

Report on an announced inspection of

HMP Wakefield

1 - 5 December 2008

by HM Chief Inspector of Prisons

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

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Introduction

Wakefield is a dispersal prison in the high security estate, mainly holding those convicted of serious sexual offences. The last full announced inspection in 2003 recorded an over-controlled and negative culture, but our follow-up in 2005 found that the prison had begun to improve noticeably. This inspection found that most of those improvements had been sustained, and the prison was performing reasonably well in three of our four key areas, though there is still more to be done.

Wakefield was, in general, a safe prison and this was confirmed by prisoners. However, it was not clear that suicide and self-harm, or violence reduction, procedures were properly targeted at the specific risks presented or faced by Wakefield's particular population. In addition, the management of the segregation unit, which had been an example of good practice in 2004, had deteriorated in that it was simply containing prisoners, sometimes for long periods, rather than actively working with them. The same was true for exceptional risk prisoners in the close supervision centre. The physical environment of both units made them unfit for their purpose.

Prisoners during the inspection were in general negative about their relationships with staff, though they also confirmed that some individual staff were positive and helpful. We did not ourselves observe any problematic staff behaviour during the week of inspection itself. There were, however, still examples of officers distancing themselves from prisoners during association, and the case-worker system – designed to ensure that personal officers motivated prisoners to engage with sentence plans – was not yet working well. A great deal of commendable and positive work was taking place in race relations and diversity, though black and minority ethnic prisoners surveyed were still considerably more negative than white prisoners in relation to safety and relationships with staff.

The quality and quantity of activity available to prisoners at Wakefield had improved considerably over recent years, with a range of activities appropriate to a long-stay population. However, there were still insufficient spaces for all the population. Equally worrying was the fact that too many spaces were unfilled, so that at one time a third of prisoners could be locked in their cells. Data collection and analysis was insufficient to monitor or explain this.

The most pressing problem at Wakefield was the disengagement from rehabilitative work of many prisoners, and the consequent failure to progress through sentence. A large proportion of prisoners denied their offences or were considered unsuitable for the sex offender treatment programmes provided by the large psychology department. The presence of so many prisoners in denial simply reinforced entrenched attitudes among those who refused to admit, or engage with, their offences. Even for those who did engage, opportunities to move to lower category prisons were extremely limited, hardly reinforcing the benefits of taking part in demanding programmes. Many prisoners felt, with some reason, that they were permanently marooned in Wakefield. The lack of sufficiently proactive relationships with staff was both a contributory factor to, and a consequence of, this negativity.

This is something that the high security estate, as well as the prison, needs to grapple with. Wakefield needs a more balanced mix of prisoners, with a proportion ready and willing to engage in programmes; but the prison itself should also provide more one-to-one and counselling work, and reinforce the inadequate mental health service, in order to tackle the underlying reasons for refusal to engage. Recategorisation decisions should reflect current risk and result in swift moves.

Wakefield has improved considerably over the last five years and it is pleasing that in general the improvement has been sustained. There is still work to be done on aspects of safety, staff-prisoner relationships and activities, but the principal issue to be tackled is how to motivate and engage serious sexual offenders, so that their risk is reduced and they can progress through the prison system.

Anne Owers
HM Chief Inspector of Prisons

February 2009

Fact page

Task of the establishment

HMP Wakefield is a high security prison for men typically in security categories A and B. It is one of five 'dispersal' establishments across England and is a main lifer centre with the focus on serious sex offenders.

Brief history

HMP Wakefield was originally built as a house of correction in 1594. The current prison was designated a 'dispersal' prison in 1966 (the longest of the remaining original group).

Operational area

Directorate of High Security

Number held

731 (as of 20 November 2008)

Certified normal accommodation

750

Operational capacity

752

Last full inspection

25 – 29 April 2005 (full unannounced)

Description of residential units

There are four main residential units (A, B, C and D) built around the Victorian-style radial floor plan. Each wing has four levels and holds approximately 185 prisoners in single cells. In 2006, a refurbishment of A wing completed a 10-year refurbishment of the accommodation, which includes all residential units having kitchens for prisoners to prepare their own meals and association equipment for recreational time. B wing includes a small unit for remand prisoners, with a separate and contained regime.

F wing serves as the segregation unit holding refractory prisoners and there is a facility for up to eight close supervision centre (CSC) prisoners on the adjoining unit. The CSC offers a full and separate regime for the prisoners housed there, with visits, gym and education undertaken on the unit.

The healthcare unit has an in-patient facility on the top level for acute cases that require admission.

Healthy prison summary

Introduction

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

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

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

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

HP3 Reception, first night and induction procedures were mostly satisfactory. There was relatively low use of force, but some use of the special cells was not properly authorised and oversight was poor. The segregation unit was very basic. Most men felt safe and incidents of self-harm were low, but procedures for those at risk of self-

harm and bullying needed improvement. There was little drug use. The prison was performing reasonably well against this healthy prison test.

- HP4 There were few movements through reception, but some prisoners had long journeys without any breaks. The reception layout was not ideal, but it was adequate and clean. Senior officers on the wings carried out a standard arrival interview to identify immediate concerns and complete wing compacts. A comprehensive information booklet was provided, but only in English. Insiders provided some peer support for new arrivals.
- HP5 A formal two-week induction was run, but some prisoners could wait some time to begin it. Listeners and wing representatives and most significant departments contributed to induction except healthcare. Induction was followed by a three-month period of assessment leading up to the initial sentence planning board. During this time, prisoners could take part in some work and education, but often this was a period of little activity.
- HP6 Most men felt safe and bullying did not appear to be a major problem, but the more vulnerable groups such as older prisoners and those with mental health problems experienced some intimidation. There was little structured support for victims. The violence reduction strategy, which incorporated anti-bullying, was based on national guidance and not sufficiently tailored to the specific circumstances at Wakefield. There were satisfactory investigations into allegations of bullying, but outcomes were not always fed back to the complainant. Anti-social behavioural compacts were used effectively to manage some unacceptable conduct. Regular statistical reports about violence reduction were made to the safer prisons and senior management team meeting, but there was little evidence of discussions about issues arising. The last prisoner survey of bullying had not fully explored the nature and causes of bullying.
- HP7 All safer custody issues were covered at a generally well attended monthly safer prisons meeting, but there was no mental health input and the strategy was not specific to Wakefield. There had been two apparently self-inflicted deaths in 2008 and the results of the formal investigations were awaited. The prison conducted its own investigations into near-death incidents with the aim of learning lessons. Levels of self-harm were relatively low and often involved the same few prisoners. Monitoring documents for those at risk were procedurally correct, but reviews were often not multidisciplinary, there was little consistency of case management and many records did not indicate meaningful engagement with prisoners. Some good support was provided through the chaplaincy, Listeners and a self-help group, but mental health services were very stretched and there was little for victims of previous sexual abuse. Listeners were mostly well supported, but reported difficulties attending prisoners in healthcare and there was no dedicated Listeners' suite.
- HP8 Security was well resourced and included a dedicated search team and, although very few were convicted of terrorist offences, a specialist group for monitoring extremists. A monthly security meeting was underpinned by a meeting that included residential staff and there was good information sharing. The security department was appropriately involved in most decisions about individual prisoners and the running of the prison, but security appeared proportionate. There were no clear rules of the prison for prisoners, who sometimes complained they were subject to inconsistent treatment.

- HP9 The segregation unit cells were in poor condition and some were very cold. The regime was very basic and daily showers were not guaranteed. The exercise yard was bleak and dirty. Some men spent a long time in segregation and, although a mental health nurse visited daily, there were no care plans that took into account psychological deterioration or general mental health issues. Staff knew the prisoners well and interactions were relaxed and respectful, but daily records were very brief. Well attended reviews were held every fortnight, but there were few options for moving prisoners on. Adjudications were mostly reserved for serious breaches of rules and were well conducted and monitored.
- HP10 Use of force was relatively low and many incidents were quickly de-escalated. Records were mostly well kept, but there was no register for the use of special accommodation, which was not always properly authorised or well monitored. We found three incidents where prisoners had been strip searched under restraint following location into special accommodation without justification and it appeared that strip clothing was routinely used for men held there. The designated special cells were cold, out of the way on a lower floor of the segregation unit and furnished with only a pallet bed and a squat toilet. One man had been held in one of the cells for five days in June 2008, which could not be justified.
- HP11 The close supervision centre (CSC) was adjacent to the segregation unit with the same staff group, which did not sit well with a therapeutic approach. The environment was austere and not ideal for the men who stayed there a very long time. None of the prisoners identified as exceptional risk had moved on and their management was more about humane containment than progression. There was a lack of mental health input into the CSC despite significant resources being provided for it. All visits were in a very controlled environment without an individual assessment of risk.
- HP12 There was little illicit drug use and the positive mandatory drug test rate of only 2.7% represented mainly diverted opiate-based medication. Many fewer than at comparator prisons in our survey said it was easy to get drugs. Despite the low level of drug detoxification, there were appropriate protocols and good quality care for those undergoing detoxification.

Respect

- HP13 Relationships were satisfactory, but prisoners did not feel well supported by staff. Some attention was being given to developing the personal officer scheme. Living conditions were generally good and the food was satisfactory. Some responses to complaints were poor. The incentives and earned privileges (IEP) scheme did little to motivate prisoners. Some very good diversity work was taking place, but black and minority ethnic prisoners reported significantly worse experiences than others. More GP services were needed and mental health was severely under-resourced, but otherwise health services were satisfactory. The prison was performing reasonably well against this healthy prison test.
- HP14 In our survey, a similar number to other high secure prisons said most staff treated them with respect, although this was significantly lower than in category B training prisons. Prisoners in groups and during the week were mostly negative about relationships with staff and said that many were unhelpful, but, other than some poor responses to complaints, we found little evidence to support this during the

inspection. Many prisoners said staff were more respectful than usual during the inspection. Some staff were distant and, although there was relatively little engagement during association, we also saw some individual positive interaction. In our survey, many more than in other high secure prisons and in category B prisons said they had a member of staff they could turn to for support.

- HP15 Almost all in our survey said they had a personal officer and 57%, the same as the high secure comparator, said they found them helpful. A new case worker approach for personal officers had been introduced and was a useful initiative to involve all staff in risk reduction work. Entries in wing files were mostly regular, but had little depth and suggested that there was some way to go before this developed into a really effective scheme.
- HP16 The general environment was good and, despite some problems with cleaning supplies, all areas of the prison were clean. All men had single cells and mostly ate in them, but toilets in cells were not effectively screened for hygiene or privacy. There was good access to showers and clean bedding, although some prisoners experienced delays in getting sufficient clothing or replacement mattresses. Problems were caused by inconsistencies in the in-possession list between different high secure prisons. The current list had been issued too hastily and some items were removed shortly after the inspection. The electricity system did not support prisoners having kettles in their cells so they had limited opportunities to get hot drinks.
- HP17 There was little use of the basic level of the incentives and earned privileges (IEP) scheme and challenging behaviour was often appropriately dealt with through anti-social behaviour compacts. Although the IEP policy was linked to compliance with the regime and sentence planning, the number of prisoners who refused to attend activities and the very high proportion who did not accept responsibility for their offence did not suggest that enhanced status acted as any useful motivation for these purposes. The aim of the scheme was therefore not met.
- HP18 The kitchen was cramped and in very poor condition. Although some prisoners expressed discontent with the food, the meals were sufficient and of reasonable quality. Despite some good occasional culturally themed days, the food generally lacked cultural diversity. In our survey, 28%, significantly better than the comparator with other high secure prisons, said the food was good. Consultation arrangements were good. There were some cooking facilities on the wings.
- HP19 There were a number of policies for minorities and diversity was well promoted, with a range of forums for different minority groups. All prisoners were able to self-refer to the disability liaison officer on arrival and prisoners were aware of her role and that of disability liaison officers on wings. Those with identified disabilities had a notice placed in their wing file identifying their specific needs, but there was little in files about ongoing help. There were lifts and some adapted cells for those with physical disabilities.
- HP20 The race equality action team (REAT) was well attended, met monthly and was innovatively co-chaired by the deputy governor and a prisoner representative. Attention was paid to ethnic monitoring, which did not highlight any major issues. Trained race equality representatives met the race equality officer regularly. Racist incident reports were well investigated and effectively monitored by a panel with independent representatives. Despite the attention to race relations structures, survey results from black and minority ethnic prisoners were significantly worse than those of

white prisoners in most areas. A quarter of the prisoners were black and minority ethnic, but very few officers were and many black and minority ethnic prisoners complained about discrimination by staff. However, others acknowledged that race relations were good. A number believed they suffered disproportionately from lack of progression opportunities, but there was no evidence to support this. Some efforts were made to engage with black and minority ethnic prisoners to discuss concerns, but more was needed.

- HP21 There were 64 foreign national prisoners and all were seen on arrival by the foreign national liaison officer who maintained a record for each man. The policy was basic and not based on a needs analysis. Each wing file noted the prisoner's nationality, but not all indicated language proficiency and interpreting services were underused. All were able to make regular telephone calls home. Weekly drop-ins for foreign national prisoners and quarterly meetings with immigration officers were held.
- HP22 The chaplaincy team was actively involved in the life of the prison and ran a wide range of activities. There was provision for all faiths, although the appointment of a Hindu leader was delayed for security clearance. The chaplaincy team had devised and delivered a good faith awareness training package to all staff.
- HP23 A new applications system introduced during the inspection allowed responses to be tracked, but many prisoners complained of delay and having to make repeat applications. Complaints were often answered at too low a level by officers who were unable to provide a satisfactory answer, which led to further complaints. Some complaints about staff were answered inappropriately by the officer who was the original subject of the complaint. There was insufficient monitoring of complaints and no quality assurance by senior managers. There was a good service from trained legal services officers.
- HP24 There had been some good recent primary care trust investment in healthcare and, although our survey was relatively poor in relation to the overall quality of health services, prisoners acknowledged that some progress was being made. A physical health needs assessment had been carried out in April 2008 and review of staffing was under way. Some of the health services accommodation such as the centre treatment area was not fit for purpose and there were plans to replace it. Although the building was not ideal, the main healthcare centre was well resourced. Prisoners waited too long for routine GP appointments. A first contact clinic was run by nurse prescribers, but there was usually a two-day wait for that. General nurse-led clinics were developing. There were a number of problems with medicines management and pharmacy, including poorly documented prescription charts and a lack of data to check apparently high prescribing of opiate-based medications. Dentistry services were good and additional sessions were planned to reduce the waiting list. There was little therapeutic input into the in-patient facility. Mental health services were severely under-resourced and there were no day services or group work. Six men were waiting for transfer to NHS mental health beds and two had been waiting well over a year. A number of external hospital appointments were missed, but there was no effective monitoring.

Purposeful activity

- HP25 Time out of cell was reasonable for those in activity, but some prisoners were locked up longer than we would expect and there were no clear data about who was refusing to engage. Education provision was good and some skills training was delivered in workshops, but there were insufficient activity places particularly to meet the needs of category A prisoners and no work for remand prisoners. Some better quality jobs were needed. The library was well used and physical education provision was good. The prison was performing reasonably well against this healthy prison test.
- HP26 Time out of cell for those in work averaged between eight and nine hours a day, but we found that about a third of prisoners were locked in their cells in the morning and a quarter in the afternoon. It was not clear how many men were refusing to engage in activities in addition to those who were unemployed. Subject to a risk assessment, those who were retired and medically unfit were unlocked during the core day, but the process was inconsistent. The core day was short, but times were mostly adhered to and association and exercise were rarely cancelled, although exercise was not provided for an hour.
- HP27 There was clear strategic development for learning and skills with a focus on meeting prisoners' needs, but many quality improvement measures had only recently been introduced. The education provision was well managed. The range of provision was good with some progression up to Open University level. Initial assessments identified literacy and numeracy needs and there was an effective information, advice and guidance (IAG) service at induction. Altogether there were 190 education places and access was good, including for those on remand, in healthcare and in the close supervision centre. About a third of prisoners took part in some form of education. The overall quality of teaching was satisfactory and some was good and outstanding. Apart from GCSEs, achievements were good on most courses and resources to support teaching were good. There were effective links with the psychology department and joint courses for personal development.
- HP28 With just over 300 workshop places, there were insufficient activity places overall and opportunities for category A prisoners were particularly limited and there were no work places for remand prisoners. There was appropriate allocation to work activities informed by IAG and education, but there was a need for better analysis of data to evaluate and establish an accurate picture of access to activities. There was a reasonable range of work opportunities, with a focus on personal development rather than preparation for employment. Most workshops provided some structured training, but very few had any formal accreditation. Prisoners could combine jobs with education and opportunities to develop literacy and numeracy skills in the work place had just been introduced.
- HP29 The library was appropriately stocked to meet the needs of the population and prisoners were able to consult Prison Service Orders and relevant legal materials. Access was good, almost all prisoners used it at some time and over 60% in our survey said they went at least once a week. There were links to education and promotion of literacy with activities such as Toe by Toe, Story Book Dads and both a writer and reader in residence.

HP30 Physical education (PE) facilities were satisfactory. Opportunities to use the gym were generally good. There was a positive focus on promoting healthy living and effective links with healthcare, with remedial and referral PE and specific activities for men with disabilities and the less fit. Although only small numbers were involved, there were good achievement rates on accredited programmes.

Resettlement

HP31 A new reducing reoffending strategy had been agreed, but more active strategic development and oversight was needed. Offender management and planning operated reasonably well and there were good public protection arrangements. Some good quality programmes were delivered, but most prisoners did not participate and made little progress in their sentence. An alternative, more individualised approach was needed. The large number of those unwilling or unable to engage in programmes reinforced entrenched attitudes and reluctance to admit offences. Visits did not start on time and the children and families resettlement pathway was underdeveloped. The prison was not performing sufficiently well against this healthy prison test.

HP32 A relatively new reducing reoffending strategy had been introduced, based on the resettlement pathways and a high security estate needs analysis. This had been broken down to cover some of the specific needs at Wakefield, but the information was still too broad and further analysis was needed. There had been some confusion about structures to oversee the strategic development of resettlement, with both a resettlement and a reducing reoffending strategy meeting. Neither had met since March 2008 and there had therefore been no monitoring of objectives or active strategic development to meet specific needs at Wakefield.

HP33 All prisoners were managed under the offender management model. A detailed initial sentence plan was completed within three months and offender managers were appropriately involved with those in scope. All plans were copied to wing files. There was little prioritisation of cases within the offender management team and in most cases offender supervisors saw the prisoner only twice a year irrespective of risk or other circumstances.

HP34 About 70% of the population were lifers or serving indeterminate sentences for public protection. They were given some written information about the lifer system, but there were no special lifer days or forums to help address some of the specific needs of indeterminate-sentenced prisoners. Public protection arrangements were effective, with good information sharing with other relevant agencies.

HP35 Programmes were run to a high standard, but it was difficult to evaluate waiting lists for sex offender treatment programmes (SOTP) when over 600 men were identified as likely to need them and a very high proportion were in some sort of denial precluding their involvement. Thirty-eight prisoners had completed SOTP in 2007/08 and 63 the enhanced thinking skills programme. There was a need for a more individualised and innovative approach, involving counselling and mental health input, for men who were not ready to engage in programmes. An intervention known as Foundation was run as an introduction to groupwork and had some motivational component, but there was no specific intervention to challenge and motivate those who denied their offence. The number of men not ready to engage in offence-related programmes was a major challenge for the prison, but there was no overall strategy

for dealing with it. The recent re-launch of the personal officer scheme was aimed partly at achieving a prison-wide approach to reducing reoffending, but was unlikely to help much with this difficult problem.

- HP36 Progression from Wakefield was very slow and there had been only one downgrade from category A in 2008. There were only 18 prisoners waiting to go to other prisons, 12 to category B and six to category C. Only 10 men had moved to category C prisons during the year. The lack of progression was a major issue for many men who saw themselves as stuck in the system.
- HP37 Relatively few men were released from Wakefield and most who were went to approved accommodation. Preparation for release was individually managed. There was awareness of the needs of those about to be released, but no specific assessment based on the resettlement pathways. Little work had been done in the area of finance and debt advice, although some aspects were covered in an overarching pre-release programme.
- HP38 Prisoners' ability to keep in contact with their families was hindered by the fact that telephones on wings could not be used in private and many were in noisy areas. The visitors' centre provided a basic service with a variety of local and national information available and monthly visitors' meetings. Many visitors travelled considerable distances, but visits often did not start on time and thus were shorter than advertised. A valuable supervised play service in visits had stopped due to lack of funding. Children's days and family days were run, but there was no family support worker to help prisoners maintain or rebuild relationships.
- HP39 The substance misuse strategy was well coordinated. Counselling, assessment, referral, advice and throughcare (CARAT) services were good and prisoners with drug and/or alcohol problems were able to participate in a range of interventions. Prisoners involved in the Focus programme spoke highly of the support they received during and after the programme. Just over 200 prisoners had signed up to voluntary drug testing compacts and the scheme ran well, but was inappropriately linked to the IEP scheme.

Main recommendations

- HP40 The Prison Service should commission a full review of the high secure estate allocation criteria to ensure that the population mix at Wakefield, with a concentration of sex offenders in denial of their offences, does not reinforce entrenched attitudes and undermine efforts to engage them in work to reduce risk.
- HP41 Wakefield should devise a comprehensive prison-wide strategy to help prepare and motivate men who are not engaging in offence-related work to take part in activities and interventions aimed at reducing risk, including the provision of individual counselling and mental health input, and work with personal officers.
- HP42 Sufficient activity places should be provided in workshops and education to ensure full and purposeful activity for the population with equal access for all categories of prisoners.

- HP43 A strategy should be developed to deal directly with the underlying negative perceptions of prisoners about staff culture. Regular feedback should be provided to staff and prisoners about action taken.
- HP44 Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield.
- HP45 A full range of multi-professional primary, secondary and tertiary mental health services should be available from staff with appropriate skills to meet the needs of prisoners at Wakefield.
- HP46 F wing should be designated as unfit for purpose and taken out of use as soon as feasible.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 There were few movements to courts or transfers. Escort vans were clean, but records did not make clear that all those on long journeys had been offered toilet breaks. Prisoners were mostly positive about their experiences of escort contractors and prison escort staff. Not all those arriving were aware of the integrated regime.
- 1.2 Prisoners were rarely received direct from court. Most of the small number of remand prisoners – nine at the time of the inspection – arrived from local prisons as potential category A prisoners. Relatively few prisoners had outstanding court matters. Between September and November 2008, there was an average of 11 movements to court a month, often involving the same prisoner on trial. A video link had been used 13 times for court appearances between August and October 2008.
- 1.3 In the previous three months, 40 prisoners had arrived, 39 had transferred out and eight had been released. Escorts were provided by a private contractor and the Prison Service, which was responsible for category A prisoners' movements. In most cases, all relevant information to inform assessments about risk arrived with prisoners. Security considerations meant some prisoners were not told in advance about their move to Wakefield, but no advance information was provided for the many others who were given notice. Several prisoners we spoke to were unaware that Wakefield operated an integrated regime.
- 1.4 A range of vehicles was used and those we saw were clean. Some prisoners had long journeys, but not all prisoner escort records, including one 5.5-hour journey from HMP Belmarsh, showed that prisoners had been offered a toilet break. Meals and drinks were offered. In our survey, prisoners were mostly positive about their experiences of transfer and escort. Prisoners said they were moved quickly from escort vehicles to reception.
- 1.5 Appropriate arrangements were made for wheelchair users, including for attending hospital appointments. There was a supply of clothing for prisoners to use if necessary when going to court or taken out for compassionate reasons.

Recommendations

- 1.6 Where possible, information about Wakefield should be provided to prisoners in advance advising them particularly about the integrated regime.
- 1.7 Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded.

First days in custody

Expected outcomes:

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

- 1.8 Reception was not well designed, but the small numbers using it and relaxed atmosphere allowed staff to be flexible in managing prisoners. Written first night and induction information was not consolidated. Some prisoners could wait several weeks for induction, after which they had a lengthy period of assessment with little activity.

Reception

- 1.9 Reception was poorly designed, with no ramp access for wheelchair users, no private interview facilities other than for healthcare and no natural light. Not all holding rooms were easy to supervise and the stored property room was close to capacity. However, the area was clean and the low numbers involved meant the process was flexible and relaxed.
- 1.10 Reception was usually staffed by a senior officer, three officers and an operational support grade, all of whom were regular staff. When necessary, other experienced staff were brought in to cover for absences. Between September and November 2008, there had been an average of three new arrivals each week. Few arrived late.
- 1.11 The main holding room was easy for staff to observe and was divided into three small cubicles with a larger adjacent area. Staff said the cubicles were rarely used. There was a television and a good range of information about activities and services, including what to expect during the reception process. The work of the Samaritans and legal services officers was advertised, along with various policy statements and formal notices. Apart from a poster allowing non-English speakers to indicate a language they understood, no information was provided in languages other than English. Reading material included some dated magazines and two copies of the Bible. There was no video to inform prisoners with poor reading skills about help, services and processes. Two larger holding rooms with bare walls and containing only a bench were used only when prisoners needed to be separated following search procedures. Prisoners did not routinely spend a long time in reception.
- 1.12 The prisoner toilet directly opposite the reception counter had a stable-type door so provided little privacy and no hand washing facilities. There was also a shower and a small searching area. Searching procedures included the use of a body orifice security scanner (BOSS) chair. In our survey, most prisoners said they had been searched respectfully. Fewer than the comparator said they had been offered a shower in reception, although most had the opportunity to shower once on the residential wing.
- 1.13 Prisoners were interviewed by the senior officer in front of a high reception counter. The senior officer completed a checklist of tasks in the reception process and several compacts were explained and signed. Prisoners were asked about any disabilities. Although all prisoners had single cells, a cell-sharing risk assessment was completed in case they subsequently asked to see a Listener or were located in the healthcare dormitory. New arrivals were also interviewed by the duty governor before being taken to their allocated wing.

- 1.14 Many prisoners had not been able to let family or friends know in advance of their move to Wakefield, but significantly more than the comparator in our survey said they had been offered the opportunity to make a free telephone call on arrival.
- 1.15 Some prisoners arrived with large amounts of property, which was processed immediately if there was enough time. In most cases, prisoners took essential first night items and returned to reception the following morning for property to be searched, logged and stored. Reception officers dealt promptly with applications for access to stored property and there were only three outstanding applications waiting to be processed.
- 1.16 Black and minority ethnic prisoners' perceptions of treatment in reception were poor compared to those of white prisoners. Only half of black and minority ethnic men compared to 77% of white prisoners said they had been searched respectfully and fewer black and minority ethnic and foreign national prisoners than white and British national prisoners said they had been well treated.

First night

- 1.17 Prisoners were allocated to any of the four main wings. Remand prisoners were usually allocated to a small remand unit on B wing, although some charged with sexual offences were located on the main wings as this was considered safer. In most cases, wing managers were given advance notice of a new arrival and cells were prepared by cleaners.
- 1.18 A senior officer saw all new receptions individually and completed a first night form that confirmed prisoners had been able to notify family or friends of their transfer and asked about any language difficulties and history of self-harm. There were a further four compacts to be explained and signed. This system, along with a first night information booklet, had been introduced just the week before the inspection. The booklet was comprehensive, but contained a lot of text that would have been difficult for prisoners with poor literacy and it was not available in languages other than English. Prisoners were given the name of their case officer.
- 1.19 Insiders met and gave information to all new arrivals within the first 24 hours, following a lengthy checklist of topics that included wing routines and how to access services. They made a note of any department or staff the prisoner wanted to see urgently and passed this to wing staff. There were two Insiders based on each of the main wings, but they had not met together for over six months to support and coordinate their work.
- 1.20 New arrivals were issued with bedding, towels, toiletries and cutlery from the wing storeroom.

Induction

- 1.21 Induction started on Mondays and lasted two weeks. It took place in the assessment intervention centre in a suitable and quiet group room. Sessions were delivered through a variety of media. In the first week, staff from a range of departments delivered presentations on areas including offending behaviour programmes, education and work, probation, chaplaincy, safer custody, drugs services and race equality. Wing representatives and Listeners also gave a presentation, but healthcare did not. The second week was not as full. It included induction to the gym and library and sessions on safe lifting and heart start. Preparation for work was run by the education department and provided two sessions a week over a three-week period. The induction booklet was comprehensive and duplicated much of the information given to prisoners on their first night.

- 1.22 The low numbers of new arrivals meant some prisoners waited several weeks until there were enough to deliver the induction programme. Staff said induction could be run for as few as two prisoners, but records showed that some had waited up to four weeks to start the programme. Some had not started induction because they were held in segregation. There was an initial needs assessment form to be completed for prisoners who would not start induction the following week, but there was little evidence that this was used routinely. In our survey, significantly more prisoners than the comparator said they had attended an induction course and 57%, slightly more than the comparator, said it had covered everything they needed to know.
- 1.23 There were two induction officers who were part of the offender management unit. Both had completed courses in presentational skills. In addition to delivering some generic sessions, they facilitated other presentations and completed administrative tasks including confirming each prisoner's incentives and earned privileges (IEP) status with his previous prison and arranging the movement of prisoners to induction sessions. When prisoners completed induction, the officers also produced a report for the labour board that included the prisoner's choice for work placements.
- 1.24 Induction was followed by a period of assessment leading up to the first risk assessment management board around 12 weeks after reception. During this time, the limited activity open to prisoners was mainly in a contract workshop and education, but many had little activity during that period. Prisoners were asked to complete an evaluation form at the end of induction, but these were not analysed.
- 1.25 The small remand unit did not have a formal induction, but staff completed an initial assessment and provided new arrivals with a guide to routines and facilities.

Recommendations

- 1.26 **More private toilet facilities should be provided in reception.**
- 1.27 **There should be a private room for interviews in the reception area.**
- 1.28 **Essential information about the reception procedures and induction should be provided in a range of languages and media for those who cannot read and understand English.**
- 1.29 **Insiders should meet regularly, supported by staff, to support and coordinate their work.**
- 1.30 **Induction should start on the day after reception.**
- 1.31 **Prisoners should be given more opportunities for work and activities immediately following induction.**

Housekeeping points

- 1.32 **A low level desk should be used instead of the high reception counter when interviewing new arrivals.**
- 1.33 **The first night information booklet and the induction booklet should be consolidated into a single document.**

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 Cells and communal areas were clean, but in-cell toilets were not screened. The distribution of prison clothing, mattresses and cleaning materials on the wings was not well managed. Prisoners had good access to showers. Association areas were reasonably well equipped.

