

Report on an unannounced inspection of

HMP Gloucester

3–13 July 2012

by HM Chief Inspector of Prisons

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Introduction

Gloucester is one of the older establishments in the prison system, with a poor infrastructure and situated in a cramped inner city location. Overall this is not a good report, with many issues and concerns we have raised in previous reports still to be addressed. Much needs to be done to raise often basic standards, including investment in the environment and the regime, as well as perhaps redefining the institution's principal purpose.

Gloucester's best features are that it remains to a great extent a safe place, predicated on the quality of staff-prisoner relationships. As a local prison, Gloucester receives prisoners on remand, awaiting trial or during the early stage of their sentence. Procedures to manage and induct new arrivals were generally adequate, if sometimes slow. Prisoners told us that they felt safe in Gloucester and there were relatively few incidents of recorded violence, despite underdeveloped structures to confront antisocial behaviour. The incidence of self-harm was similarly low, despite two tragic self-inflicted deaths since we last visited. Support for those in crisis appeared to be good.

The treatment of vulnerable prisoners remained a significant concern. The environment where they lived was poor and their regime very limited, and there was evidence that they experienced abuse and intimidation from other prisoners. The experience for vulnerable prisoners who had to be held on mainstream locations, if numbers required it, was even worse. The treatment of segregated prisoners was similarly concerning – this high risk group were not even continually supervised, although this was mitigated by low numbers and generally brief stays.

The accommodation in Gloucester is among the poorest in the prison system. Cells in the oldest part of the prison are dark and dingy and invariably overcrowded. C wing, built in the 1960s, continued to operate 'night sanitation' access to toilets, in which individual cells were unlocked remotely and electronically during periods of lock up. In our view, and as we have indicated in other prisons, this arrangement is flawed and demeaning. As with safety, the worst consequences of this poor environment were mitigated by remarkably good staff-prisoner relationships. In our survey, some 91% of prisoners felt staff treated them with respect which, in context, was as surprising as it was impressive.

Prisoners from most minority groups, were positive across many indicators, despite the seeming inadequacy of much of the prison's work to promote diversity. Formal support for minority groups was limited, particularly so for foreign nationals. The provision of health care was generally good.

The quality of the regime in Gloucester was very poor with little done to address criticisms we have made repeatedly at recent previous inspections. Time out of cell and access to association were poor; routines were less than predictable, and there was not enough for prisoners to do. We found well over half of the population locked up during the working day, which was as high as we had seen in any prison recently and completely unacceptable. There had been some work to address some qualitative aspects of learning and skills, but the range of educational and vocational opportunities remained poor.

We were told that the prison planned to become a 'community prison', developing links into the local community and facilitating the resettlement of local Gloucestershire people. As a concept this made sense, and might help address some of the strategic weaknesses we have identified, as well as giving the prison a more coherent sense of purpose. However, the project was embryonic, without focus or even a delivery plan. The more immediate needs of

resettlement and offender management needed to be addressed, including for almost half of the population who were short-term prisoners with very limited custody planning. For those formally in scope for offender management, sentence planning was inconsistent and supervisor contact infrequent; plans lacked sufficient focus on risk reduction, and quality assurance arrangements and public protection procedures were weak.

Gloucester was a prison that seemed to have stood still. It was disappointing that issues that we had raised previously had not been addressed with sufficient rigour, but it was encouraging that the new governor was clear about the problems facing the prison and was trying to improve basic standards. The quality of engagement between staff and prisoners was also a significant strength upon which to build. However, Gloucester's issues were fundamental. The conditions in which people were held needed to be improved; prisoners needed to be given something meaningful and purposeful to do, and they needed better help resettling into society.

Nick Hardwick
HM Chief Inspector of Prisons

September 2012

Fact page

Task of the establishment

Category B adult male local prison and young offender institution.

Prison status

Public sector

Region

South West

Number held

4.7.12: 309

Certified normal accommodation

316

Operational capacity

321

Date of last full inspection

16-20 April 2007

Brief history

Originally built in 1782, the prison was substantially rebuilt in 1840. The original single large wing holds those remanded or recently convicted. C wing, added in 1971, includes a voluntary drug testing unit. A new gate, administration and visits facility were added in 1987.

Short description of residential units

A wing – induction and normal location in double cells with integral sanitation.

B2/3 wing – normal location in double cells with integral sanitation

B1 wing – vulnerable prisoners; double cells with integral sanitation

C wing – normal location in single cells with 'night sanitation', including the voluntary drug testing unit

Name of governor

Chantel King

Escort contractor

GeoAmey

Health service commissioner and provider

Commissioner – Gloucestershire Care Services Primary Care Trust

Provider – 2gether NHS Foundation Trust

Learning and skills providers

A4E, N-ergy, Tribal

Independent Monitoring Board chair

Brian Drury

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 Optional Protocol to the UN 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 Prisoners reported positively about their journey and reception into the prison, and most said they felt safe at all times. The reception process was protracted and there were no trained prisoner peer supporters to greet arrivals. Many first night cells were in poor condition, but staff offered good care to prisoners on their first night. Staff were quick to challenge inappropriate behaviour, and victims of bullying felt supported. Self-harm monitoring documents were generally of a reasonable standard, but some staff gave priority to security over preserving life when it came to unlocking cell doors. Vulnerable prisoners were treated less favourably than other prisoners in most areas. There was no drug supply reduction policy, and drug tests often fell out of time. The segregation unit was poor and the regime restricted, although few prisoners remained there for long periods. Overall outcomes for prisoners were reasonably good against this healthy prison test.

HP6 In our survey,¹ most prisoners said they felt safe during their journey to the prison and were treated with respect by escort staff. Prisoners were held in vans outside the prison for too long before disembarking, and some new arrivals spent up to five hours in reception, which was unacceptably long. Despite these delays, prisoners spoke of positive interactions with staff, which we also observed. However, there were no prisoner 'Insider' peer supporters or Listeners (prisoners trained to support those at risk of self-harm) in reception, which was poor practice. We were not assured that all new arrivals were offered a shower.

HP7 First night cells were clean but stark and poorly prepared and equipped. Staff handover arrangements to care for new arrivals were adequate, and procedures to monitor them during their first night in custody were impressive. Induction did not always start the day after arrival but we were assured that everyone received one,

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*.)

although the induction for vulnerable prisoners was uninspiring. The vast majority of prisoners, however, said they felt safe on their first night.

