Report on an announced inspection of

HMP Birmingham

9–13 January 2012 by HM Chief Inspector of Prisons

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Introduction

HMP Birmingham is in many ways a typical, inner-city local prison on a largely Victorian site. It holds the same sort of short-stay adult men with the wide range of needs and challenges that you would find in almost any local prison. What makes it untypical is that in October 2011, three months before this inspection, amid some controversy, it became the first public sector prison to transfer to the private sector. HMP Birmingham is now run by G4S.

This announced inspection was not in any way an assessment of whether that transfer was right or will be successful – it is much too early to say that and, in any case, the evidence from a single inspection will only be relevant to some of the issues involved in such a transfer. However, it does provide a useful benchmark against which some important aspects of the prison's future progress can be judged. It can also be said now that the process of privatisation, which went on over a number of years, took far too long and the uncertainty it created was damaging. At the time of the inspection, most staff just seemed relieved that the process was over and looked forward, if a little warily, to a more stable and positive future.

For most prisoners, HMP Birmingham was reasonably safe. Prisoners' perception of their current safety had improved since the last inspection although the proportion who had felt unsafe at some point was worse than at other local prisons. Some key indicators of safety were positive. There had been six self-inflicted deaths in the two years since our last inspection in 2009 – but none in 2011. The numbers were very low so should be treated with circumspection but they were at least encouraging. The use of force had dropped significantly since the last inspection and it was well scrutinised. Few prisoners were placed in segregation. The prison's policy for reducing suicide and self-harm had been recently reviewed. Care for prisoners at risk of suicide and self-harm was reasonable but could have been improved, in particular by systematically applying learning from previous incidents.

There were important exceptions to these improving trends. Strategies for addressing bullying were weak and if a prisoner needed to be moved, it tended to be the victim rather than the bully. There was a high rate of positive drug tests and as I walked past an exercise yard close to a road, prisoners joked how easy it was to throw drugs over the wall into the yard. This was indeed a regular occurrence; 54 'throw-over' packages had been detected in the previous three months alone. It was surprising that netting had not been put up to help prevent this, which I was advised could easily be done.

Escort, reception and first night facilities required improvement. Vans were often dirty. Large groups of prisoners often arrived together and then had long waits in reception because the first night centre was not big enough to cope with the number of prisoners who came through.

The lack of space in the first night centre was a particular problem for prisoners who were vulnerable because of their offence; they were intimidated by other prisoners in the centre and spent nearly all their time locked in their cells. The regime for vulnerable prisoners was unsatisfactory in other respects. Their induction was poor. Even once they had moved to the vulnerable prisoner wing, these men continued to be harassed because of the mixture of men who were there due to their offence and those who needed protection for other reasons. This was a toxic mix that the prison thankfully planned to change. Two out of five vulnerable prisoners told us they felt unsafe at the time of the inspection compared with about one in seven of mainstream prisoners. Vulnerable prisoners told us they had been helped to prepare for release.

The prison was overcrowded. Its certified normal accommodation was 1,112 but, at the time of the inspection, its population was 30% more than this. Many prisoners shared small cells with inadequately screened toilets and insufficient furniture; there was a shortage of some basic kit such as sheets and towels. Many unconvicted and convicted prisoners shared cells.

However, the prison was clean and relationships between prisoners and staff were generally good and very much improved. Although there were exceptions, we saw some good interactions and more prisoners said they had an officer they could turn to for support than in the past. The atmosphere was generally friendly and relaxed - a bit too relaxed at times - we did not see enough evidence of officers out on the wings during association, engaging with prisoners positively and being seen to keep an eye on what was going on. It was pleasing to see that the prison had plans to develop a prisoner council with help from User Voice.

Black and minority ethnic prisoners reported worse relationships with staff than the prison population as a whole. Health care was reasonable and there was an excellent day care centre for older prisoners and others less able to cope on the main wings.

Too few prisoners were engaged in useful activity. A third of the prisoners were unemployed and most of them were convicted men who could be required to work. Attendance at workshops and classes was only 70%. The leadership and management of learning and skills activity were weak. The quality of activity and the achievements of prisoners were only satisfactory. Success rates for literacy and numeracy – an acute need if prisoners are to resettle successfully, were very low. HMP Birmingham was lagging behind other prisons in the provision of work and other activity and the development of a challenging learning, work and skills strategy now needs to be a priority.

Work to reduce the likelihood that men would reoffend after release and to help them settle successfully back into the community still had a long way to go. It certainly was not seen as something all parts of the prison should contribute to, it was insufficiently resourced and there was very little for short-term and remand prisoners who made up almost half the population. Many men had problems with drugs and alcohol. The one alcohol worker was overwhelmed. Half of prisoners thought money problems were linked to their offending but few knew who to turn to for help or advice.

Birmingham prison has recently made some relatively simple but nonetheless important improvements but the prison also has a number of significant strategic challenges it needs to resolve. It is a cleaner, safer and more decent place. However, first night and vulnerable prisoner arrangements are significant exceptions to that overall picture. Two important areas of the prison – purposeful activity and resettlement – are weak and a determined strategic effort is required to improve them.

Nick Hardwick HM Chief Inspector of Prisons March 2012

Fact page

Task of the establishment

HMP Birmingham holds adult male prisoners, both convicted and unconvicted, on category B and category C; there is also a small population of retained category D prisoners.

Prison status

Private since 1 October 2011; G4S are the contractors.

Region West Midlands

Number held 15.12.11: 1,442

Certified normal accommodation 1,112

Operational capacity 1,450

Date of last full inspection 2-11 December 2009

Brief history

Birmingham is a Victorian local prison with modern additions. In 2004 it underwent considerable change as a result of a multi-million pound investment programme by the Prison Service, with the addition of 450 prisoner places, new workshops, educational facilities, a new health care centre and gymnasium, as well as extensions and improvements to existing facilities. Birmingham is the first-ever British public sector prison to be transferred into the private sector estate, with G4S managing the 15-year contract since October 2011.

Short description of residential units

- A wing general prisoners
- B wing largest unit with general prisoners, also houses the care and separation unit (CSU)
- C wing general prisoners
- D wing first night centre
- G wing general prisoners
- J wing social care and older persons unit
- K wing working unit holding general prisoners
- L wing general prisoners
- M wing detoxification unit
- N wing; second stage induction/assessment unit
- P wing vulnerable prisoner unit

Health care unit with two inpatient wards

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner: Birmingham and Solihull Primary Care Trust Providers: Birmingham and Solihull Mental Health Foundation NHS Trust Birmingham Community NHS Trust

Learning and skills providers

The Manchester College South Birmingham College JHP

Healthy prison summary

Introduction

- HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies known as the National Preventive Mechanism (NPM) which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- HP3 All Inspectorate of Prisons 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, particularly 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 effectively helped to reduce the likelihood of reoffending.

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test. There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- outcomes for prisoners are reasonably good against this healthy prison test. There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

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

There is evidence that outcomes for prisoners are being adversely affected in many

areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

Safety

HP5 First night procedures were supportive but undermined by delays in getting to the first night centre. Arrangements for vulnerable prisoners on arrival were poor. Induction was disjointed but generally comprehensive. Most prisoners felt safe but too many vulnerable prisoners did not. Some improvements were needed in self-harm monitoring procedures. There was little use of segregation, and use of force had fallen considerably. Although there were some active supply reduction measures, the random mandatory drug testing rate was relatively high. Clinical management for substance users was satisfactory. Despite concerns about first night arrangements and the support for vulnerable prisoners, overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP6 Some escort vans were in poor condition and all prisoners were handcuffed for the short distance from the vans to reception. Too many arrived at the end of the day and had long stays in reception. Men were met by a supportive Listener when they arrived and could have a hot drink, a shower and something to eat. Some reception areas were worn and grubby. Staff were generally helpful but prisoners were not interviewed in private, and not all the holding rooms were well supervised.
- HP7 All new arrivals, including those dependent on drugs or alcohol and vulnerable prisoners, went to the first night centre on D wing. There had been efforts to create a welcoming environment but interview facilities were inadequate and the wing was too small for the throughput, with too many new arrivals waiting in reception for long periods. Once on D wing, first night staff interviewed new arrivals and identified and dealt with immediate needs sensitively. Cells were clean and well prepared but too cramped. Fewer respondents than the comparator in our survey¹ said they felt safe

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

on their first night. Arrangements for vulnerable prisoners were particularly poor and many experienced harassment from other prisoners.

- HP8 In our survey, only half of prisoners said that their induction covered everything they needed to know. The five-day induction programme was fragmented. The initial stage covered relevant information about prison life and services. Resettlement needs were assessed and referrals to relevant agencies made. Stage two included education and work assessments and gym and library induction. Induction for vulnerable prisoners was too ad hoc.
- HP9 Although similar to the comparator, about one in five respondents said they felt unsafe at the time of the survey, and more than the comparator said they had felt unsafe at some time in the prison. There was little ongoing consultation with prisoners about safety issues to help identify and address what underlay their perceptions. Good data were collected but there was insufficient scrutiny and analysis of incidents to establish the underlying reasons and develop strategies to tackle violence. Investigations of unexplained injuries were good but those into allegations of bullying were superficial. The anti-bullying process was not effective in challenging unacceptable behaviour, and new procedures were being devised.
- HP10 In our survey, 42% of vulnerable prisoners said they felt unsafe, which was very high. The mix of prisoners on P wing, where vulnerable prisoners were held, was a problem intended to be addressed in a forthcoming change of wing functions. The identity of some sex offenders on general wings had recently been disclosed but little had been done to investigate and help prevent a recurrence.
- HP11 There had been six self-inflicted deaths since our last inspection in 2009 but none in 2011. Some progress had been made in implementing recommendations from investigations, but not enough was done to ensure similar issues did not recur. Some good attention was paid to particular vulnerable groups but, as with violence reduction, the data and information about self-harm needed to be used to develop the safer custody strategy. Most initial assessments and care plans for those identified as at risk of suicide and self-harm were reasonably good but there was little continuity of case management, and few reviews were multidisciplinary. Enhanced case reviews for higher risk cases were better. A well-appointed care suite was little used and Listeners often had to support distressed prisoners on the landings. A new counselling service had been introduced, and some vulnerable men received support through a day care facility.
- HP12 There was good use of information to inform intelligence-based risk management, and security procedures were generally proportionate. Security information reports were dealt with promptly but there were no checks that actions such as cell searches and suspicion drug tests were completed. There were effective links with the police and some good examples of joint working.
- HP13 The general standard of adjudications was reasonably good but some did not show sufficient enquiry into charges, and there was no quality assurance. Use of force was well scrutinised and the level had dropped significantly. There was very little use of segregation, which was commendable in such a large prison. Interactions between staff and prisoners in the segregation unit were good with continuing contact with wing staff to support return to residential wings. Special accommodation was little used and usually only for very short periods.

HP14 The random mandatory drug testing rate was relatively high, despite active security measures to reduce supply. Netting to prevent items thrown over the perimeter had not been installed, and there were few suspicion tests. A very high number of prisoners were treated under the integrated drug treatment system (IDTS) but the designated IDTS wing was not used for stabilisation, which did not make full use of the specialist nurses. Over 400 prisoners were actively engaged with counselling, assessment, referral, advice and throughcare (CARAT) services, but the team did not work with primary alcohol users. There was no structured drug and alcohol programme, which was a significant gap.

Respect

- HP15 The communal areas of the prison were generally clean but cells remained cramped. Relationships between staff and prisoners were improving and we saw some positive interactions. Some good diversity and equality work was not always well embedded on residential wings. Support for foreign nationals had improved. Health services were reasonably good but the appointments system needed improvement. Prisoners found the quality of food poor. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP16 The prison was generally clean but shared cells were cramped, inadequately furnished and with poorly screened toilets. Prisoners had difficulties obtaining some basic kit, including towels and bedding. Supplies of toiletries varied from wing to wing. Many showers were in poor condition, and prisoners reported relatively poor access to daily showers. Unconvicted prisoners had to share cells with convicted prisoners, although there were plans to change this. Prisoners and wing staff reported problems getting replies to applications.
- HP17 Fewer survey respondents than the comparator said that most staff treated them with respect, but we observed some improvements in the quality of relationships. Many officers related positively with prisoners, but a minority were disengaged and spoke of prisoners dismissively. There were some good initiatives to improve consultation and communication. Personal officer work was not fully effective but some prisoners found their nominated officers very helpful.
- HP18 The diversity policy provided some good guidance but equality and diversity work was not well publicised and promoted throughout the prison.
- HP19 In our survey, black and minority ethnic prisoners had some poorer perceptions than white men, particularly about relationships with staff. There was little general consultation with black and minority ethnic men where these could be discussed. Reported racist incidents were mostly well investigated, and effectively scrutinised by a panel that included prisoners. Ethnic monitoring had identified ongoing underrepresentation of black and minority ethnic men on the enhanced level of the incentives and earned privileges (IEP) scheme, but little had been done to address this. There was some good work with Travellers.
- HP20 There were about 220 foreign national prisoners, 18 of whom were held solely on immigration warrants. Professional interpreting services were used increasingly with non-English speaking prisoners but not consistently. A local solicitors' firm provided independent immigration legal advice but the service was not well promoted. Equality

of treatment for foreign national prisoners was not monitored, and far fewer foreign than British respondents in our survey said they were on the enhanced regime level.

- HP21 Muslim prisoners were less positive than others in a number of areas in our survey, and further investigation of these perceptions was needed.
- HP22 Prisoners with disabilities were effectively identified and the disability liaison officer drew up sound care plans but wing staff did not usually continue this supportive work. There were few physical adaptations. A new older prisoner and social care wing was appreciated.
- HP23 Formal support systems for gay, bisexual or transgender prisoners were underdeveloped, but some good individual help was provided.
- HP24 There was good faith provision and chapel facilities had recently been refurbished. A broad range of services and chaplaincy groups was based on the prison's demographics and effective consultation with prisoners.
- HP25 There were around 400 complaints a month, some of which should have been resolved earlier and less formally. Most complaints were answered promptly but not all addressed the issues raised. Some complaints about staff were not dealt with well and did not give prisoners confidence in the system. Complaints were not routinely monitored or subject to effective quality assurance.
- HP26 Two experienced legal services officers provided a good legal and bail information service, including a weekly surgery on N wing, but there was no surgery for vulnerable prisoners.
- HP27 There was a good range of community-equivalent clinical services, but prisoners' views about the quality of health services were relatively poor. Reasons for these perceptions needed examination but part of the problem was a flawed appointment system. Clinical staff were well qualified and primary care services were delivered professionally. Dental services were insufficient but a new dentist had been employed. Pharmacy services were generally good but night medication was issued very early. Inpatient facilities were impressive and backed up by good quality care. Mental health services were generally good but prisoner transfers to secure hospitals took too long.
- HP28 The food we sampled was satisfactory but prisoners were unhappy with the standard. Prisoner representatives were consulted about food but not all wings had a food comment book and some comments got no response. Many prisoner servery workers were not suitably dressed, some wings did not check food temperature, and not all serveries were well supervised.
- HP29 Prisoners with funds could make shop orders through electronic kiosks soon after their reception. Smokers received advance packs but there were no alternatives for non-smokers. Minority groups in our survey were less satisfied than others with the shop provision, and there were some efforts to extend the products available.

Purposeful activity

- HP30 Time out of cell was too limited for prisoners without activities. Opportunities for association and time in the open air varied. There were too few activity places and a lack of strategic direction of learning and skills to drive improvement. Good training opportunities were not fully utilised. Access to the library was poor. Gym facilities were relatively small for the size of the population but not fully used. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP31 The maximum time that a fully employed prisoner could spend out of cell Monday to Thursday was about 8.5 hours a day, but there was some slippage in timings. Time out of cell was much less for prisoners without activities, about three hours, and at a mid-morning check we found 37% of prisoners locked in their cells. The reported average time out of cell of nearly eight hours a day could not be achieved. Routines varied according to wing or prisoner status. Unemployed prisoners did not usually have evening association, and most prisoners who attended activities in the morning were unable to spend an hour in the open air.
- HP32 Strategic planning and direction of learning, skills and work activities were inadequate. Operational management was satisfactory but internal verification and self-assessment needed development. Data were not well used to monitor or analyse trends. Quality improvement actions were insufficiently challenging. There were too few activity places and 35% of prisoners were recorded as unemployed, 75% of whom were convicted and sentenced. A good range of courses was provided but in many cases take-up and attendance were low.
- HP33 The general induction for learning, skills and work was good, as was initial assessment of literacy and numeracy skills, but the education induction did not always use up-to-date information. Initial allocation systems for activities were unclear and inefficient. Scheduling was poor and there were too many avoidable interruptions to classes and workshops. Tutors were well qualified, experienced and enthusiastic, and sessions were purposeful and well planned. However, attendance rates at most classes and workshops were too low, averaging around 70%, including in some usually popular classes, such as construction skills.
- HP34 There was some good quality vocational training. Work activities were generally purposeful but wing work did not keep prisoners fully occupied. There were missed opportunities to recognise and accredit work, particularly in the kitchens. Success rates on vocational training courses were high, with some at or close to 100%. However, success rates on some ICT and personal and social development courses were low, and very low in literacy and numeracy.
- HP35 The library was too small, although facilities had improved with the addition of new computers. Access was difficult, particularly for men in full-time employment or vulnerable prisoners and our survey suggested a considerable drop in use since 2008.
- HP36 Gym facilities were generally satisfactory but small for the size of the prison and showers were poor. There were no outdoor facilities. Prisoners could attend the gym for two sessions a week, including two sessions for vulnerable prisoners, but far fewer vulnerable prisoners went twice a week. There were some remedial programmes and a dedicated session for older and less-confident prisoners. The gym was underused

and many recreational sessions ran at half capacity. There were few accredited training courses.

Resettlement

- HP37 There was no whole-prison approach to resettlement, and the reducing reoffending strategy did not include action plans for each resettlement pathway. Fully effective offender management arrangements were hampered by a lack of resources, and there was no custody planning for remand and short-sentenced prisoners. Some good reintegration services needed further development to ensure all prisoner needs were met. There were insufficient effective interventions, particularly for men with drug and alcohol problems. Visits arrangements were mostly good but further work to support contact with children and families was needed. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP38 The reducing reoffending strategy was an interim document. A resettlement needs analysis had provided some useful and interesting information from a survey but did not include data or information from assessments. All pathways had named leads who attended regular reducing reoffending meetings but only the children and family pathway had an action plan. There was little evidence of a whole-prison approach to resettlement, and residential staff had little awareness of prisoners' resettlement needs.
- HP39 There were 369 prisoners in scope for offender management and good links with local offender managers. There were only five offender supervisors, three of whom worked with prisoners on indeterminate sentences, leaving just two to work with 340 others. This was insufficient to provide a fully effective service, and many hours were also lost by redeployment. Not all initial offender assessments (OASys) were completed promptly and the quality was mixed. All new arrivals had a resettlement interview but there was no case management for remand and short sentenced prisoners to ensure needs were met. Some prisoners could make progressive moves from Birmingham but, because of general overcrowding, transfers for determinate-sentenced prisoners were based on available spaces rather than assessed needs, and finding suitable places for sex offenders was difficult. Public protection arrangements were proportionate but links with offender supervisors were underdeveloped.
- HP40 Men potentially facing life sentences were identified and supported. There were occasional forums to consult indeterminate-sentenced prisoners but few were involved. Most lifers and men serving indeterminate sentences for public protection did not wait too long for transfers, but some individuals had waited unacceptably long.
- HP41 The resettlement team effectively assessed prisoners' housing needs at reception, enabling tenancies to be terminated, with swift referrals for assistance with debts to Citizens Advice (CAB) and with benefits and employment to Jobcentre Plus. There were follow-up checks with sentenced prisoners before their release. Despite this, prisoners lacked awareness of resettlement services. Links with supported housing providers were well established, although there were insufficient formal links with local authority housing departments in the region.

- HP42 Information, advice and guidance on education and employment were available but there was no structured pre-release course. Only a third of prisoners discharged had an individual interview and action plan. A job club and employability course were run but were not part of a planned development plan for prisoners nearing release. Some effective links were being developed with employers.
- HP43 The CAB service helped many prisoners open bank accounts, and effectively identified and helped with debt problems. Jobcentre Plus provided help with benefits for prisoners and their families. There was, however, a large unmet need in developing financial capability.
- HP44 Links with drug intervention programmes in the community were good.
- HP45 Work on the children and families pathway was underdeveloped but a recent action plan set out a range of targets to develop services. Prisoners could book visits themselves. Helpful visitor centre staff identified and supported first-time visitors. Visits generally started on time and visitors said they were well treated.
- HP46 The range and number of interventions to help reduce reoffending were very limited. The only accredited programme was the thinking skills programme, augmented by some non-accredited interventions, such as the Damascus programme dealing with aspects of black masculinity, and a 'family man' course. There was little focus on victims.

Main concerns and recommendations

HP47 Concern: The first night centre was too small to cope efficiently with the number of new arrivals and to provide a sufficiently supportive experience and appropriate induction to the prison for new prisoners during their first days in custody.

Recommendation: Appropriate arrangements should ensure that new arrivals are well supported without long delays in reception and elsewhere in the process, and with sufficient facilities to allow private interviews, space for association and an effective induction during their first night in custody and the following days.

HP48 Concern: Vulnerable prisoners had a much poorer experience at Birmingham compared with other prisoners in most area of prison life, including first night and induction arrangements, general safety and access to the regime and resettlement services.

Recommendation: Vulnerable prisoners should have equivalent provision, services and opportunities as other prisoners to participate in a safe and purposeful regime to aid their effective resettlement.

HP49 Concern: There were too few activity places and a lack of strategic direction of learning and skills to drive forward improvements.

Recommendation: A challenging strategic plan for learning and skills should be developed in collaboration with all learning and skills and work providers to increase the number and range of useful activity places. HP50 Concern: There was no clear strategy for resettlement to ensure that resettlement underpinned the work of the whole prison and that interventions and services were based on assessed need.

Recommendation: A strategy should be developed to place effective resettlement at the centre of all the prison's activities, based on a comprehensive assessment of services and interventions necessary to help reduce reoffending and involving relevant agencies and community partnerships.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- **1.1** There were good relations between the prison and the escort provider. Some vans were dirty and ill equipped. All arriving prisoners were handcuffed between the prison vans and reception, which was disproportionate.
- **1.2** Journey times for most prisoners were relatively short, usually under two hours. Escorting staff were polite and focused appropriately on prisoner safety. There was extensive use of the video link to reduce the number of prisoners attending court.
- **1.3** Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically, and reception staff used it appropriately to inform initial risk assessments. Escort records were completed properly.
- **1.4** There were problems with large groups of prisoners arriving together late in the afternoon, delaying their move through reception. All prisoners disembarking from escorts vans were handcuffed for the short distance between the vehicle and reception, regardless of their level of risk.
- **1.5** Some of the vans were in poor condition, many were dirty and some had broken steps. There were no handrails to help prisoners on or off the larger vehicles.

Recommendation

1.6 All escort vans should be clean, in good repair, and safely accessible.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

1.7 Reception was reasonably clean but some areas were grubby. Some supervision of prisoners in holding rooms was poor and many prisoners spent too long there. The first night centre was cramped. Too many prisoners said that they did not feel safe during their first night, and vulnerable prisoners reported a particularly poor experience. Induction appeared reasonable but many prisoners said that it did not meet all their needs.