Accommodation and facilities

- 2.2 There were four main residential wings, each of which could accommodate between 176 and 184 prisoners in single cells over four landings. B wing included 20 cells for remand prisoners.
- 2.3 The cells we inspected were clean and well decorated. Painting parties had been introduced on each wing. Observation panels were clear and an offensive displays policy introduced in September 2008 was enforced. In-cell toilets were not screened so many prisoners had improvised by draping a towel over the back of a chair. Cells were adequately furnished and had a secure locker. Some landing areas had tables and chairs, but most prisoners ate in their cells and there was not enough space on landings to allow all prisoners to eat together. An in-cell television system allowed film choices to be played in all cells.
- 2.4 Four cells on B wing and two on D wing had been adapted for prisoners with mobility difficulties. Lifts had been installed and there was a pool of prisoners able to support men with disabilities. Cell cards identified those who needed help during an emergency evacuation. There were handrails in some shower areas and there was a bath in healthcare. Some older prisoners complained about noise.
- 2.5 Duty governors checked cell calls from the previous night to establish the reason if there had been a delayed response. Two cells on B wing had closed-circuit television coverage and there were safer cells on D wing and in healthcare.
- 2.6 Communal areas, including toilet recesses and shower areas, were clean, well maintained and adequately screened from the landings, but some shower areas had two shower heads and did not provide privacy. Association areas had a range of table and board games. There were kitchen areas and fridge freezers on each wing for prisoners' use. Some wings did not have enough telephones (see section on resettlement pathways). Notice boards across the wings were uniform and displayed a wide range of information.
- 2.7 The electricity supply was insufficient to allow all prisoners to have kettles so they relied on water boilers to fill flasks. The boilers regularly broke down, which some staff attributed to prisoners filling buckets of hot water for cleaning. Managers were aware of the problem and unserviceable boilers were replaced. New arrivals were issued with a flask, but it was difficult to get replacements for broken flasks, although they could be bought from the shop.

Hygiene

- 2.8 In our survey, 97% of prisoners, significantly better than the comparator, said they could shower daily. Basic toiletries were available on request, but stock levels varied on different wings. Hygiene compacts were used for prisoners with poor hygiene standards.
- 2.9 Prisoners could get clean bedding weekly. Those needing replacement mattresses put their names on a waiting list and were allocated in chronological order, but some waited several months. Staff did not check if or why a mattress needed replacing. The waiting list on D wing contained 40 names and that on C wing 17 names. The next person to be allocated a mattress had requested one in June 2008. Each wing was allocated eight mattresses and pillows a month, but kept two back to replace soiled ones or for allocation to new prisoners.
- 2.10 Some wings had problems managing stocks of cleaning supplies. Stricter control of orders had been introduced and some cleaning officers believed they had insufficient supplies. The distribution of materials was overseen by a prisoner. Some stores had excessive amounts of certain items, while some wings sometimes had to borrow basic items such as toilet rolls from other wings towards the end of the month. In our survey, significantly fewer than the comparator said it was easy to get enough cleaning materials every week. Most cleaning equipment was appropriately colour-coded and stored satisfactorily.

Clothing and possessions

- 2.11 Prisoners could wear their own clothing as long as it was not similar in colour or style to officers' uniform. High-risk category A prisoners were required to have a set of clothing stored separately and used solely for visits. Personal clothes were washed weekly in the wing laundry by rota and ironing facilities were provided. Clothing could also be exchanged with items held in stored property.
- 2.12 Most prisoners chose to have a selection of prison clothing, which was of a reasonable quality. New arrivals could order a set of clothes through the prisoner 'kitman' and these were stamped with the prisoner's number before issue. However, one prisoner had waited two weeks for his prison kit and another six orders had yet to be processed. This delay was explained by failings in a new stock control system. Some wings held small stocks of clothing but this appeared unregulated and poorly managed.
- 2.13 The in-possession list had been updated in 2008 and the latest one was published to prisoners in November just before the inspection. Shortly after the inspection, a number of items were removed from this list apparently because managers had failed to consult each other adequately before the list was issued. This was thoughtless and displayed a poor understanding of the impact on prisoners. It reinforced prisoners' perceptions that some changes had deliberately been made just for the duration of the inspection. Efforts to standardise an in-possession list for the high security estate had not been successful, so some prisoners found they were not allowed items that had been allowed at previous prisons. At Wakefield, they could have one property box weighing a maximum of 15 kilograms in store. Exceptions were made for appellants, those with 12 months or less to serve and those awaiting deportation. Prisoners could access stored property by application. New procedures introduced to control the amount of property prisoners had in their cells meant any property in excess of two boxes was added to stored property.

- 2.14 Two representatives from each wing met monthly with functional heads and the head of residence and could raise problems about routines, facilities and rules. Minutes outlining the outcomes of meetings were displayed for all prisoners.

Recommendations

- 2.15 In-cell toilets should be adequately screened.
- 2.16 Stocks of cleaning materials, clothing and mattresses should be better managed to ensure that prisoners have appropriate access.
- 2.17 All showers should provide appropriate privacy for prisoners.
- 2.18 Flasks should be issued to all prisoners and arrangements made for these to be replaced where there are reasonable explanations for loss or damage.
- 2.19 A standard list of items that prisoners are allowed in possession should be established for the high security estate.

Staff-prisoner relationships

Expected outcomes:

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

- 2.20 Prisoners we spoke to were more negative about relationships with staff than in our survey. Interactions we observed were mostly positive and better than previously, but there was little engagement during association. A high proportion of prisoners said they had at least one member of staff they could turn to for support, but many said most officers were unhelpful. Regular consultation meetings were held, but representation was not wide enough to inspire confidence among prisoners that their views were taken into account.
- 2.21 The interactions we observed between staff and prisoners were generally relaxed and respectful, but some staff were distant. In our survey, 65% of prisoners, similar to the high secure comparator, said most staff treated them with respect, but this was significantly lower than in category B training prisons and 10% lower than at the time of our last inspection in 2005. Only 37% of black and minority ethnic prisoners said most staff treated them with respect. More positively, 78% of prisoners, significantly better than both comparators, said they had a member of staff they could turn to for help if they had a problem. Again, black and minority ethnic prisoners were less positive.
- 2.22 In groups and discussions with individual prisoners and in our structured safety and staff-prisoner relationship interviews (see appendix 3), prisoners acknowledged that some staff were positive, but the majority said most staff were unhelpful and that they had little trust or confidence in them. In interviews, they made comments like 'some are appropriate, some not. Attitudes and the way they speak to people is a problem'; 'only the good staff will help, will not bother approaching the rest. Depends who's on'; 'they say they will help and then don't'. They

said officers rarely knocked or drew attention to themselves before entering or looking in cells, which was particularly embarrassing with women officers as in-cell toilets had no screens. Prisoners said most officers usually addressed them by their surnames only, but that this had just changed for the week of the inspection. Prison staff had received advice about how to conduct themselves during inspections, and a member of the healthcare team had produced a leaflet for healthcare staff, setting out expected standards of behaviour, including the way prisoners should be addressed. Prisoners were much more positive about how they were treated by education staff and officers working in the gym.

- 2.23 Some of these views were similar to those articulated in a measuring the quality of prison life (MQPL) survey carried out in 2007, when both of the dimensions relating to relationships with staff scored very low. In the MQPL discussion, prisoners also said officers often used foul language to them and picked on easy targets. They believed good officers who tried to help them were not supported by others. In our groups, none of the prisoners complained about bad language and we saw no overtly poor attitudes during the inspection. In our survey, responses about victimisation by staff were relatively positive, except that significantly more than the high security estate comparator said they had been victimised by staff because of their sexuality or their offence. There appeared to have been some improvements since the MQPL survey and the interactions we witnessed were better than in 2005. Nevertheless, some staff remained distant from prisoners and there was little engagement between staff and prisoners during evening association.
- 2.24 Responses to prisoners' complaints did not suggest that all officers treated prisoners appropriately. Managers were making good efforts to tackle some negative staff culture by promoting the 'decency agenda', but some staff openly expressed their opposition to this to inspectors. A high proportion of staff had been at Wakefield a long time so, as with prisoners, there were some deeply entrenched attitudes. About 40% of officers and senior officers had worked at Wakefield for over 10 years and 30% for over 15 years.
- 2.25 Monthly 'consultative lifestyle committee' meetings aimed to improve relationships between staff and prisoners, although some prisoners were sceptical that prisoner attendees properly represented their views. The meetings were well recorded, with action points noted and followed up at the next meeting. Some actions took too long to resolve.

Recommendations

- 2.26 Consultation meetings should involve larger numbers of elected prisoner representatives.
- 2.27 Unless there are clear security issues, staff should alert prisoners before entering or observing prisoners in cells.

Personal officers

Expected outcomes:

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

- 2.28 Almost all men in our survey said they had a personal officer. The number who found them helpful was the same as the high secure comparator, but worse than the comparator for

category B trainers. A new case worker approach for personal officers had been introduced to help involve all staff in risk reduction work. Wing file entries were mostly regular, but few showed much depth and the scheme was not yet embedded. There were no care plans on wing files for those with special needs.

- 2.29 A new personal officer scheme, described as a case officer policy, was set out in a document dated January 2008. The aim of the policy was to fulfil the inspectorate's expectations on personal officers, which were annexed to the policy, and to ensure, among other things, that prisoners were confident all staff were fully committed to rehabilitation and risk management and that officers had improved job satisfaction.
- 2.30 The policy set out the role and duties of the case officer. As well as maintaining regular contact, providing necessary reports and acting as a role model, this included encouraging the prisoner to participate in offending behaviour programmes, education, employment and maintaining family ties. Guidance was given on the role of the case officer in relation to offender management procedures and case officers were expected to be familiar with the prisoner's offender assessment system (OASys) documents and contribute to reviews, reports and assessments, including attending sentence planning boards. The policy required personal officers to make a quality entry in prisoners' history sheets weekly, discuss issues with prisoners monthly and record this in the history sheet, and provide a 'case officer feedback report' in discussion with the prisoner every two months.
- 2.31 Training in the new case officer system had been introduced with a two-hour module, most of which had been delivered in the early part of the year, but was ongoing. Some officers said it was unfortunate that much of the training had been some time before the scheme was implemented. It was not clear exactly when the new scheme became operational and we were given a number of different dates from June 2008 onwards. In practice, this seemed to have varied between wings. Staff on one wing said they had not implemented the system until September 2008.
- 2.32 In our survey, 94% of prisoners, significantly better than the comparator, said they had a personal officer. Fifty-seven per cent said they found them helpful, which was equal to the high security estate comparator, but significantly worse than in category B training prisons. Prisoners in groups all knew their personal officers, but a number said the scheme meant little to them in practice and some said they had been allocated a number of different personal officers in a short time.
- 2.33 As part of the revised personal/case officer scheme, new case files had been devised. These were well organised with dividing sections and a content list including first night induction, cell-sharing risk assessment, safer prisons information, incentives and earned privileges (IEP) scheme, sentence planning targets, case officer feedback reports, line manager's report and history sheets. There was no section for care plans for prisoners with specific needs such as older prisoners or prisoners with disabilities, which were generally held by the disability liaison officer rather than on the wings.
- 2.34 Although the formal policy stated that personal officer entries on history sheets were required weekly, the practice on the wings was fortnightly, which was acceptable in a long-term prison. Most entries were made fortnightly, although there were some gaps of up to a month. Few entries showed much depth and many were observational. Even in cases where there had been interaction, there appeared relatively little engagement, with entries such as 'approached Mr A and asked him if he was OK. He replied yes thank you.' Some indicated friendlier, less formal interaction. None of the files examined contained any inappropriate comments (see also wing file analysis at appendix 4).

- 2.35 References to sentence planning and family contact usually noted only what was known about targets and contact rather than any further information. Although the new scheme had been running for well over two months, there were few bi-monthly case worker feedback reports. Most were undated and there was no prompt for a date on the form, which would be a problem when more were completed.
- 2.36 The reports had headings to cover history sheet entries, custodial behaviour, domestic issues, offending behaviour targets and other issues. As with history sheets, these tended to add little to what was already known and there was little evidence that personal officers were actively encouraging prisoners to participate in offending behaviour programmes, education and employment or maintain family ties. Few mentioned what the family ties were, the quality of the prisoner's relationship with his family, or any difficulties.
- 2.37 The new scheme had a focus on what was required, but was not yet embedded. Officers had not yet fully grasped the need for more in-depth engagement with prisoners to establish a relationship that would help them challenge prisoners to address their offending behaviour and encourage prisoners to speak to them about family issues.

Recommendations

- 2.38 **Personal or case officers should actively engage informally with prisoners for whom they are responsible to establish good working relationships and get to know their personal circumstances.**
- 2.39 **Wing file entries on history sheets and on case officer feedback reports should demonstrate that officers encourage men to maintain contact with individual family members and challenge and support them to comply with their sentence planning targets.**
- 2.40 **Men with specific care needs should have regularly monitored care plans as part of their wing files.**

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Most prisoners felt safe and bullying did not appear to be a major problem, but some more vulnerable prisoners experienced intimidation. The violence reduction strategy was not tailored to the specific issues at Wakefield. The quality of investigations into bullying was adequate, but outcomes were not always fed back to the complainant. Monitoring of anti-bullying was basic. Antisocial behaviour compacts allowed appropriate individual management of prisoners, but they were not fully involved in the process. The previous bullying survey had not explored the nature of and reasons for bullying.
- 3.2 The violence reduction strategy was the responsibility of the safer prisons team, which came under the residential function. The team consisted of a senior officer, six officers (three of whom were detailed for four hours each weekday) and an administrative officer. Their work was supported by 10 anti-bullying prisoner representatives. One of the officers took responsibility for coordinating the Listener scheme and another for coordinating the anti-bullying representatives.
- 3.3 The violence reduction policy was up to date, but based on national guidance rather than tailored to the specific issues of prisoners at Wakefield. It did not identify support for those at greatest risk of bullying, identify bullying hotspots or include strategies to tackle the type of bullying most common to the prison. The previous anti-bullying prisoner survey was dated 2006-07, but did not fully explore the nature and causes of bullying. There was no action plan to take forward issues raised.
- 3.4 A safer prisons meeting, which also covered self-harm and suicide prevention, was held monthly. Prisoners, including Listeners, Insiders and anti-bullying representatives, attended the first half of the meeting and left when more confidential issues were discussed.
- 3.5 All antisocial behaviour, including bullying, was managed through an antisocial behaviour compact (ABC) system, which allowed an individualised approach and avoided labelling. Thirteen prisoners were on an ABC and 26 had been on one in the previous six months. Prisoners could be directly referred for an incentives and earned privileges (IEP) review as a result of the ABC monitoring or put on governor's report, but the policy document did not make clear how non-compliance with the compact led to disciplinary measures. Those on an ABC were asked to sign a compact specifically related to their antisocial behaviour and were subject to daily monitoring. ABC booklets did not always make clear why a prisoner was being monitored, which made it harder for staff to write relevant comments. Each prisoner on a compact was discussed at a monthly meeting. Prisoners could send written representations to these meetings, but were not invited to attend and were not always given feedback.

- 3.6 Prisoners could raise concerns about bullying by completing a 'time to stop' form and staff could complete an anti-bullying form. Potential bullying incidents brought to the attention of the safer prisons team were investigated by one of the safer prisons officers. In the previous six months, 132 incidents had been investigated, an average of 26 a month compared to 12 in 2006 and 16 in 2007. Managers believed this increase was because systems for reporting bullying had improved.
- 3.7 The minutes of safer prisons meetings documented a recent significant increase in the number of safer prisons-related security information reports (SIRs), with 103 in September 2008 compared to 74 in August 2008. While specific bullying-related SIRs were routinely investigated, this did not always include SIRs relating to threats to prisoners and many unexplained injuries that may have involved bullying were not investigated. Assaults were also not investigated and managers believed these were adequately dealt with through the adjudication process. In the previous six months, there had been 17 prisoner on prisoner assaults. The race equality officer sent a report to the safer prisons meetings and referred complaints she believed had a bullying element. The quality of investigations was satisfactory, although the actions arising were often 'staff to monitor', which was too unspecific. There were no formal support plans for victims. A victim support form was included as an annex of the strategy, but none had ever been completed.
- 3.8 Bullying levels were relatively low and most men felt safe. However, vulnerable prisoners such as older men and those with mental health problems experienced more bullying and monitoring did not capture this. Safer prisons meeting minutes showed persistent complaints about noise levels, but this was not supported by our survey and we did not hear any excessive noise during the inspection. Concerns about queue jumping at the servery were also often raised. Staff supervised queues, but it was difficult to tell if anyone was queue jumping when 180 prisoners were queuing together. In our survey, more prisoners than the comparator who had felt victimised felt able to raise it with a member of staff.
- 3.9 Monitoring was basic and covered only location, number of incidents and levels of bullying. It highlighted that intimidation was by far the most frequent type of bullying and proportionately was increasing. Unexplained injuries were not examined. Minutes of safer prisons meetings indicated only very brief discussion of anti-bullying statistics and there was no record of discussions at senior management team meetings.
- 3.10 Anti-bullying representatives spoke to new arrivals at induction. Safer prisons notice boards on each wing displayed details of the anti-bullying strategy, pictures of anti-bullying representatives and Listeners and how to get help. Minutes of safer prisons meetings were not displayed on all wings. A poster in the visitors' centre advertised a free telephone number for visitors to ring if they had concerns about a prisoner. It had been used only six times in two years.
- 3.11 A bullying awareness course had been delivered to 12 prisoners in September 2008 and a helpful information leaflet entitled 'what is bullying?' had been developed to give to anti-bullying representatives.
- 3.12 Sixty-seven staff had received anti-bullying training in the previous six months.

Recommendations

- 3.13 The violence reduction policy should specifically focus on strategies to deal with bullying-related issues at Wakefield and should make clear what sanctions apply to non-compliance with an antisocial behaviour compact.
- 3.14 The antisocial behaviour booklets should make clear why a prisoner is the subject of monitoring.
- 3.15 Prisoners should be invited to the monthly meetings to discuss their progress on an antisocial behaviour compact.
- 3.16 The safer prisons team should investigate all incidents of potential bullying, including all unexplained injuries, assaults and security information reports such as threats that may be indicative of bullying.
- 3.17 Actions arising from bullying investigations should be more specific, measurable and time-bound.
- 3.18 Monitoring of bullying should scrutinise characteristics of victims, including by age, to establish whether certain groups are more vulnerable.
- 3.19 The victim support form should be completed for all prisoners identified as victims of bullying.
- 3.20 Trends in bullying and actions to address them should be fully discussed at the safer prisons and senior management team meetings.
- 3.21 The anti-bullying survey should explore the nature of bullying and why it takes place and include an action plan.

Housekeeping points

- 3.22 Minutes of safer prisons meetings should be displayed on all wing notice boards.
- 3.23 Messages on the visitors' helpline should be responded to within 24 hours.

Good practice

- 3.24 *The bullying awareness course and the 'what is bullying' leaflet were good ways to communicate what bullying is to prisoners and ensure they knew what to do about it.*

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable

are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.25 There had been two apparently self-inflicted deaths in the previous year and the results of the formal investigations were awaited. Near-death incidents were investigated by the prison. Levels of self-harm were relatively low, but the self-harm and suicide prevention strategy did not sufficiently address the specific needs and risks of prisoners at Wakefield. Documentation for prisoners at risk was inadequate and reviews were often not sufficiently multidisciplinary. Prisoners being monitored were mixed about the support they received from staff. Mental health provision was poor and there was no support for prisoners who had experienced previous sexual abuse. The Listener scheme was mostly well supported, but there was no care suite and some difficulties with access to healthcare at night.
- 3.26 The self-harm and suicide prevention strategy was up to date, but based on national guidance rather than tailored to the specific issues of more vulnerable groups of prisoners at Wakefield, such as those on remand or with poor mental health. The strategy was overseen by the monthly safer prisons meeting, which was usually chaired by the deputy governor and was well attended. However, healthcare was often not represented and no mental health professionals attended.
- 3.27 Self-harm monitoring included the number of incidents, type, date, time and wing. Trends were discussed at the safer prisons and senior management team meetings and an extraordinary meeting had been held in April 2008 to explore trends further when the number of C wing prisoners on open assessment, care in custody and teamwork (ACCT) booklets rose from three to eight.
- 3.28 Levels of self-harm were relatively low, averaging 11 incidents a month, often involving the same few prisoners. There were nine prisoners on ACCT monitoring, many of whom had been monitored for many months (one for 10 months). There had been two apparently self-inflicted deaths in 2008 and the reports from the Prisons and Probation Ombudsman were awaited. Obvious issues had been addressed, such as enforcing the rule that all staff should carry ligature knives. There had been a further two self-inflicted deaths since 2006 and action plans relating to these were still active. Investigations into near-death incidents took place and there had been one during the year.
- 3.29 There were 23 ACCT assessors and assessments were adequate. A total of 116 staff had completed some kind of ACCT training in the previous six months. ACCT documentation was completed on time and prisoners generally attended reviews, but reviews were often not multidisciplinary and input from mental health staff was particularly infrequent. Consistency between reviews was poor, staff were not usually named to assist with targets, entries rarely showed any depth of engagement with prisoners and there was often no evidence of post-closure reviews. Management checks did not identify these issues.
- 3.30 Prisoners were mixed about the support they received from staff while on an ACCT. One prisoner said that, although on hourly observations, he routinely went three or four hours between observations during the evening and at night. Several said support was not genuine and described it as 'back covering'. However, some good support was provided. Most prisoners could speak to Listeners or call the Samaritans free from landing telephones any time. A hand-held Samaritans telephone had a signal only on F wing and in healthcare. The number was used between 15 and 20 times a month.

- 3.31 For about a year, a weekly support group had run in the chapel for prisoners on an ACCT or other vulnerable prisoners. A self-help group called Chill was also designed to support prisoners who self-harmed and to date three groups had run with 30 men. The chaplaincy offered some one-to-one support for those who had experienced bereavement and there was support through the group 'surviving trauma after rape' (STAR) for those who had experienced sexual assault while in prison. There was no support for prisoners who had experienced sexual abuse before prison. Activity packs available in the central area were used regularly, but the relaxation tapes provided were used infrequently. A 'what is self-harm?' booklet had been given to all Listeners and safer prisons representatives to support them in helping others.
- 3.32 Managers said they sometimes took calls from concerned family members and often talked to prisoners afterwards, but no records of these were kept. A family liaison officer spoke to family members if a prisoner was taken to outside hospital, but otherwise did so only if the prisoner requested it.
- 3.33 Fifteen Listeners met every two weeks and were used for an average of six hours a month each. All had completed the Samaritans training and a five-session coping with loss course. They described poor access to prisoners in healthcare, particularly at night. This had been raised persistently at safer prisons meetings, but healthcare staff we spoke to were unaware of the problem and it remained unresolved. Listeners said nurses were dismissive about one prisoner in healthcare who frequently requested a Listener. He was classed as high risk according to his cell-sharing risk assessment (CSRA) and had to be seen in an interview room supervised by healthcare staff. Healthcare staff said high risk CSRA prisoners could not see a Listener when the prison was locked up and that it was more difficult to get over to healthcare at night as it required a dog to escort.
- 3.34 Listeners also said it was sometimes difficult to get back to their cells. One said staff had told him there was no hope of being escorted back 'until the football match had finished'. We were told this was particularly a problem when Listeners were using an interview room with no call bell.
- 3.35 Listeners operated a rota and worked in pairs with a prisoner for a maximum of two hours, after which he could see two further Listeners if he wished. This was partly to preserve the well-being of Listeners and partly because there was no adequate facility where three people could sit down together. There was no care suite. Close supervision centre prisoners could see a Listener through a barred enclosure.
- 3.36 Two safer cells on D wing were also camera cells, but both were very cold and contained a television with lead and a fixed mirror that provided ligature points. There were another two camera cells on the remand unit and another two safer cells in healthcare. A remand prisoner needing a safer cell was moved to healthcare. A prisoner on constant observation had a member of staff detailed to stay with him throughout unlock periods, and was placed in a camera cell during lock-up. There was no facility for constant interaction and no log was kept of the use of any of these facilities. Documentation and staff were confused about protocols for the use of safer cells, camera cells and constant observation. The constant supervision cell protocol was inconsistent with the facilities at Wakefield.
- 3.37 Night staff were generally clear about their roles except for how many staff should be present if they needed to go into a cell. There was always a first aid-trained member of staff on duty at night, but not all staff were trained. Inundation points we tested were working and all staff carried ligature knives.

Recommendations

- 3.38 The self-harm and suicide prevention strategy should outline the specific needs and risks of the more vulnerable groups of prisoners held at Wakefield and how they will be met.
- 3.39 Healthcare and mental health staff should regularly attend the safer prisons meetings.
- 3.40 Assessment, care in custody and teamwork (ACCT) procedures should be improved with a more multidisciplinary approach, including mental health professionals, better consistency of case management with named staff responsible for actions and more effective daily engagement and monitoring.
- 3.41 Management checks should effectively monitor the quality of ACCTs.
- 3.42 Support for prisoners who have experienced sexual abuse should be available from trained professionals.
- 3.43 Managers should keep a record in prisoners' history sheets of when they have taken a call from a prisoner's friend or family member expressing concerns.
- 3.44 Prisoners in healthcare should have the same access to Listeners as elsewhere in the prison.
- 3.45 A Listener care suite should be provided.
- 3.46 Safer cells on D wing should be adequately heated and free from ligature points.
- 3.47 There should be a clear protocol for the use of the safer cells, camera cells and constant observation, which should involve continuing interaction. A log of the use of these facilities should be kept.

Housekeeping point

- 3.48 Staff should check regularly on Listeners working in rooms with no call bell to see when they are ready to return.

Good practice

- 3.49 *The support group run in the chapel for vulnerable prisoners provided a valuable means of regular help to those who needed it most.*
- 3.50 *Listeners had completed a five-session coping with loss course, which helped them support prisoners experiencing bereavement.*

Diversity

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

- 3.51 There was no overarching diversity policy, but diversity was well promoted through a range of meetings and activities. Diversity management meetings were often poorly attended. Disability and older prisoners' policies had been published with objectives, but they were not based on a needs analysis. Prisoners and staff knew the disability liaison officer, wing prisoner and officer representatives. Some adaptations had been made, but many older prisoners and those with disabilities were dissatisfied with the support they received.
- 3.52 In our survey, 7% of prisoners identified themselves as gay and 4% as bisexual. Twenty-seven per cent said they had a disability. There were 138 prisoners aged 50 to 59, 73 aged 60 to 69 and four aged 70 and older. The oldest prisoner was 81. Although there was a good range of provision, there was no overall diversity policy stating how the needs of all minority groups would be identified and met.
- 3.53 Two policies had been published in April 2008: 'the quality of life for elderly offenders' and 'the quality of life for offenders with disabilities'. Both contained published objectives and stated how Wakefield would meet the needs of older prisoners and those with disabilities across all areas and services of the prison. However, neither policy was based on a needs analysis or described how prisoners had been involved in the policy development. There were not target dates for actions.
- 3.54 Prisoners contributed at a variety of meetings, but other than for race there was no formal monitoring or regular analysis of any minority groups to ensure that prisoners were not victimised or excluded from any activity.
- 3.55 A diversity management team met four times a year chaired by the diversity manager. The terms of reference detailed a membership of 20. Minutes of the meetings held in February and August 2008 showed an average attendance of 14, but those in June and November 2008 had been attended by only nine and seven respectively. Healthcare and the Independent Monitoring Board had not been represented at any meetings and areas such as probation, psychology, security and safer prisons had been represented only once during the year. There was no representation from wing staff, prisoners or external agencies (see also section on foreign national prisoners). The meetings discussed a variety of issues, including staff employment, prisoner, staff and visitor disability issues, race equality and foreign national matters, training and issues raised at violence reduction and prisoner gay forums. They included a plan describing the action necessary, by whom and by when.
- 3.56 Gay prisoner forums had been held monthly for the previous 18 months attended by gay prisoner wing representatives, discipline and non-discipline staff and sometimes a representative from a local community group. Meetings covered a range of subjects, including transgender issues, support for prisoners who had experienced sexual abuse, homophobic comments by staff and prisoners, homophobic bullying and sourcing suitable publications. Action points were recorded and responded to. Each wing had a notice board for the gay prisoner forum and matters of interest.
- 3.57 A core unlock day operated on each wing. Retired prisoners and those with disabilities who normally stayed in their cells could be unlocked once others had moved to their allocated activity. A published list of the names of these prisoners was kept on each wing following assessments by the disability liaison officer, healthcare and security. Wing managers had the final say and this resulted in inconsistencies.
- 3.58 Numerous groups ran, including a healthcare/ACCT support group, a Traveller group, groups for over 50s and prisoners with disabilities and an over 60s group. Prisoners could do

handicrafts at the kit club. Many of these groups ran in the chapel alongside other activities. The gym offered a programme of activity for older prisoners and those with disabilities.

- 3.59 Twice-yearly diversity weeks were held. The most recent in November 2008 had included gospel, steel and Irish bands, Traveller celebrations, transgender, faith and cultural awareness discussion groups and a presentation from Age Concern. The chaplaincy also organised two festivals for each faith group each year.
- 3.60 One highly committed member of staff was the foreign national coordinator, the disability liaison officer (DLO) and the coordinator for older prisoners and those with disabilities and met prisoner representatives regularly. She had not been formally trained, but had visited other prisons to look at the work undertaken there. She was supported by identified officers on each wing. Every new arrival was asked to complete a disability questionnaire, which was forwarded to the DLO. She assessed each man, involving healthcare or education when necessary, and registered him on the prison disability register. Bi-monthly meetings were held between healthcare and the DLO to discuss issues and individual prisoners.
- 3.61 A notice was placed in the wing file of each prisoner identified as having a disability and an individual file and care plan was maintained by the DLO. When necessary, an individual evacuation plan was included in the wing file and the prisoner's cell card was annotated to show that he needed help in an evacuation. The DLO maintained a list of all prisoners identified as having a disability and the nature of this, where they were accommodated and what activity they were engaged in.
- 3.62 Many older prisoners and those with disabilities complained about a lack of support and said they were not consulted about their individual needs and care. A number complained of excessive noise and some of bullying and intimidation. Although many staff were aware of older prisoners and those with disabilities, few comments in wing files evidenced this or indicated any help and support provided. A meeting had been held in early November 2008 to look specifically at increasing support for older prisoners, some of whom said they would prefer a separate wing. Wakefield was due to pilot an older prisoner project aiming to develop a package of support in conjunction with Age Concern. Each wing had an identified representative for older prisoners and those with disabilities and a wing officer representative. Meetings were held monthly to discuss issues raised by prisoners.
- 3.63 Modifications to some cells and wing areas had been made. B wing was identified as the main 'disability area', having four large cells suitable for wheelchair users. These contained adapted toilets and showers, call bells at strategic heights, low level furniture and hand rails. The wing also had a lift, hand rails in shower recesses and low-rise appliances and work surfaces in the kitchen. Some cells and areas on other wings had adaptations. Some prisoners had identified carers to help them clean their cells, collect meals and generally assist in day-to-day care. A disability discrimination act (DDA) audit was being undertaken during the inspection by an appropriate agency.
- 3.64 The DLO was able to 'sign' for prisoners with hearing and speech impairments and portable hearing loops were available, although not all wing staff were aware of this. A telephone at a suitable height for wheelchair users was installed on C wing during the inspection. Referrals were made to the local primary care trust for wheelchairs and advice about occupational therapy, physiotherapists, nutritionists and district nurses. Some prisoners had televisions with teletext subtitles, but similar televisions in store were not made available to others for reasons that no one could really explain, except that a decision had been made that televisions would not be issued as new digital ones would have to be provided in 2009. Prisoners with hearing difficulties were given earpieces and headphones to plug into their televisions

- 3.65 Four members of staff had been trained to deliver diversity training and 37% of staff had received this training and faith awareness training. Each wing contained a pack for staff that included the full list of prisoners identified as having a disability, those subject to core unlock, the names of the DLO, wing officer and prisoner representatives and information about the facilities available to prisoners, including work, healthcare, evacuation plans and how to store and use a wheelchair.