- HP8 In our survey, more respondents than the comparator said they felt safe in the prison, and the incidence of violence and bullying was reasonably low. Staff took quick action to keep individuals safe and challenge most inappropriate behaviour, but subsequent investigations into violent or antisocial incidents were weak and support for victims was underdeveloped. The data collected on indicators of violence needed to be broadened to develop trend and pattern analysis. The regime for vulnerable prisoners was inadequate and their environment was poor, and they were often subjected to abuse from other prisoners when moving around the prison.
- HP9 The incidence of self-harm was low, but there had been two self-inflicted deaths since our last inspection. Self-harm monitoring documents were generally of a reasonable standard and often showed good staff care and engagement with prisoners in crisis. However, not all staff had been trained in self-harm monitoring, and some believed that during patrol state security arrangements took precedence over the preservation of life. This was a particular issue when determining when to enter locked cells in an emergency. There were too few Listeners for the population, but those in place felt supported and had unhindered access to prisoners in crisis. The support group for prisoners at risk of self-harm or suicide was a positive and appreciated initiative.
- HP10 Security was proportionate for a local prison. Intelligence was generally well managed and dealt with efficiently, with target searches carried out quickly. Many requests for suspicion drug testing were not carried out as they fell out of time, even though mandatory drug test results were higher than at similar prisons. Closed visits were used sparingly but sometime inappropriately for reasons not related to visits.
- HP11 The incentives and earned privileges (IEP) policy was understood by staff and prisoners, and prisoners were warned appropriately about infringements of rules. The reviews we examined were proportionate but not always carried out in accordance with the policy and based on all the available information, particularly when prisoners were demoted.
- HP12 Adjudications were managed well and their quality assurance was sound. Use of force was comparable with other local prisons. Documentation showed use of de-escalation, and that force was used as a last resort. Governance of control and restraint incidents was reasonable and all incidents were reviewed. Special accommodation had not been used for at least 12 months.
- HP13 The segregation unit was a poor environment. Staffing of the unit was shared with the vulnerable prisoner landing, which disadvantaged both groups, who could not be unlocked at the same time. The segregation unit still lacked continuous supervision, which was unacceptable. Few prisoners were held in segregation for long, but those who stayed over a month had comprehensive reintegration and management plans. The unit regime was restricted with little to occupy residents.
- HP14 Prescribing regimes for substance misusers were flexible and reviewed regularly. There was a high need for alcohol detoxification, and specialist alcohol nurses were included in the clinical team. The substance misuse strategy was informed by a detailed needs analysis, but there was no prison supply reduction action plan. The prison was developing a recovery spur and peer support groups.

Respect

- HP15 Accommodation units were poor. Most residential units were shabby, with graffiti in most areas. Cells were small and not adequately furnished, single cells often housed two prisoners, and the offensive displays policy was not enforced rigorously. Night sanitation was wholly inappropriate and disrespectful. Staff-prisoner relationships were exceptionally good, which helped mitigate the poor environmental conditions. Prisoners from minority groups were positive about their treatment, but the prison lacked attention to diversity work. The faith and religious needs of prisoners were well catered for. Complaints and applications were managed well. The quality of health care was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP16 The fabric of the prison was old and cleanliness varied. Too many cells had graffiti and offensive displays. Cells used for more than one prisoner had insufficient furniture, inadequate toilet screening, and were dark and dismal. Single cells often housed two prisoners and were cramped and insufficiently furnished. Night sanitation arrangements on C wing were unacceptable and gave little privacy to prisoners. Prisoners had reasonable access to showers, but many were worn and dirty. Not all prisoners could wear their own clothes, and there were no laundry facilities for those who could.
- HP17 The majority of prisoners felt that staff treated them with respect; in our survey, an impressive 91% of respondents believed they were treated with respect by staff. We observed staff interacting with prisoners during association with good humour and courtesy, although staff entries in case history notes did not reflect the good interaction we observed.
- HP18 Most prisoners from minority groups were broadly satisfied with their treatment, and most said that staff treated them with respect. Governance of equality and diversity was inadequate, and there was limited attendance at the equality action team meetings. Monitoring data was collected but there was not enough investigation of out-of-range indicators. An action plan covered mainly disability and failed to address other protected characteristics (minority groups). There were no formal peer support for any minority groups. Foreign nationals felt isolated and unsupported, and had no access to independent immigration advice. There was good identification of prisoners with disabilities, and some reasonable adjustments had been made, but prisoners with mobility difficulties could not shower daily.
- HP19 The chaplaincy was visible throughout the prison and was appreciated by prisoners. Access to corporate worship was unrestricted and the facilities were suitable. Most prisoners felt that their religious beliefs were respected and that they could see a religious leader of their faith if needed.
- HP20 The number of complaints by prisoners was similar to comparable prisons, and in our survey, more respondents than the comparator were satisfied with the complaints process. Complaint forms were freely available, and responses usually addressed the prisoner personally, were answered promptly and addressed the issue. Quality assurance procedures were satisfactory. There was an adequate legal service.
- HP21 Health services were good, and relationships with the commissioners were very good, with appropriate involvement of the governor and clinical services manager. Prisoners

were very satisfied with the quality of care and had good access to a comprehensive range of primary care services. The health care centre had been refurbished and part of the inpatient unit had been converted to provide daycare and consultation facilities. Very few patients were given their medicines in possession, and the management of medicine stock was not good. The quality of dental care was very good.

- HP22 Most prisoners were positive about the food and our observations supported this view. Lunch and evening meals were served too early. The range of goods in the prison shop was adequate, and there was appropriate consultation on changes to the shop list.

Purposeful activity

HP23 Prisoners spent far too long locked in their cells, and the prison had done little to improve opportunities for meaningful employment or activity. There was regular slippage in unlocking prisoners, and available facilities were not maximised. Unemployment was particularly high and there were insufficient work places to meet demand, compounded by a poor range of educational and vocational opportunities. Achievement of qualifications for the few prisoners who took them had improved. However, there remained a need for the prison and education providers to work together to improve all aspects of provision. The library was good. The PE provision was well managed, and promotion of healthy living was particularly good. Outcomes for prisoners were poor against this healthy prison test.

- HP24 Prisoners' time out of cell was poor. Association periods were limited and often cancelled. Roll checks during the inspection showed that an average of 57% of the population were locked up and not engaged in activity during the working day, which was unacceptably high. There was consistent and severe slippage to the core routine. Time in the open air was offered daily.

- HP25 Management of learning and skills and work was inadequate. Although the new head of reducing reoffending had made some changes to improve learning and skills, the prison had insufficient education management expertise to continue improving. There was no clear learning and skills strategy to meet the needs of prisoners, and the prison had made insufficient progress in areas previously identified for improvement.