- **1.8** Reception was busy with about 100 prisoner movements daily, including an average of 25 new arrivals. Communal areas were reasonably clean but some corridors were grubby, some floors stained and there were no welcoming features.
- **1.9** The four holding rooms near the main entrance were reasonably clean and had adequate supervision. There was a television in one room and a few notices, but little information about what prisoners could expect during their initial stay, and nothing in languages other than English. The three holding rooms at the back of reception were stark and supervision was inadequate.
- **1.10** Prisoners were processed efficiently and reception staff were aware of the potential risks to new arrivals. Cell sharing risk assessments were carried out but not in private. A prisoner Listener met all new arrivals to explain the regimes and services, and how to access help.
- 1.11 Many prisoners remained in reception for too long. There were often delays because of waits for spaces on the first night centre (D wing), which had no waiting room, as only four or five new arrivals at a time could move on to the unit. This was exacerbated by the routine arrival of large groups of prisoners late in the afternoon (see also paragraph 1.4). We saw many instances where prisoners waited in reception for more than three hours and, in two cases, for nearly six hours. We were told that these delays were typical (see main recommendation HP47).
- **1.12** All new arrivals went to the first night centre. Communal areas were clean with welcoming features, such as plants and pictures, but facilities were generally poor and the unit was small and cramped. The area where prisoners waited before interview was too small. As there were no interview rooms, prisoners were seen initially in a designated cell. Residential cells were reasonably clean but poorly furnished and cramped.
- **1.13** First night staff were welcoming, polite and focused on prisoner safety. Identified needs were dealt with and entries in prisoner files showed that staff were particularly aware of the importance of dealing with any immediate risks.
- 1.14 In our survey, 68% of respondents said that they felt safe on their first night, less than the 72% comparator. Vulnerable prisoners reported that they were intimidated by other prisoners, did not feel safe on the wing, and were unable to participate in a full regime. Most were locked in their cells without exercise or association until they went on to the vulnerable prisoner unit, P wing, a few days later (see main recommendation HP48).
- 1.15 Most prisoners received a five-day induction programme that began the morning after their arrival. The initial stage, delivered by a range of relevant staff and prisoner peer supporters, was reasonably good. Sessions delivered by prison staff were reasonably interesting, well presented and prisoners were given time for discussion and to ask questions. Prisoners' resettlement needs were assessed and referrals to relevant agencies were made. All prisoners were seen by peer supporters, counselling, assessment, referral, advice and throughcare (CARAT) and health care staff, and a chaplain.
- **1.16** The second stage of induction took place on N wing. It included a session with a peer support worker to reinforce information given during stage one, and education and work assessments, gym and library induction. We were not assured that vulnerable prisoners received the full induction programme.

1.17 Prisoners had mixed views about induction. In our survey, only 50% of respondents, against the comparator of 59%, said that their induction offered everything they needed to know about the prison, although this was an improvement on the 38% response in 2009.

Recommendations

- 1.18 Information about what prisoners can expect from their first few days in custody should be issued in reception in a language they understand.
- 1.19 Prisoners should not be kept in reception for long periods and should be better supervised while there.

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). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- **1.20** Our survey indicated that there had been some improvement in prisoners' perception of their safety, but the current strategy was ineffective. Many sex offenders felt unsafe.
- **1.21** In our survey, more respondents than the comparator said they had felt unsafe in the prison at some time, and about one in five respondents, similar to the comparator, said they felt unsafe at the time of the survey, although the overall response to many safety questions had improved since our last inspection.
- **1.22** There was little ongoing consultation with prisoners about safety issues, and prisoner consultation meetings did not routinely discuss safety. There had been a series of violence reduction forums in 2010/11 but there was no evidence that these had influenced the strategy. There had been no analysed survey of prisoner perceptions of safety since 2008 to help establish the underlying reasons for violence. A more recent survey had not been analysed.
- **1.23** Monthly data on indicators of violence were presented to the safer custody committee. Recent data suggested an average of 23 assaults and 11 fights a month, which was similar to previously. The details of violence-related security information reports (SIRs) were recorded along with the action taken, but there was little analysis of the data to inform the strategy to make the prison a safer place.
- **1.24** An analysis of 27 prisoner assaults between January and March 2011 indicated that 43% of prisoners felt staff could have prevented the assault had they acted on concerns that had been raised.
- **1.25** There had been some good attention to the number of foreign nationals involved in safer custody procedures, although they were not over-represented. Prisoners assessed as high risk for sharing cells were monitored. Problems associated with drugs, the acquisition of mobile phones and tensions between gangs were believed to be the major underlying problems.

- **1.26** Unexplained injuries were well monitored. However, investigations into allegations of bullying were mostly superficial and showed a reluctance to challenge prisoners, both victims and bullies, about allegations.
- **1.27** The violence reduction policy document had been reviewed in October 2011 and there was good management attention to a safer custody risk register. The use of the three-stage antibullying strategy was mostly limited to a short period of covert observation on the first stage, although observations were often not recorded as required. There was no evidence that prisoners were challenged about bullying behaviour. Only five prisoners had been placed on the second stage in the previous year, and none on the third. There was no evidence that staff, other than residential officers, contributed to monitoring suspected bullies. Five prisoners were being monitored at the time of the inspection.
- **1.28** Support booklets were opened for prisoners identified as at risk, but staff entries were mostly routine with little discussion with the individual about their feelings of safety. In several cases, we found that victims rather than bullies were moved to other units. A new tackling antisocial behaviour strategy was planned.
- **1.29** Some vulnerable prisoners had a very poor regime on their arrival. Many sex offenders on the vulnerable prisoner (P) wing did not feel safe mixing with non-sex offenders who needed protection for other reasons. In our survey, 42% of vulnerable prisoner respondents said that they felt unsafe at the time of the survey, far higher than the 16% response from mainstream respondents. Some prisoners reported that razor blades had been pushed under their door and that other prisoners had spat through the edge of their cell doors (see main recommendation HP48). However, many vulnerable prisoners were positive about support from wing staff.
- **1.30** The regime on P wing was reasonable for most prisoners. On one day during the inspection, 66% had jobs, but almost all wing worker posts were held by non-sex offenders. Chaplaincy services were held on the wing, and there were dedicated vulnerable prisoner surgeries in health care.
- **1.31** Some sex offenders living on general wings had recently had their offences disclosed, placing them in jeopardy, and 11 were subsequently moved to other wings. The circumstances were not investigated and no action taken.

Recommendations

- 1.32 There should be an effective violence reduction strategy, based on the indicators of violence and consultation with prisoners, which should be understood and used by staff.
- 1.33 All instances where vulnerable prisoners are placed at risk because their offences have been disclosed to other prisoners should be investigated and appropriate action taken.

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are

aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- **1.34** Some recommendations from investigations into self-inflicted deaths had been repeated at subsequent investigations. Learning from serious incidents of self-harm needed improvement, as did some procedures to support prisoners at risk of self-harm.
- **1.35** Although there had been no recent self-inflicted deaths, there had been six since our last inspection in 2009. A regularly monitored action plan addressed recommendations from investigations over the last five years. There were some repeated themes. The head of health care regularly reviewed recommendations following deaths from natural causes.
- **1.36** The policy document describing the prison's strategy to reduce suicide and self-harm had been reviewed in October 2011. There was an average of around 25 incidents of self-harm a month. As with violence reduction, the data and information about prisoners' personal accounts of self-harm needed to be used to inform the development of the strategy and to improve support for those at risk. Incidents of serious harm were reported to the safer custody meeting but investigations by wing managers were not always completed or used to identify learning points.
- **1.37** On average, 52 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents a month were opened to plan the care of those at risk of self-harm there were 19 active on one day during the inspection. Most ACCT assessments were reasonably good and some care plans identified clear objectives, but there was little continuity of case management and different staff attended each review. There was insufficient planning for ACCT reviews and few included staff other than officers, although chaplains attended some, and better links were being developed with CARATs workers. It was not always clear if interpreters were used consistently for prisoners with poor English.
- **1.38** The safer custody meeting monitored the number of prisoners on ACCT documents who were involved in activity, but there were few. There was little evidence that the prison encouraged the involvement of families where appropriate. Some deficiencies in ACCT procedures had been identified in investigations into deaths. Enhanced case reviews for the higher risk cases identified a specific case manager and were better.
- **1.39** All staff carried anti-ligature knives and there were plans to introduce new emergency radio codes to improve the effectiveness of responses to prisoners who had self-harmed (a recommendation from previous investigations of deaths).
- 1.40 There were sufficient Listeners, including some who spoke foreign languages. Listeners worked in reception and on the first night centre and some lived on the vulnerable prisoner wing. Listener facilities were poor some were asked to listen to distressed prisoners on landings and there was very little use of the one care suite. Some Listeners said officers restricted their time with prisoners, and prisoners had sometimes been refused access to Listeners.
- **1.41** Direct telephone lines to the Samaritans were available in each wing but they were not well advertised and the frequency of their use was not monitored.
- **1.42** A new counselling service had been introduced through the chaplaincy and there was some support for vulnerable men through the Creativation day care facility. Links were made with outside agencies when prisoners at risk were discharged.

Recommendations

- 1.43 Action plans from deaths in custody and from serious self-harm incidents should focus on lessons to be learned, and be monitored accordingly.
- 1.44 Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures should be improved to provide greater continuity of case manager, the planned involvement of other departments and, where appropriate, the involvement of the prisoner's family or friends.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- **1.45** There was no formal policy or procedure to identify prisoners at risk, but the development of a social care and support unit was a positive initiative.
- **1.46** There were no formal procedures or guidance to identify prisoners at risk, but a social care and support unit had opened a week before the inspection. The unit held 20 prisoners, some of whom were elderly but others who were vulnerable by the nature of their personality or disability. The unit was overseen by the equality manager and was a positive development (see also paragraph 2.41).

Recommendation

1.47 The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

1.48 Security procedures were generally proportionate and there was good use of information to inform intelligence-based risk management systems. The security committee was not always well attended, and too many action points went unresolved for too long. The mandatory drug testing rate was relatively high and exceeded the annual target.

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- **1.49** The physical security of the prison was good but netting had not been fitted to areas identified as vulnerable. To mitigate this weakness, disruption tactics had been implemented. These had had some success at preventing and intercepting illicit contraband, but was not sufficient to stem the flow of these items into the prison. In the previous three months alone, staff had intercepted 54 parcels thrown over the perimeter wall.
- **1.50** The security committee meeting had not always been well attended and had been chaired by three different managers in the previous six months. Reports were not submitted from those who could not be present, and action points often took too long to resolve.
- **1.51** There was good use of information to inform intelligence-based risk management systems and, on the whole, security procedures were proportionate and did not interfere with prisoner access to a full regime. There were effective links with the police and some good joint working to deal with drugs and staff corruption issues.
- **1.52** Security information reports (SIRs) had generally increased since the previous year, averaging at about 500 a month during 2011, most related to mobile phones, drugs and threats to prisoners. SIR boxes were emptied twice daily and decisions on action resulting from them were recorded the same day.
- 1.53 Excellent immediate action sheets were sent to line managers to ensure that related actions, such as referral to CARATs or the opening of anti-bullying documents, was completed. These were not always acknowledged or actions completed within the required 48 hours, which meant that opportunities to support prisoners and address security concerns were potentially missed. Similarly, requests for target cell searches and mandatory drug testing (MDT) were not always acted upon, and there was no system to monitor this. Only 73 out of 256 requests for target cell searches had been completed between July and December 2011. This was in part due to the depletion of security staff to cover other tasks, and the transfer of two analysts to another prison.
- **1.54** Searching arrangements were satisfactory, but ad hoc authorisations for strip and squat searches was done verbally and not always recorded.
- **1.55** The criteria and appeals procedure for closed visits were well publicised to prisoners and their visitors, and individual cases were reviewed monthly. Individual logs of closed visits were thorough and contained good evidence of the reasons for decisions.
- **1.56** In our survey, fewer respondents than the comparator (24% against 29%) said it was easy to get illegal drugs in the prison, but the year-to-date random MDT positive rate was high at 15.9%, and exceeded the annual target of 12%. Only 33 suspicion tests had been completed in the previous six months. Test results and finds pointed towards cannabis, followed by Subutex (buprenorphine), as the main drugs of use. Although there were active security measures, the supply reduction action plan lacked detail and required review.

Recommendation

1.57 Action points from the security committee and from security information reports should be acted on promptly and monitored, including installing netting to vulnerable areas of the prison and ensuring target drug and cell searching are carried out promptly.

Housekeeping point

1.58 Authorisation and sound reasons for squat and strip searches should be clearly recorded.

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- **1.59** The incentives and earned privileges (IEP) scheme was well publicised and prisoners were clear about the criteria for the different levels.
- **1.60** The IEP scheme operated consistently across the prison and prisoners understood what was required for each level. In our survey, 53% of respondents, significantly more than the comparator, said they had been treated fairly in their experience of the scheme.
- **1.61** The policy had not been assessed to ensure that the needs of minority groups had been fully considered. Prisoners doing the same job were inappropriately paid different rates according to their IEP status, rather than receiving a standard bonus for each level.
- **1.62** Unconvicted prisoners on the basic and standard levels of the scheme did not receive their required minimum of three weekly visits; those on standard could have two weekly visits and those on basic only one.
- **1.63** Management quality checks of IEP documentation had begun, but monitoring and trends analysis of the scheme needed development.

Recommendations

- 1.64 Unconvicted prisoners should receive their full visits entitlement, regardless of status.
- 1.65 All prisoners should receive the same rate of pay for the same job.

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.

1.66 Many adjudications were referred to the independent adjudicator. Most hearings were well conducted but not all charges were fully investigated. The use of force was not excessive, and there were very good scrutiny arrangements to identify learning points. The use of special accommodation was very low and mostly for very short periods. There was commendably little use of segregation.

Disciplinary procedures

- **1.67** Adjudication hearings took place in appropriate surroundings but prisoners were not given writing materials. On average, just over 50 adjudications a month were referred to the independent adjudicator, many for matters that could have been dealt with more appropriately internally. The records we sampled indicated that the general standard of adjudications was reasonably good, but some did not show sufficient enquiry into charges and there was no quality assurance to help identify these issues.
- **1.68** There had been only two adjudication monitoring meetings in the previous year neither of which had been well attended.

Recommendation

1.69 Quality assurance should ensure that all disciplinary charges are fully investigated and hearings are fairly conducted.

Housekeeping point

1.70 Writing materials should be available for prisoners during hearings.

The use of force

- **1.71** Use of force had dropped significantly since the last inspection. There had been 169 incidents involving the use of force in the six months before this inspection compared with 262 incidents in the six months before our last inspection.
- **1.72** Over 85% of staff were up to date with their control and restraint training. Body-worn cameras had been introduced and were useful for the review of incidents and evidence gathering. Staff believed the use of cameras discouraged the escalation of incidents. Camera footage was reviewed immediately after every incident in which force was used to identify learning points.
- **1.73** A weekly scrutiny panel chaired by a senior manager reviewed use of force incident reports, and a detailed monthly use of force report was published showing very good monitoring and trends analysis.
- **1.74** Planned removals were well organised with events filmed from the initial briefing to the postincident debrief. Briefings were attended by a health care professional and discussed in detail the use of personal protective equipment and mechanical restraints.
- **1.75** A duty manager with a body-worn camera and a health care professional attended most spontaneous incidents involving the use of force. Incidents reviewed showed that mechanical restraints were properly authorised, used as a last resort and removed as soon as the prisoner was no longer violent and refractory.
- **1.76** Prisoners were only located in the segregation unit as a last resort, and special accommodation had only been used eight times in the previous year, mostly for very short periods. Wherever possible, prisoners were returned to their own cells following spontaneous use of force. Mediation between staff and prisoners was attempted in many cases following the use of force, as part of the lessons learned process. This had had some success but governance arrangements needed further development.

Housekeeping point

1.77 Governance arrangements for mediation following use of force incidents should be formalised.

Good practice

1.78 The introduction of body-worn cameras had been very successful in de-escalating and monitoring incidents involving the use of force.

Segregation

- **1.79** During the week of the inspection, two prisoners were located in the segregation unit. One potential category A prisoner was confirmed as category B and relocated to a residential unit. The second prisoner was a long term resident who had been segregated since 28 December 2011 and had served previous periods in segregation and health care. Records showed regular, well attended and thorough multi-disciplinary case reviews to support this prisoner. It was very commendable that there was such little use of the segregation unit in such a large prison. However, in one other case a prisoner on a dirty protest was inappropriately managed on a residential wing.
- **1.80** The segregation unit was clean and well ordered and cells were well furnished, but toilets were inadequately screened. There were no TVs in any of the standard cells, which was not appropriate, unless removed as a punishment at adjudication or if the prisoner was on the basic level of the IEP scheme. The telephone could not be used in private.
- **1.81** Segregation safety algorithms were completed within two hours of the location of prisoners in the unit, and risk assessments had been completed and appropriately authorised for prisoners assessed as needing additional staff present for their unlock.
- **1.82** Interactions between staff and prisoners in the unit were good and prisoners continued to be supported by wing staff, who remained involved in their management. At the time of our inspection, only one prisoner had been in the segregation unit long term. He had a care plan, which had been reviewed weekly, and records showed good reintegration planning.
- **1.83** Staff working in the unit had received training for the role but none had attended mental health awareness, personality disorder or motivational interviewing training.

Recommendations

- 1.84 All prisoners on dirty protest should be managed in the segregation unit.
- 1.85 Conditions for segregated prisoners should be improved including adequate screening of toilets, televisions (unless removed as a properly authorised punishment or because of the prisoner's IEP status) and access to telephones in private.

Housekeeping point

1.86 Staff working in the segregation unit should receive the full range of training required for their role.

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- **1.87** There were a very high number of opiate-dependent prisoners located throughout the prison. There was insufficient support for those on reduction regimes and for primary alcohol users, and there was no drug/alcohol programme.
- **1.88** There were appropriate screening and first night treatment for drug- and/or alcohol-dependent prisoners, but unless severe alcohol withdrawal warranted inpatient admission, prisoners were located on the first night centre and then on the induction wing. The designated integrated drug treatment system (IDTS) wing lacked throughput and was rarely open to new arrivals.
- **1.89** During the week of the inspection, there were 271 prisoners throughout the establishment who were prescribed opiate substitutes. IDTS nurses administered controlled medication from every treatment hatch, with little time left for nurse-led clinics.
- **1.90** Prescribing practice had recently changed to encourage reduction rather than maintenance regimes, and to restrict the number of prisoners on Subutex (there was evidence of diversion). Prisoners engaged in reduction regimes had increased from 20% to 40%, but there was a lack of prisoner involvement and consultation in the process. We spoke to several prisoners who had relapsed following detoxification and now used substances illegally.
- **1.91** The clinical IDTS team worked jointly with the CARAT team and attended weekly multiagency meetings with the mental health in-reach service. Specialist psychiatry sessions were available for clients with severe mental health and substance misuse problems, but no dual diagnosis nurses were in post.
- **1.92** The drug and alcohol strategy was out of date. Although a detailed IDTS needs analysis and action plan had been developed, this focused on clinical management. Attendance at monthly drug strategy meetings was low.
- **1.93** In our survey, 78% of respondents said they had received help with their drug/alcohol problem, against a comparator of 67%, but only 69%, against 78%, found the help useful.
- **1.94** Over 400 prisoners were actively engaged with counselling, assessment, referral, advice and throughcare (CARAT) services, but the team did not work with primary alcohol users and had suspended IDTS group work. The one alcohol worker was overwhelmed by demand. Prisoners did not have access to a drug/alcohol programme, which was a significant gap.

Recommendation

1.95 The drug and alcohol strategy should be updated on the basis of a comprehensive needs analysis and ensure adequate provision is made for opiate-dependent prisoners requiring stabilisation, prisoners with a dual diagnosis and prisoners with alcohol problems.

Housekeeping point

1.96 Prescribing regimes should be flexible and prisoners should be actively involved in their treatment and care planning.

Section 2: Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 The prison was generally clean. Many cells were cramped with insufficient furniture, and on some wings prisoners could not get enough clean kit and toiletries. Some showers were in poor condition and used inappropriately to store cleaning equipment. The application system was ineffective. In some areas there were insufficient telephones.
- **2.2** Accommodation comprised a mix of older Victorian wings and newer house blocks. Convicted and unconvicted prisoners still shared cells on all wings. There were plans to reorganise the functions of several wings (see fact page).
- **2.3** The external environment was clean, and the cleanliness of internal communal areas had improved. An ongoing painting programme had improved the general environment and individual cells.
- 2.4 Cells were cramped, particularly in the older wings, and few cells contained enough furniture for two people. Screening of toilets was inadequate, except for K wing, which had separate cubicles. Most cells were free of graffiti except for N wing, the induction unit, where there was a high turnover of prisoners.
- 2.5 Access to cell cleaning materials and general toiletries varied between wings. In our survey, only 36% of respondents said they could get cell cleaning materials weekly, against the comparator of 64%.
- 2.6 Regular access to clean kit particularly towels was also a problem. In our survey, significantly fewer prisoners than the comparator and than at the last inspection said they could get clean, suitable clothing and sheets.
- 2.7 Store cupboards of cleaning equipment were kept in reasonable condition on the newer wings, but a lack of storage on the older wings meant that some equipment was kept in the cleaners' cells or shower recesses.
- **2.8** The conditions of showers varied considerably, although few were adequate. Those on the older wings were particularly poor, with damp, mould and bugs in some. They were better on the newer side, but even some of those were deteriorating due to poor ventilation.
- 2.9 The applications process required improvement and clarification. Some applications could be made through the new NForce system (electronic kiosks for prisoners on wings with a variety of uses, including ordering meals, shop items and booking visits), but paper applications were still the norm. None were logged or tracked, and wing staff and prisoners said that it was a problem to get replies. We also found this to be the case, which made sampling difficult, but answers, while polite, did not always address the request.

- 2.10 In our survey, almost half the respondents, significantly more than the comparator, reported problems in accessing phones, although respondents on K and N wings were more positive. Each wing had six or seven phones, whatever the size of its population. Phones could not be used in private.
- 2.11 Almost half of respondents said there were problems with sending or receiving mail. Staff were often redeployed from collating and distributing mail, which meant that prisoners did not always receive it on the day it arrived. The problem had been raised in prisoner consultative meetings, and managers had responded that there was little that could be done because of the need to redeploy staff.

Recommendations

- 2.12 Cells should be large enough to contain furniture for each prisoner and all toilets adequately screened.
- 2.13 Prisoners should have access to toiletries on request and receive clean, adequate clothing and bedding, including towels, weekly.
- 2.14 Showers should be refurbished.
- 2.15 Responses to applications should address the issue and be timely.

Housekeeping point

2.16 All prisoners should be able to access the phone daily.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.17 Relationships between staff and prisoners were generally reasonably positive with some exceptions. Many prisoners did not know who their personal officer was. Personal officers had little involvement in sentence management and records did not indicate much knowledge of prisoners' personal circumstances.
- 2.18 Relationships and interactions between most staff and prisoners were reasonably positive, although still fewer prisoners than the comparator said that most staff treated them with respect. However, more than previously said they had a member of staff they could turn to for support. Many officers engaged positively with prisoners, and interactions on D and P wings were particularly good. Officers had better awareness of the needs of prisoners and their circumstances in their day-to-day dealings with them.
- **2.19** We saw examples where officers dealt with angry prisoners calmly and effectively. However, some had low expectations of prisoners and spoke of them dismissively. On some wings there was poor supervision, and officers did not regularly patrol landings and other communal areas during association.