Recommendations

- 3.66 An overarching diversity policy should include all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis.
- 3.67 Prisoners with disabilities and older prisoners should be consulted about their needs and care and this should be reflected in wing files.
- 3.68 Prisoners with disabilities should be involved in the development of the disability policy, which should set out the methods for assessing the impact of policies and practice and the arrangements to help the prison meet its duty under the Disability Discrimination Act.
- 3.69 Monitoring by a multidisciplinary team should be introduced to ensure that prisoners from minority groups are not victimised or excluded from any activity.
- 3.70 All staff should be trained in race equality and diversity.

Housekeeping point

- 3.71 Prisoners with hearing difficulties should have access to televisions with subtitles.

Good practice

- 3.72 *There was a good range of prisoner groups and meetings that helped meet the diverse needs of some groups of prisoners including gay men and those with disabilities.*

Race equality

Expected outcomes:

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

- 3.73 The race equality action team was well attended and included prisoner representatives, one of whom acted as co-chair. The race equality officer (REO) was full time and supported by assistant REOs on all wings. Racist incident complaints were well investigated and scrutinised by an external panel. Despite attention to race equality structures and attempts to deal with perceived problems, our survey highlighted significant differences between black and minority ethnic and white prisoners. Many were very negative about race equality and their opportunity to progress.

- 3.74 A quarter of prisoners were black and minority ethnic, but only just under 4% of staff. Our survey highlighted significant differences between black and minority ethnic and white prisoners, particularly in the areas of safety and respect. Ninety per cent of black and minority ethnic men said they had felt unsafe at some time and only 37%, compared to 71% of white men, said most staff treated them with respect. Significantly more black and minority ethnic prisoners said they had been victimised by staff and other prisoners. More positively, significantly more black and minority ethnic men compared to white men were involved in vocational or skills training and education. Many, but not all, black and minority ethnic prisoners said staff were racist and did not understand their different cultural needs and experiences. Some said they were reluctant to use the complaints procedure.
- 3.75 Many black and minority ethnic prisoners said white prisoners received more favourable treatment in numerous areas, particularly recategorisation. This was not borne out by monitoring, but some prisoners were reluctant to accept monitoring figures as a true representation. This dissatisfaction had been the subject of a question time in February 2008 attended by 23 prisoners and 15 staff, including the heads of diversity, offender management, psychology and residence, the REO, the diversity manager from HMP Lindholme, the area lead on decency and diversity and the high security area psychology lead. The meeting was minuted. A further meeting on recategorisation and progressive moves had been held between the deputy governor and race equality prisoner representatives (REPs) in November 2008. Despite this, some prisoners continued to believe that they were not progressing as quickly as white prisoners. This underlying concern about lack of progression was prevalent in the wider population, but many black and minority ethnic prisoners ascribed it to discrimination. Not all prisoners were negative. One REP praised in writing the improvements made and itemised achievements. Another described race relations as 'good'.
- 3.76 The race equality action team (REAT) met monthly, co-chaired by the deputy governor and a REP. Membership included managers from many areas of the prison and prisoner representatives and was generally well attended. A representative from a local equality and human rights organisation had attended until recently, when the organisation closed. Minutes did not reflect the high levels of dissatisfaction highlighted in our survey and expressed during the inspection. The REAT monitored the number of racist incident report forms (RIRFs) by classification, method of reporting, who had raised them and timescale of response. The team also looked at the progress of impact assessments and their rating. Trends identified by monitoring, such as the high proportion of black and minority ethnic men subject to use of force and good order or discipline and who were unemployed, as well as the small proportion of white prisoners using education and the gym, were investigated and discussed. Monitoring did not cover those subject to anti-social behaviour compacts.
- 3.77 The REO also submitted a report to the quarterly diversity meetings covering RIRFs, monitoring figures and impact assessments.
- 3.78 Each wing had two REPs, some of whom had been in post for several years. Many had been selected by officers, but more recently they had been elected by other prisoners if there was more than one suitable candidate. REPs had a job description, had received the same two-day managing and promoting race equality in prisons training as members of the REAT and were paid £1 a week for their work. Minutes of REAT meetings and monitoring figures were given to REPs to share with prisoners on their wings.
- 3.79 The full-time REO was a principal officer and was supported by wing race equality officers known as AREOs. She had not yet undertaken appropriate training, but was booked to do so in January 2009. She had attended a one-day investigations training with the race equality action group. The AREOs carried out investigations, but not relating to their own wing. The

REPs met the REO and some AREOs monthly and meetings were minuted. Most prisoners and staff knew the names of the REO, AREOs and REPs, which were advertised on the wings.

- 3.80 There were high numbers of RIRFs, many of which were originally submitted on ordinary complaint forms and converted to RIRFs because the prisoner had ticked the racial aspect box. RIRFs were freely available on all wings and complaint boxes were emptied daily by an AREO. Between April 2006 and March 2007, 136 RIRFs had been submitted compared to 463 in the year to March 2008. REPs suggested that the increase was due to prisoners seeing RIRFs as an avenue to a quicker and more personal response to their complaint.
- 3.81 Many RIRFs involved allegations of inappropriate language or discrimination in access to regimes and services. Completed investigations were thorough. Some investigations had resulted in staff being advised about the inappropriateness of their response. Complainants received a written reply and all investigations were signed off by the deputy governor. Quality assurance of completed investigations was carried out by an external scrutiny panel held with HMPs Wealston and New Hall. This was attended by prisoners, representatives from the prisons, area office and Kirklees equality and human rights council, West Yorkshire police and Bradford hate crimes alliance. It scrutinised a selection of RIRFs from each prison and the discussion and any recommended actions were recorded.
- 3.82 Members of the Prison Service national race equality action group had visited Wakefield in October 2008 and made some recommendations for improvement. The executive summary noted that the REAT had 'moved race equality along with the other diversity strands in a very proactive manner' and acknowledged some prisoners' dissatisfaction about recategorisation. It concluded that 'The main area to develop...is staff culture. The lack of willingness by a minority of staff to even greet our team in a civil way, created an impression of a lack of professionalism. We strongly recommend that while this was a small minority of staff it demonstrated the need for training for all managers to challenge inappropriate language and behaviour'.
- 3.83 A published race equality action plan (REAP) was monitored and regularly updated. Race impact assessments were undertaken and involved prisoner and staff consultation. Details of the assessments were included in the REAP.
- 3.84 Although there were numerous prisoner meetings (see section on diversity), there were no forums specifically for black and minority ethnic prisoners and it was not clear how REPs disseminated information to, and gathered information from, prisoners. It was also not clear whether black and minority ethnic prisoners had seen or understood the monitoring figures or understood the working of the REAT.
- 3.85 Diversity activities were held throughout the year (see section on diversity), but there were few images on display reflecting racial diversity.

Recommendations

- 3.86 The number of officers from black and minority ethnic groups should be increased.
- 3.87 The race equality action team membership should include external representation.
- 3.88 Race equality monitoring should cover prisoners on anti-social behaviour compacts.

- 3.89 Black and minority ethnic prisoners should be able to meet together with race equality prisoner representatives to discuss issues of importance to them. These views should be reported back to the race equality action team and action fed back to black and minority ethnic prisoners.
- 3.90 Displays throughout the prison should reflect the racial diversity of the population.
- 3.91 All staff should receive race and diversity training and all managers should receive specific training to give them the confidence to challenge inappropriate language and behaviour.

Good practice

- 3.92 *The co-chairing of the race equality action team by a prisoner helped build confidence in the work of the race equality action team.*
- 3.93 *The racist incident report form scrutiny panel ensured independent checking and good quality assurance of investigations.*

Foreign national prisoners

Expected outcomes:

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

- 3.94 Our survey highlighted some significant differences between foreign national and British prisoners, particularly in the area of safety. The foreign national policy was not fully comprehensive and not based on a needs analysis. There was little focus on foreign national issues at diversity management meetings. Some individual attention was provided, the foreign nationals officer saw all newly arrived foreign national prisoners and an individual file was maintained for each, but interpreting services were underused. A popular weekly meeting for foreign national men was held and there were quarterly meetings with immigration officers.
- 3.95 There were 64 foreign national prisoners from 25 countries. Our survey highlighted some significant differences between foreign national and British prisoners, particularly in the area of safety. Eighty per cent, compared to just over half of British nationals, said they had felt unsafe at some time and 60%, compared to 18% of British nationals, said they felt unsafe at the time of the survey. Many more said they had been victimised by another prisoner and by staff.
- 3.96 All new arrivals were seen by the wing senior officer and an Insider and foreign national men were given an information pack. This included the names and photographs of the foreign nationals officer (FNO), wing officer and prisoner representatives, full lists of foreign national prisoners, how to use the telephone interpreting service and examples of UK Border Agency (UKBA) documents. It also contained contact details for the detention advisory service, Manchester immigration unit and the UKBA criminal casework unit. Packs also included basic, but important, questions in 12 languages, covering whether the prisoner had understood what happened in court, if his family knew where he was, how he was feeling, if he had received a reception pack, what support was available and if he had any questions. A minority of wing staff were unaware of the foreign national packs.

- 3.97 A range of information books including the foreign national prisoner advice book, information about visiting and keeping in touch, and about lifers and male prisoners was available in the library and could be obtained in languages other than English from the FNO. Local information such as the prisoner information booklet was available only in English.
- 3.98 The foreign national policy dated January 2008 was basic and not based on a needs analysis. It did not include a strategy for action based on agreed targets and, although it contained a list of embassy contacts, it did not mention some of the support and activities available, including the wing officer and prisoner foreign national representatives or the weekly drop-in meeting.
- 3.99 Foreign national issues were managed by the quarterly diversity management team chaired by the diversity manager. Meetings were not always well attended (see section on diversity). Minutes showed that the FNO gave feedback about her work, but indicated little wider discussion about this group of prisoners. There was no representation from prisoners, wing officers or community agencies.
- 3.100 The FNO was also the disability liaison officer (see section on diversity). She saw all newly arrived foreign national prisoners and an individual file was maintained for each. Each wing had an identified foreign national prisoner representative and foreign national wing officers who met regularly with the FNO. Prisoner representatives had a job description and were paid £1 a week for their work. They were expected to meet new arrivals on their wing to offer information and support as necessary.
- 3.101 There were published lists of staff and prisoners able and willing to act as interpreters. A professional telephone interpreting service was also available. Managers claimed there was little demand for interpreting services, but this was not borne out by wing files of foreign national prisoners. All identified the prisoner's nationality, but the tick box recording whether he could speak or read English was often left blank. One file noted that the prisoner had 'little English' and that a dictionary had been provided for him. Almost a year later, an officer had noted that his 'poor knowledge of English can make him irate at times'. Another file of a prisoner recorded as having limited English showed that he had been told to put in an application to speak to the FNO about the lack of books in his language in the library. Despite his 'broken English', he had also been used as an interpreter for another prisoner.
- 3.102 There was an assumption that all prisoners could read, write and speak English and foreign national prisoners were therefore expected to use the applications system and had to apply for a free monthly telephone call and to attend the weekly drop-in sessions. Wing files did not indicate that wing staff were aware of prisoners' home lives and, although prisoners said they were receiving telephone calls, such calls were rarely recorded.
- 3.103 A weekly foreign national drop-in meeting was held in the chapel. Some men said they did not attend because 'nothing ever changes', while others found it a useful resource where they felt well supported and informed. The meeting was attended by the FNO, foreign national wing officers and sometimes staff from other areas. An immigration officer attended quarterly.
- 3.104 A question time event had been held specifically for foreign national men in May 2008. The minutes showed that prisoners had raised numerous points, including discrimination and lack of respect from some staff. The issues raised were not discussed at the diversity meeting the following month even though this forum managed foreign national issues.
- 3.105 English for speakers of other languages classes were provided in education and the library held a good supply of books, magazines and newspapers in other languages. A new telephone

card system allowed prisoners to make international calls at lower rates and all prisoners with family abroad could make use of this.

- 3.106 An administrative officer was responsible for managing immigration matters. She maintained a comprehensive database and occasionally attended the drop-in to give information and advice to prisoners.

Recommendations

- 3.107 The foreign national policy should be comprehensive, based on a needs analysis and include an action plan against agreed targets.
- 3.108 There should be a multidisciplinary foreign national committee to ensure that the needs of foreign national prisoners are identified, represented and addressed. This should include foreign national prisoner and external representatives and investigate and address the significant differences highlighted in our survey.
- 3.109 Interpreting services should be used whenever necessary and this should be recorded.
- 3.110 Prisoners with limited understanding of English should not have to make written applications.

Housekeeping points

- 3.111 Information in the wing files of foreign national prisoners should be fully completed, signed and dated.
- 3.112 All staff should be aware of the foreign national wing information packs.
- 3.113 Contact with prisoners by wing foreign national officers should be recorded in wing files.

Applications and complaints

Expected outcomes:

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

- 3.114 A new applications system had just been introduced, but many prisoners had experienced delays. There was good access to complaint forms, but replies were not always answered adequately or by an appropriate person. There was little detailed analysis of the nature of complaints or quality checks by a senior manager.

- 3.115 A new applications system introduced the previous week provided several carbon copies of prisoners' applications, which, unlike the previous system, allowed responses to be recorded and tracked. Many prisoners complained of delays or having to make repeat applications. Prisoners could submit applications each evening and at weekends. They were encouraged to resolve matters informally if possible. All applications were recorded in a log book, but it was too early to determine how successful the new system would be.

- 3.116 Complaint forms and confidential access envelopes were freely available on residential wings. The boxes were emptied daily by the complaints clerk and entered on a database. Some complaints were answered by officers and other staff too junior to provide a satisfactory answer, which led to stage two appeals. Some complaints about staff had been answered by the officer who was the subject of the complaint. This was completely inappropriate and contrary to the guidance.
- 3.117 On average, 358 complaints were made each month. There was little monitoring of these to identify problem areas or progress in addressing them. Most complaints were recorded as 'wing issues' or 'miscellaneous'. In practice, wing issues included complaints about 'unlock times/ delays', 'kit issues' and noise. Shop and medical issues were the most frequent subjects of complaints.
- 3.118 The wings where complaints originated were monitored, as was the timeliness of responses. Records indicated that 99% were responded to within the required timescales. In our survey, more prisoners than the comparator said complaints were dealt with fairly. However, significantly more than the comparator, said they had been asked to withdraw a complaint. How many complaints were withdrawn was not monitored. Prisoners who withdrew complaints were required to sign a slip to this effect, but no such slips had been recorded in the previous three months.
- 3.119 An acting principal officer acted as the complaints coordinator, a role that included monitoring the quality of replies. When he had enough time, he looked at a small sample each month and recorded his comments on the complaints database. These noted when complaints had not been answered by the appropriate department or the issue could have been more appropriately resolved through a general application. There was generally little comment on the quality of replies and little evidence of what action was taken to improve this.
- 3.120 Only 18%, significantly fewer than the comparator of 44%, said it was easy to see a member of the Independent Monitoring Board (IMB). However, IMB posters were displayed and rota visits took place. Applications were freely available and the boxes on each wing were emptied weekly by the IMB clerk. Between August and October 2008, 40 IMB applications had been recorded.

Recommendations

- 3.121 Complaints should be answered by staff able to provide a clear, accurate and authoritative answer.
- 3.122 Only senior managers should answer complaints about staff behaviour.
- 3.123 There should be improved analysis of the nature of complaints to enable managers to identify progress or developing problem areas.
- 3.124 The numbers of complaints withdrawn should be monitored and the reasons analysed.
- 3.125 A senior manager should routinely monitor the quality of responses to complaints.

Legal rights

Expected outcomes:

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

3.126 There was good access to legal services officers, although the time allocated for this work was not always predictable. All new arrivals were interviewed soon after reception. Good records were kept of the work completed.

3.127 There was good access to legal services. There were two trained legal services officers (LSOs) and all new arrivals were seen wherever possible within 24 hours. Although time for legal services work was profiled, daily officers were often diverted to other tasks. Nevertheless, this did not appear to affect the service provided.

3.128 Prisoners could apply to see an LSO. In the previous six months, there had been an average of 21 contacts with prisoners each month. There was no waiting list and, given the small remand population with serious charges, there were few applications about bail. Legal services were well advertised on wing notice boards and in reception.

3.129 The legal services office was on B wing and there were good systems to record all work. There was a stock of application packs and forms to help prisoners pursue their cases, including the criminal cases review commission. Many applications were associated with applications to the court of appeal.

3.130 A guide to prisoners about the criminal appeal system and legal aid had been provided. Problems associated with immigration status and deportation were referred to the foreign nationals officer. LSOs were resourceful when pursuing legal information to assist prisoners, including the use of the internet. They provided application forms for 'access to justice' laptops, which were available.

3.131 In our survey, 69% of prisoners, against a comparator of 53%, said it was easy to get legal visits.

Substance use

Expected outcomes:

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

3.132 Mandatory drug testing results, intelligence reports and the prisoner survey indicated a low availability of illegal drugs, but some prescribed opiate-based analgesics were being diverted. Clinical management protocols had been implemented and allowed prisoners access to secondary detoxification regimes. The level of joint work and the support provided was of a high standard.

Clinical management

- 3.133 Prisoners completed detoxification before arrival and the small remand population had not so far required clinical intervention for their substance use. Some prisoners became dependent on opiate-based analgesics while at Wakefield and secondary detoxification programmes were available.
- 3.134 Since August 2008, three prisoners had undertaken buprenorphine, and on one occasion dihydrocodiene, reduction regimes. There were appropriate clinical management protocols and the local specialist substance misuse clinical director conducted assessments and treatment reviews at the prison. Detoxification regimes were flexible and based on individual need, ranging from two weeks to three months. Prisoners could also access the opiate blocker naltrexone to support them in maintaining abstinence.
- 3.135 Care plans were high quality, involving the prisoner, healthcare staff and counselling, assessment, referral, advice and throughcare (CARAT) workers. Multi-agency treatment reviews took place regularly.
- 3.136 Prisoners were admitted to healthcare during detoxification and valued the support they received from nurses and CARAT workers. One of the mental health nurses also had a substance use background. A good level of joint work ensured that detoxification was clinically and operationally safe.

Drug testing

- 3.137 The year-to-date random mandatory drug testing (MDT) level stood at 2.7% against a target of 5%. Intelligence reports, finds and drug testing results indicated diverted prescribed opiate-based analgesics as the predominant drugs in use (see section on health services).
- 3.138 The MDT programme was well resourced and five MDT officers provided daily cover. All testing targets were met. Approximately 12% of security information reports related to drugs. Since April 2008, 33 suspicion tests had been conducted, resulting in a positive rate of only 27%. Results were often consistent with medication.
- 3.139 Security staff attended drug strategy meetings and supply and demand reduction initiatives were well integrated. In our survey, only 11% of prisoners, significantly lower than the comparator of 38%, said it was easy to get illegal drugs. None reported drug-related victimisation by staff and only 2% reported drug-related victimisation by other prisoners.

Good practice

- 3.140 *Prisoners could access secondary detoxification programmes, which were flexible and based on individual need. Departments worked jointly to ensure integrated care and support for those prisoners.*

Section 4: Health services

Expected outcomes:

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

4.1 There had been some recent investment of resources by the primary care trust, a physical health needs assessment had been completed and joint working was apparent. Some improvements were being made, but some of the accommodation was not fit for purpose. Prisoners had to wait too long to see a GP. There were a number of problems with pharmacy and medicines management. Dentist services were good. Mental health services were inadequate. Too many outside hospital appointments were cancelled with little monitoring of the reasons.

General

- 4.2 There were excellent working arrangements between the health services team and the Wakefield PCT and there had been some recent investment of resources by the PCT. A health needs assessment had been completed in April 2008, but did not include mental health. An equality and impact assessment had also been completed by the PCT.
- 4.3 Health services were primarily delivered from the medical centre, which was a separate building, and a treatment room in the centre of the prison. The medical centre had two floors for in-patients, while the ground floor contained GP clinics, small holding rooms, the pharmacy and the dental surgery. There was a wide range of health promotion displays throughout.
- 4.4 The pharmacy room was an adequate size and near to the other healthcare facilities. The dispensary had a gate that was kept closed when the dispensary was open. The pharmacy was clean, tidy and well ordered. Medicines were stored on open shelving and generally transported from the dispensary to the treatment rooms in lockable metal boxes. The in-patient facility had its own treatment room with a gated door and wall-mounted lockable metal medicine cupboards, a controlled drugs cabinet and an out-of-hours cupboard. F wing, which housed a small number of segregated prisoners, also had a cell converted into a treatment room with wall-mounted lockable medicine cabinets.
- 4.5 The dental surgery was on the ground floor of the main healthcare block and had been refurbished about three years previously. The standard of equipment was good and the cross-infection controls appeared satisfactory, although the PCT had not carried out a recent official inspection. There were concerns about the protocols for the removal of clinical waste from the dental surgery.
- 4.6 The centre treatment room was not fit for purpose, but was due to be relocated in the spring of 2009 as part of a newly refurbished healthcare suite. The room was equipped with lockable, but mostly unsecured, metal medicines cupboards and a controlled drugs cabinet that was not properly secured to an external wall. Medicines were administered to prisoners from the treatment room through two hatches, only one of which was gated. Prisoners were often in the room for blood tests or blood pressure checks, in full view of other prisoners and while the

medication cupboards were open. The main door into the room was also often unlocked while medications were administered.

- 4.7 The PCT infection control team had undertaken an audit of the health services facilities earlier in 2008 and noted that actions from previous audits had not been completed. The levels of cleanliness were reasonable, but sharps boxes were over full and not labelled correctly.
- 4.8 Prisoners were not given enough information about health services, although there were plans to ensure that sufficient information was available in different languages and formats.

Clinical governance

- 4.9 There were regular clinical governance meetings. The head of health services was a governor grade who also had responsibility for the segregation unit and close supervision centre (CSC). An acting hospital principal officer managed the unit on a day-to-day basis. The staffing of the whole service was under review in a project led by an acting governor grade. Away days for staff had been held to identify and quantify clinical and custodial work so that the workforce could be reorganised to ensure that maximum use was made of skills and competencies. The work was due to be completed in line with the opening of the new primary care centre (to replace the centre treatment room), but it had already identified the need to recruit more general nurses.
- 4.10 There were four nurse prescribers and the health services team was made up of a mix of band 5 and 6 registered nurses and hospital officers. The staff had been nominally divided into teams to cover primary care, chronic disease management, in-patients, the first contact clinics, mental health and centre treatments. There were also permanent night staff. Only one of the two GPs was full time and out-of-hours cover was provided by the local GP deputising service. Other allied health professionals included an optician, podiatrists and the dental team.
- 4.11 Thirty pharmacist hours were allocated. The pharmacist in charge of the service was on secondment from the PCT and worked three days from 8am to 2pm. The remaining hours were provided by locum pharmacists. There were plans to recruit a full-time pharmacist. There was a full-time pharmacy technician. A second technician and part-time dispensing assistant had been recruited, but had not yet taken up their positions.
- 4.12 Staff had access to professional development and training, but clinical supervision was not organised. Not all staff had received resuscitation training (including the use of defibrillators) in the previous 12 months. Some nursing staff had been identified as leads for specific work streams such as sexual health, diabetes and coronary heart disease. A lead nurse for older people had been identified in the previous month, but had yet to develop services as planned in conjunction with the disability liaison team and there had not been any specific training for staff working with older prisoners.
- 4.13 Emergency resuscitation equipment including automated external defibrillators was held in locations around the prison and checked regularly. The content of the kits was under review.
- 4.14 A range of occupational therapy equipment was in use, including wheelchairs and a hoist in the palliative care room, but it was not clear whether prisoners had easy access to this equipment and advice. Some prisoners said there had been problems getting wheelchairs repaired and some said discipline staff had refused to push wheelchairs.
- 4.15 Hard copies of clinical records were held in filing cabinets in a secure room in the 'medical centre'. Current clinical records were maintained on SystmOne, an electronic clinical

information system. The PCT had invested some resources to ensure that the records of all prisoners were summarised on the electronic system. There were some examples of poor record keeping and sparse recording of information on SystmOne, and several examples of the GPs not ensuring that tasks noted as required on the computer had been carried out. Dental records were appropriately annotated and stored. Staff were aware of the need to maintain confidentiality of clinical information, and information about Caldicott principles was readily available.

- 4.16 Prescriptions for in possession and administered medication were written on standard prison prescription forms (HR013). The patient's details were not always recorded appropriately on the charts. The charts were also not correctly completed to indicate which medications were to be administered and which were daily or weekly in possession, and they were not correctly annotated by nurses to indicate whether the medication had been administered/collected or the patient had failed to attend. Prescriptions were often written for up to three months' supply and did not include a diagnosis. Prescribers did not always record prescribed items on SystmOne.
- 4.17 The prison used standard hospital controlled drug registers. The main register in the dispensary did not comply with the current regulations in force from 1 February 2008. Running balances for all controlled drugs were maintained, but it was not clear how often they were audited. The balances examined were accurate.
- 4.18 A prisoner consultative committee met monthly. Meetings were minuted and actions were carried out to address issues raised by prisoner representatives. An expert patient programme had been run and well evaluated by participants. There were plans to repeat the programme and include a health trainers course.
- 4.19 Prisoners could use only the prison complaints system. There was no information about the NHS complaints system.
- 4.20 There were a variety of clinical policies, including on communicable diseases and pandemic flu.

Primary care

- 4.21 Prisoners were seen on arrival by a member of the health services team, whenever possible a registered mental health nurse. It was not clear whether all issues raised by a prisoner on arrival would be dealt with promptly and no secondary health screen was carried out within 72 hours. In our survey, 29% of prisoners, significantly more than the comparator, said they had health problems on arrival. Health services staff were not involved in induction.
- 4.22 Prisoners wanting to see a GP completed a general application that was not confidential. They were then seen by one of the nurse prescribers at the first contact clinic run every morning. All the nurse prescribers had relevant skills and competencies to assess patients, but there were no formal triage algorithms. The average wait for an appointment for the first contact clinic was two days. Nurses could arrange an urgent referral to the GP, but the wait for a routine appointment was 10 days, which was too long. In our survey, significantly fewer prisoners than the comparator said it was easy to see a doctor or a nurse.
- 4.23 Prisoners were brought to the medical centre at the beginning of the session and had to wait until all had been seen before returning to their wing. There were no specific appointment times. There was a restriction on the number of prisoners who could be in the primary care area of the medical centre, which limited access to primary care services.

- 4.24 Prisoners known to meet the criteria were offered influenza and pneumococcal vaccinations, but prisoners were not routinely offered Hepatitis B vaccinations and a few of those we spoke to were unaware that such a vaccination was recommended. Barrier protection was available and there were arrangements for safe disposal.
- 4.25 Life-long condition registers were being compiled. Prisoners with diabetes received care in line with the Department of Health guidelines, including regular blood tests and retinal screening. Other life-long condition clinics were not so well developed. There were plans for a consultant in respiratory medicine to see and review all prisoners with respiratory conditions to provide a baseline for future care by nursing staff.
- 4.26 Hospital officers had been trained to run smoking cessation services, but no courses were running due to staffing problems. Some prisoners were prescribed nicotine replacement therapy.
- 4.27 None of the waiting lists for allied health professionals were very long. A physiotherapist had recently been appointed and was in the process of assessing all prisoners using walking aids and seeing patients referred to him with musco-skeletal complaints.
- 4.28 F213 (injury to prisoner forms) were not collated and it was not possible to determine whether all prisoners who received an injury, however caused, were seen by health services staff. The relevant forms for those who were seen were scanned onto SystemOne.

Dentistry

- 4.29 Wakefield District PCT Dental Service provided dental care. There were sessions each weekday morning, with eight patients per session. One session was provided by a therapist and the rest were split between three dentists. A further three dentists were in the process of obtaining security clearance to improve cover for annual leave. There was also a contract for six dental hygienist sessions a year. The well motivated and friendly dental staff offered an efficient service in well equipped surroundings. Dentistry was fully integrated in the healthcare system and there was good communication between the dental team and healthcare management.
- 4.30 The waiting list contained 104 names, the longest wait being six months. The list was managed by the dental team, with priority given to urgent cases. Treatment normally began within two weeks of the initial assessment and the full range of treatments available under the NHS was provided.
- 4.31 The service level agreement specifically excluded out-of-hours provision. The provision of oral health promotion was being reorganised. No figures were available for the failure to attend rates, but were estimated at 25%. The reasons why prisoners failed to attend had not been investigated.

Pharmacy

- 4.32 Prisoners could not see a pharmacist. Medicines were administered to patients on A, B, C and D wings by nursing staff at 8am, 11am and 5.30pm, but could also be administered individually at other times if necessary. Queues for the treatment area were supervised by discipline staff, but administering medications, particularly at 11am, was poorly organised with some crowding at the hatches and consequently some lack of confidentiality.