- HP26 The constraints of the regime had affected learning, and the lack of flexibility by many tutors also affected the delivery of learning. Labour allocation processes were fair overall, although prisoners waited for too long before they were allocated to activities. Many waiting lists were long, managed ineffectively and did not maximise the space available. Although prisoner pay was generally low, this did not disadvantage participation in education.

- HP27 The prison did not analyse data sufficiently to identify the progress of different groups of learners. It had started to rebuild communication with its learning providers, but there were not enough opportunities for joint reviews of the quality of the provision or to make further improvements.

- HP28 There were not enough activity places for the population and almost half were unemployed. There was poor use of learning space. The range of education and vocational training programmes was insufficient, and not enough prisoners took part.

- HP29 Teaching and learning were satisfactory and the quality of accommodation was adequate, although the bicycle repair workshop was disorganised. Prisoners' individual learning plans were of variable quality, with inadequate use of their initial assessment results in some vocational training areas.
- HP30 Achievement of qualifications in education and vocational training for the few prisoners who took them had improved over the last two years and were now satisfactory. There was reasonable development of work skills. Learners demonstrated high standards of work across most areas, particularly in the kitchen. Attendance was satisfactory, but punctuality was often affected by regime slippage.
- HP31 The library was well managed, with satisfactory access for all prisoners. It was appropriately resourced and staffed, providing good support for the Toe-by-Toe reading mentoring scheme.
- HP32 The PE provision was well managed. Access to recreational PE was good, and there was appropriate provision for older and vulnerable prisoners. Promotion of healthy living was particularly good. There was good quality PE training, and a range of accredited vocational training opportunities.

Resettlement

- HP33 The resettlement strategic plan and policies were broadly appropriate although objectives for the forthcoming year had yet to be agreed. There was no structured custody planning for prisoners serving over 12 months. Sentence planning for such prisoners was inconsistent with no formal input from personal officers or other prison staff and without sufficient focus on issues of risk. Despite relatively light caseloads for offender supervisors, there remained a lack of clarity about their role beyond OASys and sentence planning. Appropriate transfers were facilitated to improve prisoners' access to programmes. Public protection arrangements were adequate overall. There were some gaps in reintegration work, although visits arrangements were good and support for housing needs was reasonable. However, there was little debt advice and guidance, despite identified need. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP34 The reducing reoffending strategy document covered each resettlement pathway as well as offender management, but objectives and targets for the year had yet to be agreed. The public protection policy was reasonably comprehensive. A needs analysis, completed in March 2012, covered broad issues relating to pathway needs but did not include information from offender assessment system (OASys) assessments, even though these had been completed for the half of the population serving over 12 months. The prison's approach to offender management was broadly appropriate but there was some confusion about the key focus of the offender management unit (OMU). Plans to develop the establishment as a 'community prison' also lacked a clear focus.
- HP35 Although all new arrivals had a very basic screening against their pathway needs, there was no custody planning for prisoners serving sentences under 12 months or those on remand, effectively half the population. Prisoners serving over 12 months were allocated an offender supervisor, but this was sometimes delayed. Despite previous backlogs, most OASys assessments were now completed. Sentence

planning for prisoners serving over 12 months was variable and in many cases involved just the prisoner and offender supervisor, with contributions from other prison departments rare. Sentence planning targets were too often broad and ill defined with insufficient focus on risk and risk reduction.

- HP36 Although offender supervisor caseloads were relatively low (averaging around 30-35 each), contact with prisoners beyond the completion of sentence plans was rare. There was a lack of management oversight of risk of harm assessments and individual casework. The prison was unclear about the role of offender supervisors beyond OASys completion and sentence planning, and this needed clarification and further development.
- HP37 All new arrivals were screened for public protection concerns, and subsequent risk assessments by offender supervisors were generally good. There were reasonable links between the OMU and observation, classification and allocation (OCA) department, with generally good attempts to move prisoners to establishments where they could meet their sentence planning targets.
- HP38 There were fortnightly pre-discharge meetings where prisoners due for release could see representatives from each pathway. There were good links with community housing services and relatively few prisoners (6.6%) were released with no fixed accommodation, with the majority returning to permanent or supported housing. The accommodation service was provided by a directly employed housing officer based in the OMU, which facilitated good links with offender supervisors.
- HP39 Arrangements for resettlement into education, training and work were satisfactory. There was no pre-release course, and the education provider's employment course was not always held close enough to the prisoner's release date.
- HP40 Health care discharge planning was very good. The care programme approach was used for patients with enduring mental health problems. There was good quality palliative care for patients who were terminally ill, and solid evidence of strong throughcare links to local substance and alcohol misuse services.
- HP41 Although the prison's needs analysis indicated that 40% of respondents had debt outside the prison, there had been no debt management service since the Citizens Advice contract had ended in March 2012. Information and advice through Jobcentre Plus was reasonable.
- HP42 Visits arrangements were generally good. There had been some positive work with prisoners with children and support for monthly family visits by a local charity, but this had closed due to lack of funding. There were no parenting courses.
- HP43 No accredited programmes were delivered at Gloucester, but most prisoners were likely to meet the necessary criteria on transfer to appropriate establishments. There were no alternative programmes or courses to meet the needs of short-term prisoners, other than those on drugs and alcohol programmes, and no one-to-one work by offender supervisors.

Main concerns and recommendations

HP44 Concern: There continued to be no vulnerable prisoner strategy but the vulnerable prisoner spur was consistently full with upwards of 20 prisoners, and the spur lacked natural light and was dingy. Vulnerable men who lived on B1 had access to less of a regime than other prisoners, and education provision was limited with a poor curriculum. Access to gymnasium was good but most vulnerable prisoners we spoke to said they had experienced verbal abuse and intimidation from other prisoners on their way to gymnasium sessions.

Recommendation: The environment in which vulnerable prisoners are held and the regime activity they are offered should be improved.

HP45 Concern: The vulnerable prisoner landing was located next to the segregation unit and was separated by a metal partition. The staffing of the distinct units was shared which meant that when one of the units was staffed the other was left unsupervised, usually the segregation unit, which we considered to be an unsafe practice.

Recommendation: There should be consistent and direct supervision of prisoners located in the segregation unit.

HP46 Concern: Cells were small and those intended to house one prisoner often held two prisoners in a cramped environment. Cells were often dark, dingy and lacking in sufficient furniture for each prisoner to have his own chair, cupboard and lockable cabinet. Toilets in shared cells were inadequately screened and offered insufficient privacy.