- **2.20** The personal officer scheme was ineffective. Entries in electronic wing records were usually perfunctory and said little about the personal circumstances of prisoners or their resettlement needs, and there was little involvement in sentence management.
- **2.21** In our survey, only 43% of respondents said that they knew they had a personal officer. Those who had one were positive, and more than the comparator said they were helpful.

Recommendation

2.22 Personal officers should introduce themselves to prisoners they are responsible for, get to know their personal circumstances and help them with their resettlement objectives.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.23 The diversity policy was not always translated into practice, and the systems for managing diversity strategically were not used effectively. Good work to address the distinct needs of prisoners was undermined by inconsistent support from staff.

Strategic management

- 2.24 A single equality policy covered the distinct needs of all prisoners. The document was long and contained some unnecessary information but it included clear guidance on strategic management for each minority group and the support available. The good guidance in the policy was not always translated into practice.
- **2.25** The equality and diversity team met monthly, chaired by the safer custody manager. Although attended by prisoner representatives, it was poorly attended by managers and meetings lacked focus. The issues raised by prisoners at various forums were discussed and fed into an ongoing action plan, but they were often not related to equality and diversity, and the standing agenda did not cover each protected characteristic.
- 2.26 SMART (systematic monitoring and analysing of race equality treatment) monitoring data were analysed, but were restricted to race equality and only in areas required by the Prison Service. When areas outside range trends were identified, such as recent under-representation of black and minority ethnic prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme, little, if any, action was taken to address them.
- 2.27 There had been 155 discrimination incident report forms (DIRFs) submitted in 2011, against 191 in 2010, mostly involving alleged racist incidents. The diversity manager monitored these monthly for trends and reported any findings to the equality and diversity committee. Most were well investigated, but in some cases insufficient action had been taken when the

complaint had been upheld. There was external scrutiny by a panel of volunteers from relevant local agencies, including prisoner representatives.

2.28 Every wing had at least one prisoner diversity representative. They wore T-shirts to identify them, but few prisoners were aware of their role. There was little active promotion of equality and diversity across the prison but some events to promote diversity had been held, including a Traveller event, several linked to religious festivals held jointly with the chaplaincy and some to recognise black history month.

Recommendation

2.29 The equality and diversity meeting should cover the distinct needs of all prisoner groups, be informed by routine consultation with prisoners under each protected characteristic and monitor equality of outcomes for each group.

Housekeeping point

2.30 Diversity and equality should be better promoted across the prison, and include details of the support available for each distinct group of prisoners and how to access it.

Protected characteristics

- 2.31 Just under 40% of prisoners during the inspection were from a black or minority ethnic background. Prisoners in our black and minority ethnic focus group expressed similar views to those in other focus groups but were particularly negative about their relationships with staff. This was reflected in our survey. There was no forum for black and minority ethnic prisoners to raise and discuss issues with managers.
- 2.32 Prisoners currently or previously convicted of racially aggravated offences were identified and included on a central database. Where appropriate, prisoners who had behaved in a racist manner in the prison were included, but wing staff had little or no awareness of this information.
- **2.33** There was good work with Gypsies, Romanies and Travellers. Over 20 prisoners had identified themselves as members of these groups and a monthly forum had been running for nearly a year, in addition to a regular Travellers' newsletter. However, it did not appear that issues raised at the forum were discussed at the equality and diversity meeting.
- 2.34 A foreign national manager ensured that there was a reasonably coordinated approach to managing the 217 foreign national prisoners. Reception staff consistently used professional telephone interpreting services to interview all prisoners whose first language was not English, and the foreign national manager interviewed all foreign national prisoners within 24 hours of arrival, also through telephone interpreting if necessary. Although some wing staff made good use of the interpreting service, not all did so, and the diversity team promoted and encouraged its use. A database of prisoners and staff who could speak a second language was held but prisoners were usually used to interpret for other prisoners as only the diversity team had access to it.
- **2.35** Foreign national prisoners could make a free five-minute phone call to their family abroad, but only if they gave up visits. There were regular forums for foreign national prisoners, but they

were more of an informal opportunity for prisoners to meet together than to identify and raise common issues.

- **2.36** A local firm of solicitors had agreed to provide independent advice on immigration matters but the service was poorly promoted. There were 18 immigration detainees held beyond the end of their criminal sentence, the longest for six months.
- **2.37** Although included in the strategy, there was little discussion about religion as a protected characteristic at the equality and diversity meeting. In our survey, Muslim respondents were more negative than others in most areas.
- 2.38 There was good initial work with prisoners with disabilities with a self-referral form on reception. There was the possibility that men with poor literacy or little English would be missed but the disability database comprised just over 18% of the population, close to the 20% of respondents in our survey who identified themselves as having a disability.
- **2.39** The disability liaison officer interviewed all new arrivals who disclosed a disability and drew up care plans and, where necessary, personal emergency and evacuation plans (PEEPs). The plans were passed to wing staff to maintain and review, but this rarely happened. Many officers were unaware of care plans but they were able to identify prisoners who required help in an emergency.
- 2.40 An older prisoner and social care unit had recently been set up in J wing for prisoners with mobility needs or less able to cope on the larger wings. Prisoners there were very positive about the care and support they received, but this was a small wing and there was insufficient support for older prisoners and those with disabilities on other wings. There were no adaptations on the older wings, and those on the newer wings were inadequate. Cells supposedly designed for prisoners with disabilities simply had wider doors and a cell call button by the bed, but were not large enough to accommodate a wheelchair.
- 2.41 Except for J wing, retired men and those unable to work due to disability were locked up when not on association, and paid only £6 less than the lowest paid job. There was regular consultation with older prisoners through a monthly forum, and issues raised were passed on to the equality and diversity meeting.
- **2.42** Structured support for gay, bisexual and transgender prisoners was underdeveloped but we found examples of good individual care and support.

Recommendations

- 2.43 The prison should investigate and address the reasons for the negative perceptions expressed by Muslim prisoners in our survey.
- 2.44 Prisoners who are retired or unable to work due to disability should be unlocked during the core day, and be paid the average wage for working prisoners.
- 2.45 Care plans and personal emergency and evacuation plans should be routinely reviewed and updated, and wing staff should be aware of the prisoners concerned and where to access their plans.

Housekeeping points

- **2.46** All staff should have access to the databases providing information on potentially racist prisoners, and staff and prisoners available for informal interpreting.
- **2.47** The independent immigration advice service for foreign national prisoners should be widely publicised.

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.

2.48	There was good provision for faiths represented at the prison. Good consultation had allowed
	the development of services and additional activities to meet the needs of most prisoners.

- **2.49** Faiths represented in the prison were provided for through full-time, part-time and sessional chaplains. The coordinating chaplain took a strategic approach to managing the provision, monitoring the number of prisoners of each faith and adjusting provision when necessary.
- 2.50 The duty chaplain saw all new arrivals the morning after their arrival, and the chaplaincy explained provision at induction sessions. The team regularly surveyed prisoners to establish what they would like to see on the Sunday Christian services, and had regularly invited several community churches to take part in services.
- **2.51** For reasons of security clearance, all prisoners had to apply to attend the service of their choice each week, which was disproportionate as an initial application would have sufficed.
- 2.52 Facilities had improved following recent refurbishment works. A large well-lit Christian chapel was more than adequate for the population in the older wings, and there was an even larger room for other faiths. A dedicated room for services on the vulnerable prisoner unit was too small.
- **2.53** In addition to weekly services, there were Sikh, Islamic and Christian studies each week, and there had been several Alpha courses in the last year. A parenting group was also held in conjunction with Birmingham City Council six times a year.
- **2.54** The chaplaincy team was integral to the care of prisoners at risk of suicide and self-harm, regularly attended ACCT reviews, and two chaplains had been trained as ACCT assessors.

Housekeeping point

2.55 Prisoners should not have to submit weekly applications to attend faith services.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.56 Prisoners had good access to complaints but some problems could have been resolved earlier and less formally. Complaints were not analysed to identify trends, and those about staff were not handled well.
- 2.57 There were around 400 complaints a month. Some issues raised in complaints should have been resolved at an earlier stage without the need for prisoners to use the formal system. There were no wing surgeries to resolve relatively minor problems.
- **2.58** There was no routine monitoring of the subjects of complaints or the wings they were from, and no senior staff monitoring of the quality of replies. Most were answered promptly, with 95% recorded as having been responded to within the target of three working days for most complaints, although this was not the perception of prisoners in our survey. Not all replies to complaints were thorough or answered the points raised.
- **2.59** We saw some complaints about staff that had been poorly investigated and responded to. This did not give prisoners confidence that their legitimate complaints would be taken seriously.
- **2.60** A prisoner council, facilitated by the charity User Voice, was being developed. There were boxes for prisoners to submit complaints to the Independent Monitoring Board (IMB), and posters advertised how prisoners could contact the Prisons and Probation Ombudsman (PPO).

Recommendation

2.61 Senior managers should analyse complaints to identify trends and monitor the quality of replies, ensuring in particular that complaints about staff are properly investigated.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- **2.62** Bail and legal services were provided by two experienced but untrained full-time legal service officers. There were appropriate arrangements for legal visits.
- **2.63** In the survey, 37% of respondents, fewer than the comparator but an increase on 2009, said that it was easy to communicate with their legal representative, and fewer than the comparators said it was easy to attend legal visits and obtain bail information.

- **2.64** Two full-time legal service officers were experienced but had not received any formal or refresher training. One officer was routinely expected to cover the activity route twice a day, and an additional 22 hours had been lost in the first two weeks of January 2012.
- **2.65** A legal service officer interviewed all prisoners during induction. There was a variety of relevant literature, and information was sourced from the internet as necessary. The officers provided bail information, and bail/home detention curfew (HDC) accommodation and support services (BASS) were also available through a worker from Stonham Housing.
- **2.66** Officers responded to an average of 70 applications a month, and provided a surgery to Vietnamese prisoners on B and K wings, using prisoner interpreters, and a weekly legal rights surgery for prisoners on N wing. Vulnerable prisoners were unable to access the surgery.
- 2.67 Legal visits could be held in private and were suitably equipped.

Housekeeping point

2.68 Legal service officers should have relevant and up-to-date training.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

2.69 There was a wide range of physical and mental health provision, underpinned by comprehensive clinical governance. In-house and visiting health professionals provided a service equal to that in the community but prisoners' views about the overall quality of services were relatively poor. There was easy access to a good GP service. There were insufficient dental sessions. Mental health and inpatient services were extremely good. NHS appointments were well managed.

Governance arrangements

- 2.70 Birmingham and Solihull Primary Care Trust (PCT) commissioned health services within the prison, and service delivery was through the Birmingham and Solihull Mental Health Foundation NHS Trust and Birmingham Community NHS Trust (the Trust). A comprehensive health needs assessment had been completed in May 2011 and updated in December 2011. The prison partnership board met regularly and included the prison director and NHS director of prison health care.
- 2.71 Health care provided a 24-hour service and staffing levels were appropriate with well-qualified in-house and visiting clinical and discipline staff. There was a high level of professionalism among all health care staff. Most nurses were Trust staff supported by NHS bank staff. Nursing qualifications included diabetic and tissue viability nurses, and all wing nurses had completed a minor ailments course. Clinical supervision was supported.

- 2.72 Prisoners benefited from strong community health care input with visiting health professionals from all disciplines. A lead general practitioner (GP) managed GP support and, although most GPs were locums, they provided 21 sessions a week with good continuity for prisoners. Other visiting professionals included a physiotherapist, optician, dentist, podiatrist and community specialist diabetic nurses. Some health care staff did not have prison and health care keys, which limited their access within the department and all areas of the prison, restricting their ability to manage patients.
- **2.73** Although the overall quality of health provision had improved since the last inspection, fewer prisoners than the comparator rated the overall quality of health care as good.
- 2.74 Clinical records and care plans were completed appropriately. Insufficient computer terminals in wing treatment rooms compromised the delivery of care to patients. As a result of the change in management at the prison, health care staff could not communicate electronically with the rest of the prison, which caused considerable problems.
- 2.76 There were systems for the prevention and management of communicable disease, with close links to local health services. An infection control nurse visited the prison frequently to provide professional expertise. Barrier protection was not freely available to prisoners, although there was a draft policy to provide health guidance for prisoners requesting these items. A wide range of clinical services equitable to those in the community was available but access was sometimes limited.
- 2.77 Health services were delivered in a mixture of old and modern health facilities throughout the prison. Despite the difficulties of providing a modern health service in a very old building, all areas were clean, tidy and fit for purpose. Not all wing treatment rooms had access to SystmOne (the electronic clinical information system), which caused considerable inconvenience. Emergency procedures and equipment were well established and checked regularly. Specialist medical equipment was accessed through the Trust.
- **2.78** A senior nurse had responsibility for older prisoners and linked in with community services. A patient user group had been established but without professional health care input.
- **2.79** There was a limited range of health literature in foreign languages and professional interpreting services were used wherever necessary.
- **2.80** Complaints were well managed, although some were enquiries rather than genuine complaints. Prisoners received acknowledgement of their complaints.

Recommendation

2.81 There should be additional SystmOne computers in all wing treatment rooms, and health care staff should have access to computers that are compatible with SystmOne and G4S programmes.

Housekeeping points

- 2.82 All health care staff should carry keys.
- 2.83 There should be professional input to the patient forum.

Delivery of care (physical health)

- 2.84 Two nurses were based in reception every weekday and a GP was in attendance during the evening. All new arrivals received a comprehensive initial health screening, and a secondary screening was completed the next day. Prisoners were asked for permission to contact their GP or drug action team for access to their previous medical history. The GP saw new arrivals with existing health conditions and on medication, and a registered mental health nurse (RMHN) saw those known to community mental health services as soon as possible. Those under the care of community drug services were referred to the integrated drug treatment system (IDTS). Prisoners with long-term conditions were managed by the GPs and visiting community specialists.
- 2.85 Prisoners could use health services through an application system, although not all wings had application forms and prisoners had to ask officers for them, which potentially breached confidentiality. There was a dedicated secure health care box on all wings and a health care worker collected applications every day. Outpatient administrative staff prioritised the applications, but the prisoner was not notified that his application had been received so did not know what was happening and many prisoners complained bitterly about the system.
- **2.86** Up to 30 prisoners were seen by two GPs in the morning and a further 10 in the afternoon. The waiting list to see a GP was up to a week. The non-attendance rate for GP clinics was variable and monitored by the primary care manager.
- 2.87 Health care was provided by wing nurses and other clinics held in the outpatients department. Minor procedures, including dressings and health readings (such as blood pressure), were undertaken on the wings. Out-of-hours medical cover was provided by the community on-call system.
- 2.88 Inpatient care was very good with 15 beds for prisoners with physical health conditions and a further 15 for those with mental health conditions. Inpatient beds were not certified normal accommodation. Nursing and discipline staff provided 24-hour care and all officers were trained in national vocational qualification (NVQ) in care level 3. Time out of cell was generally good. When inpatients were ready to be returned to the wings, they were seen by the GP and wing staff invited to a discharge meeting. All inpatients were seen by a GP every day. Access to an occupational therapist was available.
- **2.89** The management of external NHS appointments was very efficient, and security did not hamper prisoner attendance at external appointments.

Recommendation

2.90 The health care application system should ensure efficiency and improve prisoner confidence.

Pharmacy

2.91 An adequately staffed pharmacy team delivered pharmacy services. Some pharmacy staff had been waiting for keys for three months. Prisoners could see pharmacy staff but few did so. Simple remedies were available from the prison shop. There were patient group directions, but only for vaccines.

- **2.92** Many prisoners received methadone or Subutex. Our observation of one controlled drug administration point showed that nursing staff had not completed the register correctly.
- 2.93 A policy had been introduced for prisoners on in-possession medicines, and repeat prescriptions were supplied for up to one month. Nurses administered medications from treatment rooms twice a day between 7.30am and 9.30am and 5pm and 7pm on weekdays, to fit in with the prison regime. Up to 250 medications were administered in the morning and 350 in the evening. Weekend evening medications were administered at 3pm on Saturday and 5pm on Sundays. This was far too early for prisoners prescribed medicines to help them sleep or where a night time medication was more therapeutically effective. Night sedation was strictly monitored and only prescribed for short periods.
- 2.94 Prisoners who missed their morning medication had to wait until the evening round to receive it. There was access to out of hours stock and a local pharmacy provided 24-hour cover at weekends. Stock was well maintained, although we found a few blister packs in wing treatment rooms. There was some audit of stock medication but some did not reconcile the amount of medicines supplied against prescriptions. Controlled drug registers were not always signed on receipt of new controlled drugs, and drug refrigerators were not always monitored correctly.

Recommendations

- 2.95 Patient group directions should allow the supply of more potent medicines.
- 2.96 The timing of medicine rounds should provide the best clinical outcomes for patients.
- 2.97 The use of general stock should be audited, and nurses should sign for all controlled drugs delivered to treatment rooms.

Dentistry

2.98 Dental services were provided by the Trust dentist and dental nurse. Equipment was satisfactory, except the washer disinfector did not comply with the latest regulations. There were four dental sessions a week, but emergencies were seen as soon as possible, and a maximum of 20 prisoners were seen at each session. Prisoners complained about waiting times but there were plans to increase the number of sessions when a second dentist was employed. Any prisoner complaining of pain was seen at the next clinic.

Housekeeping point

2.99 Equipment in the dental surgery should comply with current regulations.

Delivery of care (mental health)

- 2.100 Mental health staff placed the patient at the centre of their practice. Staffing levels and training were good and the team included psychiatrists, psychiatric nurses and social workers. Prisoners could access primary mental health services through the application system. Referrals were accepted from all disciplines, and prisoners were seen as soon as possible.
- **2.101** The team met wing officers weekly to discuss prisoners' progress and liaised with external agencies as necessary. A RMHN (registered mental health nurse) was a family liaison officer

to keep families informed where necessary. The team also provided support post-release by escorting prisoners to a hostel. The mental health team reviewed prisoners held in the segregation unit weekly.

2.102 A day care centre, managed by a full-time manager, provided support for all prisoners. The caseload was currently 105. Staff liaised with organisations such as Jobcentre Plus, the gym and education, and the centre ran several programmes, including education and art.

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.

- 2.103 Prisoners were very negative about the food. The menu catered for all diets but food temperature was not checked consistently. Excess water on the kitchen floor was hazardous. Wing serveries were clean but some were poorly supervised, and not all servery workers had been appropriately trained.
- **2.104** Prisoners complained about all aspects of catering. In the survey, only 9% of respondents said the food was good, against the 25% comparator and little changed from the 10% response in 2009. The food we sampled was mostly satisfactory.
- **2.105** The four-week menu cycle catered for all diets, and denoted low-fat and healthy eating options. Breakfast packs contained insufficient cereal. Lunch was served too early at 11.45am, and prisoners ate in cells with insufficiently screened toilets.
- 2.106 The last food survey had been in June 2011, and the catering manager regularly attended equality and diversity meetings. Minutes of prisoner council meetings did not record who attended and some minutes did not mention catering, although it was an agenda item. Feedback to comments in wing food books between October and December 2011 had been published in December 2011, and it was planned to repeat this quarterly. Changes had been made to menus as a result. Some food comment books contained no responses, and books were not available on all wings.
- 2.107 Food was properly stored and prepared. The kitchen was well managed and clean, but excess water on the floor was very hazardous. NVQs were available to kitchen workers but few were involved.
- **2.108** Wing serveries were clean but many servery workers were not dressed appropriately, and the serving of meals was not properly supervised to prevent intimidation or bullying. Food temperature checks were not recorded consistently, and some wings did not take any. A random check of the training records of 35 servery workers found that only four had received food hygiene training.

Recommendation

2.109 All servery workers should be trained and suitably dressed, and staff should supervise serving and ensure that food temperature checks are taken.

Housekeeping point

2.110 The problem of excess water on the kitchen floor should be investigated and dealt with.

Purchases

Expected outcomes:

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

- 2.111 The Nforce electronic kiosk system gave prisoners current information about their finances and prompt access to ordering goods and phone credit. There had been no survey of prisoners' views of the shop.
- **2.112** Shop goods were provided through the NOMS national contract but the shop was staffed by prison staff and provided work for around 16 prisoners.
- 2.113 Prisoners' cash was quickly credited to their accounts and new arrivals with funds could make orders soon after their reception. Smokers who had no cash were offered an advance but no alternative was offered for non-smokers. The Nforce electronic kiosk provided up-to-date information about the money prisoners had to spend. Notices to prisoners informed them of price changes and special offers.
- 2.114 The prison was currently restricted to items provided on the national goods list but there were efforts to extend this to meet the specific needs of some groups, such as Vietnamese prisoners. Some requests to change shop items were taken from the equality and diversity meetings and wing forums, but in our survey minority groups were less satisfied with the provision. There had been no survey of prisoners' views of the shop.
- **2.115** Prisoners could order from a limited range of catalogues, but the catalogues often went missing on wings. Prisoners could order newspapers through the library.

Housekeeping point

2.116 There should be a survey of prisoners' views of the shop.

Section 3: Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.³

- **3.1** The reported average time out of cell was not achievable. Too many prisoners spent too much time locked in their cells with little to do. Not all prisoners had evening association or daily opportunities to spend time in the open air.
- **3.2** The core day indicated that the most a fully employed prisoner could achieve was about 8.5 hours a day out of cell on Monday to Thursday and about 6.5 hours on Fridays, Saturday and Sunday. In reality, however, time out of cell was much less for a significant number who did not work or attend education. We estimated that unemployed prisoners could get about 3.5 hours out of cell each day if they attended daily exercise and association.
- **3.3** The prison reported that the average time prisoners spent out of their cells was about eight hours a day. This was only possible with an optimistic interpretation of the core day and based on nearly all prisoners being unlocked as scheduled. At a roll check one morning, we found about 37% of the population locked in their cells.
- **3.4** The experience of individual prisoners varied across the prison, as did the application of the core day. For example, unemployed prisoners could not receive evening association, and many prisoners who went to scheduled activities in the morning were unable to spend time in the open air.

Recommendation

3.5 Time out of cell should be improved, including allowing all prisoners to receive some evening association and daily opportunities to spend time in the open air.

Housekeeping point

3.6 The published core day should be applied consistently across the prison.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their

³ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

- **3.7** The strategic planning and direction of learning, skills and work activities were inadequate. Data were not collected or analysed sufficiently, and quality improvement was insufficiently challenging. There were insufficient activity places, and occupancy and attendance were low. The quality of teaching and learning in education was satisfactory. The activity allocation system was inequitable and inefficient. Success rates on vocational training courses were very low on the most extensive education programmes. The library was cramped and access difficult for some.
- **3.8** Ofsted made the following assessments about the learning and skills and work provision:

Achievements of prisoners engaged in learning and skills and work:	satisfactory.
Quality of learning and skills and work provision:	satisfactory.
Leadership and management of learning and skills and work:	inadequate.

Management of learning and skills and work

- **3.9** The strategic planning and direction of learning, skills and work activities were inadequate, and there was no strategic improvement plan (see main recommendation HP49). Success rates remained very low in education subject areas which involved large numbers of learners.
- **3.10** Operational management of learning and skills activity was satisfactory overall and good in some aspects. The different education and skills providers worked well together. The prison had developed some productive links with local and national employers but there were no opportunities for work experience. Teaching, training and adviser staff were well qualified, experienced and enthusiastic about their roles.
- **3.11** Data were not used well to monitor or analyse trends or for tracking the progress of improvement. Quality improvement actions were insufficiently challenging or forward looking, and internal verification procedures required further development.
- **3.12** The system for observing and assessing the quality of teaching and learning was sound, but allowed too much preparation by the tutors being observed.
- **3.13** The prison's overall self-assessment lacked sufficient evaluation or accuracy, although some individual contributory self-assessment reports were reasonably accurate. The range of areas for improvement identified did not support the grades awarded in the self-assessment report. The gym self-assessment report identified many of the areas of concern and had an appropriate action plan, but this had not been effectively implemented during the prison's transition to G4S.