- 4.33 There was an in possession policy and in possession medication was issued in daily, weekly or 28-day supplies. A formal risk assessment tool was used and applications for in possession were considered at regular medication risk assessment meetings attended by healthcare, pharmacy, discipline staff and mental health staff. The assessments were kept in the pharmacy and documented on the pharmacy patient medication record system, so were not available at the point of administration. Most medicines were provided in possession, with around a third on daily or weekly in possession and the remainder on 28 days. Prisoners did not always sign the in possession policy compact.
- 4.34 All prescriptions were delivered to the pharmacy for dispensing and clinical checking. For patients seen in the morning, medicines were delivered back to the treatment rooms for administration later that day. Except for Mondays, patients seen in the afternoon, which was when the majority of the GP clinics were held, were not supplied until the following day as there was no pharmacist after 2pm. Patients on long-term medication could request repeat medication using forms available on the wings and supplies were made approximately 48 hours later.
- 4.35 There was no policy for prisoners reporting sick with minor ailments and the list of medicines that nurses could supply was limited to paracetamol, magnesium trisilicate mixture, senna, dextrosol and bonjela.
- 4.36 The population spanned a wide demographic, with an increasing older population and numerous prisoners with disabilities. As a result, a wide range of medication was routinely prescribed. Prisoners had no secure place to store their in possession medication, although the use of transparent lockable boxes was being piloted. A previous review of medicines management had indicated that an unusually large amount of opiate-based painkillers was prescribed. A step wise approach to pain management was not used and no medication reviews were undertaken by pharmacy staff.
- 4.37 Within the pharmacy, the stock was well organised and tidy. Medication was issued on a predominantly named-patient basis, with only stock of special sick items, testing strips and dressings held in the treatment rooms. The dispensary, centre and in-patient treatment rooms were equipped with refrigerators for storing thermolabile products. Daily minimum/ maximum temperatures were not recorded accurately in any of the areas and the fridge thermometer in the in-patient facility needed replacing. There was some evidence of date checking in the dispensary, although this was not formally documented. Nursing staff were responsible for date checking in the treatment rooms and for returning unwanted items to the pharmacy.
- 4.38 There was an out-of-hours policy for the provision of medication and staff followed the process when necessary. However, the out-of-hours cupboard stock levels were not proportionate for the size of the population.
- 4.39 Monthly medicines and therapeutics committee (MTC) meetings were attended by healthcare and pharmacy staff. Minutes were available. There was no drug formulary. There were pharmacy-standard operating procedures (SOPs), but the controlled drug-specific SOPs did not comply completely with current requirements.

In-patients

- 4.40 There were 19 spaces in the in-patient unit, which was on two floors of the medical centre. Some of the accommodation was single cells, but there was also a dormitory. Ten of the beds were on the certified normal accommodation certificate.

- 4.41 There were 13 in-patients, two of whom were on the unit due to mental health issues. The rest were there due to their physical disability or infirmity. Staff said the unit was not used as a default for prisoners with disabilities or finding it difficult to cope with life on the wings, but it was sometimes used for 'respite'. Each in-patient had a comprehensive care plan that was updated regularly. Good nursing care was given to those with palliative care or physical health needs.
- 4.42 Education was provided on the in-patient unit, the library visited weekly and in-patients could attend the gym and groups run by chaplaincy services. However, there was little other therapeutic activity and no input from mental health services. Patients said they had nothing to do in the mornings.

Secondary care

- 4.43 There was provision for five outside hospital appointments a day, but appointments were cancelled for a variety of reasons, sometimes more than once. Prisoners complained throughout the week that they had not been able to attend hospital consultations. However, staff did not have comprehensive records of the extent of the problem, so could not be confident that prisoners referred to a secondary care consultant were seen within the NHS target of 18 weeks nor could they identify which patients had had sequential appointments cancelled.

Mental health

- 4.44 Secondary mental health services were provided by South West Yorkshire Mental Health Trust (SWYMHT). In theory, primary mental health services were provided by prison-employed nurses, hospital officers and the GPs. In reality, mental health provision was poor. This had been recognised by the PCT/prison partnership board and a new service specification was being drawn up to improve services.
- 4.45 There was one band 7 registered mental health nurse (RMN) who acted as the coordinator for care programme approach, a band 6 RMN who was off sick and a band 5 agency RMN who had been employed to provide mental health services to the segregation unit, reception and to manage prisoners on 'depot' medication. There were also supposed to be band 5 RMNs for primary mental health services, but they were seldom available. Three consultant forensic psychiatrists each provided one session a week. A nurse consultant also visited once a week and undertook one-to-one anger management work with a small caseload of patients.
- 4.46 Referrals to the service could be made by any member of staff or staff at sending prisons. Prisoners could also self refer. Six prisoners were awaiting an initial assessment from a primary mental health nurse and 16 were awaiting a follow up assessment. Following assessment, patients were either taken on by the psychiatrists (whose caseload numbered 55) or by one of the nurses. Patients deemed to have primary mental health care needs were referred back to the GP, although the GPs saw their role as caring for those with physical health needs and said they would refer patients with mental health needs to the mental health team.
- 4.47 There were no counselling services, day services, group work or input to in-patient care. Nor were there comprehensive care plans for those known to the team. The service was not meeting NICE guidelines. SWYMHT staff attended assessment, care in custody and teamwork (ACCT) reviews of patients known to them, but did not participate in safer custody meetings.

- 4.48 Six prisoners were awaiting transfer to secure NHS mental health beds. Two of these had been waiting over 16 months, having been seen and not accepted by various units.
- 4.49 Visiting psychiatrists could not see their clients in the medical centre so had to book a legal visits session. This meant they did not always have access to the patient's clinical records and were unable to discuss care with a member of mental health staff.
- 4.50 Some discipline staff had received mental health awareness training and all the staff working on the segregation unit and close supervision centre (CSC) had received this training as part of the wider CSC training package.

CSC mental health services

- 4.51 The CSC had a separate contract for mental health services, which were provided by the Humber Centre. The contract was for a consultant psychiatrist and two other health professionals to attend for one afternoon a week, which was insufficient, particularly if they all attended on the same afternoon. However, staff said the full team rarely all attended.
- 4.52 Nobody from the Humber Centre was present during the inspection and on the day the consultant psychiatrist was due he sent apologies for his lack of attendance.

Recommendations

- 4.53 A full dental surgery inspection should be carried out by/on behalf of the primary care trust.
- 4.54 Medications should be stored in metal cupboards fixed to the fabric of the building.
- 4.55 Prisoners should have confidentiality during medication collection times to minimise potential bullying and diversion of supplies.
- 4.56 During medication administration, no other activities should take place in the treatment area.
- 4.57 The actions identified in the primary care trust 2008 infection control audit should be completed.
- 4.58 Prisoners should be given information about prison health services in a format they can understand that explains how to access services.
- 4.59 The staffing review should include all clinical staff, including pharmacy and GPs, and the findings/recommendations should be implemented expeditiously.
- 4.60 All staff should have access to clinical supervision.
- 4.61 All staff should have resuscitation training, including defibrillation, at least annually.
- 4.62 Health services staff should have training for working with older people, including how to recognise signs of mental health problems and how to identify social care needs.
- 4.63 The services provided for the loan of occupational therapy equipment should be clarified.

- 4.64 All clinical record keeping, including clinical notes and prescription charts, should conform to professional guidance from the regulatory bodies.
- 4.65 It should be made clear on both paper and computerised records when a patient is taking medications supervised or in possession.
- 4.66 The controlled drugs register for the main controlled drugs cabinet in the pharmacy should comply with current legislation.
- 4.67 Prisoners should have access to the NHS complaints system.
- 4.68 The reception screen should be reviewed to ensure that all information elicited from the patient is acted on as appropriate.
- 4.69 Applications for health services should be confidential.
- 4.70 The amount and range of primary care services should meet the needs of the population.
- 4.71 All prisoners should receive hepatitis B vaccinations if they wish to.
- 4.72 Health promotion services should include smoking cessation courses.
- 4.73 There should be a robust system to ensure that all prisoners who suffer an accident or injury, however caused, are seen by a healthcare professional.
- 4.74 Work should be done to assess the failure to attend rates for clinics, including dental sessions, and the reasons why appointments are missed.
- 4.75 A protocol should be developed for out-of-hours cover for dental services.
- 4.76 The in possession policy should include a compact to be signed by all participating prisoners agreeing to the terms of the policy.
- 4.77 The risk assessment for in possession medications should be available at the point of administration.
- 4.78 A step wise approach to pain management, such as the World Health Organisation analgesic ladder, should be used.
- 4.79 Lockable storage in cells for patients who have their medication in possession should be introduced.
- 4.80 There should be a review of out-of-hours cupboard stock levels to avoid prisoners being left without treatment for minor ailments.
- 4.81 The medicines and therapeutics committee should develop and implement a prescribing formulary and special sick policy and ensure that prescribing is evidence-based.
- 4.82 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population.

- 4.83 None of the in-patient beds should be on the certified normal accommodation.
- 4.84 There should be a robust system for the monitoring of cancelled hospital appointments to ensure patients are seen within NHS targets.
- 4.85 Day services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems.
- 4.86 Primary mental health services should include talking and other appropriate therapies for people with mild to moderate mental health problems.
- 4.87 Prisoners with severe mental health problems who are assessed as requiring secondary or tertiary care services should be transferred expeditiously.
- 4.88 Visiting healthcare professionals should have easy access to their patient's clinical records and be able to discuss their patient's care with prison health services staff.
- 4.89 There should be an urgent review of the mental health provision for prisoners in the close supervision centre.
- 4.90 Prisoners held in the close supervision centre should have access to comprehensive mental health services on a one-to-one basis.
- 4.91 A consultant forensic psychiatrist should contribute to casework management.

Housekeeping points

- 4.92 The medical centre should be renamed the health services centre to reflect the provision of services.
- 4.93 As drugs are stored on open shelves in the pharmacy, a security assessment should be carried out to ensure that the security of the pharmacy complies with acceptable levels.
- 4.94 The number of clinical waste disposal units in the dental surgery should be increased.
- 4.95 The door to the centre treatment room should be kept locked.
- 4.96 Prison officers should push prisoners in wheelchairs if required to do so.
- 4.97 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2- 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.

Good practice

- 4.98 *The expert patient group that had been conducted complied with NHS best practice and provided patients with information on how to manage their own health.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 The overall effectiveness of the learning and skills provision was good, as was leadership and management and teaching and learning. Approximately a third of prisoners attended education and the curriculum was sufficient to meet their needs. Overall, there were too few work and activity places and category A prisoners' access was particularly limited. Work activities in the contract workshops generally provided opportunities to develop good work skills. Poor use was made of data to ensure that all available activity places were correctly utilised. Library facilities were good, with high participation rates and arrangements made for those unable to access the main facilities.
- 5.2 The strategic development of learning skills was good, with a clear direction shared by the senior management team. The development plan linked to the strategic plan was realistic and many of the objectives had been achieved. The working relationship between the OLASS contractor and the prison was good.
- 5.3 Prisoners were given an initial assessment of their literacy and numeracy needs at induction. Information from the initial assessment informed the individual learning plan. Target setting in literacy and numeracy was generally satisfactory. English for speakers of other languages (ESOL) programmes were popular and well attended, and effective information, advice and guidance (IAG) was provided by the education provider during induction.
- 5.4 Prisoners were risk assessed after induction, but it could take up to three months to access their chosen activity. During this time, they could attend education. Dyslexic prisoners were given satisfactory support. IAG attended all activity allocation boards, which were fair and equitable. There were good links between learning and skills and sentence planning to help inform the sentence planning process. Category A prisoners' access to workshops was restricted to those risk assessed for this category of prisoner.
- 5.5 Prisoners were paid a standard rate for education and work and there was no disincentive to attend education. Prisoner who had sentence planning targets to achieve in education could attend education and work.
- 5.6 The education department was generally well managed, with well established quality assurance processes. Education was offered part-time, with most prisoners attending five mornings or afternoon sessions, apart from the training kitchen, which was full-time. There was no provision on the wings or in the evenings or at weekends. The education department delivered to 236 part-time prisoners in the education block, with 190 places available daily. Education was provided in healthcare, for prisoners on remand and those in the close

supervision centre. Support for prisoners with literacy and numeracy needs in the workshops had recently been introduced, but was not consistently available.

- 5.7 Courses were available in literacy, numeracy, ESOL, ICT and art. GCSEs were provided in maths, English, history and geography and diplomas at level 2 and 3 had recently been introduced to provide a progression pathway for those wanting to access higher education including Open University courses. Seventeen prisoners were on higher education courses and support for these was available on four afternoons a week. The education department also offered a range of programmes to help prisoners' personal development, such as alcohol awareness and budget and money management. The range of programmes was good and there were some opportunities to progress. There were productive links with the psychology department, with some courses to help prisoners' personal development.
- 5.8 Achievement generally was good, although there was low achievement for a small number of learners on GCSE courses. Teaching overall was good, as was teaching accommodation. Standards of prisoners' work were satisfactory in literacy and numeracy and good in art. Prisoners on personal development courses were developing good communication skills and gaining confidence in working in group situations. There were 21,000 OLASS contracted hours, all of which were being delivered.
- 5.9 The prison had too few activity places to ensure that all prisoners had equal access to workshops. The limited access for category A prisoners further increased the number of prisoners unemployed. Some of the more popular courses had waiting lists, although these failed to give a true reflection of need as most prisoners attended other courses and did not intend to take up a place when available. Data collected by the prison was not sufficiently well used to give a clear picture of access to activities and accurately inform planning. The prison had sufficient work activities for 51% of the population, but only approximately a third of prisoners accessed work.
- 5.10 Workshops could accommodate 308 prisoners and contract workshops generally provided a satisfactory range of opportunities for prisoners to engage in work. Prisoners developed a good work ethic in the commercial contract workshops and there was some structured training, but this personal development was unrecorded and unrecognised by the prison. Employment opportunities were available in the kitchens, where accredited NVQ programmes were run. Punctuality and attendance at work during the inspection was satisfactory, but average attendance at workshops was only 70%. Systems had been introduced to improve monitoring of non-attendance and overall attendance. In addition to workshops, the prison had 96 work places as wing cleaners.
- 5.11 The workshop areas consisted of two textiles shops, a Braille shop, a sign-making shop, a woodworking shop, a charity shop, a recycling shop, a contract services shop and a Picta workshop. Accredited qualifications were available in industrial cleaning, with NVQs at level 1-2. The main kitchen delivered health and hygiene certificates and NVQ level 1-2, but the induction to the prison kitchen was not effectively used to gain evidence for the NVQ. The Braille workshop trained all learners to RNIB certificate standard and the textiles shops were piloting accredited qualifications. Staff held appropriate qualifications and staff development and the promotion of equality of opportunity and social inclusion were good.

Library

- 5.12 The library was open five days and four evenings a week between 5.30pm and 6.30pm, but was not open at weekends. Prisoners had two 30-minute visits a week and could request an additional visit on Friday afternoons. An annual survey indicated that 90% of prisoners had

visited the library, although records for November 2008 showed that just 64% of the population had accessed the facilities. In our survey, 63% of prisoners, significantly higher than the comparator, said they attended the library at least once a week.

- 5.13 Some education classes were timetabled in the library to support studies, and library and education staff were developing links to improve class visits.
- 5.14 A small library facility was provided on F wing for prisoners who did not have access to the main library. Prisoners in healthcare and on the remand and high security wings were visited by the librarian once a month. Education staff also facilitated books, talking books and CD loans for prisoners. Inter-library loans were available.
- 5.15 There was one full-time librarian, a part-time librarian, a library assistant and a relief library assistant who covered staff absence as required. All were appropriately qualified. They were supported by five prisoner library orderlies, one of whom had an NVQ in library and information services, and two were working towards the qualification.
- 5.16 The library was well stocked with a range of recreational fiction and non-fiction. Easy-readers, talking books, music CDs, newspapers and magazines were also stocked. Relevant reference material was available, including legal books and Prison Service Orders and instructions. Legal texts were available to support foreign national prisoners who wanted information on immigration and asylum law. There was also a satisfactory range of books on cultures and religions. Books were available in several languages spoken by foreign national prisoners. A range of books was available for prisoners following educational programmes. The book stock was approximately 13,000, about 10% of which was on loan. The library catalogue was not up to date and it had been some time since a full audit had taken place. There was no clear idea of the level of book stock loss, but it was estimated at 10%.
- 5.17 The library supported literacy initiatives well. Toe by Toe prisoners met weekly as a group with their mentors and the reader in residence. Mentors were not able to gain qualifications for this role. Prisoners received support from the reader in residence to improve their reading skills and the reader in residence also worked with retired learners running a reading club. The writer in residence developed prisoners' free writing skills through a range of activities including drama. Other initiatives included Story Book Dads and the five book challenge.

Recommendations

- 5.18 The collection and analysis of data should be improved to improve access to activities.
- 5.19 Accredited courses should continue to be developed in workshops.
- 5.20 Further links should be developed with education to support literacy initiatives.
- 5.21 Peer Toe by Toe mentors should be able to acquire accredited qualifications.

Housekeeping point

- 5.22 An audit should be carried out of the library stock.

Physical education and health promotion

Expected outcomes:

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

- 5.23 There was reasonable access to the gym and facilities were satisfactory. Capacity was sufficient to offer each prisoner physical education (PE) three or more times a week, including those in full-time work, unemployed or in education, but almost half did not participate. PE opportunities were well promoted. PE officers routinely carried out outreach work with segregated prisoners and there were good links with other departments.
- 5.24 Access to the gym was reasonable and 53% of prisoners participated in PE each week, although significantly fewer in our survey than the comparator said they went to the gym at least twice a week. A senior officer and nine PE officers worked in the department. PE was managed on a two-week rotation that included a balance of specialist, educational and recreational sessions, including prescription exercise, a fat fighters club, over 60s sports and social club and sessions linked to drug and alcohol awareness. The core day was divided into four daily sessions and each wing had an additional evening session. Prisoners signed up for leisure activities offered at weekends, including team competitions.
- 5.25 Facilities comprised a weights and cardiovascular (CV) room, a three-court sports hall, a small poly-grass external area and a class room. The CV area was situated too close to the free weights area. Showering facilities were adequate, but rarely used. Capacity was sufficient to offer each prisoner PE three or more times a week, including those in full-time work, unemployed or in education. Non-users' views were collated bi-annually and the results used to inform curriculum changes.
- 5.26 Induction took place every two weeks and was thorough, explaining the process for integrating prisoners into the many opportunities available. Opportunities were promoted through a weekly newsletter and each wing had an assigned PE officer and gym champions. PE kit was issued from the main stores and specialist PE equipment was available when required. There was satisfactory disability access to all areas except the classroom. Classroom activities could be relocated to the gym floor when required.
- 5.27 PE officers routinely carried out individual outreach work with segregated prisoners and provided thorough health checks, physical developmental advice and positive progress options for these individuals. PE staff had good links with healthcare and education and regularly contributed to diversity celebrations and family days.

Recommendations

- 5.28 An improved area for cardiovascular exercise should be provided.
- 5.29 Further efforts should be made to promote the gym to prisoners who do not participate in physical education.

Faith and religious activity

Expected outcomes:

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

- 5.30 The chaplaincy team played a significant part in prison life and offered a good range of services and activities. Sunday services clashed with gym. Only a quarter of black and minority ethnic men said their religious beliefs were respected. The chaplaincy team had developed and delivered a comprehensive religious and cultural awareness training package to all staff.
- 5.31 The full-time Church of England coordinating chaplain and ecumenical chaplain were supported by a group of chaplains, faith leaders and volunteers whose commitment ranged from a few hours to 2.5 days a week. The faith needs of prisoners were met and although there were no current meetings for Hindu prisoners, a Hindu faith leader had been appointed and was awaiting security clearance. A second part-time Muslim chaplain had recently been appointed.
- 5.32 Although not reflected in our survey, all new arrivals were seen by a chaplain within 24 hours and given written and verbal information about the chaplaincy team and activities and this was recorded. Chaplains were also involved in induction and the chaplaincy team and chapel activities were advertised on all wings.
- 5.33 Services took place for the major Christian faiths at weekends, with meetings on weekdays for other groups including Pagan, Spiritualist, Sikh, Muslim, Jehovah's Witness, Rastafarian and Buddhist. A rabbi attended monthly and Mormon and Quaker faith leaders were available when necessary. Monday evening fellowship groups were led by volunteers from churches in the local community, and the chaplaincy aimed to include volunteers from local Pentecostal and Nigerian church groups to offer increased support to black and minority ethnic Christian prisoners.
- 5.34 Prisoners' faiths were registered with the chaplaincy, but they could choose to attend the service of a different faith group twice before electing to alter their registered faith. Wing staff received copies of the prisoners' registered faith and prisoners did not have to apply to go to services, but their name had to be included on a daily movement list. Prisoners had to choose between going to chapel or gym on Sunday mornings.
- 5.35 Other weekly chaplaincy activities included a healthcare/assessment, care in custody and teamwork (ACCT) support group, living with loss group, Emmaus (Christian education) course, bible study, Tai Chi, Arabic classes, theology group, choir and band practice, Travellers and foreign national groups, over 50s/prisoners with disabilities and over 60s groups. The chaplaincy team provided pastoral care to prisoners and was involved in occasional diversity week activities, faith awareness days and food festivals for different faith groups. The team organised two festival days a year for each faith group. The chaplaincy team met monthly and was well integrated into the life of the prison. Chaplains visited prisoners in healthcare, segregation and the close supervision centre daily and there were established procedures for passing on information about bereavements to prisoners.
- 5.36 The chapel was bright and welcoming. The world faith room was too small to accommodate the 40 to 50 prisoners who attended Friday Muslim prayers. The prayers were therefore held in the chapel, which some prisoners felt was unsuitable even though most religious icons were

covered up. In our survey, only a quarter of black and minority ethnic prisoners, compared to just over half of white prisoners, said their religious beliefs were respected.

- 5.37 The chaplaincy team contributed to the overall running of the prison, attending a range of senior management meetings including safer custody, security, race equality and diversity and drug strategy as well as prisoner forums. Most prisoners said chaplains were supportive. The team had developed a two-hour religious and cultural awareness training package, a comprehensive short course designed to raise awareness and challenge pre-conceived ideas. This had started to be delivered to all staff in September 2008.
- 5.38 The coordinating chaplain met regularly with the coordinator of the prison visitors scheme. Visitors met with their allocated prisoners during published visiting times in the visits room.

Recommendations

- 5.39 The Sunday service should not clash with gym activities.
- 5.40 A larger multi-faith room should be provided to meet the needs of prisoners.

Good practice

- 5.41 *The active work of the chaplaincy running groups, awareness days, celebrating religious festivals and delivering religious and cultural awareness training helped promote wider awareness of cultural diversity in the prison.*

Time out of cell

Expected outcomes:

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

- 5.42 The core day was quite short for a long-term training prison, but the regime was adhered to and exercise and association were rarely cancelled. Up to a third of prisoners were locked in cell during the core day. The exercise period was not for an hour. Those in employment could expect to spend about 10 hours unlocked, but those who were unemployed, medically unfit or retired had less. Association facilities were satisfactory, but we did not see staff engaging much with prisoners.
- 5.43 The core day ran from approximately 8am to 7pm apart from lock-up at staff meal times, which was quite short for a long-term training prison. The prison was reporting between nine and 10 hours unlock on weekdays, but this was only the case for those with full-time activity so was not accurate. The regime timetable was not displayed on wings, but we did not observe any late unlocks. On Fridays and at weekends, unlock was between six and seven hours.
- 5.44 There was no accurate record of how many prisoners were out of work because they were refusing to engage or could not get a job (see section on learning and skills and work activities). Our own roll checks indicated that 35% were locked up on the main wings in the morning and 26% in the afternoon. The prison's figures broadly reflected our findings. Its profile indicated that 243 of 750 prisoners remained on their wings in November 2008 because

they were unemployed, medically excused, retired, in hospital or not required due to shop closures.

- 5.45 Prisoners who were retired and medically unfit were unlocked during the core day after the roll was correct. This meant they received two to three hours out of their cells during the day, but prisoners and staff were unclear who was responsible for approving this, with some citing the disability liaison officer and others the security department. Ultimately, it was the responsibility of the wing manager. During our roll check, we counted only 48 prisoners from the main wings on core day unlock, while 54 prisoners were registered as medically excused or retired.
- 5.46 Association was almost never cancelled. In line with national changes, there was no Friday evening association and prisoners were locked up at 5pm as at the weekends. There was a range of association equipment, which was in good condition. Some prisoners chose to cook during recreation periods.
- 5.47 Exercise took place shortly before lunch and normally lasted only between 30 and 45 minutes. The exercise yard was clean, but austere. In our survey, significantly fewer prisoners than the comparator said they went out on exercise more than three times a week. A quarter of those questioned said they did not want to go on exercise and 13% said they had felt unsafe in the exercise yard. The yard was supervised, but open to all wings. At weekends, prisoners could also use the sports field to join in or watch games.
- 5.48 Remand prisoners on B wing had a different regime, with a separate exercise period. Their access to the gym was limited to three sessions a week. They were unable to work and were restricted to their annexe at the back of B wing all day. Although unlocked for most of the core day, this amounted to less than for working prisoners as staff had to wait for the prison roll to be correct, which could be as late as 3pm. Some gym equipment and recreational activities were provided, but the unit risked becoming claustrophobic, although staff engaged with prisoners during association far more than on the main wings. The guide for prisoners on the remand unit was out of date and some of the information about the core day was inaccurate.
- 5.49 Staff noted in wing files when prisoners chose not to come out on association. Our survey indicated that numbers were small, but the reasons why were not fully explored.

Recommendations

- 5.50 All prisoners should be able to spend at least 10 hours a day out of their cells.
- 5.51 The policy for unlocking prisoners who are medically unfit or retired during the core day should be clarified, published and applied consistently.
- 5.52 All prisoners should have the opportunity for at least one hour of exercise in the open air every day.
- 5.53 The low take up of outside exercise should be raised with prisoners at consultation meetings.
- 5.54 The core day should be published on the wings.
- 5.55 Unconvicted prisoners should have the opportunity to take part in work activities off the wing.

Housekeeping point

- 5.56 The guide to B wing remand unit should be updated in line with changes made to the core day.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 Security was a large and well managed function and included a new unit for monitoring extremism. Security was proportionate and actions arising from security intelligence were dealt with quickly. There were no rules on display and prisoners described arbitrary decisions by staff. There were few categorisation downgrades, which caused frustration.
- 6.2 Security was a well resourced and managed department. The large team included a dedicated search team and a new unit for managing extremism. Only six prisoners fell into this category, but the numbers were expected to rise. Most prisoners were category B, although there were 126 category A prisoners including five high-risk prisoners and one on the escape list in the B wing category A remand unit. Not all prisoners were sex offenders, but most were. Some prisoners were very unhappy at being placed in a prison with a focus on high risk sex offenders and some sought an exit through the segregation unit or other means.
- 6.3 The eight prisoners located in the B wing remand unit were all category A. There were also two convicted prisoners who could not be managed elsewhere, but had adapted well to the regime. There had been very few security information reports (SIRs) relating to extremism in 2008 and it was clear that Wakefield was not typical of the high security estate in terms of this issue.
- 6.4 Security was proportionate to the establishment. In line with managing a high risk and high profile population group, the security department was involved in decision making at all levels, although in most cases security provided information such as areas of employment or activity. There was no reason to suggest that security was excessive.
- 6.5 The monthly security meeting was well attended by a wide range of disciplines, supported by a sub-committee consisting of key security staff and residential representatives. The meeting was mostly discipline staff, although there were occasional representatives from psychology and escort contractors.
- 6.6 Some staff were concerned about the limited information they were able to receive from the security department. Processes had been revised following misuse of security information, but there was good residential representation on the sub-committee and some good information sharing between departments. 'Security' appeared to be used by some staff as an easy excuse when denying prisoners certain items. For example, prisoners were told that teletext televisions were not being issued for security reasons although the security department said they had no involvement in this. Many residential staff said it was the security department who took the decision on which retired prisoners were unlocked during the day when it was the responsibility of residential managers.

- 6.7 There were no banned visitors and no prisoners on closed visits. Of more concern was the dealing in and bullying for prescribed medication (see section on substance use). The use of illicit mobile telephones was not considered a major problem, although SIM cards had been found and staff were not complacent about the risk.
- 6.8 There had been 24 finds in six months against an average of between 12 and 20 prisoners target searched. The majority of dedicated search team (DST) work was based on area and non-targeted cell searches. Strip searching took place on all cell searches, as well as on visits for category A prisoners and a proportion of category B prisoners. There were no reports of squat searching and the local security strategy stated that this would be carried out only on a duty governor's authorisation based on a risk assessment.
- 6.9 An average of 350 SIRs was received each month. The most significant of these related to threats, inappropriate behaviour and drugs. SIRs were received from a wide range of departments. The quality of relationships between staff and prisoners did not support good dynamic security.
- 6.10 There were no rules displayed on the residential wings and prisoners complained about arbitrary decisions made by staff. The prison had recently introduced an induction booklet that included a section on behaviour and compacts, but this was not evident in wing files, although prisoners had signed specific compacts relating to communication (mail and telephone monitoring).

Categorisation

- 6.11 Many prisoners cited their perceived lack of progression from Wakefield and through their sentence as a significant concern and source of grievance. In most cases, prisoners were not downgraded because there was no evidence that risk had been reduced. This was mainly due to the number of men who were disengaged with the programmes or in denial of their offence (see section on resettlement pathways). There had been just one category A downgrade to category B in 2008. Eighteen prisoners were waiting to go to category B or C prisons. In some cases, the waiting list was exacerbated by the reluctance of lower security category prisons to accept prisoners from the high security estate. In other cases, life-sentenced prisoners were restricted by capped numbers in receiving establishments or population pressures in the prison estate generally. There had been just 10 movements to category C prisons during 2008.
- 6.12 A number of prisoners were released directly into the community (see section on reintegration planning) and this was projected to rise to 40 in 2009. The case files of prisoners coming to the end of long sentences and due to be released showed that most would be subject to very stringent licence conditions. However, the lack of gradual progression through the prison system to prepare high-risk prisoners for release was a concern.
- 6.13 Re-categorisation was reviewed as part of sentence planning arrangements and there were no significant delays. In the case of category A prisoners, recommendations were made to category A section at Prison Service headquarters and the process took up to three months. Reasons were given in writing and were normally based on lack of risk reduction or early stages in the sentence. Other re-categorisations were reviewed internally and prisoners were informed of the outcome as part of the sentence management process. The avenues of appeal were not specified.
- 6.14 While the reasons for perceived lack of progression were complicated and linked to a range of issues, this had a very negative impact at Wakefield. Many prisoners considered themselves stuck in a system with no hope. The proportion of prisoners denying their offence created

further difficulties as this tended to reinforce denial. The population mix was difficult to manage, motivate and engage.

Recommendations

- 6.15 Local prison rules should be displayed in residential areas and communicated to prisoners.
- 6.16 Rights of appeal against categorisation decisions should be given in writing.

Discipline

Expected outcomes:

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

- 6.17 Adjudications were well conducted and cellular confinement was appropriately reserved for the most serious cases. Referrals to the independent adjudicator were very rare. Use of force was low and well managed, although use of the special cell was poorly regulated and monitored. The segregation unit was basic with some cells in poor condition, but well controlled and orderly. The regime was limited and some men stayed there for long periods.

Disciplinary procedures

- 6.18 Adjudications were largely reserved for the most serious breaches of rules and were well monitored. Very few were referred to the independent adjudicator, although some (five in a three-month period) were referred to the police for investigation because of the seriousness of the charge.
- 6.19 The adjudications we observed were well conducted and this was backed up by the records. There had been 290 adjudications in the first nine months of 2008, compared to 336 in 2007. The most up-to-date quarterly report indicated that 98 charges had been heard during the period. Cellular confinement had been used 10 times over three months, mostly as a sole punishment (with no other loss of privileges recorded). The number of charges dismissed was quite high, with 12 over the period, largely due to insufficient evidence or lack of witnesses.
- 6.20 An adjudication punishment tariff was in place and adhered to. An adjudication standardisation meeting was held quarterly chaired by the deputy governor and included representatives from security, performance, offender management and the segregation unit. The meeting included an analysis of trends, review of the adjudication ranges and a review of any quashed adjudications.