Recommendation: There should be improvements to the quality of accommodation and furnishings, and single cells should only be used to accommodate one prisoner.

HP47 Concern: There were no in-cell toilets on C wing which meant that when locked in their cell, prisoners did not have immediate access to toilets, which we considered demeaning. The 'night sanitation' system operated when prisoners were locked in cells during patrol states but this often meant that prisoners had to wait in a queue for up to two hours to access a toilet, which was unacceptable

Recommendation: All prisoners should have immediate access to toilet facilities.

HP48 Concern: The range of educational and vocational opportunities for prisoners was poor, there were insufficient work places to meet demand, and the prison did not have enough support staff and education management expertise to lead ongoing improvement.

Recommendation: The prison should urgently increase the provision of education, vocational training and work to engage as many prisoners as possible in purposeful activity, ensuring there are sufficient staff resources and educational expertise to support the effective management and development of the learning and skills and work provision.

HP49 Concern: Although around half the prison population was on remand or serving short sentences of less than 12 months, there was no structured custody planning to manage their time in custody effectively, especially in relation to resettlement needs.

Recommendation: The prison should introduce custody planning for prisoners serving less than 12 months or on remand.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Most prisoners felt safe during transit and said they were treated well by escort staff. Escort vehicles were sometimes held outside the prison for too long, and prisoner disembarkation was slow.
- 1.2 In our survey, more respondents than the comparator said they felt safe during their most recent journey and were well treated by escort staff. This was further supported in our structured groups and by prisoners we spoke to. Most prisoners had short journeys from local courts and those who had travelled further were offered food, water and toilet breaks. The vans we inspected were safe and clean.
- 1.3 Escort vehicles did not always gain quick access to the prison and once inside, disembarkation was not always swift. We observed some prisoners left on the vehicle for over 20 minutes once they were inside the prison waiting to enter the reception area.
- 1.4 Some prisoners were given information about the prison at court before transferring.

Housekeeping points

- 1.5 Escort vehicles should not be left waiting outside the establishment.
- 1.6 Prisoners should disembark from vehicles as soon as they enter the establishment.

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 New arrivals often spent too long in reception, and there were no trained prisoner peer supporters. We were not assured that all new arrivals were offered a shower. First night cells were poorly prepared, but most prisoners felt safe on their first night in custody. Induction did not always start the day after their arrival.
- 1.8 The reception was clean but its layout meant there was little staff supervision of prisoners in the holding rooms. All three holding rooms had comfortable chairs and a television but displayed very little information for prisoners and had no reading material.

- 1.9 New arrivals sometimes spent too long in reception and we found evidence that some had spent up to five hours waiting to go to the wings. In our survey, fewer respondents than the comparator said they were in reception for less than two hours.
- 1.10 The searching cubicle in the main reception area was poor with inadequate screening and privacy. The body orifice security scanner (BOSS) chair was also used to seat prisoners while they had their prison identification photograph taken, which was inappropriate. However, the current refurbishment of the reception area would address the poor layout and location of the searching cubicle and BOSS chair.
- 1.11 There were no prisoner Insiders (peer supporters) or Listeners (trained to support those at risk of self-harm) based in reception, which was poor practice in a local prison receiving men who were potentially new to custody.
- 1.12 We spoke to several prisoners and were not assured that all had been offered a shower, food or a telephone call in reception or on location to their wing. In our survey, only 18% of respondents said they were offered a shower, 74% something to eat and 47% a telephone call when they first arrived at the prison, all below the comparators.
- 1.13 New arrivals were given a free telephone call worth 30p on reception, but many said this was not enough to call a mobile telephone. If the prison could verify that prisoners had money in their account, they were allowed to use this to make a telephone call.
- 1.14 A member of staff from the first night wing carried out a comprehensive first night interview in reception and assessed the prisoner's individual needs. Documentation assured us that all prisoners were interviewed on their day of arrival.
- 1.15 Although there were designated first night cells on A wing, we saw that prisoners were located in cells elsewhere in the prison when the designated cells were full. The cells were clean but stark and poorly prepared, and some had no mattress or pillows until staff supplied these items.
- 1.16 Handover arrangements to night staff about new arrivals were adequate. We were impressed that staff checked new arrivals three times during their first night regardless of any identified risk. These checks were documented.
- 1.17 Despite the poor access to showers and telephone calls for new arrivals, in our survey 86% of respondents said they felt safe on their first night at Gloucester, against the comparator of 73%.
- 1.18 The one-day induction was programmed for all prisoners the day after arrival. However, due to the need for health screenings, this did not always happen, although documentation assured us that all new arrivals eventually received induction. Induction was managed by trained induction staff from A wing and a trained prisoner Insider. It covered all necessary aspects of the prison regime and was informative and helpful. However, the induction for vulnerable prisoners that we saw did not mirror that for mainstream prisoners. It was delivered by a single member of staff and was uninspiring.

Recommendations

- 1.19 Trained prisoner peer supporters should be available in reception.

- 1.20 All new arrivals should be offered a shower, food and a telephone call.
- 1.21 First night cells should be fully prepared for occupation.
- 1.22 The induction for vulnerable prisoners should be as good as that for mainstream prisoners.

Housekeeping points

- 1.23 Reception holding rooms should contain information and reading material for prisoners.
- 1.24 Induction for all prisoners should start the day after their arrival.

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.

- 1.25 Prisoners felt safe and the incidence of violence was low. Although staff took action to keep prisoners safe, arrangements to monitor bullies were weak and support for victims limited. The prison did not collect or analyse enough data on indicators of violence. Treatment and conditions for vulnerable prisoners were poor.
- 1.26 In our survey, many responses about feelings of safety were better than the comparators, and throughout the inspection prisoners told us they felt safe. There had been 22, mostly low level, assaults between January and June 2012, which was low for this type of prison.
- 1.27 There was a reasonably comprehensive violence reduction strategy, but it had not been informed by consultation with prisoners. Staff were knowledgeable about the strategy and mostly took swift action to protect victims or challenge perpetrators of violent or antisocial behaviour.
- 1.28 The joint violence reduction and safer custody committee met monthly but was not always well attended, and no prisoners had attended since January 2012. The prison collated data on antisocial behaviour and this informed a monthly report to the committee. There was some analysis at the meeting of patterns of violence and antisocial behaviour but the database was too narrow. There was a comprehensive violence reduction action plan.
- 1.29 The violence reduction coordinator logged all violent and antisocial incidents, including bullying. Information was received through referral forms or information sharing arrangements with the security department. Between January and June 2012, 47 incidents had been reported, but investigations were poor and often took too long to complete. Only 10 of these incidents were recorded as bullying, although our review suggested that more may have had an element of bullying to them.
- 1.30 The three-stage process to deal with bullying and antisocial behaviour was used infrequently and inconsistently. The logs to monitor perpetrators at the different stages were poor, and

there were no interventions to challenge their behaviour. Support for victims was limited to either moving them or informal contact with staff. However, those we spoke to were content with how they had been treated.

