staff should be able to identify prisoners who require assistance in an emergency and the type of assistance needed. (4.41)
- 10.42 Gay and bisexual prisoners on the mainstream wings should have access to and be supported by the gay, bisexual and transgender group. (4.43)

### **Health services**

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- 10.43 The area next to the health care waiting room should be converted into an additional waiting room for patients. (5.1)
- 10.44 There should be a separate health care waiting area for vulnerable prisoners. (5.2)
- 10.45 Patients with complex or lifelong conditions should have care plans, which should be reviewed by the date stipulated. (5.19)
- 10.46 All patients should be clearly identifiable to ensure that medication is given to the correct person. (5.24)
- 10.47 Patients should not have to wait for excessive periods in the health care waiting room before and following their appointments. (5.29)
- 10.48 The pharmacy staff should monitor the use of special sick medication. (5.37)
- 10.49 Discipline staff working in the inpatient and segregation units should receive regular appropriate mental health training. (5.56)
- 10.50 All prison staff should have at least annual mental health training. (5.57)
- 10.51 Day care facilities should be identified and staffed appropriately to provide support services to inpatients, older prisoners and prisoners who need additional support. (5.60)
- 10.52 Patients requiring external specialist mental health services should be transferred without delay. (5.65)

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

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- 10.53 There should be better use of specific targets in individual learning plans to help learners progress. (6.7)
- 10.54 The prison should continue to develop and implement quality improvement measures to cover all aspects of learning and skills. (6.9)
- 10.55 There should be a clear and accurate system to measure planned prisoner attendance at work. (6.12)
- 10.56 Prisoners should continue to receive regular reviews of their initial objectives identified by the careers information and advice support service. (6.14)
- 10.57 Employability skills gained in prison work activities should be recognised and recorded. (6.15)

- 10.58 The prison should introduce sufficient literacy support for prisoners participating in food hygiene programmes. (6.18)
- 10.59 All workshops should be fully utilised at all times. (6.19)
- 10.60 The range of accredited vocational courses should be extended and the number of places for prisoners increased. (6.20)
- 10.61 There should be adequate ventilation in the bricklaying workshop. (6.25)
- 10.62 There should be accredited training for prisoner orderlies working in the library. (6.32)

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

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- 10.63 There should be appropriate PE activities to meet the needs of prisoners in the segregation unit. (6.36)
- 10.64 The range of internally and externally accredited gym courses should be increased. (6.46)

### **Discipline**

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- 10.65 Telephone interpreter services should be used during adjudications for prisoners with poor English. (7.13)
- 10.66 The person who authorises use of force should not certify the document. (7.17)
- 10.67 Authorisation for use of special accommodation should specify whether clothing is removed from a prisoner, and the reasons for doing so should be documented. (7.18)
- 10.68 The quality of officer entries on special accommodation observation forms should be improved and indicate meaningful engagement with prisoners. (7.20)
- 10.69 The quality of staff entries in segregation unit prisoner files should be improved and evidence levels of care. (7.28)
- 10.70 Strip searches should only be performed following a risk assessment to determine whether this is necessary. (7.29)
- 10.71 Prisoners [in the segregation unit] should be allowed access to relevant regime facilities, including cell cleaning equipment on request, without the need for formal written application. (7.31)
- 10.72 The use of cardboard furniture should be determined by a risk assessment, which is regularly reviewed. (7.32)
- 10.73 Residential staff should attend the fortnightly segregation unit review boards. (7.35)
- 10.74 The environment and conditions in the segregation unit exercise yards should be improved. (7.41)
- 10.75 Following risk assessment, prisoners should be allowed to exercise together and share some activities in association. (7.42)

- 10.76 The regime in the segregation unit should be improved and include more purposeful activity. (7.43)
- 10.77 Segregation unit officers should engage more positively with prisoners in the unit and show awareness of their care and well-being. (7.44)

### **Incentives and earned privileges**

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- 10.78 Prisoners on the basic level of the scheme should have the opportunity for daily association. (7.46)
- 10.79 Prisoners on basic should be allowed to use phones in the evening. (7.51)

### **Catering**

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- 10.80 The arrangements for consulting prisoners about the food should be improved. (8.5)
- 10.81 Lunch should be served between 12 noon and 1.30pm and dinner between 5pm and 6.30pm. (8.10)

### **Prison shop**

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- 10.82 The prison should work with minority groups of prisoners to understand their negative perceptions of the shop list. (8.15)

### **Offender management and planning**

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- 10.83 Sentence plan objectives should be tailored to individual need, and the purpose behind the objectives should be clearly understood by prisoners. (9.5)
- 10.84 The prison should develop a strategy to deal with delays in OASys (offender assessment system) assessments undertaken by community-based offender managers. (9.11)
- 10.85 There should be quality assurance of the frequency and quality of offender supervisor contact with prisoners. (9.12)
- 10.86 Prison staff overseeing visits should receive safeguarding children training. (9.16)

### **Resettlement pathways**

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- 10.87 The drug strategy document should be updated using information drawn from an up-to-date needs analysis, and should include alcohol. (9.27)
- 10.88 Staff training targets for drug and alcohol awareness and relevant programmes awareness should be met. (9.29)
- 10.89 A suitable room for hosting a vulnerable prisoner Focus programme should be found and used without further delay. (9.35)

- 10.90 There should be an annual visitors' survey to ascertain views, implement appropriate changes, and improve the experience of visitors. (9.37)
- 10.91 Prisoners should be able to attend visits for their full duration. (9.38)
- 10.92 A wider and healthier range of refreshments should be available in the visits hall. (9.41)
- 10.93 A parenting course should be provided for prisoners. (9.42)

## Housekeeping points

To Prison Escort and Custody Services

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

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- 10.94 Prison escort vans should be clean and maintained to a good standard. (1.7)
- 10.95 Contractor escort staff should interact courteously with prisoners in their charge. (1.8)

## Housekeeping points

To the governor

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### **Residential units**

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- 10.96 The cleanliness of communal areas should be improved. (2.7)

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

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- 10.97 The environment in the care suites should be more conducive to the care of prisoners in crisis. (3.20)

### **Diversity**

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- 10.98 Names and photographs of equality representatives should be displayed on notice boards together with the latest equality committee minutes. (4.13)

### **Health services**

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- 10.99 The television in the health care waiting area should be working and used to promote health and well-being. (5.3)
- 10.100 There should be a telephone in the reception health care room. (5.5)
- 10.101 The receipt of clinical supervision should be recorded in staff personal files. (5.20)
- 10.102 General stock audits should be regularly monitored by the pharmacy. (5.33)
- 10.103 Pharmacy staff should identify prisoners who would benefit from a medicines use review and invite them to take part in this service. (5.36)

- 10.104 Standard operating procedures should be kept in the pharmacy and should contain a record of staff members who have read and signed them. (5.39)
- 10.105 Patient-returned controlled drugs and date-expired controlled drugs should be clearly labelled and kept separate from each other and from usable stock. (5.43)
- 10.106 There should be a notice on the wall of the dental surgery to indicate the location of the emergency equipment near by. (5.47)

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

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- 10.107 The maintenance of the PE shower ceiling should be improved. (6.39)

### **Discipline**

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- 10.108 The security of video recordings of planned use of control and restraint should be improved. (7.26)

### **Catering**

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- 10.109 There should be appropriate tools to allow safe preparation of food in the prisoner self-catering facilities. (8.4)

### **Offender management and planning**

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- 10.110 Responses to prisoners about their failure to have their security status downgraded should be printed to ensure they can be read and understood. (9.14)

## **Examples of good practice**

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- 10.111 The equality policy was concise, easy to read and published in a format suitable for its target population. (MR4)
- 10.112 An up-to-date and relevant training package had been delivered to foreign national representatives. (4.25)
- 10.113 Foreign national prisoners who did not receive a visit for at least six months could have 10 minutes of phone calls a month. (4.27)
- 10.114 There were high standards in infection control practices, which minimised the potential for cross-contamination. (5.10)
- 10.115 The presence of student nurses for practice experience introduced the service to regular outside scrutiny, and the staff contribution to university courses helped future professionals to understand the health needs of prisoners. (5.21)
- 10.116 The use of the learning disability screening questionnaire for all new arrivals was a suitable way to identify prisoners with potential learning disabilities. (5.30)

10.117 The use of the care programme approach to monitor the care of patients with common mental health problems enabled targeted support and closer scrutiny of the patient's situation. (5.66)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Colin Carroll	Inspector
Samantha Booth	Senior researcher
Laura Nettleingham	Senior researcher
Adam Altoft	Researcher
Amy Summerfield	Researcher
Alice Reid	Research trainee
<b>Specialist inspectors</b>	
Paul Tarbuck	Health services inspector
Paul Roberts	Drugs inspector
Deborah Hylands	Pharmacist
Stephen Miller	Ofsted inspector

## Appendix II: Prison population profile

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

Status	Number	%
Sentenced	588	95.9
Recall	7	1.1
Civil prisoners	9	1.5
Detainees	9	1.5
<b>Total</b>	<b>613</b>	<b>100</b>

Sentence	Number	%
Unsentenced	14	2.3
12 months to less than 2 years	1	0.2
2 years to less than 4 years	1	0.2
4 years to less than 10 years	16	2.6
10 years and over (not life)	123	20
ISPP	84	13.7
Life	374	61
<b>Total</b>	<b>613</b>	<b>100</b>

Age	Number	%
21 years to 29 years	134	21.9
30 years to 39 years	179	29.2
40 years to 49 years	162	26.4
50 years to 59 years	91	14.9
60 years to 69 years	40	6.5
70 plus years: <i>maximum age=82</i>	7	1.1
<b>Total</b>	<b>613</b>	<b>100</b>

Nationality	Number	%
British	519	84.7
Foreign nationals	94	15.3
<b>Total</b>	<b>613</b>	<b>100</b>

Security category	Number	%
Uncategorised unsentenced	18	2.9
Category A	149	24.3
Category B	446	72.8
<b>Total</b>	<b>613</b>	<b>100</b>

Ethnicity	Number	%
<i>White</i>	395	64.4
British	356	58.1
Irish	10	1.6
Other white	29	4.7
<i>Mixed</i>	26	4.3
White and black Caribbean	19	3.1
White and black African	4	0.7
Other mixed	3	0.5
<i>Asian or Asian British</i>	63	10.3
Indian	14	2.3
Pakistani	21	3.4
Bangladeshi	6	1
Other Asian	22	3.6

<i>Black or black British</i>	122	19.9
Caribbean	76	12.4
African	21	3.4
Other black	25	4.1
<i>Chinese or other ethnic group</i>	5	0.8
Other ethnic group	5	0.8
Not stated	2	0.3
<b>Total</b>	<b>613</b>	<b>100</b>

<b>Religion</b>	<b>Number</b>	<b>%</b>
Baptist	2	0.3
Church of England	149	24.3
Roman Catholic	83	13.5
Other Christian denominations	42	6.9
Muslim	162	26.4
Sikh	5	0.8
Hindu	1	0.2
Buddhist	32	5.2
Jewish	5	0.8
Other	13	2.1
No religion	119	19.5
<b>Total</b>	<b>613</b>	<b>100</b>

#### Sentenced prisoners only

<b>Length of stay</b>	<b>Number</b>	<b>%</b>
Less than 1 month	21	3.4
1 month to 3 months	39	6.4
3 months to 6 months	54	8.8
6 months to 1 year	79	12.9
1 year to 2 years	138	22.5
2 years to 4 years	231	37.7
4 years or more	37	6.0
<b>Total</b>	<b>599</b>	<b>97.7</b>

<b>Main offence</b>	<b>Number</b>	<b>%</b>
Violence against the person	386	63
Sexual offences	146	23.8
Burglary	5	0.8
Robbery	34	5.6
Theft and handling	2	0.3
Drugs offences	19	3.1
Other offences	21	3.4
<b>Total</b>	<b>613</b>	<b>100</b>

## Appendix III: Detainee unit

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The detainee unit at Long Lartin was subject to a thematic inspection in April 2011. We found that conditions for detainees were generally good. However we were concerned that detainees were unable to mix with the wider prison population. During this full inspection, very little had changed. The only notable changes were in relation to the following areas.