Use of force

- 6.21 Force was not used frequently, on average only four or five times a month. Planned incidents were filmed and many incidents were de-escalated quickly. Most records were well completed and many included detailed information about events leading up to the use of force. Records were well maintained and a use of force committee reported to the monthly security meeting.

This was widely attended by representatives of residential, security and operations staff, but there was no representation from the Independent Monitoring Board (IMB) or any evidence that IMB members were informed when a prisoner was located in the special cell.

- 6.22 Force was monitored by ethnicity, location, injuries to prisoners and whether or not the incident was de-escalated en route. Records were kept of when staff had to draw batons. There was a system of management checks to ensure that all documentation was completed, but the authorising officer and supervising officer was almost always the same person.
- 6.23 Black and minority ethnic prisoners were regularly over-represented when force was used, although often this involved few individuals and was monitored by the race equality action team. Many incidents took place in the segregation unit, again involving a small number of prisoners. There were four incidents of prisoners being strip-searched under restraint on location to special accommodation.
- 6.24 There were two special cells on the ground floor of the segregation unit, but staff said only one was used. Both had cameras and were equipped with a pallet bed and a squat toilet. They were not safe cells and had ligature points. Records from monthly segregation monitoring indicated that the special cell had been used eight times since June 2008. The local inmate database showed seven incidents where prisoners had been located in the special cell in 2008. We were not satisfied that either figure was accurate without a central register. There was some confusion among staff and managers about when the cells could be used. An 'alternative audit procedure' signed by the previous director of high security in 2002 stated that prisoners persistently causing disruption could be placed in the special cell as a fully furnished 'normal' cell. These prisoners were given risk assessed cardboard furniture.
- 6.25 One record showed that a prisoner had been located there 'in order to calm down', with none of the checks and balances in place for use of a special cell. The alternative procedure was out of date and unsafe, and did not take into account more recent Prison Service guidance or the fact that the cells were designated as special accommodation on the cell certificate. Another prisoner had been located there for five days, although staff said prisoners were never kept without furniture for long periods.
- 6.26 It was impossible to ascertain whether use of the special cell was justified or authorised. There was no register of use and the prison had not kept any documentation authorising use as we were told the original records had moved with the prisoner on transfer. No records were available to scrutinise, which was a serious concern.
- 6.27 Documents indicated that prisoners located in special accommodation following control and restraint (C&R) were strip searched and placed in anti-tear clothing routinely, although this was not specified in the local policy document.

Segregation unit

- 6.28 The segregation unit was on F wing in one of the oldest parts of the prison. The wing also accommodated a close supervision centre (CSC). Segregation cells were on three levels, but the floor above the CSC was also used to house wing cleaners and occasionally long-staying prisoners. Most cells were clean, but very basic, some were cold with damaged flooring and some toilets were in need of a deep clean. Four cells were out of use because of their condition. Two special cells with cameras were located on the ground floor, but the cameras were very old and some camera points had been obscured. Two safe cells were being built.

- 6.29 The segregation unit housed 10 prisoners, one of whom had been there for eight months and another for 20 months. Four cleaners also lived on the unit in the better cells with in-cell electricity. Seven prisoners were located on good order either at their own request or for discipline reasons. Two were there pending an adjudication and were quickly returned to normal location once the charges had been dealt with.
- 6.30 Some long-term prisoners remained in the segregation unit because they refused to return to normal location, although staff encouraged them to do so or, to militate against the poor conditions, moved them to the better cells. Efforts to reintegrate prisoners to normal location included weekly visits by staff from the parent wing. In around half of cases, wing staff visited prisoners in segregation to maintain contact. Safety algorithms were completed properly.
- 6.31 Records indicated that 52 men had been held in segregation over the previous six months, some on multiple occasions. This included 11 on cellular confinement, which was used only for the most serious charges (see above). Many of those held on good order were subsequently removed to normal location either in Wakefield or elsewhere, although there had been two cases where prisoners had been transferred to other segregation units and two relocations to healthcare.
- 6.32 Reviews for those held in segregation were held fortnightly and were well attended by a wide range of staff including psychology, probation, security and residential staff. Meetings were minuted and those we attended indicated good levels of knowledge of individual prisoners, most of whom attended. Targets were limited and most were repeated week to week, such as 'comply with the regime' and 'maintain contact with probation'. Probation staff carried out a weekly surgery for those segregated long-term, but there was no evidence of any care plans that took into account psychological deterioration or mental health issues.
- 6.33 A mental health nurse was assigned to the unit and visited daily to issue medication and pick up any issues, but this contact was brief (see section on health services). One prisoner on an open assessment, care in custody and teamwork (ACCT) was seen daily, but had no long-term care plan.
- 6.34 The two longest staying prisoners declined to take exercise and consequently spent 24 hours a day locked up apart from brief periods for interviews or to collect meals. Daily records completed by staff were brief and mostly limited to observations about behaviour rather than assessment of mood or mental state. A typical comment was 'polite and respectful'. The manager in charge of the unit kept better weekly records that reviewed the individual cases and any concerns were shared with senior managers.
- 6.35 The regime was basic and exercise was in an enclosed yard. The yard was small, grubby and bleak and had no seating, although there was a colourful mural. The regime stated that prisoners would be able to shower three times a week. While these were often provided more frequently, prisoners could not shower daily even though the staffing levels of a senior officer and seven officers should have made this achievable. There was some involvement from education and other departments, but no access to the gym other than for the unit cleaners, or to the wider regime. The segregation unit managers were anxious not to provide an environment that could prove more attractive than normal location for prisoners, but the austere regime was not conducive to maintaining mental health, particularly for long stayers.
- 6.36 Prisoners could use a telephone on application, but it was next to the wing office and could not be used in private. Prisoners in crisis could use a Samaritan telephone. A good range of reading material was kept in a converted cell and available on request.

- 6.37 Despite the poor living conditions and basic regime, relationships between staff and prisoners were good and mostly mutually respectful and friendly. Prisoners were open with staff, who clearly knew them well. All segregation staff had completed CSC training, which included an element on mental health. There was continuity of staff, but some had been located on F wing for long periods, in some cases over three years.

Recommendations

- 6.38 Use of force documentation should be certified by an appropriate manager who was not involved in the recorded incident.
- 6.39 A central register should be retained of any use of special accommodation, which should be appropriately authorised by the governor in charge and all original documentation should be retained.
- 6.40 The use of the special cell as 'normal' accommodation with or without cardboard furniture should cease.
- 6.41 The use of any cell from which the normal furniture has been removed, or which contains a person in anti-ligature/strip clothing, should be authorised and recorded as use of special accommodation.
- 6.42 Prisoners should not routinely be strip searched or deprived of their normal clothing on placement in special or unfurnished accommodation.
- 6.43 Independent Monitoring Board members should be informed of all use of special accommodation and properly briefed on roles and responsibilities for its continuing use.
- 6.44 Prisoners in the segregation unit should be monitored for psychological deterioration and care plans put in place based on individual need.
- 6.45 Prisoners in the segregation unit should be allocated a designated case officer to manage them during their period of segregation.
- 6.46 Access to mental health services for those in segregation should be increased.
- 6.47 Prisoners in the segregation unit should be able to shower daily.
- 6.48 Long stayers should be given access to gym facilities and risk-assessed association and in-cell activities should be increased to mitigate the effects of segregation.
- 6.49 Staff working in the segregation unit should be rotated to other areas of work according to the staff rotation policy.
- 6.50 The segregation unit exercise yard should be improved and contain seating.
- 6.51 Records of segregation reviews should be specific to that individual and not include repeated generic targets.
- 6.52 In-cell electricity should be installed in the segregation unit.

- 6.53 Toilets in segregation unit cells should be deep cleaned.
- 6.54 Damaged flooring in the segregation unit should be replaced.

Close supervision centre

- 6.55 The close supervision centre (CSC) was austere and not ideal for long-term stays. Its location next to the segregation unit and with the same group of staff did not sit well with the CSC approach, although prisoners were managed humanely, relationships with staff were good and the unit was calm and well controlled. Mental health support was insufficient, as were meaningful activities, but access to other specialists was good. Prisoners had become institutionalised and there was no focus on progression.
- 6.56 The CSC held up to eight prisoners, with six there during the inspection. The environment was austere and not ideal for long-term stays. It was adjacent to the segregation unit and staffed by the same group of officers, which hindered the development of a more therapeutic culture. However, prisoners were managed humanely, relationships with staff were good and the unit was calm and controlled. A prisoner information booklet gave details of all aspects of the unit.
- 6.57 Facilities were on two floors and included three downstairs rooms with exercise equipment, a closed visits style interview room that was also used for education and a similar room used for visits. Prisoners could use the CSC and F wing exercise yards, but both were very bare. Four additional cells downstairs were not used.
- 6.58 Prisoners could attend and be involved in monthly care and management reviews, which were submitted to the national monthly CSC committee. A behavioural monitoring checklist was developed for each prisoner and completed at least weekly. Entries in files were made daily by all disciplines who had contact with prisoners and all prisoners had a personal officer. Prisoners had good access to other specialists and saw them in private, but the delivery of mental health services was not sufficient despite a significant amount of money allocated to this. Specialist staff from the Humber Centre were due to attend every Thursday afternoon, but cancelled during the inspection.
- 6.59 Prisoners could have up to three or four hours out of their cell each day using gym facilities, the shower and the exercise yard. There was also some education, although overall there was little meaningful activity. Visits were routinely held on a semi-closed basis even when, as in one case of a man's visit with his mother, there was no suggestion there were any risks. One prisoner had been risk assessed for open visits, but this was not routinely done for all men held there.
- 6.60 None of the prisoners identified as exceptional risk had progressed and their management was focused on humane containment rather than progression. Most had become highly institutionalised. Those who were not designated exceptional risk CSC prisoners, but were staying in the unit as part of their progression arrangements from other CSCs, were supported, but there was little for them to do.
- 6.61 All 34 staff had completed the one week CSC training course, which covered awareness of mental health and personality disorder. Staff had approximately one support session every three months from another officer who had received brief training. Support was not sufficiently built in to the operation of the unit, such as by having a psychologist lead end of shift debrief

sessions. Although there was a good staff selection protocol, some staff had been working in the segregation/CSC group for many years and had not been specially selected or reassessed for specific therapeutic skills.

- 6.62 There were two designated CSC cells in the segregation unit, neither of which was occupied at the time of the inspection. They had been used mainly for short stays by CSC prisoners on accumulated visits, although a prisoner had recently been located in one for 10 months. Weekly behaviour reports were written and monthly care and management reviews were submitted to the national CSC committee as for other CSC prisoners. Mental health support was available on the same basis as for the CSC unit.
- 6.63 Staff said prisoners in the designated cells had access to gym equipment, activities and education facilities offered to CSC prisoners, although less frequently. The limited regime made the designated cells unsuitable for long stays. Some had been located in special accommodation on occasions without evidence of the required authorisation, documentation or monitoring.

Recommendations

- 6.64 The close supervision centre should be located in a less austere environment, better suited to long-term stays and separate from the segregation unit.
- 6.65 Mental health services in the close supervision centre should be increased to meet the need.
- 6.66 Visits in the close supervision centre should be open contact visits unless a specific risk assessment deems it unsafe.
- 6.67 Prisoners in the close supervision centre should be managed with a view to progression and the feasibility of de-institutionalisation work should be explored with all prisoners.
- 6.68 There should be more meaningful activity available in the close supervision centre.
- 6.69 Staff support should be more integrated into the operation of the close supervision centre.
- 6.70 All staff in the close supervision centre should be specially selected for their therapeutic skills and staff should not normally work in a close supervision centre environment for more than two years or so.
- 6.71 Designated close supervision centre cells in the segregation unit should not be used for long periods and prisoners held there should have access to activities, including physical education and education, on the same basis as prisoners housed in the close supervision centre unit.

Incentives and earned privileges

Expected outcomes:

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

- 6.72 The incentives and earned privileges (IEP) policy was up to date and staff and prisoners understood how it operated. Failure to comply with sentence planning targets prevented prisoners from becoming enhanced, but the numbers suggested that this was not a motivator to change. There was therefore a question whether the IEP scheme succeeded in its purpose.
- 6.73 A comprehensive and up-to-date IEP policy had been written in January 2008 and reviewed in August following changes to the case officer policy. The new case officer scheme required wing staff to make regular quality entries in wing history sheets. The scheme was well publicised and most prisoners were aware of the qualifying criteria. Management checks were carried out by residential governors.
- 6.74 Half the prisoners were on standard and the other half enhanced. There were no records to confirm how many prisoners had been placed on the basic regime, but staff said there were few and could recall only one individual who had been on basic recently in the segregation unit. Staff were reluctant to use the basic regime as a tool, although there was evidence of poor behaviour that would have justified it. Instead, staff relied on the anti-social behaviour compacts (see section on anti-bullying). In the case we looked at, this was appropriate. All wing files included reference to the IEP scheme, but few contained written comment from officers about prisoners' individual IEP status.
- 6.75 Managers recognised that there was little meaningful differential between the standard and enhanced to influence behaviour. In line with national policy, the prison had made engagement in sentence planning a requirement of gaining enhanced status. The many prisoners in denial of their offence or reluctant or unable to engage in programmes or other sentence plan targets for other reasons were therefore prevented from gaining enhanced even if their custodial behaviour was excellent.
- 6.76 The main differentials in the scheme were entitlements to games consoles in cell (after six months on enhanced), visits and additional private cash. Although not specified in the policy, enhanced prisoners were also allowed to have quilts and in some cases one-off purchases of larger items introduced as part of prisoner consultation meetings. In general, prisoners without sufficient money or who did not receive visits could not take advantage of these extra privileges. Only enhanced prisoners were considered for most orderly jobs, which may have been an incentive for some. Only enhanced prisoners could study Open University courses, which was unreasonable.
- 6.77 Following the initial sentence planning board after three months, some prisoners were downgraded to standard if they did not comply with sentence planning targets. Many prisoners were set a target to participate in the sex offender treatment programme at an early stage on the basis of their offence and before they were formally assessed. The number of prisoners continuing to deny their offence indicated that gaining enhanced had little effect as a motivator to participate in programmes. Many of the prisoners involved would have been precluded by their denial from participating in sex offender group work even if they were willing and some

would not have been suitable yet were still unable to achieve enhanced status. It was questionable whether individual sentence plan targets that blocked prisoners achieving enhanced status were always reasonable and achievable and how well the scheme encouraged meaningful engagement with work to reduce risk. Refusal to allow enhanced status seemed to reinforce some prisoners in their entrenched denial. Activity figures indicated that some men regularly chose not to work or engage in activity, but there was little evidence that the IEP scheme was used to encourage attendance.

- 6.78 Those on remand or unconvicted were not tied into these criteria and assessment was based on behaviour alone, but prisoners were not allowed the spending allowances they would have been entitled to in a local prison, despite their unconvicted status.

Recommendations

- 6.79 A full review of the incentives and earned privileges (IEP) scheme at Wakefield should be undertaken to see how far the scheme meets the national aims including encouraging prisoners to engage in sentence planning and benefit from activities. The review should be part of an overall strategy to deal with the number of men at Wakefield not yet ready to engage in offence-related programmes.
- 6.80 Remanded and unconvicted prisoners should have access to the same spending allowances as they would be entitled to in a local prison.
- 6.81 Refusal to work or attend work should be dealt with under the IEP scheme.
- 6.82 There should be greater differentials between standard and enhanced levels and all privileges should be explicitly stated in the IEP policy.
- 6.83 Prisoners on the standard level should not be denied access to higher level education opportunities.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The kitchen was unsuitable. Meals were adequate in quality and quantity, but lacked cultural diversity. Occasional themed food days were held. There were good consultation arrangements. Most prisoners had to eat meals in cells with unscreened toilets.
- 7.2 The kitchen was run by a mix of civilian and discipline staff and 27 prisoners. The environment was clean, but there was no changing area for prisoners, ventilation was poor, floors were impermeable and very slippery and there was a flat roof and water leaks.
- 7.3 Prisoners in groups were negative about the food, but in our survey significantly more than the high security estate comparator said the food was good or very good. The meals we saw were of reasonable quality and quantity. All dietary needs were met, but the daily menu lacked cultural diversity. Four of the 27 prisoners working in the kitchen were from black and minority ethnic backgrounds, which was slightly under-representative of the whole population. Each faith group could select two days to celebrate religious festivals, which included provision of specialist meals. There was a significant amount of left-over food on all wings and this was thrown away. On only one wing could prisoners return for a second helping.
- 7.4 There was good consultation about the food. Three surveys had been completed in 2007 and the results used to alter the menu, although the outcome of surveys was not displayed on all wing notice boards. Wing food comments books were used and each comment was responded to by one of the catering managers. Prisoners could also comment on food at the wing forums and at the three-monthly prisoner question time forums.
- 7.5 Prisoners working in the kitchen had been health screened and had completed a 20-week course in basic food hygiene. Servery workers also had to complete a level one hygiene certificate. One kitchen worker had just completed his NVQ in cookery and seven others were studying NVQs.
- 7.6 Each wing had a kitchen for prisoner use, but fridge space was limited and the lack of availability of fresh meat was a source of frustration for those who preferred to cook their own food.
- 7.7 There were approximately 16 spaces on each wing for prisoners to sit at a table to eat their meals and space for a further 10 to sit with their meal on their knee. All other prisoners had to eat in their cells with an unscreened toilet.
- 7.8 A race equality impact assessment had been completed on catering services in September 2007 and reviewed in September 2008. Five of the seven issues raised had been fully addressed, one partially and one was no longer relevant.

Recommendations

- 7.9 The kitchen should be refurbished to make it fit for purpose.
- 7.10 The daily menu should reflect a broader cultural diversity.
- 7.11 Left-over food should be offered to prisoners rather than thrown away.
- 7.12 Prisoners should not be required to eat in cells with uncovered and unscreened toilets.

Housekeeping points

- 7.13 The outcome of catering surveys should be displayed on all wing notice boards.
- 7.14 There should be more fridge space in wing kitchens to store perishable food.
- 7.15 More meat products should be stocked in the shop to allow prisoners to cook their own meals.

Good practice

- 7.16 *All religions were supported in celebrating two religious festivals each year.*

Prison shop

Expected outcomes:

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

- 7.17 A contracted-out bagging system offered a wide range of products, but was expensive. The stock did not fully meet the needs of black and minority ethnic prisoners. Prisoner consultation was good.
- 7.18 A contracted-out bagging system for shop orders operated. There were 507 products on the shop list including essential health-related products, but prisoners found prices high. Black and minority ethnic prisoners said the range of toiletries and cosmetic products did not meet their needs. Healthy items were not properly indicated and the only two healthy options listed were sugar puffs and porridge oats. The list had been changed twice a year, but a new contractor was due to take over the service and prisoners had been told to delay requests for changes until the new contractor started. Prisoner representatives met shop contractors monthly and were able to raise concerns. Action points were noted and followed up.
- 7.19 Prisoners could buy items from the shop within their first 24 hours as long as details of their money had been received by the prison. They had the option of taking a pack of essential items on arrival, repaid at 50 pence a week.
- 7.20 Prisoners who were unable to submit their weekly order on their allotted day, such as those out at a hospital appointment, could submit a late order. Prisoners were given an order sheet each

Friday, which included their spending limit. Twenty-one catalogues were available and no administrative fee was charged.

- 7.21 A canteen survey had been completed by 75 prisoners and the overall view of the service had been positive. In November 2006, 20 black and minority ethnic prisoners had returned a survey specifically looking at black and minority ethnic issues and the general consensus was that the canteen service did not meet their needs. It was not clear what had been done in response to this survey and the same issues continued to be raised during the inspection.
- 7.22 A race equality impact assessment had been completed in September 2007 and reviewed in 2008. Two of the four issues raised had been addressed and the other two were deemed no longer relevant.

Recommendations

- 7.23 Products on the shop list should reflect supermarket prices.
- 7.24 There should be adequate products to meet the needs of black and minority ethnic prisoners.

Housekeeping point

- 7.25 Healthy items should be clearly marked on the canteen list.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 There was a newly formed reducing reoffending policy and action plan based on resettlement pathways and including specific development objectives for each area. There were no regular strategic meetings to support these developments.

Strategic management of resettlement

- 8.2 The prison had recently produced its first reducing reoffending strategy and action plan. The document covered key issues, although in a broad way. The document was based around the seven resettlement pathways and, while this was appropriate, little detail was included about the functioning of the offender management unit (OMU) or the integration of sentence planning. Reference was made to public protection, but this was also covered in more detail in a separate document.
- 8.3 The strategy and action plan was appropriately based on a needs analysis undertaken during January and February 2008 as part of an initiative across the high security estate. A 46% response rate was achieved at Wakefield (344 out of 743). Key findings from this were included under each pathway heading, although some information was of limited value and had not been subject to further analysis. For example, 32% of respondents said they had debts of over £10,000 yet few indicated a need for debt counselling. This could have been explained by mortgages that would subsequently be paid by a partner.
- 8.4 The development action plan identified objectives under each pathway and included milestones and timescales. Such developments were, however, exclusively orientated to resettlement pathways and no development objectives were included regarding OMU sentence planning, public protection or progression, the main areas of resettlement work at Wakefield.
- 8.5 In principle, two strategic groups met quarterly. The resettlement policy group chaired by the deputy governor included departmental heads and covered a broad remit including sentence planning, offender assessment system (OASys), education and training, purposeful activity and public protection. The reducing reoffending strategy group focused on resettlement pathways and their leads. However, neither group had met since April 2008. The reducing reoffending strategy group had met informally to take forward production of the strategy document, but these meetings were not minuted. As a result, the objectives outlined in the strategy document had no forum through which their progress was monitored.

Recommendations

- 8.6 The reducing reoffending strategy and action plan should include details of offender management along with development objectives specific to the needs of particular groups at Wakefield.

- 8.7 The roles of the strategic forum for managing resettlement and the wider reducing reoffending agendas should be clarified and they should meet regularly.
- 8.8 Further analysis of the needs assessment undertaken in 2008 should take place to inform the development of appropriate services at Wakefield.

Offender management and planning

Expected outcomes:

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

- 8.9 All prisoners were allocated an offender manager and, although assessment and sentence planning procedures operated effectively, contact with prisoners beyond this process was limited. Very little one-to-one work was undertaken with those denying their offence. Public protection arrangements were good. Lifers were managed in the same way as determinate-sentenced prisoners and had no forum to pursue their specific issues.
- 8.10 A total of 238 prisoners were in scope for offender management phase 2 and 33 indeterminate public protection (IPPs) under phase 3. However, given the population, it was appropriate that all prisoners were subject to the same model of offender supervisor allocation and sentence planning within the prison.
- 8.11 Four core assessment teams, divided alphabetically, each consisted of two officer offender supervisors and one probation officer supervisor. A further team of four covered the close supervision centre (CSC), healthcare and segregation unit. Four additional officer grade offender supervisors provided cover and support to the core teams.
- 8.12 All new arrivals were allocated to one of the teams and each team managed its own caseload with a specifically identified case administrator. Officer grade supervisors generally undertook OASys assessments and reviews and contributed to initial sentence plans, after three months of prisoners' arrival, and subsequent annual reviews, while probation supervisors wrote reports and undertook the reintegration work for their team with prisoners in the 12 months before release. There was, however, some overlap in this work and on average each of the core teams had a combined caseload of approximately 180 prisoners. A previous backlog of OASys assessments (almost 60 in August 2008) had either been completed or were in progress.
- 8.13 The quality of assessments and sentence plan reviews was good. Detailed information included annual reports from psychology to supplement the work of the OMU. There was no system to include an individual resettlement analysis against identified pathways for a prisoner's initial sentence plan review, although the prison planned to introduce this in the near future. Sentence planning targets were broadly appropriate and usually copied to wing staff, although there was little evidence of personal officers playing an active role in supporting and encouraging prisoners to meet their identified objectives.
- 8.14 Most sentence planning meetings took place on time, with approximately 60 meetings held each month. Attendance varied slightly and, while there was always a representative from the OMU and wing, this was not necessarily the assessor or personal officer. We were told that offender managers attended either in person or via telephone conferencing in approximately

60% of cases that were in scope. Attendance for prisoners not in scope was lower. In our survey, significantly more prisoners than the comparator said they had a sentence plan, but significantly fewer said they had been involved in its development.

- 8.15** The role of offender supervisors between sentence planning boards was quite limited. There was no system to prioritise contact with prisoners who were particularly motivated, presented the greatest level of risk or whose denial of offences might most effectively be challenged as a means of addressing concerns. Contact was broadly similar with everyone. Offender supervisors who undertook the initial assessment or subsequent reviews had meetings with prisoners six weeks after the board to follow up recommendations and saw them again six months later, but other than this contact was based almost exclusively around requests on application from prisoners. We were told that some probation staff undertook some planned one-to-one work, but this was extremely rare, as it was not specifically resourced. This was also the case with the psychology department. The prison could not provide definitive figures about the level of offence denial by prisoners, primarily because the level, reasons for and extent of denial varied so much. Other than during annual reviews, no work was undertaken to engage with or challenge such positions.
- 8.16** Each probation officer took responsibility for the supervision of OASys assessments undertaken by their respective teams. Random selections were then reviewed by the senior probation officer and head of reducing reoffending every month. A quality benchmarking exercise across the high security estate was due to start in January 2009, with each prison reviewing cases from elsewhere. Although probation staff were subject to monthly supervision, which included casework reviews, this was not the case for officers. Informal support within teams was undertaken, but there were no formal arrangements.
- 8.17** A wide range of information about prisoners was available but, even within the OMU, was contained in a number of different locations. Sentence planning documents, applications, contact sheets, probation and offender management files were all separate. Probation information held electronically was also held, but could not be accessed by non-probation staff. While all staff knew the location of the different documents, the potential for key information to be missed was high.
- 8.18** Relatively few prisoners were released from Wakefield, with just 23 released in the previous six months and 49 projected to be released in 2009. Systems and procedures for managing release and associated risk factors were managed well. Appropriate plans had been agreed for prisoners due for release in January and February 2009. Probation staff responsible for this work were knowledgeable about the cases and aware of risk factors. Six months before release, a pre-release board was held with community-based offender managers invited to attend along with other interested parties. An extremely detailed and comprehensive report was prepared by the full-time public protection coordinator and used as the primary focus of pre-release planning. Although informal consideration was given to wider resettlement needs against pathway headings, no specific assessment was undertaken. A 20-session pre-release programme was delivered as required through the assessment and interventions centre (AIC). The course covered a wide range of issues including where to get help on release and how to manage offence disclosure. Nearly all prisoners attended before release.
- 8.19** All prisoners at Wakefield were subject to some form of public protection arrangements. A detailed public protection policy had recently been compiled, but was yet to be agreed by the senior management team. The document outlined appropriate procedures already operating at the prison. All new arrivals were subject to review by the weekly safeguarding meeting and such cases were subsequently reviewed as frequently as the board required. A newly formed

risk management group made up of departmental representatives from across the prison to manage the strategic development of public protection had met only once to date.

Indeterminate-sentenced prisoners

- 8.20 Sixty-eight per cent of prisoners were serving indeterminate sentences: 457 lifers and 33 serving indeterminate sentences for public protection. All were managed in the same way as determinate-sentenced prisoners, including allocation to offender supervisors and annual sentence planning boards. Information was also given out at reception regarding the management of life sentences, but otherwise there was no specific provision or services for these groups. Indeterminate-sentenced prisoners had been able to attend the four family days organised in the previous 12 months, but there were no lifer forums, lifer prisoner representatives or workshops covering issues of unique concern to these groups.

Recommendations

- 8.21 There should be a system for prioritising prisoners by need to increase the frequency of contact by offender supervisors.
- 8.22 Casework supervision should be clarified and provided for all offender supervisors, whether prison officers or probation staff.
- 8.23 Information and contact records should be contained together, where possible, with access available to all staff requiring it.
- 8.24 An assessment of resettlement needs, specifically in relation to the resettlement pathways, should be undertaken six months before prisoners are released.
- 8.25 The risk management strategic group should meet regularly to maintain the standard of public protection procedures.
- 8.26 Lifers and IPP prisoners should have access to regular forums to respond to their specific needs.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.27 The learning and skills department had developed good links with sentence planning. A preparation for work course was available, but prisoners had few opportunities to gain accredited qualifications. A pre-release course was provided for the small number of prisoners

due to be released. Prisoners being released were well supported by health services staff. Good attention was paid to palliative care.

Accommodation

- 8.28 Prisoners being discharged were always covered by public protection arrangements and accommodation was arranged individually with most prisoners going to approved premises. There were no general accommodation services.

Education, training and employment

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

- 8.29 The learning and skills department had developed good links with sentence planning and helped identify appropriate targets for prisoners' long-term needs.
- 8.30 Information advice and guidance was available to all prisoners. A preparation for work course operated by the education provider helped prisoners consider the problems they would experience in securing employment. Other courses helped prisoners consider how CVs should be developed and used this to help them develop their personal skills.
- 8.31 Prisoners had few opportunities to gain accredited qualifications to enhance their employability. However, in most workshops where there was no accredited qualification, a good work ethic was being developed. A pre-release course was provided for the small number of prisoners due to be released directly from Wakefield (see section on offender management and planning).

Mental and physical health

- 8.32 There were good arrangements for the few prisoners released from Wakefield. A probation officer allocated to the health services centre and health services were represented at multi-agency public protection arrangement (MAPPA) meetings. We were given an example of a prisoner with specific health needs who had been transferred by arrangement with the receiving prison's health services department so that he could easily be referred to health services in the area where he was going to be released.
- 8.33 The in-patient unit had a large cell converted into a palliative care suite and there were plans to enhance the environment further. The team had good arrangements with the local palliative care services and had some experience of nursing men in the terminal stages of illness. They facilitated close family visits to the unit if required. The palliative care policy was being reviewed to include 'do not resuscitate' guidance and end of life care. One of the senior hospital officers took the lead for palliative care and two other officers had undertaken relevant training.
- 8.34 The mental health in-reach team had some links with MAPPA and public protection meetings, but did not always coordinate full care programme approach (CPA) meetings for prisoners subject to CPA.

Recommendation

- 8.35 Prisoners identified as suffering from serious and enduring mental illness should be managed within the care programme approach framework.