- 1.31 There was no vulnerable prisoner strategy. Vulnerable prisoners were normally located in the B1 unit, which was dingy and lacked natural light. The unit was consistently full, with upwards of 20 prisoners. When it was full, vulnerable prisoners overflowed on to B2, where they were isolated and easily identifiable and accessible by other prisoners.
- 1.32 Staffing of B1 was shared with the small segregation unit, which meant that the regime for one group of prisoners was frequently curtailed to provide services to the other group (see paragraph 1.78). Not only were induction arrangements for vulnerable prisoners poorer than for other prisoners (see paragraph 1.18 and recommendation 1.22), but they were also disadvantaged by limited activity places. Education was provided on the wing in a communal area that was inadequate. Staff and prisoners told us that vulnerable prisoners were often subjected to abuse from other prisoners when moving through the prison to the gym (see main recommendation HP44).

Recommendation

- 1.33 **Systems for monitoring perpetrators of bullying and antisocial behaviour and support for victims should be improved.**

Housekeeping points

- 1.34 The prison should accurately record and analyse all indicators of violence and antisocial behaviour.
- 1.35 All relevant departments, as well as prisoners, should attend the joint violence reduction and safer custody meeting regularly.

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.

- 1.36 The incidence of self-harm was low. Prisoners in crisis were well cared for and supported. There were insufficient Listeners but they had good access to prisoners. Too few staff were trained in self-harm monitoring, and some were more focused on security than the preservation of life.
- 1.37 The incidence of self-harm was low at 19 cases in the previous six months. Assessment, care in custody and teamwork (ACCT) documents, used to monitor prisoners at risk of suicide or self-harm, had been opened on 116 occasions in the six months to June 2012.

- 1.38 ACCT documents were generally of a reasonable standard and mostly showed good care and engagement from staff. Care maps were sometimes limited and reviews were not always multidisciplinary but there was evidence of regular involvement from the mental health team. Prisoners we spoke with were very positive about the care and support they received from staff. Quality assurance was reasonably effective. There was good sharing of information with other prisons and outside agencies when prisoners who had been on ACCTs were transferred or released.
- 1.39 Nurses facilitated a weekly structured support group for prisoners who posed a current or previous risk of self-harm (fortnightly for vulnerable prisoners), which was appreciated by participants.
- 1.40 There were only three trained Listeners, which was insufficient for the population, but they felt well supported and had unhindered access to prisoners in crisis. The well-used Listener suite was properly equipped but not particularly welcoming.
- 1.41 Three prisoners had died (two self-inflicted) since our last inspection. Most recommendations from the Prisons and Probation Ombudsman (PPO) reports were for the health care team. All required actions had been completed but some were in the form of a single notice to staff, which was not reviewed or reinforced to ensure ongoing adherence. The safer custody meeting did not routinely review action plans.
- 1.42 The report submitted to the monthly violence reduction and safer custody committee (see paragraph 1.28) included all relevant self-harm data, and there was some evidence of trend analysis.
- 1.43 Nearly 20% of staff had not been trained in ACCT procedures. All the staff we spoke with carried anti-ligature tools, but many told us they would not enter a cell, even if they believed a prisoner's life was at risk, until other staff assistance arrived. We were not convinced that all staff understood that the preservation of life took precedence over security when responding to emergency and potentially life-threatening situations.
- 1.44 The location of a constant supervision cell in the segregation unit was inappropriate for prisoners in crisis, although this cell had not been used for some time.

Recommendations

- 1.45 The quality of care maps and reviews for prisoners on assessment, care in custody and teamwork (ACCT) self-harm monitoring should be improved.
- 1.46 The number of trained Listeners should be increased.
- 1.47 Death in custody action plans should be reviewed regularly and recommendations should be reinforced.
- 1.48 All staff should be trained in basic assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures, and should be advised that they can enter cells on their own, subject to an active risk assessment, in order to preserve life.

Good practice

- 1.49 *The prison provided structured support groups for prisoners at risk of self-harm.*

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

- 1.50 There was no provision for the safeguarding of adult prisoners at risk.

- 1.51 The prison had no strategy for the safeguarding of prisoners at risk, and there was currently no work to ensure that those at risk were properly identified and supported.

Recommendation

- 1.52 The governor 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.

- 1.53 Security was proportionate and relevant, and specific objectives were set. Security information was well analysed but not always acted on speedily. Closed visits were applied sparingly but not always for visits-related security concerns.

- 1.54 Security arrangements were generally proportionate and the regime was not unnecessarily restrictive. In our survey, it was a concern that 32% of respondents said it was easy to get drugs in the prison, compared with 23% in 2007. Security work focused on this issue as well as other intelligence relating to conflict between prisoners and threats to prisoners and staff. There were adequate procedures to deal with misconduct or illegal conduct by staff.

- 1.55 Positive staff-prisoner relationships supported dynamic security. Security information reports (SIRs) were received from all areas in the prison and were analysed quickly. Target searches

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).

were usually completed within a reasonable time. Links between the security and safer custody teams were well developed.

- 1.56 Although the majority of SIRs were drug related, there had been only 16 suspicion mandatory drug tests (MDTs) in the previous six months, resulting in a positive rate of only 31%. The MDT programme was not adequately staffed to carry out target tests promptly, and at the time of the inspection 12 requests for suspicion tests had not been met within the required timescale. Staff assigned to this task were too often diverted to other duties. The random MDT positive rate had averaged 11.7% in the previous six months against a target of 12%, which was higher than at other similar prisons. The prison also operated a compact based drug testing (CBDT) scheme and results from both MDT and CBDT were mainly for cannabis followed by Subutex (buprenorphine), and some steroid finds.
- 1.57 There were appropriate links and communication sharing between supply and demand reduction initiatives, but there was no detailed supply reduction action plan.
- 1.58 The monthly security committee was well attended by staff from all departments. Appropriate local security objectives were set. A local police intelligence officer gave support to the prison.
- 1.59 Closed visits arrangements were not applied often but were not always used for matters relating to visits. There were four prisoners on closed visits at the time of our inspection, three for being in possession of mobile telephones and drugs with no intelligence to suggest they had come in through visits. The appeal process was not explained to prisoners, although they were informed of the outcomes of monthly reviews. Prisoners subject to these restrictions could still have open visits with their children. Most prisoners stayed on closed visits for a short time, and restrictions were lifted if no further intelligence was received.