Recommendations

- 3.14 The range of data collected and analysed on the performance and quality of learning, skills and work provision should be expanded to inform thorough performance management, monitoring and quality improvement.
- 3.15 The outcome of self-assessment should be an accurate summary of the performance of all providers.

Provision of activities

- **3.16** The number of activity places continued to be very low with sufficient places for only about 38% of the population. There were around 250 places in education, a further 250 in vocational training and 60 in workshops. There were also approximately 200 wing jobs, although these did not fully employ prisoners. The proportion of unemployed prisoners had risen to 35%. Just under three-quarters of these unemployed prisoners were convicted and sentenced.
- **3.17** Education classes were provided by The Manchester College. They included accredited courses in literacy, numeracy and English for speakers of other languages (ESOL), personal and social development, information and communications technology (ICT) and employability skills, and vocational courses such as forklift truck training and barbering. South Birmingham College provided vocational classes in construction skills, including bricklaying, carpentry and plumbing. JHP provided the induction to learning, skills and work, together with information, advice and guidance.
- **3.18** There was a good range of courses at various skills levels. However, the take-up of places was low, including in areas traditionally oversubscribed in other prisons, such as construction skills. There were insufficient opportunities for prisoners to combine work and study. There was a good range of activity options for vulnerable prisoners.
- **3.19** Attendance rates at most education classes and vocational workshops were low averaging around 70% overall, and strategies to improve attendance were ineffective.

Recommendation

3.20 Attendance rates at education and vocational classes should be increased, and activity places in vocational classes fully subscribed.

Quality of provision

- **3.21** The general induction by JHP staff was good. The education induction from The Manchester College staff was not sufficiently varied in approach or well informed by up-to-date information on prisoners.
- **3.22** The quality of teaching and learning in classrooms was satisfactory, and some very good. The sessions we observed were mostly calm and well planned, with good mutual respect. The ability to improve the quality of teaching and learning for vulnerable prisoners was compromised by the small and cramped classrooms and overly long sessions.
- **3.23** There was some very good quality training and assessment in vocational training, which provided appropriate qualifications and skills to enhance employment prospects. Issuing keys to prisoners for their individual toolkits in construction workshops gave them the opportunity to show responsibility and trust. Work activities generally supported the development of employability skills. The overall environment and resources for learning were good. We observed some good individualised learning in many sessions. However, the approach to work in the radio programming area was too casual and the equipment dated.
- **3.24** The application system for prisoners' preferred activity lacked equity or efficiency. However, once applications were received, allocations were efficient and effective. There was insufficient oversight of the sequencing of prisoners' activities, and the scheduling of prisoners' time during

education classes and vocational training workshops was poor. Many prisoners arrived at classes but then left to attend other scheduled activities, missing learning time and disrupting classes.

- **3.25** The radio programming course recruited only from K wing. Prisoners from other wings could apply but had to be located on K wing before they were considered. Workers in the packaging workshop actively recruited on the wings. This lacked transparency as the workers only targeted those they thought would fit in.
- **3.26** There were some missed opportunities to recognise and accredit prisoners' skills learned during their work.

Recommendations

- 3.27 The activity allocations process should be equitable and efficient.
- 3.28 The skills that prisoners gain through work activities should be formally recognised, recorded and, where possible, accredited.

Housekeeping points

- **3.29** Training for vulnerable prisoners should be in larger classrooms.
- **3.30** Prisoner access to learning, skills and work programmes should not be restricted by their wing location.

Education and vocational achievements

3.31 Success rates on vocational training courses were high and often above 85% and some were at or close to 100%. Success rates on literacy and numeracy courses, the most extensive programmes of learning, were very low. Success rates on personal and social development courses had improved but remained low, with fewer than two-thirds of prisoners gaining a qualification. Success rates on some education courses were high and had improved on employability courses, but were low for some ICT courses.

Recommendation

3.32 Success rates should be improved in literacy, numeracy, ICT, and personal and social development courses.

Library

- **3.33** There had been little change in the library provision since the last inspection, but six new computers had been installed, with plans for additional software. The library remained cramped and this lack of space restricted the stock available. There were insufficient materials to support vocational training courses.
- **3.34** Around 400 prisoners a week visited the library, but there was no timetabled access for prisoners in full-time work or training, no evening opening and limited weekend access. In our

survey, only 22% of respondents said they went to the library once a week, a considerable drop from 38% in 2009.

Recommendation

3.35 Access to the library should be improved.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- **3.36** The gym facilities were generally satisfactory, although there was no outside space. Opening hours were extensive, but the gym was not fully used. Very few accredited qualifications were available, although success rates were good.
- **3.37** Gym accommodation and facilities were satisfactory but there was no outdoor provision. There were sufficient instructors and all had teaching qualifications.
- **3.38** All prisoners could attend the gym for at least two sessions a week, including vulnerable prisoners, but in our survey only 25% of vulnerable against 42% of non-vulnerable prisoners said they went twice weekly. Remedial programmes and a dedicated session for older and less-confident prisoners were available. The gym was underused, even though it was open at times that allowed the maximum numbers to attend. On average, only around 37% of the prison population used the facilities. Attendance at recreational activity was low and many sessions ran at half capacity.
- **3.39** The gym ran few accredited training courses, involving a small number of prisoners, mostly at introductory level. Success rates were good. There were no opportunities for gym orderlies to gain relevant qualifications.
- 3.40 There were too few showers in the gym and the shower area needed refurbishment.

Recommendations

- 3.41 Outdoor physical education facilities should be provided.
- 3.42 The use of the gym should be substantially increased, including through the provision of more accredited PE courses.

Housekeeping point

3.43 The gym showers should be refurbished and the number increased.

Section 4: Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 Prisoners' resettlement needs were assessed on arrival across most pathways. There was an inadequate interim reducing reoffending policy and only one pathway action plan. A useful needs analysis had not been utilised. Attendance at reducing reoffending policy meetings was poor. Prisoners were not consulted about resettlement services, and there was no whole-prison approach to resettlement.
- **4.2** Resettlement officers interviewed new arrivals during induction to assess their resettlement needs, but this did not form the basis of a sentence or custody plan (see paragraph 4.48).
- **4.3** The reducing reoffending policy dated October 2011 was an interim document covering all resettlement pathways but did not set out how the needs of specific groups of prisoners would be met. Although each resettlement pathway had a named lead, there were no pathway action plans, except for the children and families pathway (see paragraph 4.81).
- 4.4 There had been a needs analysis in 2010. Although based on only 116 questionnaires, it provided some useful data but had not been used to inform action plans. The analysis did not identify the needs of specific groups of prisoners, and data available from offender assessment system (OASys) assessments were not used.
- 4.5 The reducing reoffending policy committee (RRPC) was chaired by a senior manager and had met twice since October 2011. Minutes showed that attendance had been poor; only five out of 17 staff had attended in October 2011 and 11 in December 2011, when most pathway leads had attended.
- **4.6** There were links to a range of partnership agencies but management oversight of commissioned resources was unclear. Agencies were not represented at RRPC meetings, and there was no voluntary sector coordinator to coordinate services.
- **4.7** Resettlement provision was not discussed at prisoner council meetings, and there were no exit interviews to canvas prisoner experience.
- **4.8** There was no strategic approach to interventions. The short duration programme for drug misusers had ended in September 2011 and the only accredited offending behaviour programme was the thinking skills programme (TSP). There was no specific provision for the many convicted sex offenders (see paragraph 4.88).
- **4.9** There was no whole-prison approach to resettlement (see main recommendation HP50). Residential staff comments in electronic case notes focused on prisoners' behaviour, with little

evidence of awareness of their resettlement needs or involvement in their sentence management.

- **4.10** In our survey, 11% of respondents, fewer than the 15% comparator but an improvement on 8% in 2009, said that a member of staff had helped them to prepare for release. Only 4% of vulnerable prisoners felt this was the case.
- **4.11** In the previous six months, 237 out of 776 prisoners (30%) considered for home detention curfew (HDC) had been approved. There had been 21 applications for release on temporary licence (ROTL) since July 2011, of which five were granted for a variety of reasons, including hospital attendance, transfer to open conditions and resettlement overnight release.

Recommendation

4.12 Action plans should be developed for each of the resettlement pathways.

Housekeeping points

- 4.13 All committee members should attend, or be represented, at reducing reoffending meetings.
- 4.14 Resettlement services should be reviewed by service providers and prisoners.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

- **4.15** The offender management unit was insufficiently resourced. The quality of OASys assessments was mixed and not all were completed within expected timescales. Public protection arrangements were proportionate but links with offender supervisors were underdeveloped. Prisoners were quickly categorised and some made progressive moves, but many others were moved because of overcrowding.
- **4.16** The offender management unit (OMU) was led by a senior manager supported by two senior officers. Five offender supervisors, reduced from an original group of 16, managed 369 inscope prisoners. The reduction in staff affected their work capacity, as did frequent redeployment to other tasks. In a recent six-month period, an average of 300 hours had been lost each month.
- 4.17 One offender supervisor, a seconded probation officer, was responsible for all 26 lifesentenced prisoners, and two uniformed offender supervisors managed 27 prisoners on indeterminate sentences for public protection (IPPs). A further two uniformed offender supervisors managed the remaining in-scope prisoners, resulting in excessively large caseloads. There were three OASys assessors and a small team of case administrators. Recruitment of new staff was planned. There was a severe lack of IT equipment and resources, and staff currently used two IT systems (Prison Service and G4S) in parallel.

- **4.18** We read the cases of 20 in-scope prisoners. Five cases did not contain all relevant documentation, and recording of information was clear in only 10. Prisoners who posed a high risk of harm to others were identified in OASys, but only 14 cases had an OASys assessment. There was a backlog of approximately 45 initial OASys assessments and not all assessments were current. An OASys risk of serious harm screening was completed sufficiently in only half of cases, and a full risk of serious harm analysis was sufficient in only seven of 13 cases.
- **4.19** Of 15 cases where management oversight of the offender supervisor for high risk of serious harm cases was required, this had taken place for only two prisoners and in both cases was insufficient, as was general management oversight of offender supervisors for nearly all relevant prisoners with child protection issues. There was no team meeting structure and no formal staff supervision.
- **4.20** Not all prisoners had a sufficiently completed OASys likelihood of reoffending assessment, and some had none. Only eight prisoners had a sufficient risk management plan. In order to protect the public, potential or actual changes in risk of harm factors were anticipated in eight of 14 relevant cases, identified swiftly in five of nine cases, but only acted on appropriately in five of nine cases.
- 4.21 In our survey, 26% of sentenced prisoners said they had a sentence plan, fewer than the comparator of 42%, but 64%, against the comparator of 57% said they were involved in its development; only 25% of vulnerable prisoners said they were involved in their sentence plan. Only nine prisoners in the 20 cases sampled had a sentence plan, although all were informed by relevant assessments.
- **4.22** Sentence planning boards did not always take place on time. Offender managers generally contributed well to meetings and telephone conferencing was used. Prisoners could invite a family member, but few did.
- **4.23** We saw the sentence plans for eight prisoners that were outcome focused, of which seven included objectives to address the likelihood of reoffending and manage risk of harm. Only a minority of plans set out a logical sequencing of objectives and activities.
- 4.24 In multiagency public protection arrangements (MAPPA) and public protection cases, copies of MAPPA or public protection and risk management minutes were not in the OMU file but held separately in a public protection file. The recording of public protection interventions varied in the cases we saw, and public protection was not sufficiently integrated into the work of the OMU (see paragraph 4.36)
- **4.25** Offender supervisors actively maintained regular contact with offender managers, and they had contact with prisoners at least quarterly, sometimes more frequently. There was more frequent contact with the 132 prolific or priority offenders (PPOs).
- **4.26** Potential diversity issues were assessed, but there had been a sufficient assessment of learning and skills for only four prisoners in 14 relevant cases. There had been no learning plan for any of the 12 prisoners who required it.
- **4.27** Interventions had been delivered in line with sentence plans for seven prisoners in 13 cases, but were not always timed and sequenced according to risk of harm. Appropriate resources were allocated throughout the sentence to address risk of harm for only seven prisoners, and to address likelihood of reoffending in only eight cases.

- **4.28** Of 16 relevant cases where it was identified that a move to another establishment was required, only one such move had taken place. Five prisoners had plans for victim awareness work at another establishment before release. There were no plans for victim awareness interventions for the 15 prisoners who required it, as they were not available in the prison.
- **4.29** There was a gap in the provision of interventions, particularly to address sex offending, violence, victim awareness and alcohol, and the loss of some previous interventions had affected sentence plans.

Recommendations

- 4.30 There should be an increase in offender management unit (OMU) staffing, and staff should not be deployed elsewhere in the prison.
- 4.31 All eligible prisoners should have a current offender assessment system (OASys) assessment.
- 4.32 Public protection processes and arrangements should be integrated into the overall operation and management of the OMU.
- 4.33 All relevant prisoners should have a robust risk management plan.

Housekeeping points

- **4.34** Offender management unit (OMU) staff should have appropriate and sufficient IT equipment to carry out their role.
- 4.35 There should be formal staff supervision for all OMU staff.

Public protection

- **4.36** The public protection unit (PPU) was not part of the OMU. It was managed by the public protection coordinator, a seconded probation officer. He was supported by a further seconded probation officer, two probation service officers, and administrative staff. There was access to VISOR (violent and sexual offenders register). Public protection was not sufficiently integrated within the OMU in the cases we saw (see recommendation 4.32).
- **4.37** All prisoners were screened for public protection issues on their day of arrival, with a sift of current and previous convictions. The application of restrictions was explained to prisoners individually by a probation service officer, and prisoners signed to record that they had received and understood this. Decisions to restrict or monitor contact were fair and reasonable.
- **4.38** There were 153 prisoners identified as a risk to children, 110 subject to harassment monitoring and 148 subject to sex offender registration. Five prisoners were identified at MAPPA level three, 34 at MAPPA level two and 172 at MAPPA level one; 266 were MAPPA nominals (targeted for legitimate security reasons).
- **4.39** Monthly risk management and public protections meetings discussed MAPPA prisoners due for release and other pertinent issues. The public protection coordinator attended MAPPA meetings held in the West Midlands and sent reports to meetings that could not be attended

out of area. There was particular effort to attend all meetings for prisoners subject to MAPPA level three.

Categorisation

- **4.40** New arrivals were usually interviewed within their first 24 hours by observation, classification and allocation (OCA) staff and told their categorisation. Some prisoners could make progressive moves from Birmingham but, because of general overcrowding, many moves were based on available spaces rather than assessed needs. There was difficulty in moving sex offenders to suitable prisons.
- **4.41** The categorisation of prisoners serving four years or more was reviewed annually and those serving shorter sentences every six months, with supporting information sought from relevant departments.

Indeterminate sentence prisoners

- **4.42** All the offender supervisors for the 27 IPPs and 26 life-sentenced prisoners had received OASys assessor and MISAR (managing indeterminate sentences and risk) training, but personal officers allocated to indeterminate-sentenced prisoners had not received MISAR training.
- **4.43** Prospective lifers were identified on remand and given information about the sentence by an offender supervisor. All indeterminate-sentenced prisoners received written information about the sentence. A case administrator maintained detailed electronic records of indeterminate-sentenced prisoners, and sentence plans were up to date. Prisoners generally moved to suitable prisons quickly, but there were two with complicated cases who had passed their tariff date, one by five years.
- **4.44** There had been two forums for indeterminate-sentenced prisoners in 2011. Meetings were not open to all prisoners and the last available minutes, for June 2011, recorded attendance by only five. It was not clear how those involved were identified or the terms of reference. Many prisoners we spoke to did not feel well supported or informed.

Housekeeping point

4.45 Lifer forums should have clear terms of reference and be open to all indeterminate-sentenced prisoners.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are met prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.46 There was no sentence or custody planning for unconvicted men or those serving less than 12 months. Resettlement needs were identified during induction and resettlement officers

provided good accommodation support. There was no structured pre-release course. There were effective links with a growing number of employers. Prisoners saw a health worker before their release but there was no information on how to access GP services. Effective services for finance, benefit and debt matters were provided. There were suitable joint working arrangements to support men with substance use needs on transfer and release. There was no qualified family support worker. There were insufficient interventions to challenge prisoners' attitudes and behaviour.

- **4.47** There was no sentence or custody planning for unconvicted men or those serving less than 12 months.
- **4.48** Resettlement officers completed an initial housing needs assessment document for each prisoner during their induction and made referrals to relevant agencies. The assessment covered all resettlement pathways, except contact with children and families. It was sent to the wing with the intention of forming a short-term sentence/custody plan but was unused.
- **4.49** Suitable bags were provided in reception for prisoners on release, and stored clothing could be laundered pre-release. The Damascus Programme Christian charity supported prisoners in prison and following release (see paragraph 4.89).

Recommendations

- 4.50 There should be short term sentence and custody planning for unconvicted prisoners and those serving less than 12 months.
- 4.51 The initial housing needs assessment document should be developed to cover all the resettlement pathways.

Accommodation

- **4.52** In our survey, 37% of respondents thought they would have a problem finding accommodation on release, but only 12% knew who to contact for assistance with this, against the 29% comparator.
- **4.53** All new arrivals had an initial housing needs assessment (see above). All sentenced prisoners serving less than 12 months were interviewed by the resettlement team two weeks before their release date. Prisoners serving longer sentences were seen up to six weeks before release if they were known to have no fixed address (NFA). In the previous three months, 10% of sentenced prisoners were NFA on release (there were no comparable figures for unconvicted prisoners).
- 4.54 Resettlement staff had received no formal training but had acquired expertise in housing matters. There were strong working links with a range of voluntary sector supported housing providers. However, although many prisoners were from Birmingham, Walsall and Wolverhampton, there were no formal liaison arrangements with the housing departments for these councils.

Recommendation

4.55 There should be formal liaison arrangements with the most frequently contacted local authority housing departments.

Education, training and employment

- **4.56** Information, advice and guidance on education, training and employment were available to prisoners at induction, during their sentence and before release. However, there was no structured pre-release course and only about a third of prisoners discharged had an individual interview and action plan. Induction staff provided effective support for short- and very short-term prisoners.
- **4.57** Referrals were appropriate and thorough. Outcomes on numbers entering education and employment exceeded the prison target but there was little useful data to indicate prisoners' destination or the impact of the prison's referrals.
- **4.58** The education department ran a job club and employability course, but these were not part of a sequenced, individual development plan for prisoners approaching release. The prison was developing effective links with a growing number of employers through 'employer days'. These had not yet led to significant employment or work experience opportunities, but they had created opportunities for advice on building CVs and interview experience for prisoners.
- **4.59** There was good use of the learner records system to provide information to receiving prisons and identify the previous achievements of prisoners entering the establishment.

Recommendation

4.60 The prison should collect and analyse accurate data on prisoners' destinations on release, including their entry into meaningful training, employment, further education, work experience or placements, to inform the development of appropriate services.

Health care

- **4.61** A health worker saw prisoners before their release and gave them any appropriate medication and a letter for their GP. There was no information about how to access a GP for those without one.
- **4.62** For prisoners at the end of their life, there was support from health care staff and community palliative care specialists, and local Macmillan nurses visited the prison when needed. A nursing post had been funded, but not yet staffed, to manage this speciality and liaise with external organisations to ensure terminally ill prisoners had access to community-level support.

Housekeeping point

4.63 Prisoners due for release should be told how they can access GP practices in their area.

Drugs and alcohol

4.64 There were appropriate joint working arrangements between the IDTS and the counselling, assessment, referral, advice and throughcare (CARAT) services to facilitate care for prisoners with substance use needs on transfer and release. The CARAT team shared care plans with the OMU and attended reducing reoffending meetings. Release planning took place on a one-to-one basis, and prisoners were given published harm reduction and overdose prevention information. There were good links with local drug intervention programme (DIP) teams, and community-based workers provided a regular in-reach service (see also paragraph 1.94 and recommendation 1.95).

Finance, benefit and debt

- **4.65** New arrivals with debt problems were referred to the full-time Citizens Advice (CAB) worker by the resettlement team. Prisoners also self-referred. Priority was given to mortgage and rent arrears but the CAB worker responded to the full range of debt-related problems. Records were maintained of debts identified and outcomes achieved.
- **4.66** The CAB worker liaised closely with the resettlement officers and Jobcentre Plus staff, but was hampered by lack of internet access and cover for leave periods. He also provided input on financial capability to the 'think twice' course, run by Creativation Community Ventures, for remand and short/medium-term prisoners with mental health problems.
- **4.67** Jobcentre Plus provided assistance with benefit payments to prisoners and their families. Prisoners were interviewed during their induction and staff worked closely with resettlement officers. Where possible, they helped those on remand or short sentences to keep their employment. The role and capacity of the team were due to expand with IT links provided as part of the national plan for all prisoners to sign up to Jobseeker's Allowance and Employment and Support Allowance before their release.
- **4.68** Prisoners could apply to open a Co-operative Bank account and only three out of 200 applications had been refused since March 2011.
- **4.69** The needs analysis in October 2010 showed a large unmet need for help in developing financial capability, and 50% of respondents said that money problems were linked to their offending. In our survey, only 11% of respondents said they knew who to contact for help with money or finances, and only 23% knew who to contact for help with benefits, both significantly less than the comparators.

Recommendation

4.70 Courses should be run to help prisoners improve their financial capability.

Housekeeping points

- **4.71** CAB, Jobcentre Plus and resettlement team services should be publicised on wings and among wing staff.
- 4.72 The CAB worker should have internet access and cover for leave periods.

Children, families and contact with the outside world

- **4.73** In our survey, 34% of respondents said they had been helped to maintain contact with their family, an increase from 28% in 2009, but only 17% of vulnerable prisoners, against 36% of mainstream respondents, said this was the case.
- **4.74** In the 2010 needs analysis, 31% of prisoners said they had never received any visits, and 48% that imprisonment had had a 'bad 'effect on their relationship with their child and 71% with their partner. There was no qualified family support worker to help prisoners maintain contact, fulfil parental responsibility, advise on child protection issues and help rebuild relationships, when appropriate.
- **4.75** Prisoners could not receive incoming calls from their children or to deal with arrangements for them. Only enhanced prisoners could attend the monthly children's visits and, although open to vulnerable prisoners, no one from P wing had ever applied. Two 'family man' accredited family relationship courses had run in the past year, involving 34 prisoners. There was no general relationship counselling for prisoners and their immediate family, and little evidence in case notes that wing staff were aware of prisoners' family relationships.
- **4.76** Most prisoners booked visits themselves through the Nforce system. A minority continued to send visiting orders but this practice was due to cease. Visits were available mornings, afternoons and some evenings, and morning visits lasted up to two and a half hours.
- **4.77** In our survey, fewer respondents than the comparator said that they received a visit in their first week, and not all convicted prisoners could receive a weekly visit. Unconvicted prisoners on the basic and standard levels did not receive the required minimum weekly visits (see paragraph 1.62 and recommendation 1.64).
- **4.78** The visitors' centre was well managed by the charity HALOW (help and advice line for offenders' wives). First-time visitors were identified and help and advice provided. A worker from a local drug and alcohol agency provided support in the centre each Friday.
- **4.79** Visitors said that they were well treated by all staff and that visits generally started on time. Indication by a drug dog resulted in the visitor offered a closed visit or leaving, with no further security intelligence required.
- **4.80** Furniture in the visits room was fixed and did not allow easy contact between prisoners and visitors. Children aged 10 and over were treated as adults for seating purposes, and prisoners wore bibs during visits, despite the biometric system used to identify visitors. There was no supervised children's play area, books or toys, although some colouring books had recently been provided. Vending machines offered a limited choice of drinks and sweets.
- **4.81** The pathway lead officer had attended the latest reducing reoffending meeting, and a pathway action plan with 29 targets to improve services had recently been published.