Good practice

- 8.36 *Good attention was paid to palliative care, which was appropriate to the population profile at Wakefield.*

Finance, benefit and debt

- 8.37 There were no general services to provide advice on finance, benefit and debt. Given the few prisoners discharged from Wakefield, this appeared appropriate and, as with accommodation, advice was provided individually. There was, however, a need to examine the needs analysis further to gauge whether help with dealing with debt was needed.

Drugs and alcohol

- 8.38 The in-house substance misuse team provided a wide range of interventions for prisoners with drug and/or alcohol problems, including counselling, assessment, referral, advice and throughcare (CARAT) services, the Focus programme and auricular acupuncture. Staff were highly motivated and committed to their work.
- 8.39 The drug strategy was well coordinated and the strategy team, led by the head of psychology and programmes, met bi-monthly. Relevant departments were represented and links had been made with the local drug action team.
- 8.40 The substance misuse policy included alcohol services and awaited finalisation, but it lacked an action plan and performance measures. A local needs analysis had not been conducted since January 2007. Although Wakefield had participated in a resettlement pathway needs analysis for all high security prisons, this did not provide detailed enough data.
- 8.41 The substance misuse team consisted of a counselling, assessment, referral, advice and throughcare (CARAT) service manager (a senior officer), three officers with another officer post vacant and one psychology assistant. The Focus treatment manager (a psychologist) offered casework supervision to the team. The service was based at the assessment and interventions centre, with excellent facilities for group and one-to-one work. In our survey, 95% of prisoners knew who to contact for help with alcohol and/or drug problems and 88% had found the help they received useful.
- 8.42 CARAT services were well advertised throughout the prison. The team offered weekly induction input and wing-based drug liaison officers and peer supporters were available to provide information and encourage prisoners to access services. Demand was relatively low and the target of 32 triage assessments a year reflected this. In December 2008, the active caseload of clients engaging in structured one-to-one work stood at 10. In addition, 38 prisoners had been assessed as suitable for the Focus programme. Seven staff were trained to run twice-weekly auricular acupuncture sessions, held in a specially designed treatment

room. Prisoners could also access dedicated gym sessions and a 10-module drug and alcohol awareness module was facilitated by wing-based drug liaison officers. The team worked jointly with sentence planning and healthcare staff to ensure integrated care of prisoners. Care plans and care reviews were of high quality and workers contributed to the pre-release programme and family days.

- 8.43 The six-month Focus programme was well managed. Despite staff shortages, the target of 18 starts and 14 completions a year was likely to be met. Eight out of nine prisoners had successfully finished the first programme and another nine were undertaking the current course. Approximately 50% of participants were primary alcohol users. Prisoners spoke highly of the support they received. In addition to the structured sessions, they could access the other services as well as attending weekly programme clinics held separately for current and past participants. Seven programme 'graduates' had become peer supporters.
- 8.44 The prison had engaged the specialist services of a community-based counselling agency that worked with recent rape victims. However, limited resources meant that counselling could not be offered to prisoners who had been abused as children. Staff said half of all Focus programme participants would be referred to such a counselling service if it was available.
- 8.45 All programme participants had to sign drug testing compacts and testing took place twice a month. A voluntary drug testing scheme was available to all prisoners independent of location and 201 compacts were in operation against a target of 185. The scheme was well coordinated by a senior officer based with the substance misuse team. Wing-based drug liaison officers carried out the tests, exceeding the testing frequency required. Only prisoners on the Focus programme were subject to compliance testing.

Recommendations

- 8.46 **The substance misuse strategy policy should be finalised and include a detailed action plan and performance measures.**
- 8.47 **A comprehensive needs analysis should be carried out locally and on an annual basis to inform the substance misuse strategy.**

Good practice

- 8.48 *Prisoners with drug and/or alcohol problems could access a wide range of interventions. Services were well integrated and of high quality and prisoners spoke very positively of the support they received.*

Children and families of offenders

- 8.49 There were insufficient telephones on some wings and they could not be used in private. Visits did not start at the published time. The small play area in the visit room was unsupervised. Monthly visitors' forums were held and included prison managers and visitor representatives. The reducing reoffending strategy and action plan included the children and families pathway, but was underdeveloped. Two children's days and two family days were held annually. There was no qualified family support worker to help prisoners maintain or re-build relationships.

- 8.50 There were no restrictions on the number of letters prisoners could send or receive. Outgoing mail was posted within 24 hours and incoming mail sent to the wings within the same timescale. The post room was staffed by seven operational support grade (OSG) officers who also issued visiting orders (VOs). All post was opened and read and a file was kept for every prisoner. Any legal post opened in error was recorded. The OSG staff had a printed list of phrases used by paedophiles in correspondence, but had not received any formal awareness training to recognise other risks associated with this, or any other, group of prisoners.
- 8.51 The number of telephones on B, C and D wings was below our expectation. The metal hoods were ineffective and telephones were often grouped together in busy areas so could not be used in private.
- 8.52 Visits ran on Tuesdays, Wednesdays, Thursdays and at weekends from 2pm to 4pm. Prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme received two VOs and two privilege VOs (PVOs) a month, those on standard received two VOs and one PVO and basic level prisoners two VOs.
- 8.53 Visits were booked on a dedicated telephone number or could be booked in person at the visitors' centre. The prison was near to a main railway station. There was no visitor parking and the few disabled parking bays were signed for official visitors only as they had been at our last inspection in 2005. The visitors' centre opened at 12.45pm. Some visitors arrived much earlier and could wait in a small room adjacent to the visitors' centre.
- 8.54 The visitors' centre was comfortable, with clean toilet facilities, refreshments and a play area. It was staffed by two OSGs and two volunteers ran the refreshment facility. Staff were friendly, but there was no pro-active engagement with visitors to ensure they had access to information, advice and support, and no opportunity for visitors to speak to staff in confidence. All visitors booked in at the centre. New visitors had their fingerprint and image scanned and these were held on a computer for future use. Visitors to category A prisoners had to be vetted and approval could take up to four months.
- 8.55 Once called from the visitors' centre, visitors had to pass through a search area and a drug dog. The only response to an indication by the dog was the choice of a closed visit or leaving. No individual risk assessment was carried out or additional security intelligence required. Visits did not start at the advertised time and some visitors who had arrived in good time did not enter the visits room until 30 minutes after the published start time. Several visitors we spoke to had travelled considerable distances, but would not receive the expected full two-hour visit. All complained about reduced visits.
- 8.56 The visits room was large and seating regimented, but comfortable. Refreshments such as crisps, sweets and biscuits were available from a staffed tea-bar, although some visitors found the choice too limited and not suitable for all diets. The small play area was unsupervised as the agency that had previously provided this service had lost its funding. A tendering process for management of the visitors' centre and visits room was ongoing.
- 8.57 The closed visit area was out of sight of the main room. Officers said prisoners and visitors on closed visits could not have refreshments. A separate visits room for high risk prisoners contained no play area or toys.
- 8.58 Visitors could give feedback or suggestions in the visitors' centre. Monthly visitors' forums were also held and included prison managers, centre volunteers, a member of the Independent Monitoring Board and visitor representatives. Minutes were displayed in the centre.

- 8.59 The reducing reoffending strategy and action plan 2008-09 included the children and families pathway and there was an identified lead, but the strategy focused solely on what was available in the prison and excluded any wider links in the community. It described families as participating 'in the personal development of their son whilst in custody' and made no mention of prisoners having other roles such as husbands, partners or fathers. The action plan contained only four undated basic targets, including to 'improve families and offenders knowledge of the prison and the support available' and 'review facilities in the visits and visitors centre'.
- 8.60 The strategy included some findings from a needs analysis carried out in February 2008 that were specific to the population at Wakefield. These included that prisoners were more likely to be divorced, many were involved in longer-term relationships and they were somewhat more likely to have a partner with a criminal record. Findings also showed that large numbers had infrequent or no visitors, travel distance was a problem for visitors and there was a higher incidence of prisoners being a victim of child abuse when young. The action plan did not state how the establishment planned to address these issues.
- 8.61 In our survey, 31%, similar to the comparator, said they had been helped to maintain contact with their family. Just over half of wing files looked at mentioned family contact and there were some records of inter-prison telephone calls. Prisoners could invite a family member or friend to attend their review on completion of an offending behaviour course, but families were not involved in any sentence planning meetings. A Story Book Dad scheme allowed prisoners to record a story for their children. A range of local and national information and support groups was advertised in the visitors' centre, including Action for Prisoners Families and the assisted prison visits scheme.
- 8.62 There was no opportunity for prisoners to undertake general relationship counselling with their immediate family. There were no evening visits, but two children's visits and two family days were held each year. The children's days included prisoners' own children as well as grandchildren, nephews or nieces. They were held in the visits room and a range of activities was provided. Adult family days included staff from a variety of departments such as the chaplaincy, healthcare, the offender management unit, workshops and gym, giving visitors an opportunity to meet them and ask questions. A community engagement day had also been held for prisoners who received few or no visitors. This had involved staff from a variety of community and voluntary sector organisations, enabling prisoners to ask about the support available while in custody and on release. Prisoners, visitors and staff involved in the days were asked for written feedback. Lunch was provided free of charge.
- 8.63 Prisoners could apply for accumulated visits, but population pressures meant it was particularly difficult for men wanting to go to other high security establishments. Prisoners with families abroad were given a monthly free call. Those who did not get visits could exchange unused visiting orders for additional telephone credit, but this facility was not included in the visits policy or advertised to prisoners.
- 8.64 There was no qualified family support worker to help prisoners maintain or re-build relationships and contact with families or friends.

Recommendations

- 8.65 Training should be given to the operational support grade staff in the mail room to increase their awareness of high risk behaviour from all groups of prisoners.

- 8.66 There should be at least one telephone for every 20 prisoners and they should be enclosed in booths for privacy.
- 8.67 Disabled parking should be provided for visitors close to the prison.
- 8.68 Visits should start at the advertised time.
- 8.69 A closed visit should not be imposed after a positive indication by a drug dog without supporting evidence or an individual risk assessment.
- 8.70 The play area in the visits room should be supervised by trained staff and a selection of suitable toys provided there and in the high-risk visits room.
- 8.71 The children and families pathway in the reducing reoffending strategy should be developed further and should accurately reflect the services provided. It should include targets for meeting identified need and should be regularly monitored and updated.
- 8.72 Prisoners should be able to undertake general relationship counselling with their immediate family.
- 8.73 Subject to appropriate risk assessment and child protection considerations, there should be provision for prisoners to get incoming calls from children or to deal with arrangements for them.
- 8.74 There should be a qualified family support worker to help prisoners maintain or rebuild relationships and contact with their families or friends.

Housekeeping points

- 8.75 Prisoners and visitors should be able to have refreshments in the closed visits area.
- 8.76 The opportunity to swap unused visiting orders for telephone credit should be published to prisoners.

Attitudes, thinking and behaviour

- 8.77 The core psychology team and a number of uniform staff delivered programmes. Little one-to-one work was undertaken. Despite the majority of prisoners being assessed as needing to do the sex offender treatment programme, relatively low numbers actually completed it. Over 300 psychopathy assessments were outstanding, but this did not prevent prisoners from getting on courses.
- 8.78 The assessment and interventions centre (AIC) incorporated the core psychology team along with a number of uniform staff who also delivered programmes. Very little one-to-one work was undertaken, except by the CARAT team who were also based in this unit. As well as the Focus drug rehabilitation programme, the prison provided the sex offender treatment programme (SOTP) – incorporating the core, adapted core and extended elements – and enhanced thinking skills (ETS). Despite the fact that 611 prisoners had been assessed as likely to need to do the SOTP, relatively few actually completed it. The key performance target (KPT) was 34 with 38 completions in 2007-08. The ETS KPT was 56, with 63 completions in 2007-08.

- 8.79 A non-accredited programme, Foundation, was also delivered by the department, designed to introduce prisoners to group work. It incorporated an element of challenging denial, but this was not its primary function. Sixty prisoners had completed it in 2007-08 and it was hoped the same number would complete this year.
- 8.80 As at our previous inspection, a number of psychopathy assessments (PCL-R) remained uncompleted. Although the number had been reduced, there remained over 300 still potentially needing to be undertaken. However, there were no indications that this backlog was preventing prisoners from getting on to necessary courses. A detailed database of all prisoners waiting for ETS or SOTP was kept and where other factors indicated an appropriate place for a prisoner, any such assessment was undertaken on a priority basis.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendation

To the Director of High Security Prisons

- 9.1 The Prison Service should commission a full review of the high secure estate allocation criteria to ensure that the population mix at Wakefield, with a concentration of sex offenders in denial of their offences, does not reinforce entrenched attitudes and undermine efforts to engage them in work to reduce risk. (HP40)

Main recommendations

To the Governor

- 9.2 Wakefield should devise a comprehensive prison-wide strategy to help prepare and motivate men who are not engaging in offence-related work to take part in activities and interventions aimed at reducing risk, including the provision of individual counselling and mental health input, and work with personal officers. (HP41)
- 9.3 Sufficient activity places should be provided in workshops and education to ensure full and purposeful activity for the population with equal access for all categories of prisoners. (HP42)
- 9.4 A strategy should be developed to deal directly with the underlying negative perceptions of prisoners about staff culture. Regular feedback should be provided to staff and prisoners about action taken. (HP43)
- 9.5 Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (HP44)
- 9.6 A full range of multi-professional primary, secondary and tertiary mental health services should be available from staff with appropriate skills to meet the needs of prisoners at Wakefield. (HP45)
- 9.7 F wing should be designated as unfit for purpose and taken out of use as soon as feasible. (HP46)

Recommendation

To the Director of High Security Prisons

Residential units

- 9.8 A standard list of items that prisoners are allowed in possession should be established for the high security estate. (2.19)

Courts, escorts and transfers

- 9.9 Where possible, information about Wakefield should be provided to prisoners in advance advising them particularly about the integrated regime. (1.6)
- 9.10 Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (1.7)

First days in custody

- 9.11 More private toilet facilities should be provided in reception. (1.26)
- 9.12 There should be a private room for interviews in the reception area. (1.27)
- 9.13 Essential information about the reception procedures and induction should be provided in a range of languages and media for those who cannot read and understand English. (1.28)
- 9.14 Insiders should meet regularly, supported by staff, to support and coordinate their work. (1.29)
- 9.15 Induction should start on the day after reception. (1.30)
- 9.16 Prisoners should be given more opportunities for work and activities immediately following induction. (1.31)

Residential units

- 9.17 In-cell toilets should be adequately screened. (2.15)
- 9.18 Stocks of cleaning materials, clothing and mattresses should be better managed to ensure that prisoners have appropriate access. (2.16)
- 9.19 All showers should provide appropriate privacy for prisoners. (2.17)
- 9.20 Flasks should be issued to all prisoners and arrangements made for these to be replaced where there are reasonable explanations for loss or damage. (2.18)

Staff-prisoner relationships

- 9.21 Consultation meetings should involve larger numbers of elected prisoner representatives. (2.26)
- 9.22 Unless there are clear security issues, staff should alert prisoners before entering or observing prisoners in cells. (2.27)

Personal officers

- 9.23 Personal or case officers should actively engage informally with prisoners for whom they are responsible to establish good working relationships and get to know their personal circumstances. (2.38)
- 9.24 Wing file entries on history sheets and on case officer feedback reports should demonstrate that officers encourage men to maintain contact with individual family members and challenge and support them to comply with their sentence planning targets. (2.39)
- 9.25 Men with specific care needs should have regularly monitored care plans as part of their wing files. (2.40)

Bullying and violence reduction

- 9.26 The violence reduction policy should specifically focus on strategies to deal with bullying-related issues at Wakefield and should make clear what sanctions apply to non-compliance with an antisocial behaviour compact. (3.13)
- 9.27 The antisocial behaviour booklets should make clear why a prisoner is the subject of monitoring. (3.14)
- 9.28 Prisoners should be invited to the monthly meetings to discuss their progress on an antisocial behaviour compact. (3.15)
- 9.29 The safer prisons team should investigate all incidents of potential bullying, including all unexplained injuries, assaults and security information reports such as threats that may be indicative of bullying. (3.16)
- 9.30 Actions arising from bullying investigations should be more specific, measurable and time-bound. (3.17)
- 9.31 Monitoring of bullying should scrutinise characteristics of victims, including by age, to establish whether certain groups are more vulnerable. (3.18)
- 9.32 The victim support form should be completed for all prisoners identified as victims of bullying. (3.19)
- 9.33 Trends in bullying and actions to address them should be fully discussed at the safer prisons and senior management team meetings. (3.20)
- 9.34 The anti-bullying survey should explore the nature of bullying and why it takes place and include an action plan. (3.21)

Self-harm and suicide

- 9.35 The self-harm and suicide prevention strategy should outline the specific needs and risks of the more vulnerable groups of prisoners held at Wakefield and how they will be met. (3.38)
- 9.36 Healthcare and mental health staff should regularly attend the safer prisons meetings. (3.39)

- 9.37 Assessment, care in custody and teamwork (ACCT) procedures should be improved with a more multidisciplinary approach, including mental health professionals, better consistency of case management with named staff responsible for actions and more effective daily engagement and monitoring. (3.40)
- 9.38 Management checks should effectively monitor the quality of ACCTs. (3.41)
- 9.39 Support for prisoners who have experienced sexual abuse should be available from trained professionals. (3.42)
- 9.40 Managers should keep a record in prisoners' history sheets of when they have taken a call from a prisoner's friend or family member expressing concerns. (3.43)
- 9.41 Prisoners in healthcare should have the same access to Listeners as elsewhere in the prison. (3.44)
- 9.42 A Listener care suite should be provided. (3.45)
- 9.43 Safer cells on D wing should be adequately heated and free from ligature points. (3.46)
- 9.44 There should be a clear protocol for the use of the safer cells, camera cells and constant observation, which should involve continuing interaction. A log of the use of these facilities should be kept. (3.47)

Diversity

- 9.45 An overarching diversity policy should include all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis. (3.66)
- 9.46 Prisoners with disabilities and older prisoners should be consulted about their needs and care and this should be reflected in wing files. (3.67)
- 9.47 Prisoners with disabilities should be involved in the development of the disability policy, which should set out the methods for assessing the impact of policies and practice and the arrangements to help the prison meet its duty under the Disability Discrimination Act. (3.68)
- 9.48 Monitoring by a multidisciplinary team should be introduced to ensure that prisoners from minority groups are not victimised or excluded from any activity. (3.69)
- 9.49 All staff should be trained in race equality and diversity. (3.70)

Race equality

- 9.50 The number of officers from black and minority ethnic groups should be increased. (3.86)
- 9.51 The race equality action team membership should include external representation. (3.87)
- 9.52 Race equality monitoring should cover prisoners on anti-social behaviour compacts. (3.88)
- 9.53 Black and minority ethnic prisoners should be able to meet together with race equality prisoner representatives to discuss issues of importance to them. These views should be reported back

to the race equality action team and action fed back to black and minority ethnic prisoners. (3.89)

- 9.54 Displays throughout the prison should reflect the racial diversity of the population. (3.90)
- 9.55 All staff should receive race and diversity training and all managers should receive specific training to give them the confidence to challenge inappropriate language and behaviour. (3.91)

Foreign national prisoners

- 9.56 The foreign national policy should be comprehensive, based on a needs analysis and include an action plan against agreed targets. (3.107)
- 9.57 There should be a multidisciplinary foreign national committee to ensure that the needs of foreign national prisoners are identified, represented and addressed. This should include foreign national prisoner and external representatives and investigate and address the significant differences highlighted in our survey. (3.108)
- 9.58 Interpreting services should be used whenever necessary and this should be recorded. (3.109)
- 9.59 Prisoners with limited understanding of English should not have to make written applications. (3.110)

Applications and complaints

- 9.60 Complaints should be answered by staff able to provide a clear, accurate and authoritative answer. (3.121)
- 9.61 Only senior managers should answer complaints about staff behaviour. (3.122)
- 9.62 There should be improved analysis of the nature of complaints to enable managers to identify progress or developing problem areas. (3.123)
- 9.63 The numbers of complaints withdrawn should be monitored and the reasons analysed. (3.124)
- 9.64 A senior manager should routinely monitor the quality of responses to complaints. (3.125)

Health services

- 9.65 A full dental surgery inspection should be carried out by/on behalf of the primary care trust. (4.53)
- 9.66 Medications should be stored in metal cupboards fixed to the fabric of the building. (4.54)
- 9.67 Prisoners should have confidentiality during medication collection times to minimise potential bullying and diversion of supplies. (4.55)
- 9.68 During medication administration, no other activities should take place in the treatment area. (4.56)
- 9.69 The actions identified in the primary care trust 2008 infection control audit should be completed. (4.57)

- 9.70 Prisoners should be given information about prison health services in a format they can understand that explains how to access services. (4.58)
- 9.71 The staffing review should include all clinical staff, including pharmacy and GPs, and the findings/recommendations should be implemented expeditiously. (4.59)
- 9.72 All staff should have access to clinical supervision. (4.60)
- 9.73 All staff should have resuscitation training, including defibrillation, at least annually. (4.61)
- 9.74 Health services staff should have training for working with older people, including how to recognise signs of mental health problems and how to identify social care needs. (4.62)
- 9.75 The services provided for the loan of occupational therapy equipment should be clarified. (4.63)
- 9.76 All clinical record keeping, including clinical notes and prescription charts, should conform to professional guidance from the regulatory bodies. (4.64)
- 9.77 It should be made clear on both paper and computerised records when a patient is taking medications supervised or in possession. (4.65)
- 9.78 The controlled drugs register for the main controlled drugs cabinet in the pharmacy should comply with current legislation. (4.66)
- 9.79 Prisoners should have access to the NHS complaints system. (4.67)
- 9.80 The reception screen should be reviewed to ensure that all information elicited from the patient is acted on as appropriate. (4.68)
- 9.81 Applications for health services should be confidential. (4.69)
- 9.82 The amount and range of primary care services should meet the needs of the population. (4.70)
- 9.83 All prisoners should receive hepatitis B vaccinations if they wish to. (4.71)
- 9.84 Health promotion services should include smoking cessation courses. (4.72)
- 9.85 There should be a robust system to ensure that all prisoners who suffer an accident or injury, however caused, are seen by a healthcare professional. (4.73)
- 9.86 Work should be done to assess the failure to attend rates for clinics, including dental sessions, and the reasons why appointments are missed. (4.74)
- 9.87 A protocol should be developed for out-of-hours cover for dental services. (4.75)
- 9.88 The in possession policy should include a compact to be signed by all participating prisoners agreeing to the terms of the policy. (4.76)
- 9.89 The risk assessment for in possession medications should be available at the point of administration. (4.77)

- 9.90 A step wise approach to pain management, such as the World Health Organisation analgesic ladder, should be used. (4.78)
- 9.91 Lockable storage in cells for patients who have their medication in possession should be introduced. (4.79)
- 9.92 There should be a review of out-of-hours cupboard stock levels to avoid prisoners being left without treatment for minor ailments. (4.80)
- 9.93 The medicines and therapeutics committee should develop and implement a prescribing formulary and special sick policy and ensure that prescribing is evidence-based. (4.81)
- 9.94 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (4.82)
- 9.95 None of the in-patient beds should be on the certified normal accommodation. (4.83)
- 9.96 There should be a robust system for the monitoring of cancelled hospital appointments to ensure patients are seen within NHS targets. (4.84)
- 9.97 Day services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (4.85)
- 9.98 Primary mental health services should include talking and other appropriate therapies for people with mild to moderate mental health problems. (4.86)
- 9.99 Prisoners with severe mental health problems who are assessed as requiring secondary or tertiary care services should be transferred expeditiously. (4.87)
- 9.100 Visiting healthcare professionals should have easy access to their patient's clinical records and be able to discuss their patient's care with prison health services staff. (4.88)
- 9.101 There should be an urgent review of the mental health provision for prisoners in the close supervision centre. (4.89)
- 9.102 Prisoners held in the close supervision centre should have access to comprehensive mental health services on a one-to-one basis. (4.90)
- 9.103 A consultant forensic psychiatrist should contribute to casework management. (4.91)

Learning and skills and work activities

- 9.104 The collection and analysis of data should be improved to improve access to activities. (5.18)
- 9.105 Accredited courses should continue to be developed in workshops. (5.19)
- 9.106 Further links should be developed with education to support literacy initiatives. (5.20)
- 9.107 Peer Toe by Toe mentors should be able to acquire accredited qualifications. (5.21)

Physical education and health promotion

- 9.108 An improved area for cardiovascular exercise should be provided. (5.28)
- 9.109 Further efforts should be made to promote the gym to prisoners who do not participate in physical education. (5.29)

Faith and religious activity

- 9.110 The Sunday service should not clash with gym activities. (5.39)
- 9.111 A larger multi-faith room should be provided to meet the needs of prisoners. (5.40)

Time out of cell

- 9.112 All prisoners should be able to spend at least 10 hours a day out of their cells. (5.50)
- 9.113 The policy for unlocking prisoners who are medically unfit or retired during the core day should be clarified, published and applied consistently. (5.51)
- 9.114 All prisoners should have the opportunity for at least one hour of exercise in the open air every day. (5.52)
- 9.115 The low take up of outside exercise should be raised with prisoners at consultation meetings. (5.53)
- 9.116 The core day should be published on the wings. (5.54)
- 9.117 Unconvicted prisoners should have the opportunity to take part in work activities off the wing. (5.55)

Security and rules

- 9.118 Local prison rules should be displayed in residential areas and communicated to prisoners. (6.15)
- 9.119 Rights of appeal against categorisation decisions should be given in writing. (6.16)

Discipline

- 9.120 Use of force documentation should be certified by an appropriate manager who was not involved in the recorded incident. (6.38)
- 9.121 A central register should be retained of any use of special accommodation, which should be appropriately authorised by the governor in charge and all original documentation should be retained. (6.39)
- 9.122 The use of the special cell as 'normal' accommodation with or without cardboard furniture should cease. (6.40)

- 9.123 The use of any cell from which the normal furniture has been removed, or which contains a person in anti-ligature/strip clothing, should be authorised and recorded as use of special accommodation. (6.41)
- 9.124 Prisoners should not routinely be strip searched or deprived of their normal clothing on placement in special or unfurnished accommodation. (6.42)
- 9.125 Independent Monitoring Board members should be informed of all use of special accommodation and properly briefed on roles and responsibilities for its continuing use. (6.43)
- 9.126 Prisoners in the segregation unit should be monitored for psychological deterioration and care plans put in place based on individual need. (6.44)
- 9.127 Prisoners in the segregation unit should be allocated a designated case officer to manage them during their period of segregation. (6.45)
- 9.128 Access to mental health services for those in segregation should be increased. (6.46)
- 9.129 Prisoners in the segregation unit should be able to shower daily. (6.47)
- 9.130 Long stayers should be given access to gym facilities and risk-assessed association and in-cell activities should be increased to mitigate the effects of segregation. (6.48)
- 9.131 Staff working in the segregation unit should be rotated to other areas of work according to the staff rotation policy. (6.49)
- 9.132 The segregation unit exercise yard should be improved and contain seating. (6.50)
- 9.133 Records of segregation reviews should be specific to that individual and not include repeated generic targets. (6.51)
- 9.134 In-cell electricity should be installed in the segregation unit. (6.52)
- 9.135 Toilets in segregation unit cells should be deep cleaned. (6.53)
- 9.136 Damaged flooring in the segregation unit should be replaced. (6.54)

Close supervision centre

- 9.137 The close supervision centre should be located in a less austere environment, better suited to long-term stays and separate from the segregation unit. (6.64)
- 9.138 Mental health services in the close supervision centre should be increased to meet the need. (6.65)
- 9.139 Visits in the close supervision centre should be open contact visits unless a specific risk assessment deems it unsafe. (6.66)
- 9.140 Prisoners in the close supervision centre should be managed with a view to progression and the feasibility of de-institutionalisation work should be explored with all prisoners. (6.67)
- 9.141 There should be more meaningful activity available in the close supervision centre. (6.68)

- 9.142 Staff support should be more integrated into the operation of the close supervision centre. (6.69)
- 9.143 All staff in the close supervision centre should be specially selected for their therapeutic skills and staff should not normally work in a close supervision centre environment for more than two years or so. (6.70)
- 9.144 Designated close supervision centre cells in the segregation unit should not be used for long periods and prisoners held there should have access to activities, including physical education and education, on the same basis as prisoners housed in the close supervision centre unit. (6.71)

Incentives and earned privileges

- 9.145 A full review of the incentives and earned privileges (IEP) scheme at Wakefield should be undertaken to see how far the scheme meets the national aims including encouraging prisoners to engage in sentence planning and benefit from activities. The review should be part of an overall strategy to deal with the number of men at Wakefield not yet ready to engage in offence-related programmes. (6.79)
- 9.146 Remanded and unconvicted prisoners should have access to the same spending allowances as they would be entitled to in a local prison. (6.80)
- 9.147 Refusal to work or attend work should be dealt with under the IEP scheme. (6.81)
- 9.148 There should be greater differentials between standard and enhanced levels and all privileges should be explicitly stated in the IEP policy. (6.82)
- 9.149 Prisoners on the standard level should not be denied access to higher level education opportunities. (6.83)

Catering

- 9.150 The kitchen should be refurbished to make it fit for purpose. (7.9)
- 9.151 The daily menu should reflect a broader cultural diversity. (7.10)
- 9.152 Left-over food should be offered to prisoners rather than thrown away. (7.11)
- 9.153 Prisoners should not be required to eat in cells with uncovered and unscreened toilets. (7.12)

Prison shop

- 9.154 Products on the shop list should reflect supermarket prices. (7.23)
- 9.155 There should be adequate products to meet the needs of black and minority ethnic prisoners. (7.24)

Strategic management of resettlement

- 9.156 The reducing reoffending strategy and action plan should include details of offender management along with development objectives specific to the needs of particular groups at Wakefield. (8.6)
- 9.157 The roles of the strategic forum for managing resettlement and the wider reducing reoffending agendas should be clarified and they should meet regularly. (8.7)
- 9.158 Further analysis of the needs assessment undertaken in 2008 should take place to inform the development of appropriate services at Wakefield. (8.8)

Offender management and planning

- 9.159 There should be a system for prioritising prisoners by need to increase the frequency of contact by offender supervisors. (8.21)
- 9.160 Casework supervision should be clarified and provided for all offender supervisors, whether prison officers or probation staff. (8.22)
- 9.161 Information and contact records should be contained together, where possible, with access available to all staff requiring it. (8.23)
- 9.162 An assessment of resettlement needs, specifically in relation to the resettlement pathways, should be undertaken six months before prisoners are released. (8.24)
- 9.163 The risk management strategic group should meet regularly to maintain the standard of public protection procedures. (8.25)
- 9.164 Lifers and IPP prisoners should have access to regular forums to respond to their specific needs. (8.26)