### **New staff group**

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New staff had started working on the unit shortly after our inspection in April 2011. Staff and detainees confirmed that day-to-day relationships remained good.

### **Staff training**

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A six-day training package had been designed for unit staff and managers, delivered in three sets of two days. Staff had undergone the first two sets and were to undergo the third set shortly after our inspection. Staff and managers said the training was helpful and were looking forward to the final two-day package.

### **Extra gym session**

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Detainees could now use the mainstream gym twice a week. At our thematic inspection they had attended once a week. They could now play team sports, such as badminton and volleyball, in the sports hall. Vulnerable prisoners were present at the same time but used a different part of the sports hall.

### **Perceptions of isolation**

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Although the regime had changed little, detainees' perception of it had hardened since our thematic inspection. One detainee related that he had been exercising in the inner courtyard and had struck up a conversation with a prisoner in a room on the first floor of the health care unit overlooking it when an officer had told him to stop speaking with the prisoner and threatened to give him a warning. The detainee perceived this as excessive and an example of a more restrictive regime. Detainees also told us that the nurse who visited the unit daily was always accompanied by an officer. This affected patient confidentiality and their willingness to raise concerns with the nurse.

### **Eid festival**

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The August inspection took place during Ramadan, and detainees and staff confirmed that arrangements for it were good. However, the previous concession to allow detainees to celebrate Eid with mainstream prisoners had been withdrawn in 2010, which had led to detainees protesting by refusing to eat the festival food provided for them. The prison maintained the same position on the Eid festival for 2011. Despite this, detainees said they would accept the food and celebrate in isolation this year.

## **Detainee population**

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The same individuals were detained during the April and August inspections, although one detainee was due to be released shortly after our August inspection. At a hearing before the Special Immigration Appeals Commission, he had been granted bail after 10 years of detention and house arrest but subject to stringent conditions, including a 22-hour curfew. The judge had given the security services a month to put the necessary arrangements in place before the detainee could be released. The ruling reinforced our thematic inspection finding that each detainee posed a different level of risk, and that restrictions should be informed by an individualised risk assessment.

## **Self-guided mental health**

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At the thematic inspection we were told that self-guided mental health software, 'beating the blues', was to be installed on the computers on the unit. This had not been done by the time of the August inspection.

# Appendix IV: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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

### Choosing the sample size

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

At the time of the survey on 17 August 2011, the prisoner population at HMP Long Lartin was 609 (excluding the category A detainee unit). The sample size was 202. Overall, this represented 33% of the prisoner population.

### Selecting the sample

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

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

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

## Methodology

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

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

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

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

## **Response rates**

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In total, 180 respondents completed and returned their questionnaires. This represented 30% of the prison population. The response rate was 89%. In addition to the 10 respondents who refused to complete a questionnaire, nine questionnaires were not returned and three were returned blank.

## **Comparisons**

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in high secure prisons. This comparator is based on all responses from prisoner surveys carried out in four high secure prisons since April 2008.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Long Lartin in 2008.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not.
- A comparison within the 2011 survey between those aged 50 and over and those under 50.
- A comparison within the 2011 survey between the vulnerable prisoner wings (A to D) and the rest of the establishment (E, F and Perrie wings).

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

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

## Summary

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

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

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

# Prisoner survey summary

## Section 1: About you

### Q1.2 How old are you?

<i>Under 21</i> .....	1 (1%)
<i>21 - 29</i> .....	44 (25%)
<i>30 - 39</i> .....	50 (28%)
<i>40 - 49</i> .....	43 (24%)
<i>50 - 59</i> .....	25 (14%)
<i>60 - 69</i> .....	11 (6%)
<i>70 and over</i> .....	3 (2%)

### Q1.3 Are you sentenced?

<i>Yes</i> .....	175 (98%)
<i>Yes - on recall</i> .....	1 (1%)
<i>No - awaiting trial</i> .....	2 (1%)
<i>No - awaiting sentence</i> .....	0 (0%)
<i>No - awaiting deportation</i> .....	0 (0%)

### Q1.4 How long is your sentence?

<b><i>Not sentenced</i></b> .....	2 (1%)
<i>Less than 6 months</i> .....	0 (0%)
<i>6 months to less than 1 year</i> .....	0 (0%)
<i>1 year to less than 2 years</i> .....	1 (1%)
<i>2 years to less than 4 years</i> .....	1 (1%)
<i>4 years to less than 10 years</i> .....	15 (8%)
<i>10 years or more</i> .....	39 (22%)
<i>IPP (indeterminate sentence for public protection)</i> .....	25 (14%)
<i>Life</i> .....	95 (53%)

### 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)?

<b><i>Not sentenced</i></b> .....	2 (1%)
<i>6 months or less</i> .....	6 (4%)
<i>More than 6 months</i> .....	133 (94%)

### Q1.6 How long have you been in this prison?

<i>Less than 1 month</i> .....	4 (2%)
<i>1 to less than 3 months</i> .....	7 (4%)
<i>3 to less than 6 months</i> .....	10 (6%)
<i>6 to less than 12 months</i> .....	14 (8%)
<i>12 months to less than 2 years</i> .....	29 (16%)
<i>2 to less than 4 years</i> .....	49 (28%)
<i>4 years or more</i> .....	64 (36%)

### Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

<i>Yes</i> .....	21 (12%)
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No..... 154 (88%)

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

Yes..... 154 (88%)  
 No..... 21 (12%)

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

White - British .....	103 (59%)	Asian or Asian British - Bangladeshi.....	2 (1%)
White - Irish.....	3 (2%)	Asian or Asian British - other..	0 (0%)
White - other .....	13 (7%)	Mixed race - white and black Caribbean.....	10 (6%)
Black or black British - Caribbean.....	17 (10%)	Mixed race - white and black African.....	2 (1%)
Black or black British - African	7 (4%)	Mixed race - white and Asian .	0 (0%)
Black or black British - other ...	1 (1%)	Mixed race - other .....	3 (2%)
Asian or Asian British - Indian.	3 (2%)	Chinese.....	0 (0%)
Asian or Asian British - Pakistani.....	10 (6%)	Other ethnic group.....	2 (1%)

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

Yes..... 9 (5%)  
 No..... 159 (95%)

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

None.....	34 (20%)	Hindu .....	1 (1%)
Church of England.....	38 (22%)	Jewish .....	0 (0%)
Catholic.....	27 (16%)	Muslim.....	42 (24%)
Protestant.....	1 (1%)	Sikh.....	0 (0%)
Other Christian denomination .	12 (7%)	Other.....	6 (3%)
Buddhist.....	13 (7%)		

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

Heterosexual/straight..... 164 (94%)  
 Homosexual/gay..... 5 (3%)  
 Bisexual..... 5 (3%)  
 Other..... 0 (0%)  
 If other, please specify..... 3 (100%)

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

Yes..... 51 (29%)  
 No..... 127 (71%)

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

0	1	2 to 5	More than 5
81 (46%)	25 (14%)	48 (27%)	22 (13%)

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

1 10 (6%)	2 to 5 122 (71%)	More than 5 41 (24%)
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**Q1.16 Do you have any children under the age of 18?**

Yes .....	82 (47%)
No .....	92 (53%)

## Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	10 (6%)	63 (38%)	37 (22%)	31 (19%)	16 (10%)	10 (6%)	0 (0%)
Your personal safety during the journey?	7 (5%)	63 (41%)	37 (24%)	26 (17%)	18 (12%)	3 (2%)	1 (1%)
The comfort of the van?	2 (1%)	22 (13%)	10 (6%)	63 (38%)	70 (42%)	0 (0%)	0 (0%)
The attention paid to your health needs?	3 (2%)	27 (17%)	40 (25%)	38 (23%)	34 (21%)	4 (2%)	16 (10%)
The frequency of toilet breaks?	1 (1%)	8 (5%)	21 (13%)	25 (15%)	88 (53%)	4 (2%)	19 (11%)

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
10 (6%)	45 (26%)	83 (49%)	27 (16%)	5 (3%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
11 (7%)	66 (39%)	60 (36%)	18 (11%)	11 (7%)	3 (2%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	97 (56%)	73 (42%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	15 (9%)	148 (88%)	6 (4%)
When you first arrived here did your property arrive at the same time as you?	116 (69%)	52 (31%)	1 (1%)