Recommendations

- 4.82 A qualified family support worker should be employed.
- 4.83 Closed visits should be authorised only when there is a significant risk justified by security intelligence.

4.84 There should be a supervised children's play area in the visits room.

Housekeeping point

4.85 Children aged 10 and over should not be treated as adults for visiting purposes.

Attitudes, thinking and behaviour

- **4.86** There was no strategy for interventions to address prisoners' attitudes and behaviour, despite the needs analysis in 2010 and information available from OASys data. In our survey, 53% of respondents said they had been involved in an offending behaviour programme, an increase from 35% in 2009, but only 33% of those felt the programme would help them on release, against the 49% comparator.
- **4.87** The short duration programme for drug misusers had ended in September 2011. The only accredited offending behaviour programme available was the six-week thinking skills programme (TSP), which ran continuously for groups of 10 prisoners. Key workers from the TSP team, rather than wing staff, usually gave individual support.
- **4.88** There was no specific provision for the many convicted sex offenders, an issue identified in our previous two inspection reports. Some prisoners were awaiting transfer to other establishments to go on relevant programmes and complete sentence plan objectives. Apart from TSP, which addressed victim awareness indirectly, there was no work with a strong victim focus (see paragraph 4.29).
- **4.89** There were just two non-accredited programmes. Bringing Hope, a Birmingham-based Christian charity, ran the Damascus programme, a 12-week course dealing with black masculinity through group sessions and mentoring. The charity sought to maintain contact with participants following their transfer and/or return to the community. There was no independent evaluation of its effectiveness. The 'family man' course was also run (see paragraph 4.75).
- **4.90** The prison was considering further programmes, including 'fathers inside', a structured programme for families living with addiction, provision for those with a gambling problem, and a 'facing up to conflict' distance learning course.

Recommendation

4.91 There should be a suitable range of interventions to address prisoners' main resettlement needs.

Additional resettlement services

4.92 Although based on a relatively small sample, the 2010 needs analysis included a section on trauma. Twenty-nine per cent of respondents said they had experienced violence in the home and 23% had witnessed this, 9% had experienced sexual abuse/rape, and 26% had experienced emotional abuse. Of those reporting violence and abuse, one-third had not told anybody about their experiences. In addition, 84% had experienced the death of someone close to them, and more than a quarter of prisoners identified a link between bereavement and their offending.

4.93 There were no arrangements to identify and support those who had been the victim of abuse, rape or domestic violence, or who were still coming to terms with bereavement.

Recommendation

4.94 There should be services to identify and support prisoners with experience of trauma.

Section 5: Recommendations, housekeeping points and good practice

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

Main recommendations

To the director

- 5.1 Appropriate arrangements should ensure that new arrivals are well supported without long delays in reception and elsewhere in the process, and with sufficient facilities to allow private interviews, space for association and an effective induction during their first night in custody and the following days. (HP47)
- 5.2 Vulnerable prisoners should have equivalent provision, services and opportunities as other prisoners to participate in a safe and purposeful regime to aid their effective resettlement. (HP48)
- **5.3** A challenging strategic plan for learning and skills should be developed in collaboration with all learning and skills and work providers to increase the number and range of useful activity places. (HP49)
- **5.4** A strategy should be developed to place effective resettlement at the centre of all the prison's activities, based on a comprehensive assessment of services and interventions necessary to help reduce reoffending and involving relevant agencies and community partnerships. (HP50)

To Prison Escort and Custody Services

Courts, escorts and transfers

5.5 All escort vans should be clean, in good repair, and safely accessible. (1.6)

Recommendations

To the director

Early days in custody

- **5.6** Information about what prisoners can expect from their first few days in custody should be issued in reception in a language they understand. (1.18)
- **5.7** Prisoners should not be kept in reception for long periods and should be better supervised while there. (1.19)

Bullying and violence reduction

5.8 There should be an effective violence reduction strategy, based on the indicators of violence and consultation with prisoners, which should be understood and used by staff. (1.32)

5.9 All instances where vulnerable prisoners are placed at risk because their offences have been disclosed to other prisoners should be investigated and appropriate action taken. (1.33)

Self-harm and suicide prevention

- **5.10** Action plans from deaths in custody and from serious self-harm incidents should focus on lessons to be learned, and be monitored accordingly. (1.43)
- **5.11** Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures should be improved to provide greater continuity of case manager, the planned involvement of other departments and, where appropriate, the involvement of the prisoner's family or friends. (1.44)

Safeguarding

5.12 The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.47)

Security

5.13 Action points from the security committee and from security information reports should be acted on promptly and monitored, including installing netting to vulnerable areas of the prison and ensuring target drug and cell searching are carried out promptly. (1.57)

Incentives and earned privileges

- 5.14 Unconvicted prisoners should receive their full visits entitlement, regardless of status. (1.64)
- 5.15 All prisoners should receive the same rate of pay for the same job. (1.65)

Discipline

- **5.16** Quality assurance should ensure that all disciplinary charges are fully investigated and hearings are fairly conducted. (1.69)
- 5.17 All prisoners on dirty protest should be managed in the segregation unit. (1.84)
- **5.18** Conditions for segregated prisoners should be improved including adequate screening of toilets, televisions (unless removed as a properly authorised punishment or because of the prisoner's IEP status) and access to telephones in private. (1.85)

Substance misuse

5.19 The drug and alcohol strategy should be updated on the basis of a comprehensive needs analysis and ensure adequate provision is made for opiate-dependent prisoners requiring stabilisation, prisoners with a dual diagnosis and prisoners with alcohol problems. (1.95)

Residential units

- **5.20** Cells should be large enough to contain furniture for each prisoner and all toilets adequately screened. (2.12)
- **5.21** Prisoners should have access to toiletries on request and receive clean, adequate clothing and bedding, including towels, weekly. (2.13)
- 5.22 Showers should be refurbished. (2.14)
- 5.23 Responses to applications should address the issue and be timely. (2.15)

Staff-prisoner relationships

5.24 Personal officers should introduce themselves to prisoners they are responsible for, get to know their personal circumstances and help them with their resettlement objectives. (2.22)

Equality and diversity

- **5.25** The equality and diversity meeting should cover the distinct needs of all prisoner groups, be informed by routine consultation with prisoners under each protected characteristic and monitor equality of outcomes for each group (2.29)
- **5.26** The prison should investigate and address the reasons for the negative perceptions expressed by Muslim prisoners in our survey. (2.43)
- **5.27** Prisoners who are retired or unable to work due to disability should be unlocked during the core day, and be paid the average wage for working prisoners. (2.44)
- **5.28** Care plans and personal emergency and evacuation plans should be routinely reviewed and updated, and wing staff should be aware of the prisoners concerned and where to access their plans. (2.45)

Complaints

5.29 Senior managers should analyse complaints to identify trends and monitor the quality of replies, ensuring in particular that complaints about staff are properly investigated. (2.61)

Health services

- **5.30** There should be additional SystmOne computers in all wing treatment rooms, and health care staff should have access to computers that are compatible with SystmOne and G4S programmes. (2.81)
- **5.31** The health care application system should ensure efficiency and improve prisoner confidence. (2.90)
- **5.32** Patient group directions should allow the supply of more potent medicines. (2.95)

- **5.33** The timing of medicine rounds should provide the best clinical outcomes for patients. (2.96)
- **5.34** The use of general stock should be audited, and nurses should sign for all controlled drugs delivered to treatment rooms. (2.97)

Catering

5.35 All servery workers should be trained and suitably dressed, and staff should supervise serving and ensure that food temperature checks are taken. (2.109)

Time out of cell

5.36 Time out of cell should be improved, including allowing all prisoners to receive some evening association and daily opportunities to spend time in the open air. (3.5)

Learning and skills and work activities

- **5.37** The range of data collected and analysed on the performance and quality of learning, skills and work provision should be expanded to inform thorough performance management, monitoring and quality improvement. (3.14)
- **5.38** The outcome of self-assessment should be an accurate summary of the performance of all providers. (3.15)
- **5.39** Attendance rates at education and vocational classes should be increased, and activity places in vocational classes fully subscribed. (3.20)
- **5.40** The activity allocations process should be equitable and efficient. (3.27)
- **5.41** The skills that prisoners gain through work activities should be formally recognised, recorded and, where possible, accredited. (3.28)
- **5.42** Success rates should be improved in literacy, numeracy, ICT, and personal and social development courses. (3.32)
- **5.43** Access to the library should be improved. (3.35)

Physical education and healthy living

- **5.44** Outdoor physical education facilities should be provided. (3.41)
- **5.45** The use of the gym should be substantially increased, including through the provision of more accredited PE courses. (3.42)

Strategic management of resettlement

5.46 Action plans should be developed for each of the resettlement pathways. (4.12)

Offender management and planning

- **5.47** There should be an increase in offender management unit (OMU) staffing, and staff should not be deployed elsewhere in the prison. (4.30)
- **5.48** All eligible prisoners should have a current offender assessment system (OASys) assessment. (4.31)
- **5.49** Public protection processes and arrangements should be integrated into the overall operation and management of the OMU. (4.32)
- 5.50 All relevant prisoners should have a robust risk management plan. (4.33)

Reintegration planning

- **5.51** There should be short term sentence and custody planning for unconvicted prisoners and those serving less than 12 months. (4.50)
- **5.52** The initial housing needs assessment document should be developed to cover all the resettlement pathways. (4.51)
- **5.53** There should be formal liaison arrangements with the most frequently contacted local authority housing departments. (4.55)
- **5.54** The prison should collect and analyse accurate data on prisoners' destinations on release, including their entry into meaningful training, employment, further education, work experience or placements, to inform the development of appropriate services. (4.60)
- **5.55** Courses should be run to help prisoners improve their financial capability. (4.70)
- 5.56 A qualified family support worker should be employed. (4.82)
- **5.57** Closed visits should be authorised only when there is a significant risk justified by security intelligence. (4.83)
- 5.58 There should be a supervised children's play area in the visits room. (4.84)
- **5.59** There should be a suitable range of interventions to address prisoners' main resettlement needs. (4.91)
- 5.60 There should be services to identify and support prisoners with experience of trauma. (4.94)

Housekeeping points

Security

5.61 Authorisation and sound reasons for squat and strip searches should be clearly recorded. (1.58)

Discipline

- **5.62** Writing materials should be available for prisoners during hearings. (1.70)
- **5.63** Governance arrangements for mediation following use of force incidents should be formalised. (1.77)
- **5.64** Staff working in the segregation unit should receive the full range of training required for their role. (1.86)

Substance misuse

5.65 Prescribing regimes should be flexible and prisoners should be actively involved in their treatment and care planning. (1.96)

Residential units

5.66 All prisoners should be able to access the phone daily. (2.16)

Equality and diversity

- **5.67** Diversity and equality should be better promoted across the prison, and include details of the support available for each distinct group of prisoners and how to access it. (2.30)
- **5.68** All staff should have access to the databases providing information on potentially racist prisoners, and staff and prisoners available for informal interpreting. (2.46)
- **5.69** The independent immigration advice service for foreign national prisoners should be widely publicised. (2.47)

Faith and religious activity

5.70 Prisoners should not have to submit weekly applications to attend faith services. (2.55)

Legal rights

5.71 Legal service officers should have relevant and up-to-date training. (2.68)

Health services

- 5.72 All health care staff should carry keys. (2.82)
- 5.73 There should be professional input to the patient forum. (2.83)
- 5.74 Equipment in the dental surgery should comply with current regulations. (2.99)

Catering

5.75 The problem of excess water on the kitchen floor should be investigated and dealt with. (2.110)

Purchases

5.76 There should be a survey of prisoners' views of the shop. (2.116)

Time out of cell

5.77 The published core day should be applied consistently across the prison. (3.6)

Learning and skills and work activities

- **5.78** Training for vulnerable prisoners should be in larger classrooms. (3.29)
- **5.79** Prisoner access to learning, skills and work programmes should not be restricted by their wing location. (3.30)

Physical education and healthy living

5.80 The gym showers should be refurbished and the number increased. (3.43)

Strategic management of resettlement

- **5.81** All committee members should attend, or be represented, at reducing reoffending meetings. (4.13)
- 5.82 Resettlement services should be reviewed by service providers and prisoners. (4.14)

Offender management and planning

- **5.83** Offender management unit (OMU) staff should have appropriate and sufficient IT equipment to carry out their role. (4.34)
- **5.84** There should be formal staff supervision for all OMU staff. (4.35)
- **5.85** Lifer forums should have clear terms of reference and be open to all indeterminate-sentenced prisoners. (4.45)

Reintegration planning

- **5.86** Prisoners due for release should be told how they can access GP practices in their area. (4.63)
- **5.87** CAB, Jobcentre Plus and resettlement team services should be publicised on wings and among wing staff. (4.71)
- **5.88** The CAB worker should have internet access and cover for leave periods. (4.72)

5.89 Children aged 10 and over should not be treated as adults for visiting purposes. (4.85)

Good practice

5.90 The introduction of body-worn cameras had been very successful in de-escalating and monitoring incidents involving the use of force. (1.78)

Appendix I: Inspection team

Nick Hardwick Michael Loughlin Rosemarie Bugdale Joss Crosbie Paul Fenning Martin Owens Gordon Riach Rachel Murray Michael Skidmore Chloe Flint Nalini Sharma	Chief Inspector Team leader Inspector Inspector Inspector Inspector Inspector Research officer Research officer Research trainee Research trainee
Guest inspector Geoff Dobson	Prison Reform Trust
Specialist inspectors Sigrid Engelen Bridget McEvilly Helen Boniface Sarah Gibson Nick Crombie Julia Horsman Phil Romain Eileen O'Sullivan Caroline Nicklin Katie Ryan	Drugs inspector Health services inspector Pharmacist Care Quality Commission inspector Ofsted inspector Ofsted inspector Ofsted inspector Offender management inspector Offender management inspector Offender management inspector

Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	785	54.36
Recall	131	9.07
Convicted unsentenced	204	14.13
Remand	313	21.68
Civil prisoners	4	0.28
Detainees	7	0.28
Total		100
Total	1,444	100
Sentence	21 and over	%
Unsentenced	517	35.81
Less than 6 months	161	11.15
6 months to less than 12 months	67	4.64
12 months to less than 2 years	172	11.91
2 years to less than 4 years	223	15.44
4 years to less than 10 years	196	13.57
10 years and over (not life)	55	3.81
ISPP	27	1.87
Life	26	1.8
Total	1,444	99.28
10(a)	1,444	77.20
Age	Number of prisoners	%
21 years to 29 years	607	42.01
30 years to 39 years	495	34.28
40 years to 49 years	225	15.58
50 years to 59 years	78	5.4
60 years to 69 years	28	1.94
70 plus years: <i>maximum age=81</i>	11	0.77
Total	1,444	99.62
Nationality	21 and over	%
British	1199	83.03
Foreign nationals	217	15.03
Not stated	28	1.94
Total	1,444	100
Security category	21 and over	%
Uncategorised unsentenced	30	2.1
Uncategorised sentenced	2	0.14
Cat B	134	9.28
Cat C	627	43.42
Cat D	41	2.84
Other	610	42.24
Total	1,444	99.92
Ethnicity	21 and over	%

Ethnicity	21 and over	%
White		
British	843	58.38
Irish	9	0.62
Other white	40	2.78
Mixed		
White and black Caribbean	50	3.5

White and black African	4	0.28
White and Asian	5	0.35
Other mixed	12	0.83
Asian or Asian British	56	3.88
Indian	68	4.7
Pakistani	78	5.4
Bangladeshi	9	0.62
Other Asian	2	0.14
Black or black British		
Caribbean	113	7.8
African	31	2.15
Other black	28	1.94
Chinese or other ethnic group		
Chinese	6	0.42
Other ethnic group	37	2.6
Not stated	53	3.7
Total	1,444	100.09

Religion	21 and over	%
Baptist	4	0.28
Church of England	287	19.88
Roman Catholic	206	14.27
Other Christian	118	8.17
Muslim	210	14.54
Sikh	30	2.07
Hindu	9	0.62
Buddhist	30	2.08
Jewish	3	0.21
Other	107	7.41
No religion	440	30.47
Total	1,444	100

Sentenced prisoners only

Length of stay	21 and over					
	Number	%				
Less than 1 month	213	14.75				
1 month to 3 months	283	19.61				
3 months to 6 months	189	13.08				
6 months to 1 year	158	10.94				
1 year to 2 years	53	3.67				
2 years to 4 years	15	1.04				
4 years or more	16	1.11				
Total	927	64.2				

Unsentenced prisoners only

Length of stay	21 an	21 and over					
	Number	%					
Less than 1 month	167	11.57					
1 month to 3 months	157	10.86					
3 months to 6 months	112	7.76					
6 months to 1 year	74	5.12					
1 year to 2 years	3	0.21					
2 years to 4 years	1	0.07					
4 years or more (no data)	3	0.21					
Total	517	35.8					

Main offence	21 and over	%
Violence against the person	234	16.2
Sexual offences	142	9.8
Burglary	217	15
Robbery	163	11.3
Theft and handling	145	10.1
Fraud and forgery	29	2
Drugs offences	185	12.8
Other offences	269	18.6
Civil offences	4	0.3
Offence not recorded/holding warrant	56	3.9
Total	1,444	100

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 13 December 2011, the prisoner population at HMP Birmingham was 1,442. The sample size was 228. Overall, this represented 16% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. Three respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 203 respondents completed and returned their questionnaires. This represented 14% of the prison population. The response rate was 89%. In addition to the five respondents who refused to complete a questionnaire, 18 questionnaires were not returned and two were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since November 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Birmingham in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between the vulnerable prisoners wing (P wing) and the rest of the establishment.
- A comparison within the 2011 survey between the older part of the prison (A, B, C, D, G and K wings) and the newer part of the prison (L, M, N and P wings).

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

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

Summary

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

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

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

Survey results

Section 1: About you

Q1.2	How old are you?			
				· · ·
				· · ·
				()
				()
				· · ·
	70 and over			1 (1%)
Q1.3	Are you sentenced?			104 (549/)
Q1.4	How long is your sentence?			
	Not sentenced			68 (35%)
	Less than 6 months			23 (12%)
	6 months to less than 1 year			22 (11%)
	1 year to less than 2 years			17 (9%)
	2 years to less than 4 years			27 (14%)
	4 years to less than 10 years			19 (10%)
	IPP (Indeterminate Sentence for F	Public Protection	ח)	4 (2%)
	Life			3 (2%)
Q1.5	Approximately, how long do you hav date of your next board)?		(if you are serving life or IPP, pleas	
Q1.6	How long have you been in this prise	2		
Q1.0				15 (23%)
Q1.7	Are you a foreign national? (i.e. do no	ot hold UK citize	enship)	
				20 (10%)
			1	· · ·
Q1.8	Is English your first language?			
				172 (88%)
	No			
Q1.9				24 (12%)
	What is your ethnic origin?			
	What is your ethnic origin? White - British White - Irish		Asian or Asian British - Bangladeshi Asian or Asian British - Other	2 (1%)

	White - Other	8 (4%)		ed race -		(8%)		
	Black or black British - Caribbear	o 14 (7%)	Mix	ribbean ed race - can	White and	d black	1 (1	%)
	Black or black British - African	6 (3%)		ed race -				2%)
	Black or black British - Other			ed race -				
	Asian or Asian British - Indian	4 (2%)	Chi	nese			1 (1	%)
	Asian or Asian British - Pakistani.	21 (11%	b) Oth	er ethnic	group		3 (2	?%)
Q1.10	Do you consider yourself to be Gyps						4 (2%	.)
	No						· · ·	<i>'</i>
Q1.11	What is your religion?	54 (070)		du			0.00	07)
	None			du				
	Church of England			vish			•	,
	Catholic			slim b				· /
	Protestant Other Christian denomination			h er				
	Buddhist		Our	er			1 (1	70)
Q1.12	How would you describe your sexual Heterosexual/straight						187	(96%)
	Homosexual/gay							. ,
	Bisexual						•	,
	Other						•	,
Q1.13	Do you consider yourself to have a	disahilitv?						
QIIIO	Yes	41 (2)	0%)					
	No							
Q1.14	How many times have you been in p	rison befor	e?					
	0	1	•	2 to 5 More that				
	50 (25%) 26	(13%)		67 (34			56 (28%	
Q1.15	Including this prison, how many pris		ou been 2 to 5	in during	g this ser		mand tin than 5	ne?
	111 (58%) 61 (32%) 18 (
Q1.16	Do you have any children under the	age of 182						
Q1.10	Yes						•	,
	No		•••••				102 (50%)
	Section 2: Co	ourts, tran	sfers a	nd esco	orts			
Q2.1	We want to know about the most rec	cent journey	/ you ha	ve made	either to	or from c	ourt or b	etween
	prisons. How was:	Very	Good	Neither	Bad	Very bad	Don't remember	N/A
		good						
	The cleanliness of the van?	21	96	31	27	11 (6%)	1 (1%)	5 (3%)
		(11%)	(50%)	(16%)	(14%)			
	Your personal safety during the journey		95	31	14 (8%)	8 (5%)	0 (0%)	5 (3%)
		(12%)	(55%)	(18%)				
	The comfort of the van?	4 (2%)	31	29	62	60	2 (1%)	4 (2%)
		<u> </u>	(16%)	(15%)	(32%)	(31%)		
	The attention paid to your health needs	s? 8 (4%)	44	46	33	40	3 (2%)	10 (5%)
			(24%)	(25%)	(18%)	(22%)		
	The frequency of toilet breaks?	7 (4%)	29	36	36	51	1 (1%)	29
			(15%)	(19%)	(19%)	(27%)		(15%)