Resettlement pathways

- 9.165 Prisoners identified as suffering from serious and enduring mental illness should be managed within the care programme approach framework. (8.35)
- 9.166 The substance misuse strategy policy should be finalised and include a detailed action plan and performance measures. (8.46)
- 9.167 A comprehensive needs analysis should be carried out locally and on an annual basis to inform the substance misuse strategy. (8.47)
- 9.168 Training should be given to the operational support grade staff in the mail room to increase their awareness of high risk behaviour from all groups of prisoners. (8.65)
- 9.169 There should be at least one telephone for every 20 prisoners and they should be enclosed in booths for privacy. (8.66)
- 9.170 Disabled parking should be provided for visitors close to the prison. (8.67)

- 9.171 Visits should start at the advertised time. (8.68)
- 9.172 A closed visit should not be imposed after a positive indication by a drug dog without supporting evidence or an individual risk assessment. (8.69)
- 9.173 The play area in the visits room should be supervised by trained staff and a selection of suitable toys provided there and in the high-risk visits room. (8.70)
- 9.174 The children and families pathway in the reducing reoffending strategy should be developed further and should accurately reflect the services provided. It should include targets for meeting identified need and should be regularly monitored and updated. (8.71)
- 9.175 Prisoners should be able to undertake general relationship counselling with their immediate family. (8.72)
- 9.176 Subject to appropriate risk assessment and child protection considerations, there should be provision for prisoners to get incoming calls from children or to deal with arrangements for them. (8.73)
- 9.177 There should be a qualified family support worker to help prisoners maintain or rebuild relationships and contact with their families or friends. (8.74)

Housekeeping points

First days in custody

- 9.178 A low level desk should be used instead of the high reception counter when interviewing new arrivals. (1.32)
- 9.179 The first night information booklet and the induction booklet should be consolidated into a single document. (1.33)

Bullying and violence reduction

- 9.180 Minutes of safer prisons meetings should be displayed on all wing notice boards. (3.22)
- 9.181 Messages on the visitors' helpline should be responded to within 24 hours. (3.23)

Self-harm and suicide

- 9.182 Staff should check regularly on Listeners working in rooms with no call bell to see when they are ready to return. (3.48)

Diversity

- 9.183 Prisoners with hearing difficulties should have access to televisions with subtitles. (3.71)

Foreign national prisoners

- 9.184 Information in the wing files of foreign national prisoners should be fully completed, signed and dated. (3.111)
- 9.185 All staff should be aware of the foreign national wing information packs. (3.112)
- 9.186 Contact with prisoners by wing foreign national officers should be recorded in wing files. (3.113)

Health services

- 9.187 The medical centre should be renamed the health services centre to reflect the provision of services. (4.92)
- 9.188 As drugs are stored on open shelves in the pharmacy, a security assessment should be carried out to ensure that the security of the pharmacy complies with acceptable levels. (4.93)
- 9.189 The number of clinical waste disposal units in the dental surgery should be increased. (4.94)
- 9.190 The door to the centre treatment room should be kept locked. (4.95)
- 9.191 Prison officers should push prisoners in wheelchairs if required to do so. (4.96)
- 9.192 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2- 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.97)

Learning and skills and work activities

- 9.193 An audit should be carried out of the library stock. (5.22)

Time out of cell

- 9.194 The guide to B wing remand unit should be updated in line with changes made to the core day. (5.56)

Catering

- 9.195 The outcome of catering surveys should be displayed on all wing notice boards. (7.13)
- 9.196 There should be more fridge space in wing kitchens to store perishable food. (7.14)
- 9.197 More meat products should be stocked in the shop to allow prisoners to cook their own meals. (7.15)

Prison shop

- 9.198 Healthy items should be clearly marked on the canteen list. (7.25)

Resettlement pathways

- 9.199 Prisoners and visitors should be able to have refreshments in the closed visits area. (8.75)
- 9.200 The opportunity to swap unused visiting orders for telephone credit should be published to prisoners. (8.76)

Good practice

Bullying and violence reduction

- 9.201 The bullying awareness course and the 'what is bullying' leaflet were good ways to communicate what bullying is to prisoners and ensure they knew what to do about it. (3.24)

Self-harm and suicide

- 9.202 The support group run in the chapel for vulnerable prisoners provided a valuable means of regular help to those who needed it most. (3.49)
- 9.203 Listeners had completed a five-session coping with loss course, which helped them support prisoners experiencing bereavement. (3.50)

Diversity

- 3.141 There was a good range of prisoner groups and meetings that helped meet the diverse needs of some groups of prisoners including gay men and those with disabilities. (3.72)

Race equality

- 9.204 The co-chairing of the race equality action team by a prisoner helped build confidence in the work of the race equality action team. (3.92)
- 9.205 The racist incident report form scrutiny panel ensured independent checking and good quality assurance of investigations. (3.93)

Substance use

- 9.206 Prisoners could access secondary detoxification programmes, which were flexible and based on individual need. Departments worked jointly to ensure integrated care and support for those prisoners. (3.140)

Health services

- 9.207 The expert patient group that had been conducted complied with NHS best practice and provided patients with information on how to manage their own health. (4.98)

Faith and religious activity

- 5.57 The active work of the chaplaincy running groups, awareness days, celebrating religious festivals and delivering religious and cultural awareness training helped promote wider awareness of cultural diversity in the prison. (5.41)

Catering

- 9.208 All religions were supported in celebrating two religious festivals each year. (7.16)

Resettlement pathways

- 9.209 Good attention was paid to palliative care, which was appropriate to the population profile at Wakefield. (8.36)
- 9.210 Prisoners with drug and/or alcohol problems could access a wide range of interventions. Services were well integrated and of high quality and prisoners spoke very positively of the support they received. (8.48)

Appendix 1: Inspection team

Anne Owers	HM Chief Inspector of Prisons
Michael Loughlin	Team leader
Susan Fenwick	Inspector
Hayley Folland	Inspector
Paul Fenning	Inspector
Joss Crosbie	Inspector
Keith McInnis	Inspector

Elizabeth Tysoe	Health services inspector
Mick Bowen	Health services inspector
Sigrid Engelen	Drugs inspector
Martin Wall	Dental inspector
Sharon Monks	Pharmacy inspector

Sherelle Park	Researcher
Catherine Nichols	Researcher
Samantha Booth	Researcher
Laura Nettleingham	Researcher

Lisa McDowell	HMI Probation inspector (OMI)
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Stephen Miller	Ofsted team leader
Sheila Willis	Ofsted inspector
Beverley Clark	Ofsted inspector

Appendix 2: Prison population profile

Population breakdown by:

Status	Number of prisoners	%
Sentenced	717	99.17
Recall	1 (but sentenced and included above)	-
Convicted unsentenced	0	0
Remand	6	0.83
Civil prisoners	0	0
Detainees	0	0
Total	723	100

Sentence	Number of prisoners	%
Unsentenced	0	0
Less than 6 months	0	0
6 months to less than 12 months	0	0
12 months to less than 2 years	0	0
2 years to less than 4 years	0	0
4 years to less than 10 years	42	5.8
10 years and over (not life)	180	24.9
IPP	34	4.7
Life	467	64.6
Total	723	100

Age	Number of prisoners	%
21 years to 29 years	121	16
30 years to 39 years	183	25
40 years to 49 years	204	28
50 years to 59 years	138	20
60 years to 69 years	73	10
70 plus years	4	1
Maximum age	81 years	-
Total	723	100

Nationality	Number of prisoners	%
British	664	92
Foreign nationals	59	8
Total	723	100

Security category	Number of adults	%
Uncategorised unsentenced	0	0
Uncategorised sentenced	0	0
Cat A	123	16.87
Cat B	598	82.86
Cat C	2	0.27
Cat D	0	0
Other	0	0
Total	723	100

Ethnicity	Number of prisoners	%
<i>White</i>		
British	553	76.48
Irish	13	1.79
Other white	24	3.32
<i>Mixed</i>		
White and Black Caribbean	10	1.39
White and Black African	3	0.41
White and Asian	1	0.14
Other mixed	6	0.83
<i>Asian or Asian British</i>		
Indian	4	0.55
Pakistani	18	2.50
Bangladeshi	5	0.69
Other Asian	7	0.97
<i>Black or Black British</i>		
Caribbean	40	5.54
African	15	2.07
Other Black	11	1.52
<i>Chinese or other ethnic group</i>		
Chinese	1	0.14
Other ethnic group	5	0.69
<i>Not stated</i>	7	0.97
Total	723	99%

Religion	Number of prisoners	%
Baptist	2	0.27
Church of England	271	37.49
Roman Catholic	107	14.80
Other Christian denominations	52	7.19
Muslim	75	10.38
Sikh	3	0.41
Hindu	1	0.13
Buddhist	36	4.98
Jewish	4	0.55
Other	43	5.95
No religion	129	17.85
Total	723	100

Length of stay	Number of prisoners	%
Less than 1 month	4	1
1 month to 3 months	28	4
3 months to 6 months	24	3
6 months to 1 year	30	4
1 year to 2 years	74	10
2 years to 4 years	260	36

4 years or more to less than 10 years	303	42
Total	723	100

Main Offence	Number of prisoners	%
Violence against the person	244	33.7
Sexual offences	444	61.4
Burglary	2	0.3
Robbery	7	1
Theft & handling	1	0.1
Fraud and forgery	0	0
Drugs offences	0	0
Other offences	25	3.4
Civil offences	0	0
Offence not recorded/holding warrant	0	0
Total	723	99.9

Appendix 3: Safety and staff-prisoner relationship interviews

Twenty prisoners were approached by the research team to undertake structured interviews regarding issues of safety and staff-prisoner relationships at Wakefield. Five individuals were randomly selected from each wing.

Location of interviews

	Number of interviews
A wing	5
B wing	5
C wing	5
D wing	5
Total	20

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency. Therefore all interviewees were asked the same questions. The interview schedule had two distinct sections; the first covering safety and the second covering staff-prisoner relationships.

The demographic information of interviewees is detailed below followed by the results from each section.

Demographic information

- Length of time in prison on this sentence ranged from two to 23 years, with an average of 7.5 years.
- Length of time at Wakefield ranged from one to 14 years, with an average of 3.8 years.
- All prisoners were sentenced.
- 10 interviewees were serving life and one was serving a IPP sentence. For the other nine, sentence length ranged from seven to 15 years.
- Average age was 42 (ranging from 28 to 68).
- Five interviews were conducted with black and minority ethnic prisoners and 15 with white prisoners.
- Two interviewees did not have English as a first language.
- Six interviewees stated their religion as Christian, three as Muslim and the other 11 stated that they had no religion.
- Six interviewees stated they had a disability.
- One interviewee stated he was a foreign national.

Safety

All interviewees were asked to identify areas of concern with regards to safety within Wakefield, as well as rating the problem on a scale of 1-4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated by multiplying the number of individuals who thought the issue was a problem by the average rating score.

The rating column shows the order of the 22 potential safety concerns covered in the interview schedule based on the seriousness score. A rating of '1' shows the issue with the highest seriousness score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1= no problem, 4 = very big problem)	Seriousness score	Ranking
Number of staff on duty during the day	7	2	14	10
Number of staff on duty during association	6	2	12	11
Surveillance cameras	9	2	18	7
Layout/structure of the prison	13	2.38	31	1
Healthcare facilities	8	2.75	22	5
Existence of an illegal market	2	2	4	16
Availability of drugs	4	2.75	11	12
Staff behaviour with prisoners	11	2.36	26	3
Response of staff with regards to fights/bullying/self-harm in the prison	8	2.38	19	6
Staff members giving favours in return for something	6	2.5	15	9
Lack of trust in staff	10	3	30	2
Lack of confidence in staff	9	2.67	24	4
Aggressive body language of staff	8	2.13	17	8
Aggressive body language of prisoners	7	2.57	18	7
Procedures for discipline (adjudications)	5	3.6	18	7
Lack of information about prison regime	0	0	0	17
Overcrowding	0	0	0	17
The way meals are served	4	2.75	11	13
Movement to work/education/gym	3	1.67	5	15
Gang culture	9	2.67	24	4
Isolation (within the prison)	3	3	9	14

The top five issues were

- Layout of the prison
- Lack of trust in staff
- Staff behaviour with prisoners
- Lack of confidence in staff/Gang culture
- Healthcare facilities

Overall rating

Interviewees were asked to give an overall rating for safety at Wakefield, with 1 being very unsafe and 5 being very safe. The average rating was 3.55.

Differences in responses from black and minority ethnic prisoners

The top issues for the five black and minority ethnic interviewees were:

- Staff behaviour to prisoners
- Lack of trust in staff/Confidence in staff/Healthcare facilities
- Procedures for discipline
- Layout/structure of the prison/Staff using aggressive body language/Prisoners using aggressive body language

Staff-prisoner relationships

All interviewees were asked to rate their relationship with wing staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
7 (35%)	8 (40%)	4 (20%)	1 (5%)

The average rating was 1.95.

How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
8 (40%)	7 (35%)	4 (20%)	1 (5%)

The average rating was 1.9.

How often do wing staff address you by your first name or by Mr?

1 Always	2	3	4 Never
3 (15%)	2 (10%)	4 (20%)	11 (55%)

The average rating was 3.15.

How often do wing staff knock before entering your cell?

1 Always	2	3	4 Never
1 (5%)	3 (15%)	3 (15%)	13 (65%)

The average rating was 3.4.

How helpful are staff generally with questions and day to day issues?

1 Very helpful	2	3	4 Not at all helpful
6 (30%)	8 (40%)	4 (20%)	2 (10%)

The average rating was 2.1.

How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
3 (15%)	7 (35%)	9 (45%)	1 (5%)

The average rating was 2.4.

Do staff treat prisoners fairly?

1 Completely	2	3	4 Not at all
8 (40%)	4 (20%)	4 (20%)	4 (20%)

The average rating was 2.2.

Do staff members treat you fairly when applying the rules of the prison?

1 Completely	2	3	4 Not at all
5 (25%)	6 (30%)	5 (25%)	4 (20%)

The average rating was 2.4.

Are staff fair and consistent in their approach to the IEP scheme?

1 Completely	2	3	4 Not at all
8 (40%)	3 (15%)	0	9 (45%)

The average rating was 2.5.

Would staff take it seriously if you were being victimised or bullied on the wing?

Yes	No	Depends who you approach
14 (70%)	3 (15%)	3 (15%)

How often do staff interact with you?

1 Always	2	3	4 Never
7 (35%)	8 (40%)	3 (15%)	2 (10%)

The average rating was 2.

Do you have a member of staff to turn to if you have a problem?

Sixteen (80%) interviewees stated that they did and four (20%) stated they did not.

Can you approach your personal officer?

Yes	No	Don't know who they are
16 (80%)	1 (5%)	3 (15%)

Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
4 (20%)	7 (35%)	6 (30%)	3 (15%)

The average rating was 2.4.

Do staff promote responsible behaviour?

1 Always	2	3	4 Never
7 (35%)	3 (15%)	5 (25%)	5 (25%)

The average rating was 2.4.

Do staff provide assistance if you need it in applying for jobs/education/ROTL etc.?

1 Always	2	3	4 Never
8 (40%)	3 (15%)	6 (30%)	3 (15%)

The average rating was 2.2.

Do staff actively encourage you to take part in activities outside your cell?

1 Always	2	3	4 Never
10 (50%)	1 (5%)	2 (10%)	7 (35%)

The average rating was 2.3.

Have you ever been discriminated against by staff because of:

Your ethnicity

Yes	No
3 (15%)	17 (85%)

Your religion

Yes	No
2 (10%)	18 (90%)

Your age

Yes	No
2 (10%)	18 (90%)

You have a disability

Yes	No
2 (10%)	18 (90%)

Your sexual orientation

Yes	No
0	20 (100%)

Your sentence status i.e. VP/remand/sentenced/recalled/IPP/lifer

Yes	No
3 (15%)	17 (85%)

Overall rating

Interviewees were asked to give an overall rating for staff-prisoner relationships at Wakefield, with 1 being excellent and 4 being poor. **The average rating was 2.35.**

A breakdown of the scores is shown in the table below:

1	2	3	4
5 (25%)	7 (35%)	4 (20%)	4 (20%)

For the five black and minority ethnic prisoners interviewed, the average rating was 3.4. For the 15 white prisoners interviewed, the average rating was 2.

Appendix 4: Wing file analysis

Background

On 1 December 2008, the population at Wakefield was approximately 723. A sample of wing history sheets was analysed; six files were looked at on each wing, resulting in a total sample of 24 across the site. This represented 3% of the population. F wing and healthcare were excluded from the analysis.

All history sheets were assessed in terms of the frequency and quality of comments and case (personal) officer engagement. Additional forms and information contained in the file were also noted alongside evidence of any vulnerability, mental health, substance misuse, family contact and/or sentence planning.

Identification of the prisoner

All history sheets stated the prisoner's name and number. There was no clear means of identifying a prisoner's ethnicity and this was ascertained primarily from photos. Photos were found in only nine of the 24 files. These were located on the inside page of the wing history sheet and were not always clearly visible. In many files, previous wing history sheets were missing.

Frequency of entries

For prisoners who had been in the prison for a long period of time, only the last six months (from June 2008) of entries were assessed. All entries for prisoners arriving after this date were reviewed.

	Average number of days since last entry in file	Average number of entries	Average number of management checks
A wing	6 days	10	1
B wing	12 days	11	2
C wing	16 days	10	1
D wing	14 days	10	1
Overall	12 days	10	1

Quality of comments

Comments were assessed in terms of the level of interaction with prisoners (entries could be positive or negative in nature but would be categorised as interactional if clear engagement was evidenced). All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate a record was kept.

	Interactional	Observational	Inappropriate
A wing	26	31	0
B wing	28	38	0
C wing	31	31	0
D wing	27	31	0

Of the total 243 comments assessed, 46% (n=112) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 54% (n=131) were deemed to be observational or functional in nature (e.g. 'x complies with the regime' or 'gave x formal warning'). No comments were deemed inappropriate.

There were 29 management checks across the four wings, five of which made reference to a requirement of at least two entries per month.

Case (personal) officers

History sheets were assessed in terms of whether it was clear who the case officer was and the quantity and quality of comments made by the case officer. It was clear in all of the 24 case files reviewed who the prisoner's case officer was. On all four wings, wing history sheets and other accompanying documentation were stored and filed under the case officer name.

In most cases, the majority of comments were made by the case officer. In 10 of the 24 cases, case officer comments were assessed as descriptive and showing good levels of engagement with the prisoner. However, many of the entries demonstrating interaction were cursory. The remaining comments, although detailed, were observational in nature and repetitive. Entries were infrequent, but in line with at least two entries per month, stated alongside several management checks.

Sentence planning

Sixteen files contained accompanying documentation relating to sentence plan targets/offending behaviour needs. In the majority of these cases, documents included a RAM board summary and/or a sentence planning meeting report. Several had case reviews from psychology and a case officer feedback report, which made reference to sentence planning and prisoner targets. Of the 16 files, only four contained entries in the wing history sheet regarding sentence plans/targets. These were made by the case officer and would usually record the targets set from a recent sentence plan meeting and whether the prisoner had attended the meeting.

Family contact

Family contact was referenced in just over half the files. Similarly with references to sentence planning, information was gleaned from case officer feedback reports and in several cases a sentence planning pre-assessment. Case officers would normally refer to the level and type of contact the prisoner was maintaining with his family. Four of the files contained entries in the wing history sheet regarding family contact. These tended to refer to family circumstances that were positively or negatively affecting the prisoner's mood.

Bullying

Of the 24 files analysed, six files made reference to bullying. Any references to bullying were taken from additional documentation and usually referred to incidents of bullying in a previous establishment or in previous years. The three files that noted recent or current bullying issues all had entries in the wing history sheet. In two cases, allegations had been noted, but no further action had been cited or recorded. Where further action had been taken in one case, a comment had been made noting a resolution between two prisoners after the adjudication

process. There was difficulty in some cases identifying whether the prisoner was a victim or perpetrator.

Substance use/vulnerability

In only a minority of cases did any wing file entries highlight any substance misuse. This was taken from either sentence planning documents or noted on the cell-sharing risk assessment. Any information on histories of self-harm and mental health were normally gleaned from accompanying documentation. Sixteen of the files highlighted either self-harm or vulnerability. This information was cited in a number of documents, including the cell-sharing risk assessment, sentence planning documents, induction documents from Wakefield and previous establishments and in several cases the safer prisons log sheet. Several files also contained assessment, care in custody and teamwork (ACCT) post-closure reviews. Three cases made direct reference to a prisoner's vulnerability in entries in the wing history sheet. One entry made reference to a previous ACCT document; the remaining two noted a change/deterioration in the prisoner's mood/behaviour. Where entries had been made, they communicated the prisoner's vulnerability well and detailed the support available and whether any further action had been taken.

Additional documentation

Wing files were well organised and contained a contents list with dividing sections. This provided prompts for staff as to what documents should be filed where. Dividing sections and documents found within each are as follows and within each section the additional documents found were variable.

First night induction

Most files contained a first night proforma/reception proformas and an information sheet for new arrivals.

Cell-sharing risk assessment

Twenty two wing files contained a CSRA and 15 of these included one or more review.

Safer prisons information

Two files had a log sheet completed that detailed the dates of any previous/open ACCT documents.

Incentives and earned privileges (IEP)

IEP documents included IEP warnings, review boards, and activity/work/wing and prisoner reports alongside the point scoring sheet and guidance for staff.

Sentence planning targets

In the majority of files, sentence planning meeting reports and pre-assessments were present. Several files also contained RAM board summaries.

Case officer feedback report

Only eight of the files reviewed contained a completed case officer feedback report.

Line manager report

Only one file contained a report (line manager reports should be completed every six months or more).

Other documents included child protection restrictions, previous wing history sheets and various prisoner compacts.

Overall state of the file

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

All files were given a rating of 1 (poor), 2 (fair) or 3 (good) or 4 (very good). The most frequent rating was fair. In total, 21% (n=5) were rated poor; 54% (n=13) were rated as fair and 21% (n=5) were rated as good and 4% (n=1) were rated as very good.

Appendix 5: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 29 October 2008, the prisoner population at HMP Wakefield was 728. The sample size was 143. Overall, this represented 20% of the prisoner population.

The CSU was sampled separately. At the time of the survey, there were five prisoners on the unit and all were offered a survey.

Selecting the sample

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

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

Interviews are carried out with any respondents with literacy difficulties, but none were required.

Methodology

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

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

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

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

Response rates

In total, 112 respondents from the main sample completed and returned their questionnaires. This represented 15% of the prison population. The response rate was 78%. In addition to the nine respondents who refused to complete a questionnaire, six questionnaires were not returned and 16 were returned blank.

Three of the five surveys were returned from the CSC, with two prisoners refusing to complete the survey.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in high security prisons. This comparator is based on all responses from prisoner surveys carried out in four high security prisons since April 2003.
- The current survey responses in 2008 against the responses of prisoners surveyed in category B trainer prisons. This comparator is based on all responses from prisoner surveys carried out in nine category B trainer prisons since April 2003.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between those who are British nationals and those who are foreign nationals.

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.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by 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 that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Section 1: About You

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

- Q1.1 What wing or houseblock are you currently living on?**
See front cover
- Q1.2 How old are you?**
- | | |
|------------------|-----|
| Under 21..... | 0% |
| 21 - 29..... | 13% |
| 30 - 39..... | 22% |
| 40 - 49..... | 28% |
| 50 - 59..... | 21% |
| 60 - 69..... | 14% |
| 70 and over..... | 1% |
- Q1.3 Are you sentenced?**
- | | |
|--------------------------------|-----|
| Yes..... | 98% |
| Yes - on recall..... | 1% |
| No - awaiting trial..... | 1% |
| No - awaiting sentence..... | 0% |
| No - awaiting deportation..... | 0% |
- Q1.4 How long is your sentence?**
- | | |
|---|-----|
| Not sentenced | 1% |
| Less than 6 months..... | 0% |
| 6 months to less than 1 year..... | 0% |
| 1 year to less than 2 years..... | 0% |
| 2 years to less than 4 years..... | 2% |
| 4 years to less than 10 years..... | 12% |
| 10 years or more..... | 27% |
| IPP (Indeterminate Sentence for Public Protection)..... | 6% |
| Life..... | 52% |
- Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?**
- | | |
|----------------------------|-----|
| Not sentenced | 1% |
| 6 months or less..... | 12% |
| More than 6 months..... | 87% |
- Q1.6 How long have you been in this prison?**
- | | |
|-------------------------------------|-----|
| Less than 1 month..... | 0% |
| 1 to less than 3 months..... | 0% |
| 3 to less than 6 months..... | 3% |
| 6 to less than 12 months..... | 3% |
| 12 months to less than 2 years..... | 10% |

	2 to less than 4 years.....		33%
	4 years or more.....		51%
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)		
	Yes.....		9%
	No.....		91%
Q1.8	Is English your first language?		
	Yes.....		93%
	No.....		7%
Q1.9	What is your ethnic origin?		
	White - British.....	81%	Asian or Asian British - Bangladeshi.....
	White - Irish.....	2%	Asian or Asian British - Other.....
	White - Other.....	0%	Mixed Race - White and Black Caribbean.....
	Black or Black British - Caribbean ...	7%	Mixed Race - White and Black African.....
	Black or Black British - African	0%	Mixed Race - White and Asian
	Black or Black British - Other	1%	Mixed Race - Other
	Asian or Asian British - Indian.....	0%	Chinese.....
	Asian or Asian British - Pakistani	4%	Other ethnic group.....
			0%
			0%
			1%
			0%
			0%
			1%
			0%
			0%
			4%
Q1.10	What is your religion?		
	None.....	27%	Hindu.....
	Church of England.....	32%	Jewish.....
	Catholic.....	15%	Muslim
	Protestant.....	2%	Sikh.....
	Other Christian denomination	5%	Other.....
	Buddhist.....	7%	
			0%
			0%
			9%
			0%
			4%
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight.....		89%
	Homosexual/Gay.....		7%
	Bisexual.....		4%
	Other		0%
	<i>If other, please specify</i>		
Q1.12	Do you consider yourself to have a disability?		
	Yes.....		27%
	No.....		73%
Q1.13	How many times have you been in prison before?		
	0	1	2 to 5
	44%	12%	28%
			More than 5
			16%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
11%	75%	13%

Q1.15 Do you have any children under the age of 18?

Yes.....	39%
No.....	61%

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	11%	46%	10%	20%	6%	1%	6%
Your personal safety during the journey	14%	39%	16%	14%	14%	0%	4%
The comfort of the van	5%	19%	14%	28%	29%	0%	5%
The attention paid to your health needs	6%	26%	16%	22%	17%	4%	10%
The frequency of toilet breaks	4%	11%	13%	11%	43%	1%	17%

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>
15%	25%	37%	19%	4%

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>
15%	43%	21%	12%	6%	3%

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?	71%	28%	1%
Before you arrived here did you receive any written information about what would happen to you?	6%	92%	3%
When you first arrived here did your property arrive at the same time as you?	77%	20%	3%

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	41%	<i>Money worries</i>	7%
<i>Loss of property</i>	8%	<i>Feeling depressed or suicidal</i>	32%
<i>Housing problems</i>	7%	<i>Health problems</i>	39%

Contacting employers.....	6%	Needing protection from other prisoners.....	11%
Contacting family.....	26%	Accessing phone numbers.....	21%
Ensuring dependents were being looked after.....	6%	Other.....	6%

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

Didn't have any problems	31%	Money worries.....	19%
Loss of property.....	18%	Feeling depressed or suicidal.....	26%
Housing problems.....	6%	Health problems.....	28%
Contacting employers.....	2%	Needing protection from other prisoners.....	8%
Contacting family.....	26%	Accessing phone numbers.....	32%
Ensuring dependents were looked after.....	10%	Other.....	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	71%	21%	8%
When you were searched, was this carried out in a respectful way?	72%	21%	6%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
17%	36%	26%	13%	6%	2%

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

Information about what was going to happen to you.....	30%
Information about what support was available for people feeling depressed or suicidal.....	29%
Information about how to make routine requests.....	26%
Information about your entitlement to visits.....	24%
Information about health services.....	30%
Information about the chaplaincy.....	27%
Not offered anything	50%

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

A smokers/non-smokers pack.....	52%
The opportunity to have a shower.....	24%
The opportunity to make a free telephone call.....	46%
Something to eat.....	54%
Did not receive anything	20%

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)

Chaplain or religious leader.....	25%
Someone from health services.....	64%

	<i>A listener/Samaritans</i>	13%
	Did not meet any of these people	29%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes.....	8%
	No.....	92%
Q3.9	Did you feel safe on your first night here?	
	Yes.....	61%
	No.....	29%
	<i>Don't remember</i>	10%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	11%
	<i>Within the first week</i>	22%
	<i>More than a week</i>	58%
	<i>Don't remember</i>	9%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	12%
	Yes.....	50%
	No.....	30%
	<i>Don't remember</i>	7%

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?	9%	50%	13%	19%	3%	6%
	Attend legal visits?	10%	59%	11%	13%	3%	4%
	Obtain bail information?	1%	7%	13%	6%	3%	70%
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						4%
	Yes.....						59%
	No.....						38%
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
			<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>	
	Are you normally offered enough clean, suitable clothes for the week?	81%	11%	2%	6%		
	Are you normally able to have a shower every day?	97%	3%	0%	0%		
	Do you normally receive clean sheets every week?	84%	13%	0%	3%		

Do you normally get cell cleaning materials every week?	51%	47%	0%	2%
Is your cell call bell normally answered within five minutes?	50%	35%	12%	4%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	27%	0%	0%
Can you normally get your stored property, if you need to?	35%	37%	23%	5%

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
3%	25%	30%	23%	19%

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

<i>Have not bought anything yet</i>	1%
Yes.....	37%
No.....	62%

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	39%	47%	7%	4%	1%	1%
An application form	40%	50%	4%	4%	1%	0%

Q4.7 Have you made an application?

Yes.....	97%
No.....	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?	3%	56%	41%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	3%	39%	58%

Q4.9 Have you made a complaint?