## 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> .....               | 61 (37%) | <i>Money worries</i> .....                           | 9 (5%)   |
| <i>Loss of property</i> .....                            | 17 (10%) | <i>Feeling depressed or suicidal</i> .....           | 57 (34%) |
| <i>Housing problems</i> .....                            | 10 (6%)  | <i>Health problems</i> .....                         | 73 (44%) |
| <i>Contacting employers</i> .....                        | 6 (4%)   | <i>Needing protection from other prisoners</i> ..... | 31 (19%) |
| <i>Contacting family</i> .....                           | 36 (22%) | <i>Accessing phone numbers</i> .....                 | 40 (24%) |
| <i>Ensuring dependants were being looked after</i> ..... | 5 (3%)   | <i>Other</i> .....                                   | 4 (2%)   |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- |  |          |  |          |
|--|----------|--|----------|
| <i>Didn't have any problems</i> .....              | 42 (26%) | <i>Money worries</i> .....                           | 23 (14%) |
| <i>Loss of property</i> .....                      | 48 (29%) | <i>Feeling depressed or suicidal</i> .....           | 27 (17%) |
| <i>Housing problems</i> .....                      | 5 (3%)   | <i>Health problems</i> .....                         | 38 (23%) |
| <i>Contacting employers</i> .....                  | 2 (1%)   | <i>Needing protection from other prisoners</i> ..... | 15 (9%)  |
| <i>Contacting family</i> .....                     | 61 (37%) | <i>Accessing phone numbers</i> .....                 | 58 (36%) |
| <i>Ensuring dependants were looked after</i> ..... | 9 (6%)   | <i>Other</i> .....                                   | 7 (4%)   |
- Q3.3 Please answer the following questions about reception**
- |   | Yes       | No       | Don't remember |
|---|-----------|----------|----------------|
| Were you seen by a member of health services?                     | 129 (74%) | 39 (22%) | 7 (4%)         |
| When you were searched, was this carried out in a respectful way? | 100 (57%) | 61 (35%) | 13 (7%)        |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | Very well | Well     | Neither  | Badly    | Very badly | Don't remember |
|-----------|----------|----------|----------|------------|----------------|
| 9 (5%)    | 65 (37%) | 51 (29%) | 35 (20%) | 15 (8%)    | 2 (1%)         |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- |  |          |
|--|----------|
| <i>Information about what was going to happen to you</i> .....                                     | 48 (29%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> ..... | 45 (27%) |
| <i>Information about how to make routine requests</i> .....  | 41 (25%) |
| <i>Information about your entitlement to visits</i> .....  | 39 (23%) |
| <i>Information about health services</i> .....   | 51 (31%) |
| <i>Information about the chaplaincy</i> .....  | 45 (27%) |
| <b>Not offered anything</b> .....  | 86 (52%) |
- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**
- |   |           |
|---|-----------|
| <i>A smokers/non-smokers pack</i> ..... | 106 (60%) |
|---|-----------|

<i>The opportunity to have a shower</i> .....	50 (28%)
<i>The opportunity to make a free telephone call</i> .....	25 (14%)
<i>Something to eat</i> .....	98 (55%)
<b>Did not receive anything</b> .....	33 (19%)

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

<i>Chaplain or religious leader</i> .....	41 (24%)
<i>Someone from health services</i> .....	117 (68%)
<i>A Listener/Samaritans</i> .....	22 (13%)
<b>Did not meet any of these people</b> .....	44 (25%)

**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> .....	18 (10%)
<i>No</i> .....	160 (90%)

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

<i>Yes</i> .....	105 (59%)
<i>No</i> .....	60 (34%)
<i>Don't remember</i> .....	13 (7%)

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

<b>Have not been on an induction course</b> .....	9 (5%)
<i>Within the first week</i> .....	51 (29%)
<i>More than a week</i> .....	105 (59%)
<i>Don't remember</i> .....	13 (7%)

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

<b>Have not been on an induction course</b> .....	9 (5%)
<i>Yes</i> .....	94 (53%)
<i>No</i> .....	52 (29%)
<i>Don't remember</i> .....	22 (12%)

## 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?	8 (5%)	57 (32%)	44 (25%)	36 (20%)	24 (14%)	8 (5%)
Attend legal visits?	5 (3%)	62 (37%)	41 (25%)	27 (16%)	14 (8%)	17 (10%)
Obtain bail information?	0 (0%)	8 (6%)	19 (15%)	8 (6%)	7 (5%)	89 (68%)

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

<b>Not had any letters</b> .....	12 (7%)
<i>Yes</i> .....	114 (65%)

No..... 50 (28%)

**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?	93 (53%)	44 (25%)	8 (5%)	32 (18%)
Are you normally able to have a shower every day?	165 (95%)	7 (4%)	1 (1%)	1 (1%)
Do you normally receive clean sheets every week?	96 (55%)	42 (24%)	6 (3%)	29 (17%)
Do you normally get cell cleaning materials every week?	145 (83%)	27 (16%)	1 (1%)	1 (1%)
Is your cell call bell normally answered within five minutes?	55 (31%)	92 (52%)	23 (13%)	7 (4%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	105 (60%)	68 (39%)	2 (1%)	0 (0%)
Can you normally get your stored property, if you need to?	33 (19%)	74 (43%)	45 (26%)	21 (12%)

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

Very good	Good	Neither	Bad	Very bad
0 (0%)	20 (11%)	48 (27%)	65 (36%)	46 (26%)

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

<i>Have not bought anything yet</i> .....	3 (2%)
Yes.....	79 (45%)
No.....	94 (53%)

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

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form?	53 (30%)	98 (56%)	11 (6%)	4 (2%)	6 (3%)	2 (1%)
An application form?	60 (36%)	88 (52%)	12 (7%)	4 (2%)	3 (2%)	1 (1%)

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

Yes.....	169 (97%)
No.....	5 (3%)

**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?	5 (3%)	64 (38%)	99 (59%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	5 (3%)	64 (39%)	97 (58%)

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

Yes.....	144 (82%)
----------	-----------

No..... 32 (18%)

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

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

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	33 (19%)	18 (10%)	122 (71%)
Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	33 (19%)	42 (24%)	99 (57%)
Were you given information about how to make an appeal?	26 (15%)	59 (35%)	84 (50%)

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

<b>Not made a complaint</b> .....	33 (19%)
Yes.....	52 (29%)
No.....	92 (52%)

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

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
19 (11%)	9 (5%)	29 (17%)	69 (41%)	28 (17%)	14 (8%)

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

<b>Don't know what the IEP scheme is</b> .....	2 (1%)
<i>Enhanced</i> .....	96 (54%)
<i>Standard</i> .....	75 (42%)
<i>Basic</i> .....	4 (2%)
<i>Don't know</i> .....	1 (1%)

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

<b>Don't know what the IEP scheme is</b> .....	2 (1%)
Yes .....	62 (35%)
No .....	99 (57%)
<i>Don't know</i> .....	12 (7%)

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

<b>Don't know what the IEP scheme is</b> .....	2 (1%)
Yes .....	52 (30%)
No.....	104 (60%)
<i>Don't know</i> .....	15 (9%)

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

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	10 (6%)	164 (94%)
In the last six months have you spent a night in the segregation/care and separation unit?	37 (21%)	136 (79%)

<b>Q4.17</b>	<b>Please answer the following questions about your religious beliefs</b>	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	67 (39%)	70 (40%)	37 (21%)
	Are you able to speak to a religious leader of your faith in private if you want to?	97 (56%)	29 (17%)	46 (27%)

<b>Q4.18</b>	<b>Can you speak to a Listener at any time if you want to?</b>	Yes	No	<i>Don't know</i>
		90 (52%)	13 (8%)	70 (40%)

<b>Q4.19</b>	<b>Please answer the following questions about staff in this prison</b>	Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	122 (70%)	53 (30%)
	Do <b>most</b> staff treat you with respect?	110 (64%)	63 (36%)

### Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>
	Yes ..... 112 (64%)
	No ..... 64 (36%)

<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>
	Yes ..... 61 (35%)
	No ..... 113 (65%)

<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)</b>
	<i>Never felt unsafe</i> ..... 67 (40%)
	<i>Everywhere</i> ..... 25 (15%)
	<i>Segregation unit</i> ..... 33 (20%)
	<i>Association areas</i> ..... 24 (14%)
	<i>Reception area</i> ..... 11 (7%)
	<i>At the gym</i> ..... 19 (11%)
	<i>In an exercise yard</i> ..... 15 (9%)
	<i>At work</i> ..... 21 (13%)
	<i>During movement</i> ..... 35 (21%)
	<i>At education</i> ..... 15 (9%)
	<i>At mealtimes</i> ..... 18 (11%)
	<i>At health services</i> ..... 23 (14%)
	<i>Visits area</i> ..... 19 (11%)
	<i>In wing showers</i> ..... 24 (14%)
	<i>In gym showers</i> ..... 12 (7%)
	<i>In corridors/stairwells</i> ..... 26 (16%)
	<i>On your landing/wing</i> ..... 29 (17%)
	<i>In your cell</i> ..... 24 (14%)
	<i>At religious services</i> ..... 7 (4%)

<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>
	Yes ..... 64 (37%)
	No ..... 108 (63%)

<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>
	<i>Insulting remarks (about you or your family or friends)</i> ..... 30 (17%)
	<i>Physical abuse (being hit, kicked or assaulted)</i> ..... 22 (13%)
	<i>Because of your sexuality</i> ..... 9 (5%)
	<i>Because you have a disability</i> ..... 10 (6%)

<i>Sexual abuse</i> .....	3 (2%)	<i>Because of your religion/religious beliefs</i> .....	15 (9%)
<i>Because of your race or ethnic origin</i> .....	12 (7%)	<i>Because of your age</i> .....	9 (5%)
<i>Because of drugs</i> .....	7 (4%)	<i>Being from a different part of the country than others</i> .....	11 (6%)
<i>Having your canteen/property taken</i> .....	13 (8%)	<i>Because of your offence/crime</i> .....	17 (10%)
<i>Because you were new here...</i>	12 (7%)	<i>Because of gang related issues</i> .....	9 (5%)

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

Yes.....	77 (44%)
No.....	97 (56%)

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

<i>Insulting remarks (about you or your family or friends)</i> .....	23 (13%)	<i>Because you have a disability</i>	10 (6%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	9 (5%)	<i>Because of your religion/religious beliefs</i> .....	23 (13%)
<i>Sexual abuse</i> .....	3 (2%)	<i>Because of your age</i> .....	7 (4%)
<i>Because of your race or ethnic origin</i> .....	23 (13%)	<i>Being from a different part of the country than others</i> .....	14 (8%)
<i>Because of drugs</i> .....	4 (2%)	<i>Because of your offence/crime</i> .....	17 (10%)
<i>Because you were new here...</i>	13 (7%)	<i>Because of gang related issues</i> .....	2 (1%)
<i>Because of your sexuality</i> .....	1 (1%)		

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

<b>Not been victimised</b> .....	64 (39%)
Yes.....	42 (26%)
No.....	58 (35%)

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

Yes.....	67 (39%)
No.....	105 (61%)

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

Yes.....	72 (42%)
No.....	99 (58%)

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

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
14 (8%)	19 (11%)	14 (8%)	17 (10%)	14 (8%)	95 (55%)