Q2.2	How long did you sp	pend in the van?						
	Less than 1 hour	Over 1 hour to 2	Over 2 ho	ours to 4	More tha	n 4 hours	Dor	n't remember
		hours	hou					
	83 (43%)	71 (37%)	27 (1	4%)	7 (4%)		6 (3%)
Q2.3	How did you feel yo							
	Very well		Veither	Badly		Very bad	'y	Don't remember
	27 (14%)	88 (45%) 5	53 (27%)	14 (7%	b)	9 (5%)		5 (3%)
0 0 /				<i></i>				
Q2.4	Please answer the fe	ollowing questions	about when	you first a	arrived h		N/ -	Don't remember
	Did you know whore y	au wara gaing what		rt or whon	1	Yes	No	
	Did you know where y transferred from anot		n you left cou	It of when	14	47 (75%)	43 (22%	6) 7 (4%)
	Before you arrived he		ny written info	ormation at	out 2	5 (13%)	161 (840	%) 6 (3%)
	what would happen to			ormation a	Jour 2	5 (1570)		0 (070)
	When you first arrived		erty arrive at t	the same ti	me 1 <u></u>	54 (80%)	23 (12%	6) 15 (8%)
	as you?		ony anivo at			0070)	20 (12 /	
	Se	ction 3: Recepti	on. first ni	aht and i	inductio	on		
			,	<u>.</u>				
Q3.1	In the first 24 hours,	did staff ask you i	f you needeo	d help or s	upport w	ith the fo	ollowing	? (Please
	tick all that apply to		•	•	••		U	·
	Didn't ask abou	it any of these	29 (16%)	Money w	orries		2	8 (15%)
	Loss of property	·····	31 (17%)	Feeling d				8 (53%)
		ns		Health pr				
	Contacting emp	loyers	30 (16%)	Needing				3 (23%)
				prisoners				
	Contacting fami	ly	108 (58%)	Accessin				
		dants were being	34 (18%)	Other		•••••	1	3 (7%)
	IUUKEU allel							
Q3.2	Did you have any of	the following prob	lome when y	ou first ar	rived he	ro? (Ploa	so tick a	ll that annly
QJ.2	to you.)	the following prob	denis when y	you mist ai	nveu ne		Se lick a	ii tilat apply
		/ problems	42 (24%)	Monev w	orries			42 (24%)
		, 						36 (20%)
		ns						67 (38%)
		loyers		Needing				19 (11%)
	U ,		, , , , , , , , , , , , , , , , , , ,	prisoners				, , , , , , , , , , , , , , , , , , ,
		ly						63 (36%)
		dants were looked		Other				5 (3%)
	after							
00.0		- 11 11						
Q3.3	Please answer the fe	ollowing questions	about recep		_	Ma		Don't remember
	Mara you agan by a r	nombor of boolth oo	ruises?	Ye		No		
	Were you seen by a r When you were searc				91%) 74%)	18 (9º 41 (22		0 (0%) 6 (3%)
	respectful way?	lieu, was this came	u out in a	157 (1470)	41 (22	. 70)	0 (378)
	respectivi way:							
Q3.4	Overall, how well die	d vou feel vou were	e treated in r	eception?				
	Very well		Veither	Badly		Very bad	ly ^L	Don't remember
	16 (8%)	85 (43%) 5	8 (29%)	27 (149		10 (5%		2 (1%)
	、 ,	. ,	. ,	,		•		. ,
Q3.5	On your day of arriv	al, were you offere	d informatio	n on the fo	ollowing	? (Please	tick all t	hat apply to
	you.)				_			
		ut what was going to						
		ut what support was						
		ut how to make rout						
		ut your entitlement to						
		ut health services		•••••			•••••	
	Intormation abo	ut the chanlaincy						86 (46%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick A smokers/non-smokers pack	176 (88%)
	00 (100/)
The opportunity to have a shower	
The opportunity to make a free telephone call	
Something to eat	
Did not receive anything	4 (2%)
Q3.7 Did you meet any of the following people within the first 24 hours of your a (Please tick all that apply to you.)	arrival at this prison?
Chaplain or religious leader	89 (47%)
Someone from health services	
A Listener/Samaritans	
Did not meet any of these people	
Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of prison?	•
Yes	
No	185 (95%)
Q3.9 Did you feel safe on your first night here?	
Yes	
No	
Don't remember	11 (6%)
Q3.10 How soon after your arrival did you go on an induction course?	
Have not been on an induction course	62 (32%)
Within the first week	
More than a week	
Don't remember	15 (8%)
Q3.11 Did the induction course cover everything you needed to know about the	prison?
Have not been on an induction course	
Yes	()
No	
Don't remember	· · · · · · · · · · · · · · · · · · ·
Section 4: Legal rights and respectful custody	
Q4.1 How easy is to?	
Very easy Easy Neither Difficul	difficult

		very easy	Easy	Neither	Difficult	difficult	N/A
	Communicate with your solicitor or legal representative?	13 (7%)	59 (30%)	32 (16%)	47 (24%)	28 (14%)	16 (8%)
	Attend legal visits?	18 (10%)	74 (40%)	40 (22%)	14 (8%)	14 (8%)	24 (13%)
	Obtain bail information?	3 (2%)	28 (16%)	37 (21%)	39 (22%)	33 (18%)	40 (22%)
Q4.2	Have staff here ever opened let not with them? <i>Not had any letters</i> Yes				-	2	5 (13%)
	No						0 (41%) 0 (46%)
Q4.3	Please answer the following qu					living on: No Don	't N/A
						kno	N

			know	
Are you normally offered enough clean, suitable clothes for the week?	77	112	3 (2%)	4 (2%)
	(39%)	(57%)		

	Are you normally able t	o have a shower e	very day?		118 (61%)	70 (36%)	4 (2%) 1 (1%)
	Do you normally receiv	e clean sheets eve	ry week?		<u></u> 148	`42 [´] (22%)	3 (2%) 2(1%)
	Do you normally get ce	II cleaning material	s every week?	?	70	120	3 (2%) 2(1%)
	Is your cell call bell nor	mally answered wit	hin five minut	es?	5 9	(62%) 116 (60%)	14 (7%)	4 (2%)
	Is it normally quiet enou cell at night time?	ugh for you to be a	ble to relax or	sleep in your	107	75 (41%)	3 (2%)) 0 (0%)
	Can you normally get y	our stored property	v, if you need t	to?	33	103 (54%)	48 (25%)	7 (4%)
Q4.4	What is the food like I	nere?						
	Very good	Good	Neithe		Bad		Very	
	1 (1%)	17 (9%)	35 (18	%)	62 (32%)		80 (4	1%)
Q4.5	Does the shop/cantee						40 /7	207)
		anything yet						
								(53%)
Q4.6	Is it easy or difficult to	o get:						
	•	Very easy		Neither	Difficult	Very dif	ficult D	on't know
	A complaint form?	58 (30%)		19 (10%)	11 (6%)	6 (3		16 (8%)
	An application form?	46 (26%)	92 (51%)	14 (8%)	16 (9%)	7 (4	%)	5 (3%)
Q4.7	Have you made an application? Yes							
Q4.8	Please answer the fol	lowing questions	concerning	annlications:				
Q4.0	(If you have not made a				otion.)			
					Not mad one	e Y	es	No
	Do you feel application	s are dealt with fair	lv?		33 (17%	5) 73 (38%)	88 (45%)
	Do you feel application			n seven days)		, ,	,	96 (52%)
Q4.9	Have you made a com							
							•	,
								(0170)
Q4.10	Please answer the fol (If you have not made a				00)			
	(II you have not made t				Not mad	e Y	es	No
					one			
	Do you feel complaints				118 (63%			51 (27%)
	Do you feel <i>complaints</i> Were you given informa				118 (63% 73 (40%			50 (27%) 80 (44%)
	were you given morna		make an appe		73 (4070	5) 29(1070)	00 (44 /0)
Q4.11	Have you ever been n prison?	hade to or encour	aged to witho	lraw a compl	aint since y	vou hav	e been	in this
	•	plaint					118	3 (62%)
								· · ·
Q4.12	How easy or difficult i	s it for you to see	the Indepen	dent Monitor	ing Board (IMB)?		
			Easy	Neither	Diffic		Very	difficult
	80 (41%)	6 (3%) 2	1 (11%)	32 (17%)	34 (1	8%)	20	(10%)

Q4.13	What level of the IEP scheme are you on now?			
	Don't know what the IEP scheme is		1	4 (7%)
	Enhanced		7	75 (38%)
	Standard		g	9 (51%)
	Basic			
	Don't know			
Q4.14	Do you feel you have been treated fairly in your experience of the			
	Don't know what the IEP scheme is		1	4 (8%)
	Yes		g	94 (53%)
	No		4	8 (27%)
	Don't know		2	23 (13%)
Q4.15	Do the different levels of the IEP scheme encourage you to change			4 (00)
	Don't know what the IEP scheme is			4 (8%)
	Yes			
	No			· /
	Don't know		2	22 (13%)
Q4.16	Please answer the following questions about this prison?			
4.10	r lease answer the renewing questions about this prisen.	Yes		No
	In the last six months have any members of staff physically restrained	11 (6%	5) 1	87 (94%)
	you (C&R)?	(/	- ()
	In the last six months have you spent a night in the segregation /care	9 (5%)) 18	80 (95%)
	and separation unit?	, ,	,	()
Q4.17	Please answer the following questions about your religious beliefs			
		Yes	No	Don' t know/N/A
	Do you feel your religious beliefs are respected?	105 (54%)	39 (20%)	
	Are you able to speak to a religious leader of your faith in private if you		24 (13%)́	65 (35%)
	want to?	()	()	(,
Q4.18	Can you speak to a Listener at any time if you want to?			
	Yes No	1	Don't know	
	103 (53%) 27 (14%)		65 (33%)	
0440	Disease ensures the following expections should staff in this prince?			
Q4.19	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	131 (69)	26) F	59 (31%)
	problem?	101 (00	/0) C	5 (5170)
	Do most staff treat you with respect?	123 (65)	%) F	65 (35%)
		(00		(())
	Section 5: Safety			
Q5.1	Have you ever felt unsafe in this prison?			
	Yes			
	No 112 (56%)			
Q5.2	Do you feel unsafe in this prison at the moment?			
	Yes			
	No 159 (81%)			
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Pl			
	Never felt unsafe 112 (58%) At meal times			· · ·
	Everywhere			```
	Segregation unit 12 (6%) Visit's area		2	27 (14%)
	Association areas 28 (15%) In wing shower			
	Reception area 16 (8%) In gym showers			
	At the gym 22 (11%) In corridors/sta			
	In an exercise yard 27 (14%) On your landing			· /
				. ,

	At work During movement At education	. 25 (13%)		services		
Q5.4	Have you been victimised by another Yes No	37 (19%)	group of prise	oners here?		
		· · ·				
Q5.5	If yes, what did the incident(s) involve Insulting remarks (about you or you family or friends)	r 23 (12%)		se tick all th your sexuali		
	Physical abuse (being hit, kicked or assaulted)	[.] 11 (6%)	Because yo	ou have a dis	ability	. 8 (4%)
	Sexual abuse	. 2(1%)		your religion		2 (1%)
	Because of your race or ethnic origin	6 (3%)	Because of	your age		. 4 (2%)
	Because of drugs		-	a different pa n others		4 (2%)
	Having your canteen/property taker Because you were new here		Because of	your offence gang related	e/crime	. 10 (5%)
Q5.6	Have you been victimised by a member		group of staf	f here?		
	No	· · · ·				
Q5.7	If yes, what did the incident(s) involve Insulting remarks (about you or you			se tick all th ou have a dis		
	family or friends) Physical abuse (being hit, kicked or assaulted)			your religion		10 (5%)
	Sexual abuse Because of your race or ethnic origin	.2 (1%) 10 (5%)	Because if Being from	your age a different pa n others	art of the	. 6 (3%) 4 (2%)
	Because of drugs Because you were new here Because of your sexuality	. 12 (6%) . 13 (7%)	Because of	your offence gang related	e/crime	. 10 (5%)
Q5.8	If you have been victimised by prisone	ers or staff d	• •			400 (070()
	Not been victimised Yes No					. 21 (12%)
Q5.9	Have you ever felt threatened or intimi Yes No		-			44 (23%)
Q5.10	Have you ever felt threatened or intimi Yes No	-				47 (25%)
Q5.11	Is it easy or difficult to get illegal drug	s in this pris	on?			
		<i>Neither</i> 20 (10%)	<i>Difficult</i> 14 (7%)		lifficult (7%)	Don't know 99 (51%)
	Section	6: Health	services			
Q6.1	How easy or difficult is it to see the fo			N / - 14		
	Don't knowThe doctor21 (11%)	/ery easy 10 (5%)	Easy 42 (22%)	<i>Neither</i> 25 (13%)	Difficult 69 (36%)	Very difficult 27 (14%)

	The nurse The dentist	25 (14%) 35 (19%)	15 (8%)	56 (32%) 12 (7%)	25 (14%)		
	The optician	61 (34%)	5 (3%)	21 (12%)			· · ·
Q6.2		see a pharmacist?					. 69 (41%)
	No						. 98 (59%)
Q6.3	What do you thir	nk of the quality of t <i>Not been</i>	he health sei Very good	rvice from the Good	following pe Neither		Very bad
	The doctor	32 (17%)	13 (7%)		37 (19%)	27 (14%)	29 (15%)
	The nurse The dentist	34 (19%) 58 (33%)	13 (7%)	70 (38%) 16 (9%)		24 (13%) 31 (17%)	· · ·
	The optician	77 (45%)	4 (278) 5 (3%)	20 (12%)	35 (21%)	18 (11%)	
Q6.4		nk of the overall qua	ality of the he				
	Not been		Good	Neither		ad	Very bad
	23 (12%)	12 (6%)	45 (24%)	36 (19%)	40 (21%)	34 (18%)
Q6.5		y taking medication					104 (54%)
							· /
Q6.6	If you are taking cell?	medication, are you	u allowed to I	keep possessi	on of your n	nedication	in your own
	Not taking r	medication					· · · ·
							()
	NO			••••••		••••••	. 03 (33%)
Q6.7		have any emotional					00 (000)
							· · ·
	700	•••••••••••••••••••••••••••••••••••••••	••••••	•••••••••••••••••••••••••••••••••••••••	•••••	•••••	130 (07 78)
Q6.8		nal wellbeing/menta nat apply to you.)	al health issu	es being addre	essed by any	y of the foll	owing?
	Do not have	e any issues/not red					
							,
							· · ·
		h in-reach team					
							()
Q6.9	Did you have a p	roblem with either	of the followi	ng when you d	ame into th	is prison?	
	_					es	No
	Drugs					37%)	119 (63%)
	Alcohol				35 ((22%)	125 (78%)
Q6.10		ped a problem with					14 (7%)
Q6.11		o to contact in this					
							. ,
		not have a drug or a					
Q6.12		ed any intervention blem, while in this		uding, CARAT	s, Health Se	rvices etc.)	for your
	• •						62 (33%)

	No	•••••••••••••••••••••••	••••••••••••••••••••••••				18 (10%)
	Did not/do	not have a dr	ug or alcohol	problem			109 (58%)
Q6.13	Was the interve						40 (000)
							· · ·
				ived help			
6.14	Do you think yo	u will have a p	problem with	either of the fol	lowing when y	ou leave this	prison?
	Drugs				Yes 23 (12		Don't kno %) 33 (18%
	Alcohol				15 (99	, ,	
06.15	Do you know wł release?	no in this pris،	on can help y	ou contact exte	rnal drug or a	lcohol agenci	ies on
	Yes						39 (22%)
	No	••••••					22 (12%)
	N/A	••••••				••••••	119 (66%)
		Se	ction 7. Pu	rposeful acti	vitv		
7.1	Are you current	-	-	lowing activitie	•		
	-			•••••••••••••••••••••••••••••••••••••••			· · ·
7.2	If you have beer on release?	۱ involved in a	iny of the folle	owing, whilst in	۱ this prison, d	lo you think it	will help yo
				Not been involved	Yes	No	Don't know
	Prison job			42 (27%)	44 (28%)	47 (30%)	22 (14%)
	Vocational or skil			44 (40%)	31 (28%)	23 (21%)	12 (11%)
	Education (includ			41 (30%)	52 (38%)	27 (20%)	16 (12%)
	Offending behavi	our programme	es	48 (47%)	18 (18%)	20 (20%)	16 (16%)
		u ao to tho lil	orary?				
7.3	How often do yo						
7.3	Don't want	to go					
7.3	Don't want Never	to go					52 (28%)
27.3	Don't want Never Less than o	to go					52 (28%) 44 (24%)
27.3	Don't want Never Less than o About once	nce a week					52 (28%) 44 (24%) 33 (18%)
7.3	Don't want Never Less than o About once More than c	to go nce a week a week once a week					52 (28%) 44 (24%) 33 (18%) 8 (4%)
	Don't want Never Less than o About once More than o Don't know.	to go nce a week a week once a week					52 (28%) 44 (24%) 33 (18%) 8 (4%)
-	Don't want Never Less than o About once More than c	to go nce a week a week once a week					52 (28%) 44 (24%) 33 (18%) 8 (4%)
-	Don't want Never Less than o About once More than o Don't know. On average how	to go once a week a week once a week y many times o	do you go to t	the gym each w	/eek?		52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%)
7.4	Don't want Never Less than o About once More than o Don't know. On average how 45 (24%) On average how	to go nce a week a week once a week y many times o 34 (18%) y many times o	do you go to t 1 26 (14%) do you go out	the gym each w 2 49 (26%) tside for exercis	/eek? 3 to 5 23 (12%) se each week?	More than 5 3 (2%)	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%)
7.4	Don't want Never Less than o About once More than o Don't know. On average how Don't want to go 45 (24%) On average how Don't want to go	to go nce a week a week once a week o	do you go to t 1 26 (14%) do you go out 1 to	the gym each w 2 49 (26%) tside for exercis 2 3 t	veek? 3 to 5 23 (12%) se each week? to 5 Mo	More than 5 3 (2%) ore than 5	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%) Don't know
7.4	Don't want Never Less than o About once More than o Don't know. On average how 45 (24%) On average how	to go nce a week a week once a week y many times o 34 (18%) y many times o	do you go to t 1 26 (14%) do you go out 1 to	the gym each w 2 49 (26%) tside for exercis 2 3 t	veek? 3 to 5 23 (12%) se each week? to 5 Mo	More than 5 3 (2%)	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%)
7.4	Don't want Never Less than o About once More than o Don't know. On average how Don't want to go 45 (24%) On average how Don't want to go	to go a week once a week once a week y many times of 34 (18%) y many times of 0 26 (14%) y many hours	do you go to t 1 26 (14%) do you go out 1 to 72 (38	the gym each w 2 49 (26%) tside for exercis 2 3 t 8%) 30 (/eek? 3 to 5 23 (12%) se each week? to 5 Mo (16%) 2	More than 5 3 (2%) ore than 5 23 (12%)	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%) Don't know 2 (1%)
7.4	Don't want Never Less than o About once More than o Don't know. On average how Don't want to go 45 (24%) On average how Don't want to go 36 (19%) On average how education, at wo	to go a week once a week once a week y many times of 34 (18%) y many times of 26 (14%) y many hours ork etc.)	do you go to t 1 26 (14%) do you go out 1 to 72 (38 do you spend	the gym each w 2 49 (26%) tside for exercis 2 3 t 8%) 30 (/eek? 3 to 5 23 (12%) se each week? to 5 Mo (16%) 2 Il on a weekda	More than 5 3 (2%) ore than 5 23 (12%) by? (Please in d	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%) Don't know 2 (1%) clude hours
7.4	Don't want Never Less than o About once More than o Don't know. On average how Don't want to go 45 (24%) On average how Don't want to go 36 (19%) On average how education, at wo Less than 2	to go nce a week a week once a week y many times o 0 34 (18%) y many times o 0 26 (14%) y many hours ork etc.) hours	do you go to t 1 26 (14%) do you go out 1 to 72 (38 do you spend	the gym each w 2 49 (26%) tside for exercis 2 $3 t8%)$ $30 (I out of your ce$	/eek? 3 to 5 23 (12%) se each week? to 5 Mo (16%) 2 ill on a weekda	More than 5 3 (2%) ore than 5 23 (12%) by? (Please in d	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%) Don't know 2 (1%) clude hours 60 (32%)
7.4	Don't want Never Less than o About once More than o Don't know. On average how Don't want to go 45 (24%) On average how Don't want to go 36 (19%) On average how education, at wo Less than 2 2 to less tha	to go nce a week a week once a week y many times o 0 34 (18%) y many times o 0 26 (14%) y many hours ork etc.) hours	do you go to t 1 26 (14%) do you go out 1 to 72 (38 do you spend	the gym each w 2 49 (26%) tside for exercis 2 3 t 8%) 30 (1 out of your ce	/eek? 3 to 5 23 (12%) se each week? to 5 Mo (16%) 2 Il on a weekda	More than 5 3 (2%) ore than 5 23 (12%) ay? (Please inc	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%) Don't know 2 (1%) clude hours 60 (32%) 29 (15%)
27.3 27.4 27.5 27.6	Don't want Never Less than o About once More than o Don't know. On average how Don't want to go 45 (24%) On average how Don't want to go 36 (19%) On average how education, at wo Less than 2 2 to less that 4 to less that	to go nce a week a week once a week once	do you go to t 1 26 (14%) do you go out 1 to 72 (38 do you spend	the gym each w 2 49 (26%) tside for exercis 2 3 t 8%) 30 (d out of your ce	/eek? 3 to 5 23 (12%) se each week? to 5 Mo (16%) 2	More than 5 3 (2%) ore than 5 23 (12%) ny? (Please inc	52 (28%) 44 (24%) 33 (18%) 8 (4%) 14 (8%) Don't know 7 (4%) Don't know 2 (1%) clude hours 60 (32%) 29 (15%) 37 (20%)

						· · ·
Q7.7	On average, how					
	Don't want to go 1 (1%)	0 5 (3%)	<i>1 to 2</i> 16 (9%)	3 to 5 82 (44%)	More than 5 73 (39%)	<i>Don't know</i> 10 (5%)
Q7.8	•	n association				()
	Rarely Some of the Most of the ti	time me				46 (25%) 62 (34%) 16 (9%)
		Sec	ction 8: Reset	tlement		
Q8.1	In the first we	ot met him/her eek				36 (19%)
						()
Q8.2	How helpful do yo Do not have a personal officer/still have not met him/ her	ou think your per Very helpful	r sonal officer is f Helpful	? Neither	Not very helpful	Not at all helpful
	109 (58%)	18 (10%)	35 (19%)	15 (8%)	8 (4%)	2 (1%)
Q8.3	Yes	ed				32 (17%)
Q8.4	Very involved Involved Neither Not very invo	a sentence plan/	/OASys		1?	14 (7%) 7 (4%) 3 (2%) 1 (1%)
Q8.5	Yes	a sentence plan/	/OASys		s prison?	18 (10%)
Q8.6	Yes	a sentence plan	OASys	-	n targets in anothe	157 (83%) 15 (8%)
Q8.7	this prison?	-		-	our offending be	
	Yes					22 (12%)
Q8.8		-			or your release?	· · ·
	110	••••••			••••••	133 (0370)

Q8.9	Have you had any pro	blems with sendi	ng or receiv	ing mail?	
	Yes		-	-	85 (45%)
	No				85 (45%)
00.40					
Q8.10	Have you had any pro			elephones?	00 (48%)
					· · ·
					· /
	Don't know				6 (3%)
Q8.11	Did you have a visit in	the first week the	at you were	here?	
	Not been here a	week yet	-		
	Yes				. 58 (31%)
	No				. 115 (62%)
	Don't remember				. 7 (4%)
00.40		au raasius in tha	leat week?		
Q8.12	How many visits did y Not been in a week		1 to	2 3 to 4	5 or more
	5 (3%)	98 (57%)			0 (0%)
					- ()
Q8.13	How are you and your				
					· · ·
					()
	Neither				25 (14%)
	Badly				17 (9%)
					· · ·
_					
Q8.14				ur family/friends while in this pris	
					· · · · ·
	No				. 121 (66%)
Q8.15	Do you know who to c	contact to get help	o with the fo	llowing within this prison? (Plea	se tick all that
Q0.15	apply to you.)	ionact to get help	o with the re		Se tiek an that
		to contact	115 (67%)		18 (11%)
				preparation for release	
	Maintaining good	relationships	21 (12%)	Claiming benefits on release	
		ionships		Arranging a place at college	18 (11%)
	, to orall group and to de			/continuing education on release.	· · ·
	Finding a job on re	elease	24 (14%)	Continuity of health services on	25 (15%)
	r manig a job on re		_ ((, , , , , , , , , , , , , , , , ,	release	
	Finding accommo	dation on release .	20 (12%)	Opening a bank account	
00.40	De veu think were still		the environt of the		an) (Diassa 455)
Q8.16	all that apply to you.)	nave a problem w	ith any of tr	ne following on release from pris	on? (Please tick
			70 (200/)	Holp with your finances in	47 (260/)
	No problems	••••••	70 (30 %)	Help with your finances in preparation for release	47 (26%)
	Maintaining good	relationships	26 (14%)	Claiming benefits on release	
				Arranging a place at college	· · ·
	Avoluing bad relat	ionships	20 (1470)		26 (14%)
	Einding a jab an m		05 (160/)	/continuing education on release	
	Finding a job on re	elease	85 (46%)	Continuity of health services on release	
	Finding accommo	dation on release .	67 (37%)	Opening a bank account	
	-		. ,		. ,
Q8.17			ng happene	d to you here that you think will i	make you less
	likely to offend in the				00 (0051)
	NOt sentenced				68 (36%)