Recommendations

- 1.60 The mandatory drug test (MDT) programme should be sufficiently resourced to carry out target testing within the required timescale.
- 1.61 A detailed drug supply reduction strategy and action plan should be developed and implemented, and embedded in the wider prison drug strategy.
- 1.62 Closed visits should only be applied where there is evidence of illicit activity relating to visits.

Housekeeping point

- 1.63 Prisoners should be informed of the appeal process for closed visits.

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.

- 1.64 The incentives and earned privileges (IEP) policy was understood by staff and prisoners. Prisoners were warned about infringements of rules but IEP reviews of prisoners were not always carried out in accordance with the policy. Quality assurance arrangements were sound.
- 1.65 The IEP scheme was well publicised and understood by prisoners and staff. The policy document was clear with a statement of entitlement for each level. Prisoners could apply for enhanced status after six weeks at Gloucester, but there was no option for staff to recommend prisoners for the higher level. Prisoners who transferred in on enhanced could retain that status.
- 1.66 Staff used the incentives scheme effectively to challenge inappropriate behaviour and minor infringements of rules. Warnings were given appropriately. In our survey, 50% of respondents, against the comparator of 44%, felt that the different levels of the IEP scheme had encouraged them to change their behaviour. Wing managers quality assured reviews and took action when required, but not all the reviews we examined were in accordance with the policy. Prisoners could be demoted without consideration of all the available information, which meant that the demotion could be unfair. Documentation did not show if prisoners attended boards, although prisoners and staff said that they did.
- 1.67 The behaviour of prisoners on the basic regime was reviewed weekly and we saw evidence of staff setting basic targets to help them improve their behaviour. Prisoners on basic regime only had access to association once a week, which could affect their ability to make telephone calls and have showers.

Recommendations

- 1.68 Incentives and earned privileges (IEP) reviews should be carried out in accordance with the policy.
- 1.69 Prisoners on basic regime should be unlocked each day to make telephone calls and have showers.

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.

- 1.70 The number of adjudications was low but had increased. Records of hearings were detailed, and there was quality assurance and quarterly reviews of the adjudication tariffs. The use of force was low but had increased for young adults. Governance of control and restraint incidents was satisfactory. Special accommodation had not been used for over a year. The segregation unit was poor and the regime restricted, although few prisoners remained there for long and most were reintegrated into the prison.

Disciplinary procedures

- 1.71 Since January 2012, there had been 380 adjudications, which was low compared with similar prisons. However, this was an increase on the previous year's total of 496, particularly for young adults.
- 1.72 Adjudications were held in a suitable room. Prisoners were given sufficient time and information to prepare for their hearings, and could obtain legal advice when requested. Records were mostly detailed and demonstrated sufficient investigation of the charges. Punishments were fair and in accordance with the published tariff. The quarterly adjudications meetings included adequate quality assurance procedures, and analysis of statistics and appropriate review and revision of the award tariff.
- 1.73 Managers were sighted on the problems that had arisen earlier in the year among a specific group of young adults, primarily in relation to gang-related activity. The young adults involved had been challenged and the matter dealt with appropriately. At the time of the inspection, the young adult population was settled and incidents involving this part of the population had decreased.

The use of force

- 1.74 The use of force was low but had increased, particularly for young adults in the early part of 2012. There had been 45 incidents since January 2012, compared with 58 for the whole of 2011. Incidents involving young adults had increased from five in 2011 to 18 to date in 2012. Gang-related activity on the part of young adults had been recognised by staff through good quality data analysis and appropriately addressed with some prisoners being transferred from the establishment. Forty per cent of recorded incidents did not involve full restraint. The documentation showed evidence of de-escalation, and use of force as a last resort. Handcuffs were not routinely applied.
- 1.75 Incident reports and documentation completed following use of force was generally detailed and gave a reasonable account. Quality assurance and governance arrangements were adequate. A new use of force committee met bimonthly, although it was too early to measure its effectiveness. Managers reviewed all use of force documentation and took action where necessary. Not all planned interventions were identified as such, and some that were had been documented as spontaneous incidents. Not all were filmed, and the recording we viewed was of poor quality.
- 1.76 Special accommodation had not been used for at least 12 months

Recommendation

- 1.77 **All planned use of force incidents should be identified as planned, and logged and filmed.**

Segregation

- 1.78 The segregation unit was in a group of cells on one side of B1 landing. The rest of B1 landing held vulnerable prisoners. Staff worked across both units and there was often no direct supervision of prisoners in the segregation unit, which was an unsafe practice (see main recommendation HP45). The segregation unit had no separate facilities, such as exercise

yard, showers or telephone, and segregated prisoners had to use the showers and telephones on the vulnerable prisoner unit, although only when no vulnerable prisoners were out. This disadvantaged both groups of prisoners placing additional restrictions on when they could be unlocked (see also paragraph 1.32). Cells in the segregation unit were reasonably clean, but the environment was poor and lacked natural light.

- 1.79 Use of segregation was low. There had been 62 prisoners segregated in 2011 and 42 so far in 2012, a slight increase. At the time of our inspection there were three prisoners segregated for reasons of good order or discipline. Few prisoners remained segregated for long (only one had been in segregation for over a month in 2012), and reintegration planning and management of the few who did stay for long periods was good. The majority of prisoners were reintegrated on to residential units in Gloucester.
- 1.80 The regime in the unit was basic, although a few prisoners had attended religious services, the library and gym, and they could sometimes exercise in association following a risk assessment. There were televisions for those segregated for good order or discipline, but prisoners in the unit complained of having nothing to do.
- 1.81 We observed good staff-prisoner relationships on the unit, although staff entries in prisoners' electronic case notes and daily history sheets did not reflect the good knowledge of the prisoners in their care.
- 1.82 Governance of segregation was reasonable. Reviews were carried out promptly but target setting was basic and did not challenge the reasons why prisoners were segregated. Monitoring of segregation was good, with identification and analysis of trends over time.

Recommendation

- 1.83 The environment and regime in the segregation unit should be improved.

Substance misuse

Expected outcomes:

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

1.84 Drug- and alcohol-dependent prisoners received good quality care and treatment based on individual need. Substance misuse teams did not yet provide a fully integrated service but support was easily accessible and the prison was developing a recovery unit.