## Section 6: Health services

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	9 (5%)	15 (9%)	79 (46%)	30 (18%)	34 (20%)	4 (2%)
The nurse	9 (5%)	20 (12%)	93 (55%)	27 (16%)	19 (11%)	2 (1%)
The dentist	14 (8%)	2 (1%)	26 (15%)	18 (10%)	77 (45%)	36 (21%)
The optician	32 (19%)	5 (3%)	24 (14%)	24 (14%)	55 (33%)	28 (17%)

### Q6.2 Are you able to see a pharmacist?

Yes .....	61 (38%)
No .....	101 (62%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	8 (5%)	10 (6%)	72 (41%)	33 (19%)	35 (20%)	18 (10%)
The nurse	9 (5%)	29 (17%)	66 (39%)	40 (23%)	18 (11%)	9 (5%)
The dentist	22 (13%)	38 (22%)	42 (25%)	30 (18%)	25 (15%)	14 (8%)
The optician	44 (26%)	20 (12%)	47 (27%)	29 (17%)	22 (13%)	10 (6%)

### 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>
5 (3%)	6 (3%)	66 (38%)	40 (23%)	36 (20%)	23 (13%)

### Q6.5 Are you currently taking medication?

Yes .....	105 (60%)
No .....	70 (40%)

### Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i> .....	70 (40%)
Yes .....	77 (44%)
No .....	28 (16%)

### Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes .....	52 (30%)
No .....	120 (70%)

### Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<i>Do not have any issues/not receiving any help</i> .....	138 (80%)
<i>Doctor</i> .....	12 (7%)
<i>Nurse</i> .....	11 (6%)
<i>Psychiatrist</i> .....	21 (12%)
<i>Mental health in-reach team</i> .....	14 (8%)
<i>Counsellor</i> .....	1 (1%)
<i>Other</i> .....	2 (1%)

<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>			
			Yes	No
	Drugs	32 (19%)		136 (81%)
	Alcohol	19 (12%)		139 (88%)
<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>			
	Yes .....			15 (9%)
	No .....			157 (91%)
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....			36 (21%)
	No .....			5 (3%)
	<b>Did not/do not have a drug or alcohol problem</b> .....			129 (76%)
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, whilst in this prison?</b>			
	Yes .....			38 (22%)
	No .....			6 (3%)
	<b>Did not/do not have a drug or alcohol problem</b> .....			129 (75%)
<b>Q6.13</b>	<b>Was the intervention or help you received, whilst in this prison, helpful?</b>			
	Yes .....			20 (12%)
	No .....			15 (9%)
	<b>Did not have a problem/Have not received help</b> .....			135 (79%)
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		Yes	No	Don't know
	Drugs	10 (6%)	141 (84%)	17 (10%)
	Alcohol	7 (4%)	141 (84%)	19 (11%)
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes .....			13 (8%)
	No .....			21 (13%)
	N/A.....			130 (79%)

## Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>		
	Prison job .....		127 (74%)
	Vocational or skills training.....		29 (17%)
	Education (including basic skills).....		96 (56%)
	Offending behaviour programmes.....		37 (22%)
	<b>Not involved in any of these</b> .....		23 (13%)

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

	<b>Not been involved</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Prison job	13 (9%)	54 (36%)	67 (45%)	14 (9%)
Vocational or skills training	23 (21%)	49 (46%)	25 (23%)	10 (9%)
Education (including basic skills)	14 (10%)	93 (67%)	21 (15%)	11 (8%)
Offending behaviour programmes	26 (22%)	50 (42%)	31 (26%)	12 (10%)

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

<b>Don't want to go</b> .....	10 (6%)
<i>Never</i> .....	6 (4%)
<i>Less than once a week</i> .....	26 (15%)
<i>About once a week</i> .....	115 (68%)
<i>More than once a week</i> .....	9 (5%)
<i>Don't know</i> .....	4 (2%)

**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
29 (17%)	34 (20%)	17 (10%)	20 (12%)	52 (30%)	17 (10%)	3 (2%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
15 (9%)	16 (9%)	48 (28%)	56 (33%)	30 (18%)	4 (2%)

**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> .....	10 (6%)
<i>2 to less than 4 hours</i> .....	24 (14%)
<i>4 to less than 6 hours</i> .....	18 (11%)
<i>6 to less than 8 hours</i> .....	33 (19%)
<i>8 to less than 10 hours</i> .....	47 (28%)
<i>10 hours or more</i> .....	19 (11%)
<i>Don't know</i> .....	19 (11%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3 (2%)	4 (2%)	2 (1%)	3 (2%)	149 (87%)	10 (6%)

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

<b>Do not go on association</b> .....	6 (4%)
<i>Never</i> .....	23 (14%)
<i>Rarely</i> .....	56 (33%)
<i>Some of the time</i> .....	49 (29%)
<i>Most of the time</i> .....	24 (14%)
<i>All of the time</i> .....	12 (7%)

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>					
	<i>Still have not met him/her</i> .....	8	(5%)			
	<i>In the first week</i> .....	78	(46%)			
	<i>More than a week</i> .....	56	(33%)			
	<i>Don't remember</i> .....	27	(16%)			
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer/ still have not met him/her</i>	8	(5%)	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>
		29	(17%)	52	(30%)	33
						27
						22
						(13%)
						(16%)
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....	2	(1%)			
	<i>Yes</i> .....	152	(90%)			
	<i>No</i> .....	15	(9%)			
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	15	(9%)			
	<i>Very involved</i> .....	23	(14%)			
	<i>Involved</i> .....	43	(26%)			
	<i>Neither</i> .....	18	(11%)			
	<i>Not very involved</i> .....	34	(20%)			
	<i>Not at all involved</i> .....	35	(21%)			
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	15	(9%)			
	<i>Yes</i> .....	81	(48%)			
	<i>No</i> .....	72	(43%)			
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	15	(9%)			
	<i>Yes</i> .....	92	(55%)			
	<i>No</i> .....	59	(36%)			
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>					
	<i>Not sentenced</i> .....	2	(1%)			
	<i>Yes</i> .....	41	(25%)			
	<i>No</i> .....	123	(74%)			
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....	7	(4%)			
	<i>No</i> .....	162	(96%)			
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>					
	<i>Yes</i> .....	100	(56%)			

No..... 61 (34%)  
 Don't know..... 16 (9%)

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

Yes ..... 44 (25%)  
 No..... 127 (73%)  
 Don't know..... 4 (2%)

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

*Not been here a week yet* ..... 0 (0%)  
 Yes ..... 21 (12%)  
 No..... 145 (83%)  
 Don't remember..... 9 (5%)

**Q8.12 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
0 (0%)	118 (74%)	41 (26%)	0 (0%)	1 (1%)

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

*Not had any visits*..... 29 (17%)  
 Very well..... 13 (8%)  
 Well ..... 30 (18%)  
 Neither ..... 31 (18%)  
 Badly ..... 31 (18%)  
 Very badly ..... 17 (10%)  
 Don't know..... 19 (11%)

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

Yes ..... 39 (23%)  
 No..... 131 (77%)

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

<i>Don't know who to contact</i> ..	109 (74%)	<i>Help with your finances in preparation for release</i> ..	10 (7%)
<i>Maintaining good relationships</i> .....	15 (10%)	<i>Claiming benefits on release</i> ..	6 (4%)
<i>Avoiding bad relationships</i> .....	10 (7%)	<i>Arranging a place at college/continuing education on release</i> .....	7 (5%)
<i>Finding a job on release</i> .....	15 (10%)	<i>Continuity of health services on release</i> .....	7 (5%)
<i>Finding accommodation on release</i> .....	12 (8%)	<i>Opening a bank account</i> .....	14 (9%)

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

<i>No problems</i> .....	76 (50%)	<i>Help with your finances in preparation for release</i> .....	27 (18%)
<i>Maintaining good relationships</i> .....	15 (10%)	<i>Claiming benefits on release</i> ..	34 (22%)
<i>Avoiding bad relationships</i> .....	12 (8%)	<i>Arranging a place at college/continuing education on release</i> .....	25 (16%)
<i>Finding a job on release</i> .....	55 (36%)	<i>Continuity of health services on release</i> .....	31 (20%)
<i>Finding accommodation on release</i> .....	47 (31%)	<i>Opening a bank account</i> .....	39 (25%)

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

<i>Not sentenced</i> .....	2 (1%)
<i>Yes</i> .....	78 (50%)
<i>No</i> .....	75 (48%)

Main comparator and comparator to last time



Prisoner survey responses HMP Long Lartin 2011

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

Key to tables

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<b>Number of completed questionnaires returned</b>		180	603	180	109
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	1%	1%	1%	1%
3a	Are you sentenced?	99%	100%	99%	98%
3b	Are you on recall?	1%	2%	1%	2%
4a	Is your sentence less than 12 months?	0%	0%	0%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	14%	11%	14%	12%
5	Do you have six months or less to serve?	4%	9%	4%	10%
6	Have you been in this prison less than a month?	2%	2%	2%	12%
7	Are you a foreign national?	12%	11%	12%	8%
8	Is English your first language?	88%	90%	88%	90%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	32%	25%	32%	35%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	3%	5%	
11	Are you Muslim?	24%	15%	24%	22%
12	Are you homosexual/gay or bisexual?	6%	8%	6%	3%
13	Do you consider yourself to have a disability?	29%	26%	29%	22%
14	Is this your first time in prison?	46%	37%	46%	31%
15	Have you been in more than five prisons this time?	24%	20%	24%	24%
16	Do you have any children under the age of 18?	47%	44%	47%	52%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	44%	52%	44%	41%
1b	Was your personal safety during the journey good/very good?	45%	58%	45%	43%
1c	Was the comfort of the van good/very good?	14%	18%	14%	14%
1d	Was the attention paid to your health needs good/very good?	19%	32%	19%	24%
1e	Was the frequency of toilet breaks good/very good?	5%	11%	5%	2%
2	Did you spend more than four hours in the van?	16%	18%	16%	13%
3	Were you treated well/very well by the escort staff?	46%	58%	46%	45%
4a	Did you know where you were going when you left court or when transferred from another prison?	56%	63%	56%	59%
4b	Before you arrived here did you receive any written information about what would happen to you?	9%	9%	9%	10%
4c	When you first arrived here did your property arrive at the same time as you?	69%	72%	69%	67%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:				
<b>1b</b>	Problems with loss of property?	10%	12%	10%	
<b>1c</b>	Housing problems?	6%	7%	6%	
<b>1d</b>	Problems contacting employers?	4%	6%	4%	
<b>1e</b>	Problems contacting family?	22%	29%	22%	
<b>1f</b>	Problems ensuring dependants were looked after?	3%	5%	3%	
<b>1g</b>	Money problems?	5%	8%	5%	
<b>1h</b>	Problems of feeling depressed/suicidal?	34%	35%	34%	
<b>1i</b>	Health problems?	44%	43%	44%	
<b>1j</b>	Problems in needing protection from other prisoners?	19%	16%	19%	
<b>1k</b>	Problems accessing phone numbers?	24%	22%	24%	
<b>2</b>	When you first arrived:				
<b>2a</b>	Did you have any problems?	74%	72%	74%	83%
<b>2b</b>	Did you have any problems with loss of property?	29%	27%	29%	25%
<b>2c</b>	Did you have any housing problems?	3%	5%	3%	2%
<b>2d</b>	Did you have any problems contacting employers?	1%	2%	1%	2%
<b>2e</b>	Did you have any problems contacting family?	37%	31%	37%	48%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	5%	6%	5%	9%
<b>2g</b>	Did you have any money worries?	14%	15%	14%	17%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	17%	19%	17%	21%
<b>2i</b>	Did you have any health problems?	23%	27%	23%	28%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	9%	11%	9%	17%
<b>2k</b>	Did you have problems accessing phone numbers?	36%	30%	36%	35%
<b>3a</b>	Were you seen by a member of health services in reception?	74%	69%	74%	75%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	58%	70%	58%	65%
<b>4</b>	Were you treated well/very well in reception?	42%	53%	42%	51%
<b>5</b>	On your day of arrival, were you offered information about any of the following:				
<b>5a</b>	What was going to happen to you?	29%	34%	29%	34%
<b>5b</b>	Support was available for people feeling depressed or suicidal?	27%	32%	27%	30%
<b>5c</b>	How to make routine requests?	25%	30%	25%	32%
<b>5d</b>	Your entitlement to visits?	24%	28%	24%	26%
<b>5e</b>	Health services?	31%	37%	31%	39%
<b>5f</b>	The chaplaincy?	27%	32%	27%	35%