Yes.....	66%
No.....	34%

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

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	35%	20%	45%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	36%	24%	40%
Were you given information about how to make an appeal?	40%	30%	30%

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

<i>Not made a complaint</i>	35%
-----------------------------------	-----

Yes..... 26%
 No..... 39%

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?
Don't know who they are *Very easy* *Easy* *Neither* *Difficult* *Very difficult*
 19% 4% 17% 31% 19% 9%

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

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	46%	26%	29%
Are you able to speak to a religious leader of your faith in private if you want to?	58%	9%	33%

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

Yes	No	<i>Don't know</i>
65%	7%	28%

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

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	79%	21%
Do most staff treat you with respect?	65%	35%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?
 Yes..... 54%
 No..... 46%

Q5.2 Do you feel unsafe in this prison at the moment?
 Yes..... 20%
 No..... 80%

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

<i>Never felt unsafe</i>	50%	<i>At meal times</i>	8%
<i>Everywhere</i>	7%	<i>At health services</i>	9%
<i>Segregation unit</i>	13%	<i>Visit's area</i>	5%
<i>Association areas</i>	19%	<i>In wing showers</i>	14%
<i>Reception area</i>	4%	<i>In gym showers</i>	5%
<i>At the gym</i>	15%	<i>In corridors/stairwells</i>	7%
<i>In an exercise yard</i>	13%	<i>On your landing/wing</i>	21%
<i>At work</i>	10%	<i>In your cell</i>	10%
<i>During Movement</i>	8%	<i>At religious services</i>	4%
<i>At education</i>	6%		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?
 Yes..... 36%
 No..... 62%

- Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|--|-----|--|-----|
| <i>Insulting remarks (about you or your family or friends)</i> | 18% | <i>Because you were new here</i> | 9% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 12% | <i>Because of your sexuality.....</i> | 4% |
| <i>Sexual abuse</i> | 4% | <i>Because you have a disability.....</i> | 5% |
| <i>Because of your race or ethnic origin.....</i> | 8% | <i>Because of your religion/religious beliefs.....</i> | 6% |
| <i>Because of drugs.....</i> | 2% | <i>Being from a different part of the country than others.....</i> | 11% |
| <i>Having your canteen/property taken.....</i> | 7% | <i>Because of your offence/ crime.....</i> | 16% |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**
- | | |
|----------|-----|
| Yes..... | 38% |
| No..... | 63% |
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|--|-----|--|-----|
| <i>Insulting remarks (about you or your family or friends)</i> | 22% | <i>Because of your sexuality.....</i> | 4% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 6% | <i>Because you have a disability.....</i> | 5% |
| <i>Sexual abuse</i> | 2% | <i>Because of your religion/religious beliefs.....</i> | 8% |
| <i>Because of your race or ethnic origin.....</i> | 13% | <i>Being from a different part of the country than others.....</i> | 8% |
| <i>Because of drugs.....</i> | 0% | <i>Because of your offence/ crime.....</i> | 17% |
| <i>Because you were new here</i> | 7% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
- | | |
|---|-----|
| <i>Not been victimised</i> | 51% |
| Yes..... | 30% |
| No..... | 18% |
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
- | | |
|----------|-----|
| Yes..... | 43% |
| No..... | 57% |
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
- | | |
|----------|-----|
| Yes..... | 46% |
| No..... | 54% |
- 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> |
| 5% | 6% | 5% | 6% | 6% | 72% |

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 | 4% | 9% | 26% | 13% | 37% | 12% |
| The nurse | 4% | 18% | 45% | 14% | 17% | 2% |
| The dentist | 8% | 4% | 14% | 5% | 33% | 35% |
| The optician | 11% | 5% | 16% | 14% | 32% | 22% |
- Q6.2 Are you able to see a pharmacist?**
- Yes..... 35%
- No..... 65%
- 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 | 5% | 11% | 38% | 14% | 21% | 12% |
| The nurse | 4% | 17% | 35% | 16% | 17% | 11% |
| The dentist | 18% | 15% | 25% | 11% | 17% | 14% |
| The optician | 19% | 25% | 28% | 10% | 10% | 8% |
- 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> |
|--|------------------------|------------------|-------------|----------------|------------|-----------------|
| | 4% | 8% | 21% | 19% | 28% | 20% |
- Q6.5 Are you currently taking medication?**
- Yes..... 52%
- No..... 48%
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- Not taking medication***..... 48%
- Yes..... 47%
- No..... 5%
- Q6.7 Do you feel you have any emotional well being/ mental health issues?**
- Yes..... 32%
- No..... 68%
- Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**
- Do not have any issues / Not receiving any help***..... 87%
- Doctor*..... 6%
- Nurse*..... 5%
- Psychiatrist*..... 7%
- Mental Health In Reach team*..... 6%
- Counsellor*..... 0%
- Other*..... 4%

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	9%	91%	
	Alcohol	10%	90%	
Q6.10	Have you developed a problem with either of the following since you have been in this prison?			
		Yes	No	
	Drugs	0%	100%	
	Alcohol	1%	99%	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....			19%
	No.....			1%
	<i>Did not / do not have a drug or alcohol problem</i>			80%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes.....			14%
	No.....			5%
	<i>Did not / do not have a drug or alcohol problem</i>			80%
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes.....			14%
	No.....			2%
	<i>Did not have a problem/Have not received help</i>			85%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	1%	91%	8%
	Alcohol	1%	92%	7%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....			5%
	No.....			3%
	N/A.....			93%

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)	
	Prison job.....	57%
	Vocational or skills training.....	14%
	Education (including basic skills).....	36%

Offending behaviour programmes 18%
Not involved in any of these 26%

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

	Not been involved	Yes	No	Don't know
Prison job	10%	39%	48%	3%
Vocational or skills training	21%	44%	24%	11%
Education (including basic skills)	14%	58%	23%	4%
Offending behaviour programmes	18%	44%	32%	6%

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

Don't want to go 10%
Never 1%
Less than once a week 24%
About once a week 51%
More than once a week 12%
Don't know 2%

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

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
32%	24%	4%	11%	20%	7%	3%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
25%	28%	33%	8%	6%	0%

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)

Less than 2 hours 4%
2 to less than 4 hours 26%
4 to less than 6 hours 12%
6 to less than 8 hours 18%
8 to less than 10 hours 19%
10 hours or more 16%
Don't know 5%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
2%	4%	4%	4%	83%	4%

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

Do not go on association 5%
Never 5%
Rarely 35%
Some of the time 32%
Most of the time 15%
All of the time 8%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					6%
	<i>In the first week</i>					40%
	<i>More than a week</i>					30%
	<i>Don't remember</i>					24%
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	6%	28%	26%	16%	13%	10%
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					1%
	<i>Yes</i>					87%
	<i>No</i>					12%
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					13%
	<i>Very involved</i>					16%
	<i>Involved</i>					20%
	<i>Neither</i>					6%
	<i>Not very involved</i>					23%
	<i>Not at all involved</i>					21%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					14%
	<i>Yes</i>					48%
	<i>No</i>					38%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					13%
	<i>Yes</i>					37%
	<i>No</i>					50%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?					
	<i>Not sentenced</i>					1%
	<i>Yes</i>					32%
	<i>No</i>					67%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					7%
	<i>No</i>					93%
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>					46%
	<i>No</i>					53%
	<i>Don't know</i>					1%

- Q8.10 Have you had any problems getting access to the telephones?**
 Yes..... 25%
 No..... 75%
 Don't know..... 0%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 1%
 Yes..... 19%
 No..... 79%
 Don't remember 1%
- Q8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)**
Don't know what my entitlement is 10%
 Yes..... 59%
 No..... 31%
- Q8.13 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | 0 | 1 to 2 | 3 to 4 | 5 or more |
|---------------------------|-----|--------|--------|-----------|
| 1% | 68% | 28% | 2% | 0% |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes..... 30%
 No..... 70%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | |
|---|---|
| <i>Don't know who to contact</i> 76% | <i>Help with your finances in preparation for release</i> 15% |
| <i>Maintaining good relationships</i> 16% | <i>Claiming benefits on release</i> 16% |
| <i>Avoiding bad relationships</i> 15% | <i>Arranging a place at college/continuing education on release</i> 10% |
| <i>Finding a job on release</i> 14% | <i>Continuity of health services on release</i> 14% |
| <i>Finding accommodation on release</i> 16% | <i>Opening a bank account</i> 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)**
- | | |
|---|---|
| <i>No problems</i> 37% | <i>Help with your finances in preparation for release</i> 32% |
| <i>Maintaining good relationships</i> 18% | <i>Claiming benefits on release</i> 36% |
| <i>Avoiding bad relationships</i> 12% | <i>Arranging a place at college/continuing education on release</i> 23% |
| <i>Finding a job on release</i> 49% | <i>Continuity of health services on release</i> 35% |

Finding accommodation on release..... 45% *Opening a bank account*..... 40%

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

Not sentenced 1%
Yes 52%
No 47%



Prisoner Survey Responses HMP Wakefield 2008

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

Key to tables

		HMP Wakefield	High Security prisons comparator
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		112	418
SECTION 1: General Information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	99%	100%
3b	Are you on recall?	1%	3%
4a	Is your sentence less than 12 months?	0%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	14%
5	Do you have six months or less to serve?	13%	8%
6	Have you been in this prison less than a month?	0%	12%
7	Are you a foreign national?	10%	9%
8	Is English your first language?	92%	92%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	18%	28%
10	Are you Muslim?	9%	15%
11	Are you homosexual/gay or bisexual?	11%	5%
12	Do you consider yourself to have a disability?	27%	24%
13	Is this your first time in prison?	46%	31%
14	Have you been in more than 5 prisons this time?	12%	24%
15	Do you have any children under the age of 18?	41%	47%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	56%	41%
1b	Was your personal safety during the journey good/very good?	53%	43%
1c	Was the comfort of the van good/very good?	24%	14%
1d	Was the attention paid to your health needs good/very good?	32%	22%
1e	Was the frequency of toilet breaks good/very good?	15%	7%
2	Did you spend more than four hours in the van?	19%	24%
3	Were you treated well/very well by the escort staff?	59%	47%
4a	Did you know where you were going when you left court or when transferred from another prison?	71%	52%
4b	Before you arrived here did you receive any written information about what would happen to you?	4%	7%
4c	When you first arrived here did your property arrive at the same time as you?	78%	67%

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	9%	
1c	Housing problems?	7%	
1d	Problems contacting employers?	6%	
1e	Problems contacting family?	26%	
1f	Problems ensuring dependants were looked after?	6%	
1g	Money problems?	7%	
1h	Problems of feeling depressed/suicidal?	33%	
1i	Health problems?	39%	
1j	Problems in needing protection from other prisoners?	12%	
1k	Problems accessing phone numbers?	20%	
2	When you first arrived:		
2a	Did you have any problems?	70%	73%
2b	Did you have any problems with loss of property?	18%	30%
2c	Did you have any housing problems?	6%	5%
2d	Did you have any problems contacting employers?	2%	3%
2e	Did you have any problems contacting family?	27%	34%
2f	Did you have any problems ensuring dependents were being looked after?	10%	6%
2g	Did you have any money worries?	20%	17%
2h	Did you have any problems with feeling depressed or suicidal?	27%	16%
2i	Did you have any health problems?	29%	24%
2j	Did you have any problems with needing protection from other prisoners?	8%	12%
2k	Did you have problems accessing phone numbers?	33%	35%
3a	Were you seen by a member of health services in reception?	72%	63%
3b	When you were searched in reception, was this carried out in a respectful way?	72%	53%
4	Were you treated well/very well in reception?	53%	49%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	29%	31%
5b	Information about what support was available for people feeling depressed or suicidal?	29%	25%
5c	Information about how to make routine requests?	25%	22%
5d	Information about your entitlement to visits?	23%	22%
5e	Information about health services?	29%	39%
5f	Information about the chaplaincy?	27%	35%

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	53%	46%
6b	The opportunity to have a shower?	23%	30%
6c	The opportunity to make a free telephone call?	46%	13%
6d	Something to eat?	54%	64%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	24%	32%
7b	Someone from health services?	63%	61%
7c	A listener/Samaritans?	14%	17%
8	Did you have access to the prison shop/canteen within the first 24 hours?	7%	17%
9	Did you feel safe on your first night here?	60%	70%
10	Have you been on an induction course?	90%	84%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	57%	54%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	59%	58%
1b	Attend legal visits?	69%	53%
1c	Obtain bail information?	7%	16%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	61%	57%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	81%	59%
3b	Are you normally able to have a shower every day?	97%	94%
3c	Do you normally receive clean sheets every week?	84%	77%
3d	Do you normally get cell cleaning materials every week?	50%	80%
3e	Is your cell call bell normally answered within five minutes?	50%	47%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	55%
3g	Can you normally get your stored property, if you need to?	35%	22%
4	Is the food in this prison good/very good?	28%	20%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	55%
6a	Is it easy/very easy to get a complaints form?	86%	86%
6b	Is it easy/very easy to get an application form?	90%	91%
7	Have you made an application?	97%	92%

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SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	57%	52%
8b	Do you feel applications are dealt with promptly? (within 7 days)	39%	45%
9	Have you made a complaint?	67%	74%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	30%	25%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	36%	30%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	41%	36%
10c	Were you given information about how to make an appeal?	30%	36%
12	Is it easy/very easy to see the Independent Monitoring Board?	18%	44%
13a	Do you feel your religious beliefs are respected?	46%	48%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	63%
14	Are you able to speak to a Listener at any time, if you want to?	66%	61%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	64%
15b	Do most staff, in this prison, treat you with respect?	65%	61%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	55%	58%
2	Do you feel unsafe in this prison at the moment?	20%	26%
4	Have you been victimised by another prisoner?	37%	35%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	18%	16%
5b	Hit, kicked or assaulted you?	12%	11%
5c	Sexually abused you?	4%	2%
5d	Victimised you because of your race or ethnic origin?	8%	7%
5e	Victimised you because of drugs?	2%	5%
5f	Taken your canteen/property?	7%	6%
5g	Victimised you because you were new here?	9%	5%
5h	Victimised you because of your sexuality?	4%	3%
5i	Victimised you because you have a disability?	6%	2%
5j	Victimised you because of your religion/religious beliefs?	6%	6%
5k	Victimised you because you were from a different part of the country?	11%	7%
5l	Victimised you because of your offence/crime?	16%	11%

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	38%	44%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	23%	23%
7b	Hit, kicked or assaulted you?	6%	9%
7c	Sexually abused you?	2%	2%
7d	Victimised you because of your race or ethnic origin?	13%	13%
7e	Victimised you because of drugs?	0%	3%
7f	Victimised you because you were new here?	7%	8%
7g	Victimised you because of your sexuality?	4%	2%
7h	Victimised you because you have a disability?	6%	5%
7i	Victimised you because of your religion/religious beliefs?	8%	8%
7j	Victimised you because you were from a different part of the country?	8%	12%
7k	Victimised you because of your offence/crime?	17%	10%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	62%	51%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	45%	43%
10	Have you ever felt threatened or intimidated by a member of staff in here?	46%	44%
11	Is it easy/very easy to get illegal drugs in this prison?	11%	38%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	35%	58%
1b	Is it easy/very easy to see the nurse?	64%	70%
1c	Is it easy/very easy to see the dentist?	17%	22%
1d	Is it easy/very easy to see the optician?	21%	22%
2	Are you able to see a pharmacist?	35%	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:			
3a	The doctor?	50%	44%
3b	The nurse?	53%	55%
3c	The dentist?	47%	56%
3d	The optician?	64%	59%
4	The overall quality of health services?	28%	35%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wakefield	High Security prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	54%	50%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	90%	86%
7	Do you feel you have any emotional well being/mental health issues?	33%	34%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	58%	
8b	A doctor?	18%	
8c	A nurse?	15%	
8d	A psychiatrist?	24%	
8e	The Mental Health In-Reach Team?	21%	
8f	A counsellor?	0%	
9a	Did you have a drug problem when you came into this prison?	10%	9%
9b	Did you have an alcohol problem when you came into this prison?	10%	5%
10a	Have you developed a drug problem since you have been in this prison?	0%	7%
10b	Have you developed an alcohol problem since you have been in this prison?	1%	0%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	95%	78%
12	Have you received any help or intervention whilst in this prison?	73%	79%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	88%	67%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	9%	16%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	8%	13%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	62%	24%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	59%	
1b	Vocational or skills training?	15%	
1c	Education (including basic skills)?	35%	
1d	Offending Behaviour Programmes?	18%	

Key to tables

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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	91%	88%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	43%	34%
2bi	Have you been involved in vocational or skills training whilst in prison?	80%	80%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	55%	56%
2ci	Have you been involved in education whilst in prison?	86%	87%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	68%	65%
2di	Have you been involved in offending behaviour programmes whilst in prison?	83%	81%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	53%	58%
3	Do you go to the library at least once a week?	63%	52%
4	On average, do you go to the gym at least twice a week?	36%	56%
5	On average, do you go outside for exercise three or more times a week?	13%	40%
6	On average, do you spend ten or more hours out of your cell on a weekday?	15%	11%
7	On average, do you go on association more than five times each week?	86%	82%
8	Do staff normally speak to you most of the time/all of the time during association?	24%	23%
SECTION 8: Resettlement			
1	Do you have a personal officer?	94%	85%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	57%	57%
For those who are sentenced:			
3	Do you have a sentence plan?	89%	67%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	42%	56%
5	Can you achieve some/all of you sentence plan targets in this prison?	56%	56%
6	Are there plans for you to achieve some/all your targets in another prison?	42%	53%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	32%	29%
8	Do you feel that any member of staff has helped you to prepare for release?	7%	10%
9	Have you had any problems with sending or receiving mail?	47%	52%
10	Have you had any problems getting access to the telephones?	25%	31%
11	Did you have a visit in the first week that you were here?	19%	15%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	59%	59%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	32%	19%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	31%	33%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	16%	
15c	Avoiding bad relationships?	15%	
15d	Finding a job on release?	14%	19%
15e	Finding accommodation on release?	16%	19%
15f	With money/finances on release?	15%	16%
15g	Claiming benefits on release?	16%	19%
15h	Arranging a place at college/continuing education on release?	10%	15%
15i	Accessing health services on release?	14%	21%
15j	Opening a bank account on release?	9%	20%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	18%	
16c	Avoiding bad relationships?	12%	
16d	Finding a job?	50%	47%
16e	Finding accommodation?	46%	38%
16f	Money/finances?	32%	50%
16g	Claiming benefits?	36%	39%
16h	Arranging a place at college/continuing education?	23%	41%
16i	Accessing health services?	35%	26%
16j	Opening a bank account?	40%	40%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	53%	61%



Prisoner Survey Responses HMP Wakefield 2008

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

Key to tables

		HMP Wakefield 2008	CATEGORY B prisons comparator
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		112	862
SECTION 1: General Information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	99%	100%
3b	Are you on recall?	1%	2%
4a	Is your sentence less than 12 months?	0%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	8%
5	Do you have six months or less to serve?	13%	11%
6	Have you been in this prison less than a month?	0%	2%
7	Are you a foreign national?	10%	14%
8	Is English your first language?	92%	89%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	18%	29%
10	Are you Muslim?	9%	15%
11	Are you homosexual/gay or bisexual?	11%	4%
12	Do you consider yourself to have a disability?	27%	19%
13	Is this your first time in prison?	46%	37%
14	Have you been in more than 5 prisons this time?	12%	16%
15	Do you have any children under the age of 18?	41%	55%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	56%	51%
1b	Was your personal safety during the journey good/very good?	53%	62%
1c	Was the comfort of the van good/very good?	24%	19%
1d	Was the attention paid to your health needs good/very good?	32%	34%
1e	Was the frequency of toilet breaks good/very good?	15%	14%
2	Did you spend more than four hours in the van?	19%	18%
3	Were you treated well/very well by the escort staff?	59%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	71%	86%
4b	Before you arrived here did you receive any written information about what would happen to you?	4%	14%
4c	When you first arrived here did your property arrive at the same time as you?	78%	87%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	9%	5%
1c	Housing problems?	7%	3%
1d	Problems contacting employers?	6%	3%
1e	Problems contacting family?	26%	42%
1f	Problems ensuring dependants were looked after?	6%	4%
1g	Money problems?	7%	8%
1h	Problems of feeling depressed/suicidal?	33%	33%
1i	Health problems?	39%	56%
1j	Problems in needing protection from other prisoners?	12%	13%
1k	Problems accessing phone numbers?	20%	33%
2	When you first arrived:		
2a	Did you have any problems?	70%	51%
2b	Did you have any problems with loss of property?	18%	17%
2c	Did you have any housing problems?	6%	6%
2d	Did you have any problems contacting employers?	2%	3%
2e	Did you have any problems contacting family?	27%	17%
2f	Did you have any problems ensuring dependents were being looked after?	10%	4%
2g	Did you have any money worries?	20%	16%
2h	Did you have any problems with feeling depressed or suicidal?	27%	11%
2i	Did you have any health problems?	29%	18%
2j	Did you have any problems with needing protection from other prisoners?	8%	5%
2k	Did you have problems accessing phone numbers?	33%	26%
3a	Were you seen by a member of health services in reception?	72%	79%
3b	When you were searched in reception, was this carried out in a respectful way?	72%	74%
4	Were you treated well/very well in reception?	53%	74%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	29%	45%
5b	Information about what support was available for people feeling depressed or suicidal?	29%	42%
5c	Information about how to make routine requests?	25%	36%
5d	Information about your entitlement to visits?	23%	40%
5e	Information about health services?	29%	40%
5f	Information about the chaplaincy?	27%	26%

Key to tables

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	53%	57%
6b	The opportunity to have a shower?	23%	48%
6c	The opportunity to make a free telephone call?	46%	49%
6d	Something to eat?	54%	73%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	24%	37%
7b	Someone from health services?	63%	69%
7c	A listener/Samaritans?	14%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	7%	27%
9	Did you feel safe on your first night here?	60%	85%
10	Have you been on an induction course?	90%	90%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	57%	63%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	59%	58%
1b	Attend legal visits?	69%	61%
1c	Obtain bail information?	7%	11%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	61%	45%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	81%	61%
3b	Are you normally able to have a shower every day?	97%	97%
3c	Do you normally receive clean sheets every week?	84%	71%
3d	Do you normally get cell cleaning materials every week?	50%	83%
3e	Is your cell call bell normally answered within five minutes?	50%	49%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	74%
3g	Can you normally get your stored property, if you need to?	35%	38%
4	Is the food in this prison good/very good?	28%	35%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	51%
6a	Is it easy/very easy to get a complaints form?	86%	86%
6b	Is it easy/very easy to get an application form?	90%	93%
7	Have you made an application?	97%	92%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	57%	54%
8b	Do you feel applications are dealt with promptly? (within 7 days)	39%	54%
9	Have you made a complaint?	67%	71%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	30%	33%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	36%	34%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	41%	28%
10c	Were you given information about how to make an appeal?	30%	35%
12	Is it easy/very easy to see the Independent Monitoring Board?	18%	43%
13a	Do you feel your religious beliefs are respected?	46%	58%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	64%
14	Are you able to speak to a Listener at any time, if you want to?	66%	67%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	74%
15b	Do most staff, in this prison, treat you with respect?	65%	78%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	55%	35%
2	Do you feel unsafe in this prison at the moment?	20%	18%
4	Have you been victimised by another prisoner?	37%	24%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	18%	13%
5b	Hit, kicked or assaulted you?	12%	5%
5c	Sexually abused you?	4%	2%
5d	Victimised you because of your race or ethnic origin?	8%	5%
5e	Victimised you because of drugs?	2%	2%
5f	Taken your canteen/property?	7%	4%
5g	Victimised you because you were new here?	9%	3%
5h	Victimised you because of your sexuality?	4%	2%
5i	Victimised you because you have a disability?	6%	3%
5j	Victimised you because of your religion/religious beliefs?	6%	3%
5k	Victimised you because you were from a different part of the country?	11%	5%
5l	Victimised you because of your offence/crime?	16%	4%

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	38%	25%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	23%	13%
7b	Hit, kicked or assaulted you?	6%	3%
7c	Sexually abused you?	2%	1%
7d	Victimised you because of your race or ethnic origin?	13%	6%
7e	Victimised you because of drugs?	0%	2%
7f	Victimised you because you were new here?	7%	4%
7g	Victimised you because of your sexuality?	4%	1%
7h	Victimised you because you have a disability?	6%	3%
7i	Victimised you because of your religion/religious beliefs?	8%	4%
7j	Victimised you because you were from a different part of the country?	8%	5%
7k	Victimised you because of your offence/crime?	17%	4%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	62%	40%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	45%	24%
10	Have you ever felt threatened or intimidated by a member of staff in here?	46%	22%
11	Is it easy/very easy to get illegal drugs in this prison?	11%	28%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	35%	36%
1b	Is it easy/very easy to see the nurse?	64%	70%
1c	Is it easy/very easy to see the dentist?	17%	15%
1d	Is it easy/very easy to see the optician?	21%	12%
2	Are you able to see a pharmacist?	35%	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%	49%
3b	The nurse?	53%	62%
3c	The dentist?	47%	55%
3d	The optician?	64%	54%
4	The overall quality of health services?	28%	42%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	54%	44%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	90%	83%
7	Do you feel you have any emotional well being/mental health issues?	33%	17%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	58%	0%
8b	A doctor?	18%	28%
8c	A nurse?	15%	43%
8d	A psychiatrist?	24%	22%
8e	The Mental Health In-Reach Team?	21%	64%
8f	A counsellor?	0%	0%
9a	Did you have a drug problem when you came into this prison?	10%	6%
9b	Did you have an alcohol problem when you came into this prison?	10%	4%
10a	Have you developed a drug problem since you have been in this prison?	0%	11%
10b	Have you developed an alcohol problem since you have been in this prison?	1%	1%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	95%	90%
12	Have you received any help or intervention whilst in this prison?	73%	65%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	88%	67%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	9%	12%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	8%	8%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	62%	42%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	59%	75%
1b	Vocational or skills training?	15%	14%
1c	Education (including basic skills)?	35%	30%
1d	Offending Behaviour Programmes?	18%	25%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wakefield 2008	CATEGORY B prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	91%	90%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	43%	41%
2bi	Have you been involved in vocational or skills training whilst in prison?	80%	80%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	55%	60%
2ci	Have you been involved in education whilst in prison?	86%	87%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	68%	72%
2di	Have you been involved in offending behaviour programmes whilst in prison?	83%	78%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	53%	63%
3	Do you go to the library at least once a week?	63%	45%
4	On average, do you go to the gym at least twice a week?	36%	58%
5	On average, do you go outside for exercise three or more times a week?	13%	52%
6	On average, do you spend ten or more hours out of your cell on a weekday?	15%	19%
7	On average, do you go on association more than five times each week?	86%	82%
8	Do staff normally speak to you most of the time/all of the time during association?	24%	27%
SECTION 8: Resettlement			
1	Do you have a personal officer?	94%	83%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	57%	64%
For those who are sentenced:			
3	Do you have a sentence plan?	89%	79%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	42%	60%
5	Can you achieve some/all of you sentence plan targets in this prison?	56%	61%
6	Are there plans for you to achieve some/all your targets in another prison?	42%	46%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	32%	37%
8	Do you feel that any member of staff has helped you to prepare for release?	7%	12%
9	Have you had any problems with sending or receiving mail?	47%	36%
10	Have you had any problems getting access to the telephones?	25%	16%
11	Did you have a visit in the first week that you were here?	19%	25%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	59%	73%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wakefield 2008	CATEGORY B prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	32%	26%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	31%	28%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	16%	14%
15c	Avoiding bad relationships?	15%	13%
15d	Finding a job on release?	14%	28%
15e	Finding accommodation on release?	16%	31%
15f	With money/finances on release?	15%	24%
15g	Claiming benefits on release?	16%	28%
15h	Arranging a place at college/continuing education on release?	10%	25%
15i	Accessing health services on release?	14%	29%
15j	Opening a bank account on release?	9%	23%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	18%	12%
16c	Avoiding bad relationships?	12%	11%
16d	Finding a job?	50%	39%
16e	Finding accommodation?	46%	37%
16f	Money/finances?	32%	36%
16g	Claiming benefits?	36%	28%
16h	Arranging a place at college/continuing education?	23%	25%
16i	Accessing health services?	35%	20%
16j	Opening a bank account?	40%	34%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	53%	63%



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

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		20	91	10	94
1.3	Are you sentenced?	100%	99%	100%	99%
1.7	Are you a foreign national?	27%	6%		
1.8	Is English your first language?	60%	100%	50%	97%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			50%	15%
1.10	Are you Muslim?	48%	1%	20%	9%
1.13	Is this your first time in prison?	50%	44%	50%	46%
2.3	Were you treated well/very well by the escort staff?	40%	64%	56%	57%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	60%	74%	70%	70%
3.2a	Did you have any problems when you first arrived?	89%	65%	88%	67%
3.3a	Were you seen by a member of healthcare staff in reception?	65%	73%	60%	71%
3.3b	When you were searched in reception, was this carried out in a respectful way?	50%	77%	66%	70%
3.4	Were you treated well/very well in reception?	30%	58%	30%	52%
3.9	Did you feel safe on your first night here?	30%	66%	50%	60%
3.10	Have you been on an induction course?	95%	90%	89%	89%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	64%	62%	57%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	58%	86%	80%	80%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3b	Are you normally able to have a shower every day?	90%	99%	100%	97%
4.3e	Is your cell call bell normally answered within five minutes?	42%	51%	22%	53%
4.4	Is the food in this prison good/very good?	25%	28%	20%	26%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	11%	43%	56%	33%
4.6a	Is it easy/very easy to get a complaints form?	90%	87%	80%	87%
4.6b	Is it easy/very easy to get an application form?	90%	90%	88%	89%
4.9	Have you made a complaint?	84%	64%	88%	66%
4.13a	Do you feel your religious beliefs are respected?	25%	51%	34%	45%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	65%	55%	66%	57%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	60%	82%	70%	77%
4.15b	Do most staff, in this prison, treat you with respect?	37%	71%	50%	64%
5.1	Have you ever felt unsafe in this prison?	90%	47%	80%	53%
5.2	Do you feel unsafe in this prison at the moment?	52%	14%	60%	18%
5.4	Have you been victimised by another prisoner?	73%	30%	56%	36%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	42%	1%	0%	10%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	27%	2%	12%	6%
5.6	Have you been victimised by a member of staff?	75%	30%	70%	37%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	60%	2%	30%	12%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	40%	1%	20%	8%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	60%	41%	60%	43%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	80%	39%	70%	46%
5.11	Is it easy/very easy to get illegal drugs in this prison?	20%	9%	20%	10%
6.1a	Is it easy/very easy to see the doctor?	27%	37%	30%	32%
6.1b	Is it easy/ very easy to see the nurse?	50%	66%	60%	63%
6.7	Do you feel you have any emotional well being/mental health issues?	37%	32%	66%	30%
7.1a	Are you currently working in the prison?	63%	58%	66%	56%
7.1b	Are you currently undertaking vocational or skills training?	32%	11%	22%	15%
7.1c	Are you currently in education (including basic skills)?	73%	27%	56%	33%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	27%	17%	34%	18%
7.3	Do you go to the library at least once a week?	69%	62%	66%	65%
7.4	On average, do you go to the gym at least twice a week?	58%	31%	44%	37%
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)	16%	15%	22%	15%
7.7	On average, do you go on association more than five times each week?	72%	89%	100%	86%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	27%	23%	12%	23%
8.1	Do you have a personal officer?	90%	94%	100%	94%
8.9	Have you had any problems sending or receiving mail?	72%	42%	62%	49%
8.10	Have you had any problems getting access to the telephones?	44%	21%	25%	27%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	44%	61%	50%	58%