Yes	46 (24%)
No	75 (40%)



Prisoner survey responses HMP Birmingham 2012

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

Key	to tables			1		
	Any percentage highlighted in green is significantly better	2012			2012	2009
	Any percentage highlighted in blue is significantly worse	gham	_		gham	gham
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Birmingham 2012	prison arator		Birmingham 2012	Birmingham
	Percentages which are not highlighted show there is no significant difference	a amh	Local priso comparator		HMP E	HMP B
Nun	nber of completed questionnaires returned	203	5305		203	129
SEC	TION 1: General information					
2	Are you under 21 years of age?	1%	6%		1%	0%
3a	Are you sentenced?	65%	66%		65%	63%
3b	Are you on recall?	10%	10%		10%	12%
4a	Is your sentence less than 12 months?	23%	19%		23%	15%
4b	Are you here under an indeterminate sentence for public protection (IPP)?	2%	3%		2%	3%
5	Do you have six months or less to serve?	34%	34%		34%	29%
6	Have you been in this prison less than a month?	23%	21%		23%	20%
7	Are you a foreign national?	1 0 %	13%		10%	13%
8	Is English your first language?	88%	89%		88%	85%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	39%	25%		39%	40%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	5%		2%	4%
11	Are you Muslim?	21%	11%		21%	18%
12	Are you homosexual/gay or bisexual?	4%	3%		4%	5%
13	Do you consider yourself to have a disability?	20%	19%		20%	21%
14	Is this your first time in prison?	25%	29%		25%	27%
15	Have you been in more than five prisons this time?	10%	8%		10%	10%
16	Do you have any children under the age of 18?	50%	54%		50%	54%
SEC	TION 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?	61%	50%		61%	43%
1b	Was your personal safety during the journey good/very good?	67%	60%		67%	61%
1c	Was the comfort of the van good/very good?	18%	13%		18%	14%
1d	Was the attention paid to your health needs good/very good?	28%	29%		28%	26%
1e	Was the frequency of toilet breaks good/very good?	19%	15%		19%	18%
2	Did you spend more than four hours in the van?	4%	3%		4%	2%
3	Were you treated well/very well by the escort staff?	59%	65%		59%	61%
4a	Did you know where you were going when you left court or when transferred from another prison?	75%	74%		75%	66%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	15%		13%	9%
4c	When you first arrived here did your property arrive at the same time as you?	80%	81%		80%	81%

ney						
	Any percentage highlighted in green is significantly better	2012			2012	2009
	Any percentage highlighted in blue is significantly worse	gham			gham	gham
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	irming	orison rator		Birmingham 2012	irming
	Percentages which are not highlighted show there is no significant difference	HMP Birmingham 2012	Local prison comparator		HMP B	HMP Birmingham
SEC	TION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:					
1b	Problems with loss of property?	17%	13%		17%	13%
1c	Housing problems?	35%	31%		35%	29%
1d	Problems contacting employers?	16%	13%		16%	7%
1e	Problems contacting family?	58%	52%		58%	52%
1f	Problems ensuring dependants were looked after?	18%	15%		18%	15%
1g	Money problems?	15%	17%		15%	12%
1h	Problems of feeling depressed/suicidal?	53%	54%		53%	50%
1i	Health problems?	60%	62%		60%	62%
1j	Problems in needing protection from other prisoners?	23%	22%		23%	18%
1k	Problems accessing phone numbers?	40%	42%		40%	41%
2	When you first arrived:					
2a	Did you have any problems?	76%	76%		76%	82%
2b	Did you have any problems with loss of property?	19%	14%		19%	15%
2c	Did you have any housing problems?	28%	25%		28%	22%
2d	Did you have any problems contacting employers?	10%	7%		10%	5%
2e	Did you have any problems contacting family?	45%	34%		45%	36%
2f	Did you have any problems ensuring dependants were being looked after?	11%	8%		11%	4%
2g	Did you have any money worries?	24%	23%		24%	17%
2h	Did you have any problems with feeling depressed or suicidal?	20%	23%		20%	18%
2i	Did you have any health problems?	38%	30%		38%	34%
2j	Did you have any problems with needing protection from other prisoners?	11%	9%		11%	12%
2k	Did you have problems accessing phone numbers?	36%	31%		36%	33%
3a	Were you seen by a member of health services in reception?	91%	89%		91%	90%
3b	When you were searched in reception, was this carried out in a respectful way?	74%	73%		74%	70%
4	Were you treated well/very well in reception?	51%	58%		51%	45%
5	On your day of arrival, were you offered information about any of the following:					
5a	What was going to happen to you?	40%	47%		40%	41%
5b	Support was available for people feeling depressed or suicidal?	38%	47%		38%	33%
5c	How to make routine requests?	31%	38%		31%	28%
5d	Your entitlement to visits?	47%	44%		47%	48%
5e	Health services?	48%	51%		48%	39%
5f	The chaplaincy?	46%	48%		46%	35%
				-		

itey					
	Any percentage highlighted in green is significantly better	2012		2012	2009
	Any percentage highlighted in blue is significantly worse	gham		Birmingham 2012	gham
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	irminç	orison rator	irming	Birmingham
	Percentages which are not highlighted show there is no significant difference	HMP Birmingham 2012	Local prison comparator	HMP B	HMP B
SEC	TION 3: Reception, first night and induction continued				
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	89%	86%	89%	87%
6b	The opportunity to have a shower?	49%	33%	49%	56%
6c	The opportunity to make a free telephone call?	80%	57%	80%	77%
6d	Something to eat?	83%	80%	83%	82%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	47%	47%	47%	36%
7b	Someone from health services?	72%	76%	72%	67%
7c	A Listener/Samaritans?	28%	24%	28%	15%
8	Did you have access to the prison shop/canteen within the first 24 hours?	5%	15%	5%	4%
9	Did you feel safe on your first night here?	68%	72%	68%	58%
10	Have you been on an induction course?	68%	77%	68%	67%
For	those who have been on an induction course:				
11	Did the course cover everything you needed to know about the prison?	50%	59%	50%	38%
SEC	TION 4: Legal rights and respectful custody				
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	37%	41%	37%	31%
1b	Attend legal visits?	50%	59%	50%	50%
1c	Obtain bail information?	17%	24%	17%	19%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	40%	41%	45%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	39%	51%	39%	51%
3b	Are you normally able to have a shower every day?	61%	81%	61%	58%
3c	Do you normally receive clean sheets every week?	76%	82%	76%	81%
3d	Do you normally get cell cleaning materials every week?	36%	64%	36%	47%
3e	Is your cell call bell normally answered within five minutes?	31%	37%	31%	22%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	64%	58%	65%
3g	Can you normally get your stored property if you need to?	17%	26%	17%	15%
4	Is the food in this prison good/very good?	9%	25%	9%	10%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	46%	41%	40%
6a	Is it easy/very easy to get a complaints form?	73%	79%	73%	77%
6b	Is it easy/very easy to get an application form?	77%	84%	77%	84%
7	Have you made an application?	83%	85%	83%	87%

Main comparator and comparator to last time

Key	to tables					
	Any percentage highlighted in green is significantly better	2012			2012	2009
	Any percentage highlighted in blue is significantly worse	gham			gham :	gham (
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	irming	orison rator		Birmingham 2012	Birmingham 2009
	Percentages which are not highlighted show there is no significant difference	HMP Birmingham 2012	Local prison comparator		HMP B	HMP B
SEC	TION 4: Legal rights and respectful custody continued					
For	those who have made an application:					
8a	Do you feel applications are dealt with fairly?	45%	56%		45%	35%
8b	Do you feel applications are dealt with promptly (within seven days)?	37%	47%		37%	36%
9	Have you made a complaint?	39%	40%		39%	46%
For	those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	25%	30%		25%	33%
10b	Do you feel complaints are dealt with promptly (within seven days)?	28%	33%		28%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	27%		25%	28%
10c	Were you given information about how to make an appeal?	16%	21%		16%	15%
1,2	Is it easy/very easy to see the Independent Monitoring Board?	14%	23%		14%	20%
13	Are you on the enhanced (top) level of the IEP scheme?	39%	27%		39%	26%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	49%		53%	44%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	43%		46%	47%
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	7%		6%	9%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	11%		5%	8%
13a	Do you feel your religious beliefs are respected?	54%	55%		54%	48%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	52%	55%		52%	48%
14	Are you able to speak to a Listener at any time, if you want to?	53%	59%		53%	49%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	71%		69%	65%
15b	Do most staff in this prison treat you with respect?	65%	70%		65%	63%
SEC	TION 5: Safety					
1	Have you ever felt unsafe in this prison?	44%	41%		44%	46%
2	Do you feel unsafe in this prison at the moment?	19%	17%		19%	23%
4	Have you been victimised by another prisoner?	19%	21%		1 9 %	23%
5	Since you have been here, has another prisoner:					
	Made insulting remarks about you, your family or friends?	12%	10%		12%	12%
	Hit, kicked or assaulted you?	6%	6%		6%	10%
	Sexually abused you?	1%	1%	╞	1%	2%
5d	Victimised you because of your race or ethnic origin?	3%	4%		3%	2%
5e	Victimised you because of drugs?	7%	4%		7%	3%
5f	Taken your canteen/property?	7%	5%		7%	5%
5g	Victimised you because you were new here?	3%	6%		3%	4%
5h	Victimised you because of your sexuality?	1%	1%	╞	1%	1%
5i	Victimised you because you have a disability?	4%	2%	╞	4%	5%
5j	Victimised you because of your religion/religious beliefs?	1%	2%		1%	1%
5k	Victimised you because of your age?	2%	2%		2%	1%
51	Victimised you because you were from a different part of the country?	2%	4%		2%	6%
	Victimised you because of your offence/crime?	5%	4%	╞	5%	5%
5n	Victimised you because of gang related issues?	4%	4%		4%	3%

ney	to tables					
	Any percentage highlighted in green is significantly better	2012			2012	2009
	Any percentage highlighted in blue is significantly worse	ham 1			ham 1	ham :
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Birmingham 2012	rison		Birmingham 2012	Birmingham
	Percentages which are not highlighted show there is no significant difference	HMP Bi	Local prison comparator		HMP Bi	HMP Bi
SEC	TION 5: Safety continued					
6	Have you been victimised by a member of staff?	27%	25%		27%	26%
7	Since you have been here, has a member of staff:					
7a	Made insulting remarks about you, your family or friends?	14%	12%		14%	13%
7b	Hit, kicked or assaulted you?	5%	4%		5%	8%
7c	Sexually abused you?	1%	1%		1%	2%
7d	Victimised you because of your race or ethnic origin?	5%	5%		5%	6%
7e	Victimised you because of drugs?	6%	5%		6%	3%
7f	Victimised you because you were new here?	7%	6%		7%	7%
7g	Victimised you because of your sexuality?	0%	1%		0%	2%
7h	Victimised you because you have a disability?	4%	2%		4%	5%
7 i	Victimised you because of your religion/religious beliefs?	5%	3%		5%	2%
7j	Victimised you because of your age?	3%	2%		3%	2%
7k	Victimised you because you were from a different part of the country?	2%	3%		2%	5%
71	Victimised you because of your offence/crime?	5%	5%		5%	3%
7m	Victimised you because of gang related issues?	2%	2%		2%	2%
For	hose who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	35%	34%		35%	42%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	24%		23%	21%
10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	23%		25%	32%
11	Is it easy/very easy to get illegal drugs in this prison?	24%	29%		24%	32%
SEC	TION 6: Health services					
1a	Is it easy/very easy to see the doctor?	27%	27%		27%	23%
1b	Is it easy/very easy to see the nurse?	40%	53%		40%	33%
1c	Is it easy/very easy to see the dentist?	8%	11%		8%	4%
1d	Is it easy/very easy to see the optician?	15%	12%		15%	7%
2	Are you able to see a pharmacist?	41%	44%		41%	36%
	hose who have been to the following services, do you think the quality of the health service from ollowing is good/very good:					
3a	The doctor?	41%	45%		41%	39%
3b	The nurse?	56%	58%		56%	47%
3c	The dentist?	17%	32%		17%	21%
3d	The optician?	27%	35%		27%	34%
4	The overall quality of health services?	34%	40%		34%	30%
L				1		i

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	Any percentage highlighted in green is significantly better	2012		2012	2009
	Any percentage highlighted in blue is significantly worse	gham :		jham 3	ham
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP Birmingham 2012	prison arator	HMP Birmingham 2012	
	Percentages which are not highlighted show there is no significant difference	HMP	Local prisol comparator	НМР	HMP
Hea	th services continued				
5	Are you currently taking medication?	54%	50%	54%	47%
For t	hose currently taking medication:				
6	Are you allowed to keep possession of your medication in your own cell?	39%	57%	39%	58%
7	Do you feel you have any emotional wellbeing/mental health issues?	33%	34%	33%	28%
	hose with emotional wellbeing/mental health issues, are these being addressed by any of the wing:				
8a	Not receiving any help?	45%	40%	45%	47%
8b	A doctor?	21%	33%	21%	32%
8c	A nurse?	7%	19%	7%	18%
8d	A psychiatrist?	26%	18%	26%	22%
8e	The mental health in-reach team?	22%	27%	22%	32%
8f	A counsellor?	0%	13%	0%	4%
9a	Did you have a drug problem when you came into this prison?	37%	36%	37%	28%
9b	Did you have an alcohol problem when you came into this prison?	22%	26%	22%	19%
10a	Have you developed a drug problem since you have been in this prison?	7%	9%	7%	6%
For t	hose with drug or alcohol problems:				
11	Do you know who to contact in this prison for help?	84%	81%	84%	83%
12	Have you received any help or intervention while in this prison?	78%	67%	78%	64%
For t	hose who have received help or intervention with their drug or alcohol problem:				
13	Was this intervention or help useful?	69%	78%	69%	82%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	30%	31%	30%	27%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	29%	26%	29%	25%
For t	hose who may have a drug or alcohol problem on release, do you know who in this prison:				
15	Can help you contact external drug or alcohol agencies on release?	64%	60%	64%	46%

Main comparator and comparator to last time

Key	to tables				
	Any percentage highlighted in green is significantly better	2012		2012	2009
	Any percentage highlighted in blue is significantly worse	ham		ham	ham
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP Birmingham 2012	Local prison comparator	Birmingham 2012	HMP Birmingham 2009
	Percentages which are not highlighted show there is no significant difference	HMP	Local priso comparator	HMP	HMP
SEC	TION 7: Purposeful activity				
1	Are you currently involved in any of the following activities:				
1a	A prison job?	47%	43%	47%	37%
1b	Vocational or skills training?	6%	10%	6%	7%
1c	Education (including basic skills)?	27%	27%	27%	25%
1d	Offending behaviour programmes?	3%	8%	3%	4%
2ai	Have you had a job while in this prison?	73%	68%	73%	61%
For	those who have had a prison job while in this prison:				
2aii	Do you feel the job will help you on release?	39%	42%	39%	29%
2bi	Have you been involved in vocational or skills training while in this prison?	60%	53%	60%	48%
For	hose who have had vocational or skills training while in this prison:				
2bii	Do you feel the vocational or skills training will help you on release?	47%	51%	47%	49%
2ci	Have you been involved in education while in this prison?	70%	64%	70%	50%
For	those who have been involved in education while in this prison:				
2cii	Do you feel the education will help you on release?	55%	59%	55%	57%
2di	Have you been involved in offending behaviour programmes while in this prison?	53%	51%	53%	35%
For	those who have been involved in offending behaviour programmes while in this prison:				
2dii	Do you feel the offending behaviour programme(s) will help you on release?	33%	49%	33%	37%
3	Do you go to the library at least once a week?	22%	35%	22%	38%
4	On average, do you go to the gym at least twice a week?	40%	43%	40%	34%
5	On average, do you go outside for exercise three or more times a week?	28%	37%	28%	29%
6	On average, do you spend ten or more hours out of your cell on a weekday?	4%	9%	4%	6%
7	On average, do you go on association more than five times each week?	39%	48%	39%	33%
8	Do staff normally speak to you most of the time/all of the time during association?	13%	17%	13%	10%
SEC	TION 8: Resettlement				
1	Do you have a personal officer?	43%	46%	43%	48%
For	those with a personal officer:				
2	Do you think your personal officer is helpful/very helpful?	68%	63%	68%	63%
-	those who are sentenced:				
3	Do you have a sentence plan?	26%	42%	26%	27%
	those with a sentence plan:				
4	Were you involved/very involved in the development of your plan?	64%	57%	64%	65%
5	Can you achieve some/all of your sentence plan targets in this prison?	58%	64%	58%	41%
6	Are there plans for you to achieve some/all your targets in another prison?	47%	46%	47%	45%
For	those who are sentenced: Do you feel that any member of staff has helped you address your offending behaviour	20%	27%	20%	18%
8	while at this prison? Do you feel that any member of staff has helped you to prepare for release?	11%	15%	11%	8%
9	Have you had any problems with sending or receiving mail?	46%	43%	46%	62%
10	Have you had any problems with sending of receiving main:	48%	4 3 %	48%	48%
10	Did you have a visit in the first week that you were here?	31%	35%	31%	32%
		41%	35% 41%	41%	42%
12	Did you receive one or more visits in the last week?	41%	41%	41%	4∠%

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	Any percentage highlighted in green is significantly better	2012		2012	2009
	Any percentage highlighted in blue is significantly worse	jham 1		tham :	jham (
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	HMP Birmingham 2012	prison arator	Birmingham 2012	Birmingham
	Percentages which are not highlighted show there is no significant difference	HMP	Local priso comparato	HMP	HMP I
Res	ettlement continued				
For	those who have had visits:				
13	How are you and your family/friends usually treated by visits staff? (Very well/well)	46%	49%	46%	5 42%
14	Have you been helped to maintain contact with family/friends while in this prison?	34%	35%	34%	28%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	12%	14%	12%	7%
15c	Avoiding bad relationships?	8%	10%	8%	8%
15d	Finding a job on release?	14%	26%	14%	17%
15e	Finding accommodation on release?	12%	29%	12%	5 13%
15f	With money/finances on release?	11%	18%	11%	8%
15g	Claiming benefits on release?	23%	32%	23%	17%
15h	Arranging a place at college/continuing education on release?	11%	16%	11%	9%
15i	Accessing health services on release?	15%	21%	15%	5 12%
15j	Opening a bank account on release?	14%	16%	14%	6%
16	Do you think you will have a problem with any of the following on release from prison:				
16b	Maintaining good relationships?	14%	15%	14%	8%
16c	Avoiding bad relationships?	14%	15%	14%	8%
16d	Finding a job?	47%	49%	47%	38%
16e	Finding accommodation?	37%	40%	37%	33%
16f	Money/finances?	26 %	34%	26%	25%
16g	Claiming benefits?	32%	32%	32%	25%
16h	Arranging a place at college/continuing education?	14%	21%	14%	5 16%
16i	Accessing health services?	18%	19%	18%	12%
16j	Opening a bank account?	28%	30%	28%	19 %
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?	38%	48%	38%	49%



Key question responses (ethnicity, nationality and religion) HMP Birmingham 2012

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

	Any percentage highlighted in green is significantly better	ji	
	Any percentage highlighted in blue is significantly worse	rity ethr	
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Black and minority ethnic prisoners	White prisoners
	Percentages which are not highlighted show there is no significant difference	Black and prisoners	White p
Numb	er of completed questionnaires returned	77	120
1.3	Are you sentenced?	53%	73%
1.7	Are you a foreign national?	13%	9%
1.8	Is English your first language?	81%	94%
1.9	Are you from a minority ethnic group? Including all those who did not tick white British, white Irish or white other categories.		
1.1	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	2%
1.11	Are you Muslim?	53%	2%
1.12	Do you consider yourself to have a disability?	14%	24%
1.13	Is this your first time in prison?	27%	21%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	23%	30%
2.3	Were you treated well/very well by the escort staff?	50%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	70%	78%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	57%	58%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	49%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	63%
3.2a	Did you have any problems when you first arrived?	72%	79%
3.3a	Were you seen by a member of health care staff in reception?	93%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	70%	76%
3.4	Were you treated well/very well in reception?	46%	54%
3.7b	Did you have access to someone from health care within the first 24 hours?	66%	75%
3.9	Did you feel safe on your first night here?	63%	71%
3.10	Have you been on an induction course?	74%	65%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	38%

Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
20	174	41	157
47%	66%	57%	68%
		5%	12%
40%	94%	85%	89%
47%	37%	95%	23%
5%	2%	0%	2%
10%	21%		
30%	20%	10%	23%
42%	24%	29%	22%
37%	27%	28%	29%
47%	60%	46%	63%
79%	74%	67%	77%
81%	57%	61%	59%
62%	53%	45%	55%
81%	58%	50%	63%
74%	86%	81%	75%
89%	91%	90%	92%
70%	74%	56%	80%
37%	52%	44%	54%
61%	75%	63%	74%
65%	68%	57%	72%
66%	68%	75%	66%
21%	38%	37%	37%

	Any percentage highlighted in green is significantly better	nic	
	Any percentage highlighted in blue is significantly worse	rity eth	
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	lack and minority ethnic isoners	White prisoners
	Percentages which are not highlighted show there is no significant difference	Black an prisoner	White
4.3a	Are you normally offered enough clean, suitable clothes for the week?	33%	41%
4.3b	Are you normally able to have a shower every day?	58%	62%
4.3e	Is your cell call bell normally answered within five minutes?	31%	28%
4.4	Is the food in this prison good/very good?	7%	9%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	32%	43%
4.6a	Is it easy/very easy to get a complaints form?	65%	77%
4.6b	Is it easy/very easy to get an application form?	73%	79%
4.9	Have you made a complaint?	39%	40%
4.13	Are you on the enhanced (top) level of the IEP scheme?	36%	41%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme	? 37%	62%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	43%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%
4.16b	In the last six months have you spent a night in the segregation/ care and separation unit?	4%	6%
4.17a	Do you feel your religious beliefs are respected?	60%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	49%
4.18	Are you able to speak to a Listener at any time if you want to?	51%	53%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	60%	73%
4.19b	Do most staff in this prison treat you with respect?	58%	70%
5.1	Have you ever felt unsafe in this prison?	43%	45%
5.2	Do you feel unsafe in this prison at the moment?	18%	20%
5.4	Have you been victimised by another prisoner?	11%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	5%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	1%	1%
5.6	Have you been victimised by a member of staff?	24%	31%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	2%

Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
58%	37%	22%	45%
80%	58%	53%	65%
41%	29%	27%	32%
10%	9%	10%	9%
39%	42%	28%	44%
68%	73%	66%	74%
77%	76%	69%	78%
27%	39%	43%	37%
28%	39%	44%	38%
38%	55%	36%	57%
26%	48%	62%	43%
0%	6%	7%	5%
0%	6%	3%	6%
84%	50%	56%	53%
45%	51%	60%	51%
45%	53%	46%	55%
89%	66%	64%	70%
66%	64%	46%	71%
42%	44%	49%	42%
21%	19%	20%	18%
30%	19%	18%	20%
6%	3%	5%	3%
0%	4%	3%	5%
0%	1%	3%	1%
18%	29%	34%	26%
6%	5%	15%	3%

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	Any percentage highlighted in green is significantly better	nic	
	Any percentage highlighted in blue is significantly worse	rity eth	(A
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	ack and minority ethnic isoners	White prisoners
	Percentages which are not highlighted show there is no significant difference	Black an prisoner:	White p
5.7h	Have you been victimised because you have a disability? (By staff)	3%	4%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	20%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	27%	23%
6.1a	Is it easy/very easy to see the doctor?	26%	26%
6.1b	Is it easy/ very easy to see the nurse?	38%	40%
6.2	Are you able to see a pharmacist?	39%	41%
6.5	Are you currently taking medication?	40%	64%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	23%	39%
7.1a	Are you currently working in the prison?	34%	53%
7.1b	Are you currently undertaking vocational or skills training?	6%	7%
7.1c	Are you currently in education (including basic skills)?	34%	23%
7.1d	Are you currently taking part in an offending behaviour programme?	3%	2%
7.3	Do you go to the library at least once a week?	25%	19%
7.4	On average, do you go to the gym at least twice a week?	48%	36%
7.5	On average, do you go outside for exercise three or more times a week?	26%	28%
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.)	3%	5%
7.7	On average, do you go on association more than five times each week?	39%	39%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	6%	15%
8.1	Do you have a personal officer?	38%	44%
8.9	Have you had any problems sending or receiving mail?	42%	50%
8.10	Have you had any problems getting access to the telephones?	54%	45%

Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
0%	4%	5%	3%
0%	5%	17%	2%
16%	24%	22%	23%
12%	27%	39%	21%
23%	24%	35%	21%
28%	27%	20%	29%
23%	42%	40%	41%
44%	41%	30%	43%
47%	56%	41%	57%
28%	34%	28%	35%
53%	45%	31%	51%
5%	6%	6%	7%
37%	26%	33%	26%
5%	2%	0%	3%
22%	21%	18%	23%
21%	42%	43%	39%
11%	31%	31%	27%
5%	4%	3%	5%
27%	41%	38%	40%
19%	12%	5%	15%
53%	40%	31%	47%
22%	49%	32%	49%
42%	50%	53%	47%
			_



Key questions (disability analysis) HMP Birmingham 2012

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

Key to	tables		
	Any percentage highlighted in green is significantly better	o have	elves
	Any percentage highlighted in blue is significantly worse	selves t	er thems illity
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Consider themselves to have a disability) not consider themselves have a disability
	Percentages which are not highlighted show there is no significant difference	Consid a disab	Do not to have
Numb	er of completed questionnaires returned	41	160
1.3	Are you sentenced?	70%	64%
1.7	Are you a foreign national?	15%	9%
1.8	Is English your first language?	95%	86%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	28%	42%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	1%
1.11	Are you Muslim?	10%	23%
1.14	Is this your first time in prison?	30%	24%
2.1d	Was the attention paid to your health needs good/very good?	30%	28%
2.3	Were you treated well/very well by the escort staff?	56%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	73%	75%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	62%	57%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	65%	50%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	73%	57%
3.2a	Did you have any problems when you first arrived?	90%	72%
3.3a	Were you seen by a member of health care staff in reception?	88%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	74%
3.4	Were you treated well/very well in reception?	51%	52%
3.7b	Did you have access to someone from health care within the first 24 hours?	71%	72%
3.9	Did you feel safe on your first night here?	61%	71%
3.10	Have you been on an induction course?	67%	69%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	36%

Key to	b tables		
	Any percentage highlighted in green is significantly better	o have	elves
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	Percentages which are not highlighted show there is no significant difference	Consider themselves to have a disability	Do not o to have
4.3a	Are you normally offered enough clean, suitable clothes for the week?	42%	39%
4.3b	Are you normally able to have a shower every day?	59%	62%
4.3e	Is your cell call bell normally answered within five minutes?	27%	32%
4.4	Is the food in this prison good/very good?	12%	9%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	40%
4.6a	Is it easy/very easy to get a complaints form?	76%	73%
4.6b	Is it easy/very easy to get an application form?	79%	77%
4.9	Have you made a complaint?	44%	38%
4.13	Are you on the enhanced (top) level of the IEP scheme?	39%	39%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	5%
4.17a	Do you feel your religious beliefs are respected?	61%	53%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	53%
4.18	Are you able to speak to a Listener at any time if you want to?	61%	51%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	68%
4.19b	Do most staff in this prison treat you with respect?	76%	64%
5.1	Have you ever felt unsafe in this prison?	61%	39%
5.2	Do you feel unsafe in this prison at the moment?	27%	16%
5.4	Have you been victimised by another prisoner?	30%	16%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%
5.5i	Victimised you because you have a disability?	15%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%
5.6	Have you been victimised by a member of staff?	45%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	6%
5.7h	Victimised you because you have a disability?	15%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	5%

Key to	tables		
	Any percentage highlighted in green is significantly better	o have	elves
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	Percentages which are not highlighted show there is no significant difference	Consider ti a disability	Do not to have
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	30%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	22%	25%
6.1a	Is it easy/very easy to see the doctor?	37%	25%
6.1b	Is it easy/ very easy to see the nurse?	46%	39%
6.2	Are you able to see a pharmacist?	45%	40%
6.5	Are you currently taking medication?	85%	46%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	63%	25%
7.1a	Are you currently working in the prison?	41%	49%
7.1b	Are you currently undertaking vocational or skills training?	5%	7%
7.1c	Are you currently in education (including basic skills)?	21%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	5%	2%
7.3	Do you go to the library at least once a week?	16%	24%
7.4	On average, do you go to the gym at least twice a week?	26%	45%
7.5	On average, do you go outside for exercise three or more times a week?	18%	31%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	4%
7.7	On average, do you go on association more than five times each week?	38%	39%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	16%	12%
8.1	Do you have a personal officer?	37%	45%
8.9	Have you had any problems sending or receiving mail?	49%	44%
8.10	Have you had any problems getting access to the telephones?	56%	45%



Prisoner survey responses HMP Birmingham 2012

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

Key	to tables					
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Num	ber of completed questionnaires returned	24	177	ſ	123	78
SEC	TION 1: General information					
2	Are you under 21 years of age?	0%	1%		1%	0%
3a	Are you sentenced?	83%	62%		55%	79%
3b	Are you on recall?	9%	11%		10%	11%
4a	Is your sentence less than 12 months?	13%	24%		20%	27%
4b	Are you here under an indeterminate sentence for public protection (IPP)?	4%	2%		2%	3%
5	Do you have six months or less to serve?	33%	34%		29%	42%
6	Have you been in this prison less than a month?	12%	24%		21%	26%
7	Are you a foreign national?	13%	10%		12%	8%
8	Is English your first language?	96%	87%		85%	92%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	42%		50%	21%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	2%		3%	0%
11	Are you Muslim?	12%	22%		25%	14%
12	Are you homosexual/gay or bisexual?	8%	3%		3%	5%
13	Do you consider yourself to have a disability?	42%	17%		16%	27%
14	Is this your first time in prison?	39%	23%		29%	18%
15	Have you been in more than five prisons this time?	0%	11%		10%	8%
16	Do you have any children under the age of 18?	33%	52%	-	51%	49%
SEC	TION 2: Transfers and escorts					
For t	he most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	61%	61%		59%	64%
1b	Was your personal safety during the journey good/very good?	64%	68%		68%	65%
1c	Was the comfort of the van good/very good?	13%	19%		19%	18%
1d	Was the attention paid to your health needs good/very good?	29%	29%		33%	22%
1e	Was the frequency of toilet breaks good/very good?	9%	21%		21%	16%
2	Did you spend more than four hours in the van?	4%	4%		4%	3%
3	Were you treated well/very well by the escort staff?	58%	58%		62%	52%
4a	Did you know where you were going when you left court or when transferred from another prison?	67%	76%		73%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	4%	14%		17%	7%
4c	When you first arrived here did your property arrive at the same time as you?	71%	81%	;	80%	80%

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SEC	TION 3: Reception, first night and induction				
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	9%	17%	15%	18%
1c	Housing problems?	24%	37%	31%	42%
1d	Problems contacting employers?	19%	16%	17%	16%
1e	Problems contacting family?	34%	62%	61%	55%
1f	Problems ensuring dependants were looked after?	14%	19%	17%	21%
1g	Money problems?	5%	17%	18%	11%
1h	Problems of feeling depressed/suicidal?	62%	52%	50%	58%
1i	Health problems?	52%	61%	60%	59%
1j	Problems in needing protection from other prisoners?	48%	20%	20%	30%
1k	Problems accessing phone numbers?	34%	41%	39%	41%
2	When you first arrived:				
2a	Did you have any problems?	86%	75%	71%	84%
2b	Did you have any problems with loss of property?	19%	18%	19%	18%
2c	Did you have any housing problems?	29%	28%	28%	28%
2d	Did you have any problems contacting employers?	9%	10%	11%	9%
2e	Did you have any problems contacting family?	52%	44%	41%	51%
2f	Did you have any problems ensuring dependants were being looked after?	9%	11%	8%	15%
2g	Did you have any money worries?	19%	25%	21%	28%
2h	Did you have any problems with feeling depressed or suicidal?	34%	1 9 %	19%	23%
2 i	Did you have any health problems?	52%	36%	30%	51%
2j	Did you have any problems with needing protection from other prisoners?	38%	7%	8%	15%
2k	Did you have problems accessing phone numbers?	34%	36%	31%	43%
3a	Were you seen by a member of health services in reception?	75%	94%	93%	88%
3b	When you were searched in reception, was this carried out in a respectful way?	68%	75%	80%	65%
4	Were you treated well/very well in reception?	46%	52%	55%	47%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	31%	41%	40%	40%
5b	Support was available for people feeling depressed or suicidal?	31%	39%	36%	41%
5c	How to make routine requests?	17%	33%	27%	37%
5d	Your entitlement to visits?	31%	50%	50%	45%
5e	Health services?	35%	51%	47%	52%
5f	The chaplaincy?	35%	47%	44%	48%

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	Percentages which are not highlighted show there is no significant difference	Vulnerable prisoner unit (P wing)	Main Io D, G, K, wings)	Older	(A, B, C wings)	Newer prison wings)
SEC	TION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:					
6a	A smokers/non-smokers pack?	79%	90%	8	9%	87%
6b	The opportunity to have a shower?	21%	53%	5	2%	44%
6c	The opportunity to make a free telephone call?	58%	84%	8	5%	74%
6d	Something to eat?	71%	86%	84	4%	83%
7	Within the first 24 hours did you meet any of the following people:					
7a	The chaplain or a religious leader?	33%	50%	4	8%	47%
7b	Someone from health services?	54%	75%	73	3%	71%
7c	A Listener/Samaritans?	8%	30%	29	9%	25%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	4%	3	%	8%
9	Did you feel safe on your first night here?	46%	72%	69	9%	67%
10	Have you been on an induction course?	25%	75%	7	6%	56%
For	those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	50%	50%	50	0%	50%
SEC	TION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:					
1a	Communicate with your solicitor or legal representative?	39%	37%	3	6%	40%
1b	Attend legal visits?	56%	49%	47	7%	55%
1c	Obtain bail information?	23%	17%	1:	2%	26%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	54%	39%	34	4%	51%
3	For the wing/unit you are currently on:					
3a	Are you normally offered enough clean, suitable clothes for the week?	33%	39%	4:	2%	34%
3b	Are you normally able to have a shower every day?	37%	65%	6	0%	63%
3c	Do you normally receive clean sheets every week?	91%	74%	79	9%	71%
3d	Do you normally get cell cleaning materials every week?	29%	36%	34	4%	37%
3e	Is your cell call bell normally answered within five minutes?	29%	31%	3	5%	24%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	58%	5	7%	58%
3g	Can you normally get your stored property if you need to?	0%	19%	19	9%	14%
4	Is the food in this prison good/very good?	8%	10%	9	%	11%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	39%	3	8%	45%
6a	Is it easy/very easy to get a complaints form?	88%	70%	7	0%	76%
6b	Is it easy/very easy to get an application form?	84%	76%	7	6%	77%
7	Have you made an application?	92%	81%	8	3%	83%
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	Percentages which are not highlighted show there is no significant difference	Vulnerable prisoner unit (P wing)	ng, ng	Older part of the prison (A, B, C, D, G & K winds)	Newer par prison (L,
SEC	TION 4: Legal rights and respectful custody continued	> 3	Ž Ó Š		
For	hose who have made an application:				
8a	Do you feel applications are dealt with fairly?	48%	45%	46%	45%
8b	Do you feel applications are dealt with promptly (within seven days)?	41%	37%	33%	46%
9	Have you made a complaint?	58%	36%	35%	45%
For	hose who have made a complaint:				
10a	Do you feel complaints are dealt with fairly?	30%	24%	24%	27%
10b	Do you feel complaints are dealt with promptly (within seven days)?	36%	25%	30%	25%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	15%	27%	22%	29%
10c	Were you given information about how to make an appeal?	23%	15%	12%	22%
1,2	Is it easy/very easy to see the Independent Monitoring Board?	17%	14%	13%	16%
13	Are you on the enhanced (top) level of the IEP scheme?	50%	37%	37%	40%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	53%	50%	57%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	5%	52%	52%	37%
16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	5%	5%	7%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	4%	2%	9%
13a	Do you feel your religious beliefs are respected?	54%	54%	60%	45%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	48%	52%	52%	50%
14	Are you able to speak to a Listener at any time if you want to?	44%	54%	55%	48%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	69%	71%	66%
15b	Do most staff in this prison treat you with respect?	70%	64%	64%	66%
SEC	TION 5: Safety				
1	Have you ever felt unsafe in this prison?	75%	40%	38%	55%
2	Do you feel unsafe in this prison at the moment?	42%	16%	18%	21%
4	Have you been victimised by another prisoner?	56%	14%	12%	31%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	31%	10%	8%	19%
5b	Hit, kicked or assaulted you?	13%	5%	3%	11%
5c	Sexually abused you?	0%	1%	0%	3%
5d	Victimised you because of your race or ethnic origin?	0%	4%	3%	3%
5e	Victimised you because of drugs?	17%	6%	4%	12%
5f	Taken your canteen/property?	17%	5%	5%	9%
5g	Victimised you because you were new here?	4%	3%	3%	4%
5h	Victimised you because of your sexuality?	0%	1%	0%	1%
5i	Victimised you because you have a disability?	4%	4%	3%	7%
5j	Victimised you because of your religion/religious beliefs?	0%	1%	0%	3%
5k	Victimised you because of your age?	9%	1%	1%	4%
51	Victimised you because you were from a different part of the country?	4%	2%	2%	3%
5m	Victimised you because of your offence/crime?	26%	2%	2%	11%
5n	Victimised you because of gang related issues?	9%	4%	3%	7%
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SEC	TION 5: Safety continued				
6	Have you been victimised by a member of staff?	50%	25%	24%	33%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	21%	13%	13%	16%
7b	Hit, kicked or assaulted you?	8%	5%	4%	7%
7c	Sexually abused you?	8%	0%	0%	3%
7d	Victimised you because of your race or ethnic origin?	0%	6%	7%	3%
7e	Victimised you because of drugs?	12%	5%	1%	14%
7f	Victimised you because you were new here?	4%	7%	8%	5%
7g	Victimised you because of your sexuality?	0%	0%	0%	0%
7h	Victimised you because you have a disability?	4%	4%	3%	5%
7i	Victimised you because of your religion/religious beliefs?	4%	5%	5%	5%
7j	Victimised you because of your age?	0%	4%	3%	4%
7k	Victimised you because you were from a different part of the country?	8%	1%	1%	4%
71	Victimised you because of your offence/crime?	12%	4%	4%	7%
7m	Victimised you because of gang related issues?	4%	1%	1%	3%
For	those who have been victimised by staff or other prisoners:				
8	Did you report any victimisation that you have experienced?	62%	25%	29%	40%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	52%	19%	18%	31%
10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	24%	23%	28%
11	Is it easy/very easy to get illegal drugs in this prison?	17%	25%	27%	20%
SEC	CTION 6: Health services				
1a	Is it easy/very easy to see the doctor?	37%	24%	27%	25%
1b	Is it easy/very easy to see the nurse?	39%	40%	38%	43%
1c	Is it easy/very easy to see the dentist?	5%	8%	7%	9%
1d	Is it easy/very easy to see the optician?	22%	13%	14%	14%
2	Are you able to see a pharmacist?	29%	43%	41%	41%
	those who have been to the following services, do you think the quality of the health service from following is good/very good:				
3a	The doctor?	35%	42%	46%	35%
3b	The nurse?	53%	55%	55%	55%
3c	The dentist?	15%	17%	13%	22%
3d	The optician?	43%	23%	22%	31%
4	The overall quality of health services?	32%	34%	38%	29%
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Hea	th services continued				
5	Are you currently taking medication?	75%	51%	41%	74%
For 1	hose currently taking medication:				
6	Are you allowed to keep possession of your medication in your own cell?	56%	36%	52%	29%
7	Do you feel you have any emotional wellbeing/mental health issues?	54%	29%	28%	40%
	hose with emotional wellbeing/mental health issues, are these being addressed by any of the wing:				
8a	Not receiving any help?	46%	46%	47%	44%
8b	A doctor?	23%	20%	17%	26%
8c	A nurse?	8%	7%	7%	7%
8d	A psychiatrist?	23%	25%	24%	26%
8e	The mental health in-reach team?	15%	25%	27%	19%
8f	A counsellor?	0%	0%	0%	0%
9a	Did you have a drug problem when you came into this prison?	24%	39%	24%	58%
9b	Did you have an alcohol problem when you came into this prison?	23%	22%	14%	36%
10a	Have you developed a drug problem since you have been in this prison?	12%	7%	1%	17%
For t	hose with drug or alcohol problems:				
11	Do you know who to contact in this prison for help?	89%	83%	82%	85%
12	Have you received any help or intervention while in this prison?	67%	79%	81%	75%
For 1	hose who have received help or intervention with their drug or alcohol problem:				
13	Was this intervention or help useful?	67%	69%	72%	67%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	34%	30%	20%	47%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	35%	28%	21%	42%
For t	hose who may have a drug or alcohol problem on release, do you know who in this prison:				
15	Can help you contact external drug or alcohol agencies on release?	61%	65%	56%	69%

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	Percentages which are not highlighted show there is no significant difference	Vulne unit (f	Main Ic D, G, K wings)	<mark>Older p</mark> (A, B, C wings)	Newer prison wings)
SEC	TION 7: Purposeful activity				
1	Are you currently involved in any of the following activities:				
1a	A prison job?	61%	45%	45%	51%
1b	Vocational or skills training?	0%	7%	6%	7%
1c	Education (including basic skills)?	22%	28%	30%	23%
1d	Offending behaviour programmes?	0%	3%	3%	1%
2ai	Have you had a job while in this prison?	79%	72%	75%	69%
For	hose who have had a prison job while in this prison:				
2aii	Do you feel the job will help you on release?	32%	40%	40%	37%
2bi	Have you been involved in vocational or skills training while in this prison?	53%	61%	63%	56%
For	hose who have had vocational or skills training while in this prison:				
2bii	Do you feel the vocational or skills training will help you on release?	37%	48%	45%	50%
2ci	Have you been involved in education while in this prison?	78%	69%	70%	70%
For	hose who have been involved in education while in this prison:				
2cii	Do you feel the education will help you on release?	43%	57%	59%	49%
2di	Have you been involved in offending behaviour programmes while in this prison?	53%	53%	55%	50%
For	hose who have been involved in offending behaviour programmes while in this prison:				
2dii	Do you feel the offending behaviour programme(s) will help you on release?	25%	35%	36%	29%
3	Do you go to the library at least once a week?	13%	23%	27%	14%
4	On average, do you go to the gym at least twice a week?	25%	42%	46%	30%
5	On average, do you go outside for exercise three or more times a week?	4%	31%	30%	25%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	4%	4%	4%
7	On average, do you go on association more than five times each week?	0%	45%	46%	30%
8	Do staff normally speak to you most of the time/all of the time during association?	9%	13%	12%	13%
SEC	TION 8: Resettlement				
1	Do you have a personal officer?	25%	46%	45%	39%
For	hose with a personal officer:				
2	Do you think your personal officer is helpful/very helpful?	33%	70%	74%	56%
For	hose who are sentenced:				
3	Do you have a sentence plan?	27%	27%	32%	21%
For	hose with a sentence plan:				
4	Were you involved/very involved in the development of your plan?	25%	69%	71%	50%
5	Can you achieve some/all of your sentence plan targets in this prison?	20%	65%	63%	50%
6	Are there plans for you to achieve some/all your targets in another prison?	20%	52%	55%	33%
For	hose who are sentenced:				
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	16%	21%	23%	16%
8	Do you feel that any member of staff has helped you to prepare for release?	4%	12%	11%	12%
9	Have you had any problems with sending or receiving mail?	46%	45%	46%	44%
10	Have you had any problems getting access to the telephones?	54%	47%	55%	36%
11	Did you have a visit in the first week that you were here?	33%	31%	31%	32%
12	Did you receive one or more visits in the last week?	41%	40%	41%	37%
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	Any percentage highlighted in green is significantly better	er	в, с,	prison <	4
	Any percentage highlighted in blue is significantly worse	risone	л (А, 8. N	the & I	f the N & F
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	Vulnerable prisoner unit (P wing)	location K, L, M 8 s)	part of 1 C, D, G	oart o (L, M,
	Percentages which are not highlighted show there is no significant difference	Vulne unit (I	Main Ic D, G, K wings)	Older p (A, B, C wings)	Newer prison wings)
Res	ettlement continued				
For	hose who have had visits:				
13	How are you and your family/friends usually treated by visits staff? (Very well/well)	44%	45%	49%	37%
14	Have you been helped to maintain contact with family/friends while in this prison?	17%	36%	38%	26%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	9%	13%	9%	17%
15c	Avoiding bad relationships?	9%	7%	6%	11%
15d	Finding a job on release?	5%	15%	13%	16%
15e	Finding accommodation on release?	9%	12%	10%	14%
15f	With money/finances on release?	9%	11%	9%	14%
15g	Claiming benefits on release?	29%	22%	18%	31%
15h	Arranging a place at college/continuing education on release?	5%	11%	9%	13%
15i	Accessing health services on release?	5%	16%	11%	20%
15j	Opening a bank account on release?	14%	14%	10%	20%
16	Do you think you will have a problem with any of the following on release from prison:				
16b	Maintaining good relationships?	17%	14%	13%	16%
16c	Avoiding bad relationships?	26%	13%	9%	23%
16d	Finding a job?	44%	47%	43%	52%
16e	Finding accommodation?	52%	35%	29%	49%
16f	Money/finances?	31%	25%	23%	30%
16g	Claiming benefits?	48%	30%	29%	38%
16h	Arranging a place at college/continuing education?	13%	14%	13%	16%
16i	Accessing health services?	22%	18%	15%	23%
16j	Opening a bank account?	31%	28%	25%	35%
For	hose who are sentenced:				
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	42%	38%	47%	30%