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	60%	48%	60%	67%
<b>6b</b>	The opportunity to have a shower?	28%	28%	28%	40%
<b>6c</b>	The opportunity to make a free telephone call?	14%	23%	14%	14%
<b>6d</b>	Something to eat?	55%	61%	55%	71%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	24%	28%	24%	38%
<b>7b</b>	Someone from health services?	68%	65%	68%	79%
<b>7c</b>	A Listener/Samaritans?	13%	10%	13%	15%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	10%	8%	10%	6%
<b>9</b>	Did you feel safe on your first night here?	59%	67%	59%	60%
<b>10</b>	Have you been on an induction course?	95%	87%	95%	93%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	56%	56%	56%	60%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	37%	62%	37%	46%
<b>1b</b>	Attend legal visits?	40%	64%	40%	48%
<b>1c</b>	Obtain bail information?	6%	10%	6%	14%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	65%	57%	65%	51%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	53%	67%	53%	55%
<b>3b</b>	Are you normally able to have a shower every day?	95%	95%	95%	90%
<b>3c</b>	Do you normally receive clean sheets every week?	56%	79%	56%	67%
<b>3d</b>	Do you normally get cell cleaning materials every week?	83%	69%	83%	81%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	31%	56%	31%	29%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	66%	60%	62%
<b>3g</b>	Can you normally get your stored property if you need to?	19%	26%	19%	19%
<b>4</b>	Is the food in this prison good/very good?	11%	25%	11%	30%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	45%	45%	64%
<b>6a</b>	Is it easy/very easy to get a complaints form?	87%	85%	87%	80%
<b>6b</b>	Is it easy/very easy to get an application form?	88%	92%	88%	85%
<b>7</b>	Have you made an application?	97%	96%	97%	90%

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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
<b>8a</b>	Do you feel applications are dealt with fairly?	39%	54%	39%	50%
<b>8b</b>	Do you feel applications are dealt with promptly (within seven days)?	40%	50%	40%	44%
<b>9</b>	Have you made a complaint?	82%	74%	82%	69%
For those who have made a complaint:					
<b>10a</b>	Do you feel complaints are dealt with fairly?	13%	28%	13%	21%
<b>10b</b>	Do you feel complaints are dealt with promptly (within seven days)?	30%	41%	30%	35%
<b>11</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	36%	37%	36%	37%
<b>10c</b>	Were you given information about how to make an appeal?	35%	35%	35%	31%
<b>12</b>	Is it easy/very easy to see the Independent Monitoring Board?	23%	31%	23%	47%
<b>13</b>	Are you on the enhanced (top) level of the IEP scheme?	54%	67%	54%	
<b>14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	55%	36%	
<b>15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	42%	30%	
<b>16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	6%	6%	6%	
<b>16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	21%	15%	21%	
<b>13a</b>	Do you feel your religious beliefs are respected?	38%	45%	38%	47%
<b>13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	56%	57%	56%	59%
<b>14</b>	Are you able to speak to a Listener at any time, if you want to?	52%	55%	52%	58%
<b>15a</b>	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	76%	70%	62%
<b>15b</b>	Do most staff, in this prison, treat you with respect?	64%	70%	64%	64%
<b>SECTION 5: Safety</b>					
<b>1</b>	Have you ever felt unsafe in this prison?	64%	56%	64%	66%
<b>2</b>	Do you feel unsafe in this prison at the moment?	35%	25%	35%	37%
<b>4</b>	Have you been victimised by another prisoner?	37%	32%	37%	39%
<b>5</b>	Since you have been here, has another prisoner:				
<b>5a</b>	Made insulting remarks about you, your family or friends?	17%	14%	17%	21%
<b>5b</b>	Hit, kicked or assaulted you?	13%	10%	13%	16%
<b>5c</b>	Sexually abused you?	2%	3%	2%	5%
<b>5d</b>	Victimised you because of your race or ethnic origin?	7%	6%	7%	11%
<b>5e</b>	Victimised you because of drugs?	4%	3%	4%	6%
<b>5f</b>	Taken your canteen/property?	8%	6%	8%	7%
<b>5g</b>	Victimised you because you were new here?	7%	7%	7%	9%
<b>5h</b>	Victimised you because of your sexuality?	5%	3%	5%	3%
<b>5i</b>	Victimised you because you have a disability?	6%	5%	6%	4%
<b>5j</b>	Victimised you because of your religion/religious beliefs?	9%	7%	9%	9%
<b>5k</b>	Victimised you because of your age?	5%	4%	5%	
<b>5l</b>	Victimised you because you were from a different part of the country?	6%	7%	6%	4%
<b>5m</b>	Victimised you because of your offence/crime?	10%	13%	10%	11%
<b>5n</b>	Victimised you because of gang related issues?	5%	4%	5%	

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	44%	37%	44%	44%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	13%	17%	13%	20%
<b>7b</b>	Hit, kicked or assaulted you?	5%	5%	5%	6%
<b>7c</b>	Sexually abused you?	2%	1%	2%	1%
<b>7d</b>	Victimised you because of your race or ethnic origin?	13%	10%	13%	12%
<b>7e</b>	Victimised you because of drugs?	2%	1%	2%	3%
<b>7f</b>	Victimised you because you were new here?	8%	5%	8%	12%
<b>7g</b>	Victimised you because of your sexuality?	1%	2%	1%	2%
<b>7h</b>	Victimised you because you have a disability?	6%	5%	6%	4%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	13%	9%	13%	12%
<b>7j</b>	Victimised you because of your age?	4%	3%	4%	
<b>7k</b>	Victimised you because you were from a different part of the country?	8%	7%	8%	11%
<b>7l</b>	Victimised you because of your offence/crime?	10%	13%	10%	10%
<b>7m</b>	Victimised you because of gang related issues?	1%	3%	1%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	42%	54%	42%	50%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	39%	40%	39%	44%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	42%	38%	42%	41%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	19%	21%	19%	43%
<b>SECTION 6: Health services</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	55%	33%	55%	58%
<b>1b</b>	Is it easy/very easy to see the nurse?	66%	60%	66%	70%
<b>1c</b>	Is it easy/very easy to see the dentist?	16%	17%	16%	22%
<b>1d</b>	Is it easy/very easy to see the optician?	17%	20%	17%	22%
<b>2</b>	Are you able to see a pharmacist?	38%	44%	38%	54%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
<b>3a</b>	The doctor?	49%	44%	49%	55%
<b>3b</b>	The nurse?	59%	57%	59%	71%
<b>3c</b>	The dentist?	54%	49%	54%	28%
<b>3d</b>	The optician?	52%	58%	52%	51%
<b>4</b>	The overall quality of health services?	42%	34%	42%	50%

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<b>Health services continued</b>					
<b>5</b>	Are you currently taking medication?	60%	55%	60%	47%
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	73%	79%	73%	74%
<b>7</b>	Do you feel you have any emotional well-being/mental health issues?	30%	35%	30%	34%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
<b>8a</b>	Not receiving any help?	35%	35%	35%	
<b>8b</b>	A doctor?	23%	27%	23%	
<b>8c</b>	A nurse?	21%	15%	21%	
<b>8d</b>	A psychiatrist?	40%	25%	40%	
<b>8e</b>	The mental health in-reach team?	27%	36%	27%	
<b>8f</b>	A counsellor?	2%	8%	2%	
<b>9a</b>	Did you have a drug problem when you came into this prison?	19%	13%	19%	13%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	12%	14%	12%	9%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	9%	6%	9%	7%
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	88%	87%	88%	78%
<b>12</b>	Have you received any help or intervention while in this prison?	87%	76%	87%	79%
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	57%	69%	57%	67%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	16%	11%	16%	15%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	16%	11%	16%	12%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	38%	47%	38%	50%