- 1.85 In the previous six months, 240 prisoners (37% of all new arrivals) had required clinical treatment – 204 opiate-dependent prisoners had entered maintenance programmes, and almost half of those subsequently started reduction regimes, which were flexible and reviewed regularly. One hundred and sixty-one prisoners had required alcohol detoxification, and alcohol nurses were included in the clinical integrated drug treatment system (IDTS) team. During initial stabilisation, prisoners were located in safer cells on the induction unit and those with complex needs could be admitted as inpatients in health care. Methadone administration took place from treatment rooms on the wings, but there was a separate area to supervise prisoners prescribed buprenorphine.

- 1.86 Prisoners spoke highly of the support they received. Care for those with substance and mental health related problems was well coordinated, prisoners benefited from specialist health promotion/gym input, and the clinical team ran a three-week rolling group work programme focusing on harm reduction, alcohol awareness and motivation to change. Although the clinical team linked in with substance misuse (CARAT) workers and there were joint treatment reviews, the services did not co-facilitate groups and teams were not located together.
- 1.87 The prison no longer had a designated drug strategy manager. The head of reducing reoffending chaired quarterly drug strategy meetings, which were supplemented by monthly drug intervention management meetings. There were strong community links and coordinated working between service providers. The substance misuse policy document was up to date, informed by a detailed needs analysis and contained clear development targets.
- 1.88 Prisoners, including those with primary alcohol problems, could easily access CARAT workers. In July 2012, 120 prisoners were actively engaged with the service and there was evidence of good quality care plans and structured one-to-one work. Although the prison no longer ran an accredited programme, prisoners with drug and/or alcohol problems could undertake a four-week, locally developed course called 'Moving On', which focused on recovery and included ongoing peer support. The prison was developing a recovery unit to provide additional support to prisoners working towards and wanting to maintain abstinence. Prisoners valued access to a wide range of self-help groups, but there was not yet regular service user consultation.

Recommendations

- 1.89 **Substance misuse services should further improve joint working and provide fully integrated care to prisoners with drug and/or alcohol problems.**
- 1.90 **Substance misuse teams should consult service users to inform future service provision.**

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 environment was old and shabby and cleanliness was variable. Many cells were in a poor condition. Single cells often housed two prisoners and were cramped and insufficiently furnished. The sanitation system on C wing was unsatisfactory. There were not enough showers and many were in a poor condition. Some prisoners could wear their own clothes but there were no laundry facilities. Applications were well managed.
- 2.2 The prison was old and sometimes poorly maintained. Standards of cleanliness in communal areas varied. Cells were mostly clean but small and some had graffiti and offensive displays. Cells intended for one prisoner often housed two and were cramped and insufficiently furnished (see main recommendation HP46). Toilets in cells on A and B wings were inadequately screened and often dirty and scaled. Cells had no lockable cupboards. There was insufficient natural light in most cells, and those on C wing had window grilles that restricted natural light and air flow. The outside environment was gloomy but reasonably clean.
- 2.3 On C wing, where no cells were shared, there were no toilets in cells. Many prisoners did not have immediate access to toilet facilities when they needed them and the computerised night sanitation system was unsatisfactory. The system, which also operated over the lunch period, allowed only one prisoner at a time on each landing out of his cell up to three times and for eight minutes a time. Those who stayed out of their cells beyond this time could be restricted from using the system. Staff discretion was applied inconsistently to over-ride the system, which was inappropriate. Some prisoners who remained on the wing during the day were locked up and had to press their cells bells to ask to be unlocked to use the toilet. A bucket was provided to use as a toilet if there were breakdowns or delays with the system, which was unacceptable. Communal toilets on C wing provided little privacy (see main recommendation HP47).
- 2.4 Despite some complaints from prisoners, findings in our survey about responses to emergency cell bells were better than the comparator. We saw quick responses to cell bells, and managers did regular checks of response times, but did not formally record their findings.
- 2.5 Shower facilities were poor, other than on B1 and some recent refurbishment on C wing. There were too few showers on the wings and those on the top landing of A wing were not used due to poor water pressure and cold water. Privacy screening was reasonable but most showers were dirty and worn.
- 2.6 Only prisoners on remand or on the enhanced level could wear their own clothes but they had no laundry facilities, which was unacceptable. Arrangements for the issue of prison clothing were reasonable.

- 2.7 In our survey, responses about access to mail and telephones were better than the comparators. Procedures for processing mail were efficient. Although the ratio of telephones was slightly below what we expect, we saw no queues. Telephone screening was poor and provided limited privacy.
- 2.8 In our survey, more respondents than the comparator said that it was easy to make applications and that they were dealt with fairly and quickly. The recently introduced applications tracking system was well managed.

Recommendations

- 2.9 All cells should be properly equipped and free from graffiti and offensive materials.
- 2.10 There should be sufficient clean well-maintained showers on each wing.
- 2.11 There should be facilities for prisoners to wash their own clothes.
- 2.12 Telephones should be screened to provide sufficient privacy.

Housekeeping point

- 2.13 Management checks of emergency cell bell response times should be formalised.

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.

- 2.14 Most prisoners were very positive about their relationships with staff, which was one of the most impressive features of the establishment. Staff case history notes, however, did not reflect the good interactions we observed.
- 2.15 Almost all prisoners said that relationships with staff were positive and respectful and that they had someone they could turn to for support. In our survey, an impressive 91% of respondents said that most staff treated them with respect, against the comparator of 71%. Prisoners rarely complained formally about staff. We observed examples of staff support, for example, an officer checking on the welfare of a prisoner the day after he had arrived, and the care and support offered was of a high quality. We saw staff engage with prisoners during association and exercise periods and this was good humoured and courteous.
- 2.16 In our survey, more respondents than the comparator said they had a personal officer, and the personal officers we spoke to had a good knowledge of those in their care. However, the frequency of staff entries in prisoner case notes was variable and did not reflect the good interactions we observed. There was little reference to prisoners' personal circumstances or sentence planning targets. Management checks attempted to address the quality of entries.
- 2.17 Prisoners were consulted through a prisoner consultative committee, and the minutes showed that issues raised were addressed.

- 2.18 Despite the excellent staff interaction with prisoners, their use of prisoners' preferred names was not well embedded in the prison.

Housekeeping points

- 2.19 Staff entries in prisoners' case notes should address their individual circumstances and progress against sentence planning targets.
- 2.20 Staff should use prisoners' preferred names when they address them.

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.