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<b>SECTION 7: Purposeful activity</b>					
<b>1</b>	Are you currently involved in any of the following activities:				
<b>1a</b>	A prison job?	74%	67%	74%	
<b>1b</b>	Vocational or skills training?	17%	14%	17%	
<b>1c</b>	Education (including basic skills)?	56%	40%	56%	
<b>1d</b>	Offending behaviour programmes?	22%	22%	22%	
<b>2ai</b>	Have you had a job while in this prison?	91%	88%	91%	
For those who have had a prison job while in this prison:					
<b>2aii</b>	Do you feel the job will help you on release?	40%	42%	40%	
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	79%	74%	79%	
For those who have had vocational or skills training while in this prison:					
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	59%	61%	59%	
<b>2ci</b>	Have you been involved in education while in this prison?	90%	84%	90%	
For those who have been involved in education while in this prison:					
<b>2cii</b>	Do you feel the education will help you on release?	74%	70%	74%	
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	78%	81%	78%	
For those who have been involved in offending behaviour programmes while in this prison:					
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	54%	60%	54%	
<b>3</b>	Do you go to the library at least once a week?	73%	49%	73%	82%
<b>4</b>	On average, do you go to the gym at least twice a week?	52%	52%	52%	60%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	51%	27%	51%	68%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	11%	12%	11%	14%
<b>7</b>	On average, do you go on association more than five times each week?	87%	85%	87%	83%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	21%	26%	21%	22%
<b>SECTION 8: Resettlement</b>					
<b>1</b>	Do you have a personal officer?	95%	88%	95%	86%
For those with a personal officer:					
<b>2</b>	Do you think your personal officer is helpful/very helpful?	50%	55%	50%	56%
For those who are sentenced:					
<b>3</b>	Do you have a sentence plan?	91%	87%	91%	73%
For those with a sentence plan:					
<b>4</b>	Were you involved/very involved in the development of your plan?	43%	50%	43%	54%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	53%	57%	53%	58%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	61%	46%	61%	63%
For those who are sentenced:					
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	25%	35%	25%	27%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	4%	10%	4%	10%
<b>9</b>	Have you had any problems with sending or receiving mail?	57%	48%	57%	62%
<b>10</b>	Have you had any problems getting access to the telephones?	25%	24%	25%	34%
<b>11</b>	Did you have a visit in the first week that you were here?	12%	17%	12%	14%
<b>12</b>	Did you receive one or more visits in the last week?	26%	24%	26%	24%

## Main comparator and comparator to last time

### Key to tables

		HMP Long Lartin 2011	High security prisons comparator	HMP Long Lartin 2011	HMP Long Lartin 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	31%	51%	31%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	23%	32%	23%	33%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	10%	14%	10%	
15c	Avoiding bad relationships?	7%	11%	7%	
15d	Finding a job on release?	10%	10%	10%	
15e	Finding accommodation on release?	8%	13%	8%	
15f	With money/finances on release?	7%	10%	7%	
15g	Claiming benefits on release?	4%	12%	4%	
15h	Arranging a place at college/continuing education on release?	5%	8%	5%	
15i	Accessing health services on release?	5%	10%	5%	
15j	Opening a bank account on release?	9%	9%	9%	
16	Do you think you will have a problem with any of the following on release from prison:				
16b	Maintaining good relationships?	10%	15%	10%	
16c	Avoiding bad relationships?	8%	11%	8%	
16d	Finding a job?	36%	46%	36%	
16e	Finding accommodation?	31%	37%	31%	
16f	Money/finances?	18%	27%	18%	
16g	Claiming benefits?	22%	30%	22%	
16h	Arranging a place at college/continuing education?	16%	19%	16%	
16i	Accessing health services?	20%	25%	20%	
16j	Opening a bank account?	26%	32%	26%	
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?	51%	57%	51%	56%

## Wing analysis



### Prisoner survey responses HMP Long Lartin 2011

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

**Key to tables**

Any percentage highlighted in green is significantly better	A, B, C and D wings (vulnerable prisoners)	E, F and Perrie wings
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Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>	<b>86</b>	<b>86</b>
<b>SECTION 1: General information</b>		
2 Are you under 21 years of age?	0%	1%
3a Are you sentenced?	99%	99%
3b Are you on recall?	0%	1%
4a Is your sentence less than 12 months?	100%	100%
4b Are you here under an indeterminate sentence for public protection (IPP prisoner)?	9%	18%
5 Do you have six months or less to serve?	0%	8%
6 Have you been in this prison less than a month?	3%	2%
7 Are you a foreign national?	15%	11%
8 Is English your first language?	88%	89%
9 Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	51%
10 Do you consider yourself to be Gypsy/Romany/Traveller?	10%	1%
11 Are you Muslim?	5%	42%
12 Are you homosexual/gay or bisexual?	9%	4%
13 Do you consider yourself to have a disability?	39%	19%
14 Is this your first time in prison?	59%	35%
15 Have you been in more than five prisons this time?	21%	23%
16 Do you have any children under the age of 18?	45%	50%
<b>SECTION 2: Transfers and escorts</b>		
For the most recent journey you have made either to or from court or between prisons:		
1a Was the cleanliness of the van good/very good?	47%	43%
1b Was your personal safety during the journey good/very good?	50%	41%
1c Was the comfort of the van good/very good?	14%	15%
1d Was the attention paid to your health needs good/very good?	20%	18%
1e Was the frequency of toilet breaks good/very good?	5%	5%
2 Did you spend more than four hours in the van?	14%	20%
3 Were you treated well/very well by the escort staff?	54%	35%
4a Did you know where you were going when you left court or when transferred from another prison?	53%	58%
4b Before you arrived here did you receive any written information about what would happen to you?	9%	9%
4c When you first arrived here did your property arrive at the same time as you?	76%	61%

## Wing analysis

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<b>SECTION 3: Reception, first night and induction</b>			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	15%	6%
1c	Housing problems?	9%	4%
1d	Problems contacting employers?	5%	3%
1e	Problems contacting family?	25%	21%
1f	Problems ensuring dependants were looked after?	5%	1%
1g	Money problems?	7%	4%
1h	Problems of feeling depressed/suicidal?	39%	30%
1i	Health problems?	46%	45%
1j	Problems in needing protection from other prisoners?	29%	9%
1k	Problems accessing phone numbers?	26%	22%
2	When you first arrived:		
2a	Did you have any problems?	78%	69%
2b	Did you have any problems with loss of property?	28%	30%
2c	Did you have any housing problems?	5%	1%
2d	Did you have any problems contacting employers?	1%	1%
2e	Did you have any problems contacting family?	40%	38%
2f	Did you have any problems ensuring dependants were being looked after?	5%	7%
2g	Did you have any money worries?	14%	14%
2h	Did you have any problems with feeling depressed or suicidal?	18%	14%
2i	Did you have any health problems?	28%	21%
2j	Did you have any problems with needing protection from other prisoners?	13%	4%
2k	Did you have problems accessing phone numbers?	36%	38%
3a	Were you seen by a member of health services in reception?	72%	74%
3b	When you were searched in reception, was this carried out in a respectful way?	51%	62%
4	Were you treated well/very well in reception?	41%	40%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	34%	23%
5b	Support was available for people feeling depressed or suicidal?	38%	15%
5c	How to make routine requests?	33%	16%
5d	Your entitlement to visits?	32%	15%
5e	Health services?	38%	25%
5f	The chaplaincy?	36%	20%

## Wing analysis

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<b>SECTION 3: Reception, first night and induction continued</b>		
<b>6</b> On your day of arrival, were you offered any of the following:		
<b>6a</b> A smokers/non-smokers pack?	56%	62%
<b>6b</b> The opportunity to have a shower?	32%	25%
<b>6c</b> The opportunity to make a free telephone call?	15%	13%
<b>6d</b> Something to eat?	53%	60%
<b>7</b> Within the first 24 hours did you meet any of the following people:		
<b>7a</b> The chaplain or a religious leader?	23%	26%
<b>7b</b> Someone from health services?	66%	69%
<b>7c</b> A Listener/Samaritans?	19%	7%
<b>8</b> Did you have access to the prison shop/canteen within the first 24 hours?	11%	11%
<b>9</b> Did you feel safe on your first night here?	50%	69%
<b>10</b> Have you been on an induction course?	97%	93%
For those who have been on an induction course:		
<b>11</b> Did the course cover everything you needed to know about the prison?	56%	54%
<b>SECTION 4: Legal rights and respectful custody</b>		
<b>1</b> In terms of your legal rights is it easy/very easy to:		
<b>1a</b> Communicate with your solicitor or legal representative?	39%	32%
<b>1b</b> Attend legal visits?	38%	42%
<b>1c</b> Obtain bail information?	12%	1%
<b>2</b> Have staff ever opened letters from your solicitor or legal representative when you were not with them?	66%	62%
<b>3</b> For the wing/unit you are currently on:		
<b>3a</b> Are you normally offered enough clean, suitable clothes for the week?	66%	41%
<b>3b</b> Are you normally able to have a shower every day?	94%	95%
<b>3c</b> Do you normally receive clean sheets every week?	71%	38%
<b>3d</b> Do you normally get cell cleaning materials every week?	86%	82%
<b>3e</b> Is your cell call bell normally answered within five minutes?	34%	26%
<b>3f</b> Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	50%	72%
<b>3g</b> Can you normally get your stored property if you need to?	22%	16%
<b>4</b> Is the food in this prison good/very good?	8%	14%
<b>5</b> Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	46%
<b>6a</b> Is it easy/very easy to get a complaints form?	89%	87%
<b>6b</b> Is it easy/very easy to get an application form?	93%	87%
<b>7</b> Have you made an application?	98%	96%

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<b>SECTION 4: Legal rights and respectful custody continued</b>			
For those who have made an application:			
<b>8a</b>	Do you feel applications are dealt with fairly?	50%	29%
<b>8b</b>	Do you feel applications are dealt with promptly (within seven days)?	43%	37%
<b>9</b>	Have you made a complaint?	79%	84%
For those who have made a complaint:			
<b>10a</b>	Do you feel complaints are dealt with fairly?	19%	8%
<b>10b</b>	Do you feel complaints are dealt with promptly (within seven days)?	34%	24%
<b>11</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	39%
<b>10c</b>	Were you given information about how to make an appeal?	43%	25%
<b>12</b>	Is it easy/very easy to see the Independent Monitoring Board?	30%	15%
<b>13</b>	Are you on the enhanced (top) level of the IEP scheme?	48%	64%
<b>14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	42%
<b>15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	24%	37%
<b>16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	5%	4%
<b>16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	16%	20%
<b>13a</b>	Do you feel your religious beliefs are respected?	42%	34%
<b>13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	51%	62%
<b>14</b>	Are you able to speak to a Listener at any time if you want to?	58%	43%
<b>15a</b>	Is there a member of staff in this prison that you can turn to for help if you have a problem?	76%	67%
<b>15b</b>	Do most staff in this prison treat you with respect?	73%	54%
<b>SECTION 5: Safety</b>			
<b>1</b>	Have you ever felt unsafe in this prison?	74%	50%
<b>2</b>	Do you feel unsafe in this prison at the moment?	44%	21%
<b>4</b>	Have you been victimised by another prisoner?	55%	16%
<b>5</b>	Since you have been here has another prisoner:		
<b>5a</b>	Made insulting remarks about you, your family or friends?	28%	6%
<b>5b</b>	Hit, kicked or assaulted you?	23%	4%
<b>5c</b>	Sexually abused you?	4%	0%
<b>5d</b>	Victimised you because of your race or ethnic origin?	6%	7%
<b>5e</b>	Victimised you because of drugs?	5%	3%
<b>5f</b>	Taken your canteen/property?	12%	4%
<b>5g</b>	Victimised you because you were new here?	6%	9%
<b>5h</b>	Victimised you because of your sexuality?	7%	3%
<b>5i</b>	Victimised you because you have a disability?	10%	3%
<b>5j</b>	Victimised you because of your religion/religious beliefs?	9%	7%
<b>5k</b>	Victimised you because of your age?	6%	4%
<b>5l</b>	Victimised you because you were from a different part of the country?	6%	7%
<b>5m</b>	Victimised you because of your offence/crime?	18%	1%
<b>5n</b>	Victimised you because of gang related issues?	6%	3%

## Wing analysis

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<b>SECTION 5: Safety continued</b>			
6	Have you been victimised by a member of staff?	36%	50%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	15%	12%
7b	Hit, kicked or assaulted you?	4%	6%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	5%	22%
7e	Victimised you because of drugs?	3%	3%
7f	Victimised you because you were new here?	5%	11%
7g	Victimised you because of your sexuality?	0%	1%
7h	Victimised you because you have a disability?	7%	5%
7i	Victimised you because of your religion/religious beliefs?	4%	22%
7j	Victimised you because of your age?	3%	5%
7k	Victimised you because you were from a different part of the country?	4%	13%
7l	Victimised you because of your offence/crime?	16%	4%
7m	Victimised you because of gang related issues?	1%	1%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	44%	41%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	54%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	37%	46%
11	Is it easy/very easy to get illegal drugs in this prison?	30%	10%
<b>SECTION 6: Health services</b>			
1a	Is it easy/very easy to see the doctor?	63%	43%
1b	Is it easy/very easy to see the nurse?	70%	60%
1c	Is it easy/very easy to see the dentist?	25%	7%
1d	Is it easy/very easy to see the optician?	20%	14%
2	Are you able to see a pharmacist?	34%	44%
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?	50%	45%
3b	The nurse?	59%	56%
3c	The dentist?	63%	45%
3d	The optician?	55%	51%
4	The overall quality of health services?	39%	42%

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<b>Health services continued</b>			
<b>5</b>	Are you currently taking medication?	73%	45%
For those currently taking medication:			
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	70%	76%
<b>7</b>	Do you feel you have any emotional well-being/mental health issues?	43%	20%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
<b>8a</b>	Not receiving any help?	30%	40%
<b>8b</b>	A doctor?	28%	14%
<b>8c</b>	A nurse?	17%	33%
<b>8d</b>	A psychiatrist?	42%	40%
<b>8e</b>	The mental health in-reach team?	28%	28%
<b>8f</b>	A counsellor?	3%	0%
<b>9a</b>	Did you have a drug problem when you came into this prison?	18%	17%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	12%	8%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	10%	5%
For those with drug or alcohol problems:			
<b>11</b>	Do you know who to contact in this prison for help?	89%	87%
<b>12</b>	Have you received any help or intervention while in this prison?	90%	83%
For those who have received help or intervention with their drug or alcohol problem:			
<b>13</b>	Was this intervention or help useful?	47%	71%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	20%	7%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	17%	10%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	29%	46%

## Wing analysis

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<b>SECTION 7: Purposeful activity</b>			
<b>1</b>	Are you currently involved in any of the following activities:		
<b>1a</b>	A prison job?	81%	69%
<b>1b</b>	Vocational or skills training?	16%	16%
<b>1c</b>	Education (including basic skills)?	59%	54%
<b>1d</b>	Offending behaviour programmes?	14%	28%
<b>2ai</b>	Have you had a job while in this prison?	93%	88%
For those who have had a prison job while in this prison:			
<b>2aii</b>	Do you feel the job will help you on release?	34%	47%
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	84%	71%
For those who have had vocational or skills training while in this prison:			
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	43%	73%
<b>2ci</b>	Have you been involved in education while in this prison?	92%	87%
For those who have been involved in education while in this prison:			
<b>2cii</b>	Do you feel the education will help you on release?	67%	82%
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	74%	79%
For those who have been involved in offending behaviour programmes while in this prison:			
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	46%	59%
<b>3</b>	Do you go to the library at least once a week?	78%	68%
<b>4</b>	On average, do you go to the gym at least twice a week?	41%	64%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	63%	39%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	11%	12%
<b>7</b>	On average, do you go on association more than five times each week?	91%	88%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	32%	12%
<b>SECTION 8: Resettlement</b>			
<b>1</b>	Do you have a personal officer?	97%	94%
For those with a personal officer:			
<b>2</b>	Do you think your personal officer is helpful/very helpful?	61%	40%
For those who are sentenced:			
<b>3</b>	Do you have a sentence plan?	93%	88%
For those with a sentence plan:			
<b>4</b>	Were you involved/very involved in the development of your plan?	40%	47%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	39%	67%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	49%	71%
For those who are sentenced:			
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	21%	30%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	7%	1%
<b>9</b>	Have you had any problems with sending or receiving mail?	59%	55%
<b>10</b>	Have you had any problems getting access to the telephones?	26%	24%
<b>11</b>	Did you have a visit in the first week that you were here?	15%	9%
<b>12</b>	Did you receive one or more visits in the last week?	27%	29%

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<b>Resettlement continued</b>			
For those who have had visits:			
<b>13</b>	How are you and your family/ friends usually treated by visits staff? (Very well/well)	<b>34%</b>	<b>30%</b>
<b>14</b>	Have you been helped to maintain contact with family/friends while in this prison?	<b>26%</b>	<b>21%</b>
<b>15</b>	Do you know who to contact within this prison to get help with the following:		
<b>15b</b>	Maintaining good relationships?	<b>11%</b>	<b>10%</b>
<b>15c</b>	Avoiding bad relationships?	<b>9%</b>	<b>6%</b>
<b>15d</b>	Finding a job on release?	<b>14%</b>	<b>7%</b>
<b>15e</b>	Finding accommodation on release?	<b>13%</b>	<b>4%</b>
<b>15f</b>	With money/finances on release?	<b>11%</b>	<b>3%</b>
<b>15g</b>	Claiming benefits on release?	<b>7%</b>	<b>1%</b>
<b>15h</b>	Arranging a place at college/continuing education on release?	<b>7%</b>	<b>3%</b>
<b>15i</b>	Accessing health services on release?	<b>6%</b>	<b>4%</b>
<b>15j</b>	Opening a bank account on release?	<b>14%</b>	<b>6%</b>
<b>16</b>	Do you think you will have a problem with any of the following on release from prison:		
<b>16b</b>	Maintaining good relationships?	<b>9%</b>	<b>10%</b>
<b>16c</b>	Avoiding bad relationships?	<b>7%</b>	<b>9%</b>
<b>16d</b>	Finding a job?	<b>41%</b>	<b>30%</b>
<b>16e</b>	Finding accommodation?	<b>35%</b>	<b>26%</b>
<b>16f</b>	Money/finances?	<b>17%</b>	<b>17%</b>
<b>16g</b>	Claiming benefits?	<b>29%</b>	<b>14%</b>
<b>16h</b>	Arranging a place at college/continuing education?	<b>16%</b>	<b>17%</b>
<b>16i</b>	Accessing health services?	<b>24%</b>	<b>16%</b>
<b>16j</b>	Opening a bank account?	<b>28%</b>	<b>22%</b>
For those who are sentenced:			
<b>17</b>	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	<b>40%</b>	<b>60%</b>

## Diversity analysis



### Key question responses (ethnicity, nationality and religion) HMP Long Lartin 2011

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>57</b>	<b>119</b>	<b>21</b>	<b>154</b>	<b>42</b>	<b>132</b>
1.3	Are you sentenced?	100%	98%	96%	99%	100%	98%
1.7	Are you a foreign national?	18%	9%			19%	9%
1.8	Is English your first language?	77%	93%	42%	95%	74%	93%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			48%	30%	79%	17%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	7%	0%	5%	2%	6%
1.11	Are you Muslim?	60%	8%	40%	22%		
1.12	Do you consider yourself to have a disability?	10%	38%	24%	29%	17%	33%
1.13	Is this your first time in prison?	46%	47%	75%	43%	50%	44%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	12%	21%	5%	19%	8%	22%
2.3	Were you treated well/very well by the escort staff?	36%	50%	35%	46%	30%	49%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	63%	53%	53%	57%	67%	52%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	25%	19%	22%	22%	22%	21%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	37%	32%	42%	32%	38%	32%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	45%	42%	58%	41%	50%	41%
3.2a	Did you have any problems when you first arrived?	78%	72%	83%	74%	77%	73%
3.3a	Were you seen by a member of health care staff in reception?	72%	74%	72%	74%	81%	70%
3.3b	When you were searched in reception, was this carried out in a respectful way?	48%	61%	52%	57%	48%	60%
3.4	Were you treated well/very well in reception?	30%	47%	42%	41%	38%	42%
3.7b	Did you have access to someone from health care within the first 24 hours?	68%	67%	63%	67%	75%	65%
3.9	Did you feel safe on your first night here?	71%	53%	79%	55%	67%	56%
3.10	Have you been on an induction course?	95%	95%	100%	94%	90%	96%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	43%	42%	37%	27%	40%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	41%	58%	60%	50%	38%	58%
4.3b	Are you normally able to have a shower every day?	92%	96%	89%	95%	92%	96%
4.3e	Is your cell call bell normally answered within five minutes?	27%	33%	25%	31%	30%	32%
4.4	Is the food in this prison good/very good?	10%	11%	10%	11%	12%	11%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	52%	4%	49%	34%	48%
4.6a	Is it easy/very easy to get a complaints form?	81%	89%	86%	87%	81%	88%
4.6b	Is it easy/very easy to get an application form?	83%	90%	84%	88%	81%	90%
4.9	Have you made a complaint?	86%	80%	75%	82%	88%	79%
4.13	Are you on the enhanced (top) level of the IEP scheme?	54%	53%	62%	53%	48%	56%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	27%	39%	40%	34%	20%	41%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	26%	35%	28%	42%	25%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	4%	0%	7%	13%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	29%	18%	16%	22%	39%	16%
4.17a	Do you feel your religious beliefs are respected?	29%	43%	40%	39%	22%	44%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	70%	50%	66%	55%	87%	47%
4.18	Are you able to speak to a Listener at any time if you want to?	39%	57%	48%	52%	35%	57%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	70%	84%	68%	64%	71%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	53%	69%	79%	62%	52%	69%
5.1	Have you ever felt unsafe in this prison?	49%	71%	50%	66%	51%	67%
5.2	Do you feel unsafe in this prison at the moment?	25%	40%	25%	36%	22%	39%
5.4	Have you been victimised by another prisoner?	18%	48%	35%	37%	18%	43%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	8%	15%	6%	7%	6%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	8%	0%	6%	5%	6%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	10%	10%	8%	13%	7%
5.6	Have you been victimised by a member of staff?	58%	37%	38%	45%	65%	37%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	29%	5%	10%	14%	38%	5%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.7h	Have you been victimised because you have a disability? (By staff)	0%	8%	0%	6%	2%	6%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	27%	6%	10%	14%	40%	4%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	11%	53%	33%	40%	13%	47%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	59%	35%	31%	43%	57%	38%
5.11	Is it easy/very easy to get illegal drugs in this prison?	4%	26%	22%	18%	5%	23%
6.1a	Is it easy/very easy to see the doctor?	54%	54%	53%	54%	54%	55%
6.1b	Is it easy/ very easy to see the nurse?	67%	65%	61%	66%	70%	66%
6.2	Are you able to see a pharmacist?	48%	33%	44%	38%	43%	35%
6.5	Are you currently taking medication?	37%	71%	60%	59%	44%	65%
6.7	Do you feel you have any emotional well-being/mental health issues?	13%	37%	27%	31%	15%	34%
7.1a	Are you currently working in the prison?	71%	76%	84%	72%	71%	75%
7.1b	Are you currently undertaking vocational or skills training?	20%	15%	22%	16%	19%	16%
7.1c	Are you currently in education (including basic skills)?	71%	49%	69%	54%	68%	52%
7.1d	Are you currently taking part in an offending behaviour programme?	31%	17%	27%	20%	27%	19%
7.3	Do you go to the library at least once a week?	71%	74%	84%	72%	66%	74%
7.4	On average, do you go to the gym at least twice a week?	78%	40%	73%	50%	74%	44%
7.5	On average, do you go outside for exercise three or more times a week?	40%	57%	53%	51%	37%	55%
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.)	15%	10%	5%	11%	15%	10%
7.7	On average, do you go on association more than five times each week?	82%	89%	73%	89%	81%	89%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	22%	31%	19%	10%	25%
8.1	Do you have a personal officer?	95%	96%	100%	95%	95%	96%
8.9	Have you had any problems sending or receiving mail?	50%	59%	60%	55%	50%	60%
8.10	Have you had any problems getting access to the telephones?	22%	26%	27%	25%	26%	23%



### Key questions (disability analysis) HMP Long Lartin 2011

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

#### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>51</b>	<b>127</b>
1.3	Are you sentenced?	100%	98%
1.7	Are you a foreign national?	10%	13%
1.8	Is English your first language?	90%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	41%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	13%	2%
1.11	Are you Muslim?	14%	28%
1.14	Is this your first time in prison?	51%	44%
2.1d	Was the attention paid to your health needs good/very good?	22%	17%
2.3	Were you treated well/very well by the escort staff?	59%	40%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	55%	58%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	7%	27%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	18%	40%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	36%	47%
3.2a	Did you have any problems when you first arrived?	79%	72%
3.3a	Were you seen by a member of health care staff in reception?	80%	71%
3.3b	When you were searched in reception, was this carried out in a respectful way?	58%	57%
3.4	Were you treated well/very well in reception?	56%	36%
3.7b	Did you have access to someone from health care within the first 24 hours?	75%	64%
3.9	Did you feel safe on your first night here?	59%	59%
3.10	Have you been on an induction course?	96%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	35%

Diversity analysis - disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	68%	46%
4.3b	Are you normally able to have a shower every day?	96%	94%
4.3e	Is your cell call bell normally answered within five minutes?	30%	31%
4.4	Is the food in this prison good/very good?	8%	13%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	40%
4.6a	Is it easy/very easy to get a complaints form?	96%	83%
4.6b	Is it easy/very easy to get an application form?	100%	83%
4.9	Have you made a complaint?	80%	83%
4.13	Are you on the enhanced (top) level of the IEP scheme?	48%	56%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	37%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	31%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	10%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	19%	23%
4.17a	Do you feel your religious beliefs are respected?	48%	35%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	59%
4.18	Are you able to speak to a Listener at any time if you want to?	57%	50%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	68%
4.19b	Do <b>most</b> staff in this prison treat you with respect?	72%	61%
5.1	Have you ever felt unsafe in this prison?	72%	61%
5.2	Do you feel unsafe in this prison at the moment?	45%	31%
5.4	Have you been victimised by another prisoner?	48%	34%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	7%
5.5i	Victimised you because you have a disability?	19%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	8%
5.6	Have you been victimised by a member of staff?	45%	43%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	15%
5.7h	Victimised you because you have a disability?	15%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	15%

## Diversity analysis - disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	54%	34%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	40%	43%
5.11	Is it easy/very easy to get illegal drugs in this prison?	33%	13%
6.1a	Is it easy/very easy to see the doctor?	48%	57%
6.1b	Is it easy/ very easy to see the nurse?	67%	66%
6.2	Are you able to see a pharmacist?	36%	39%
6.5	Are you currently taking medication?	84%	50%
6.7	Do you feel you have any emotional well-being/mental health issues?	42%	25%
7.1a	Are you currently working in the prison?	68%	77%
7.1b	Are you currently undertaking vocational or skills training?	10%	19%
7.1c	Are you currently in education (including basic skills)?	49%	59%
7.1d	Are you currently taking part in an offending behaviour programme?	18%	22%
7.3	Do you go to the library at least once a week?	74%	72%
7.4	On average, do you go to the gym at least twice a week?	29%	61%
7.5	On average, do you go outside for exercise three or more times a week?	51%	51%
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.)	17%	9%
7.7	On average, do you go on association more than five times each week?	86%	88%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	19%
8.1	Do you have a personal officer?	98%	94%
8.9	Have you had any problems sending or receiving mail?	47%	60%
8.10	Have you had any problems getting access to the telephones?	26%	24%



Diversity analysis - age  
Key question responses (age - over 50) HMP Long Lartin 2011

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

**Key to tables**

		Prisoners aged 50 and over	Prisoners under 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>39</b>	<b>138</b>
<b>1.3</b>	Are you sentenced?	100%	99%
<b>1.7</b>	Are you a foreign national?	8%	13%
<b>1.8</b>	Is English your first language?	87%	89%
<b>1.9</b>	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	11%	38%
<b>1.1</b>	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	4%
<b>1.11</b>	Are you Muslim?	8%	29%
<b>1.13</b>	Do you consider yourself to have a disability?	59%	20%
<b>1.14</b>	Is this your first time in prison?	68%	40%
<b>2.1d</b>	Was the attention paid to your health needs good/very good?	23%	18%
<b>2.3</b>	Were you treated well/very well by the escort staff?	54%	44%
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	49%	58%
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	11%	25%
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	29%	36%
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	47%	43%
<b>3.2a</b>	Did you have any problems when you first arrived?	80%	73%
<b>3.3a</b>	Were you seen by a member of health care staff in reception?	68%	75%
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	45%	61%

## Diversity analysis - age

### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	46%	41%
3.7b	Did you have access to someone from health care within the first 24 hours?	58%	70%
3.9	Did you feel safe on your first night here?	52%	61%
3.10	Have you been on an induction course?	92%	96%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	26%	40%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	63%	50%
4.3b	Are you normally able to have a shower every day?	94%	95%
4.3e	Is your cell call bell normally answered within five minutes?	33%	31%
4.4	Is the food in this prison good/very good?	13%	11%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	46%
4.6a	Is it easy/very easy to get a complaints form?	92%	85%
4.6b	Is it easy/very easy to get an application form?	94%	86%
4.9	Have you made a complaint?	73%	85%
4.13	Are you on the enhanced (top) level of the IEP scheme?	49%	56%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	37%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	8%	36%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	16%	23%
4.17a	Do you feel your religious beliefs are respected?	46%	36%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	44%	59%

## Diversity analysis - age

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under 50</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>4.18</b>	Are you able to speak to a Listener at any time if you want to?	<b>56%</b>	<b>50%</b>
<b>4.15a</b>	Is there a member of staff you can turn to for help if you have a problem in this prison?	<b>74%</b>	<b>69%</b>
<b>4.15b</b>	Do <b>most</b> staff, in this prison, treat you with respect?	<b>79%</b>	<b>59%</b>
<b>5.1</b>	Have you ever felt unsafe in this prison?	<b>64%</b>	<b>63%</b>
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	<b>45%</b>	<b>32%</b>
<b>5.4</b>	Have you been victimised by another prisoner?	<b>47%</b>	<b>35%</b>
<b>5.5d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	<b>6%</b>	<b>8%</b>
<b>5.5i</b>	Victimised you because you have a disability?	<b>14%</b>	<b>4%</b>
<b>5.5j</b>	Have you been victimised because of your religion/religious beliefs? (By prisoners)	<b>8%</b>	<b>9%</b>
<b>5.5k</b>	Have you been victimised because of your age? (By prisoners)	<b>20%</b>	<b>2%</b>
<b>5.6</b>	Have you been victimised by a member of staff?	<b>45%</b>	<b>43%</b>
<b>5.7d</b>	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	<b>5%</b>	<b>15%</b>
<b>5.7h</b>	Victimised you because you have a disability?	<b>13%</b>	<b>3%</b>
<b>5.7i</b>	Have you been victimised because of your religion/religious beliefs? (By staff)	<b>5%</b>	<b>15%</b>
<b>5.7j</b>	Have you been victimised because of your age? (By staff)	<b>11%</b>	<b>2%</b>
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	<b>49%</b>	<b>36%</b>
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	<b>43%</b>	<b>41%</b>
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	<b>19%</b>	<b>19%</b>
<b>6.1a</b>	Is it easy/very easy to see the doctor?	<b>54%</b>	<b>56%</b>
<b>6.1b</b>	Is it easy/ very easy to see the nurse?	<b>62%</b>	<b>68%</b>

## Diversity analysis - age

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under 50</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>6.2</b>	Are you able to see a pharmacist?	34%	39%
<b>6.5</b>	Are you currently taking medication?	81%	54%
<b>6.7</b>	Do you feel you have any emotional well-being/mental health issues?	32%	30%
<b>7.1a</b>	Are you currently working in the prison?	59%	79%
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	21%	16%
<b>7.1c</b>	Are you currently in education (including basic skills)?	54%	57%
<b>7.1d</b>	Are you currently taking part in an offending behaviour programme?	11%	26%
<b>7.3</b>	Do you go to the library at least once a week?	81%	70%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	39%	56%
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	53%	50%
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	11%	11%
<b>7.7</b>	On average, do you go on association more than five times each week?	85%	88%
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	26%	20%
<b>8.1</b>	Do you have a personal officer?	98%	95%
<b>8.9</b>	Have you had any problems sending or receiving mail?	54%	57%
<b>8.10</b>	Have you had any problems getting access to the telephones?	28%	25%