- 2.21 The governance of equality and diversity was weak and lacked leadership. Although in our survey prisoners from minority groups were generally positive about their treatment, the prison's work on protected characteristics was underdeveloped and not fully covered in the equality meeting, action plan or monitoring. Discrimination report forms were not freely available and were not checked by an outside body. The use of prisoner diversity representatives was sporadic, and consultation required improvement.

Strategic management

- 2.22 There was no overarching equality and diversity strategy. Although there were individual policy documents for most protected characteristics (minority groups), they did not always specify what was available to prisoners. Overall governance of equality and diversity lacked leadership and direction. The newly appointed equality officer was often redeployed to other tasks.
- 2.23 The equality action team (EAT) met every two months. Attendance was often poor but did include a prisoner representative. Not all protected characteristics were discussed. The equality action plan was strategic but was focused on prisoners with disabilities and did not detail provision for prisoners under each protected characteristic. Procedures to identify and alert staff to prisoners convicted of a current or previous racially aggravated offence or of an incident of racist bullying in prison were underdeveloped.
- 2.24 The EAT considered systematic monitoring and analysis of race equality treatment (SMART) monitoring data only, with no monitoring of other protected characteristics. Some SMART data had been out of range during the previous year and analysis and attempts to understand this had been perfunctory.
- 2.25 In 2011, 26 discrimination incident reporting forms (DIRFs) had been submitted, but this had increased to 35 in the first six months of 2012. The prison was robust in checking complaint forms for discrimination and, as a consequence, 68% of the DIRFs in 2012 had resulted from

an initial complaint form. Most DIRFs concerned low level discrimination and those we reviewed were investigated thoroughly. The forms however, were not freely available on all the wings. There was no external scrutiny of DIRFs but internal quality assurance was sufficient, and prisoners were confident in the reporting system and understood how to make a complaint. Equality impact assessments were completed adequately, included wider consultation and were appropriately focused.

- 2.26 The prison had previously employed prisoner diversity representatives but there were none during our inspection. There were no support groups for prisoners from minority groups.
- 2.27 Although all staff had been trained in diversity training, some black and minority ethnic prisoners felt that staff lacked cultural awareness. Equality and diversity notice boards were up to date and well presented.

Recommendations

- 2.28 There should be an overarching equality and diversity strategy and an equality action plan covering each protected characteristic, including comprehensive information on how key responsibilities will be delivered, and support for prisoners.
- 2.29 The prison should extend the monitoring of equality of treatment for prisoners to include all protected characteristics.
- 2.30 There should be support groups or forums for all minority groups that are open to all prisoners from that group.

Housekeeping points

- 2.31 The equality officer should be given sufficient time to undertake equality and diversity work.
- 2.32 The prison should identify prisoners convicted of a racist offence or displaying racist behaviour.
- 2.33 Prisoner diversity representatives should be appointed continuously.
- 2.34 The prison should introduce external scrutiny of discrimination incident reporting forms (DIRFs).

Protected characteristics

- 2.35 Black and minority ethnic prisoners made up around 16% of the population. In our survey they were generally positive across a range of indicators. Those we spoke with were also positive about their treatment, although in our groups there was some feeling that staff lacked cultural awareness and understanding, which led some prisoners to perceive them as racist. Our survey showed that 11% of the population were from a Gypsy, Romany or Traveller background. There was no provision or support for this group of prisoners.
- 2.36 The prison held foreign national prisoners, who made up 9% of the population during the inspection. Although there was guidance and a designated foreign national coordinator, we were not assured that there was enough provision to meet foreign nationals' needs. Residential staff were often not focused on prisoners who were foreign nationals, and most who we spoke to felt isolated and unsupported, with little knowledge of their entitlements.

United Kingdom Border Agency (UKBA) staff visited monthly, but there was no independent immigration advice. The use of professional interpreting services was sporadic and we saw staff resorting to hand gestures to communicate with non-English speakers. There was limited translated information.

- 2.37 Almost 7% of prisoners were Muslim. They were broadly satisfied with their treatment, but concerned by a lack of religious awareness by staff and other prisoners.
- 2.38 Prisoners could disclose disabilities during their reception and initial identification was good. Most prisoners with disabilities said that staff were generally polite and helpful. Some reasonable adjustments had been made for individuals and across the prison. There were no specifically adapted cells and we were not assured that prisoners with mobility problems got a daily shower. Personal emergency and evacuation plans (PEEPs) were mechanistic and often did not address individual issues. However, staff were generally aware of prisoners who needed assistance in an emergency. Older prisoners were identified but there were no follow-up assessments or individualised care plans.
- 2.39 Young adult prisoners were integrated throughout the prison, although there were few under 21. The prison had identified some key areas where young adults were disproportionately represented, such as adjudications and the use of force (see paragraphs 1.71 and 1.74). There was no specific young adult policy although this was being developed.
- 2.40 In our survey, 2% of respondents identified themselves as gay or bisexual but the prison had no identification methods and little provision for this group. There had been initial contact with an external support group but there were no provisions for gay or bisexual prisoners. Work with transsexual and transgender prisoners was underdeveloped.

Recommendations

- 2.41 The prison should increase staff cultural awareness of minority groups and religions.
- 2.42 There should be adequate provision for the care and support of foreign national prisoners.

Housekeeping point

- 2.43 Prisoners with mobility problems should be assisted to shower daily.

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.

- 2.44 A fully integrated and active chaplaincy provided good faith provision and a range of other activities. Facilities for corporate worship were small but met the needs of the population.

- 2.45 The chaplaincy team was adequately resourced, visible throughout the prison and well regarded among prisoners. It was well integrated and offered good provision for all faiths, including corporate worship and pastoral care.
- 2.46 In our survey, fewer than half of respondents said that they had access to a religious leader on their arrival, although 58%, against the comparator of 48%, said they were given information about the chaplaincy. A member of the chaplaincy usually saw all new arrivals within 24 hours.
- 2.47 The facilities for corporate worship were small, but adequate for the numbers attending. The multi-faith room used for Muslim Friday prayers was very small with little ventilation, although the Muslim prisoners we spoke to said they were satisfied with it.
- 2.48 There was a wide range of religious study groups and other activities, and prisoners had unrestricted access to these and corporate worship. Prisoners in the segregation unit were often allowed to attend corporate worship. Where a risk assessment did not allow this, a religious leader from their faith saw prisoners in segregation individually. During our inspection we observed a Muslim prisoner held in the segregation unit who attended Friday prayers.

Housekeeping point

- 2.49 Ventilation in the multi-faith room should be improved.

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.

2.50 Complaints were generally well managed and most prisoners were content with the process.

- 2.51 In our survey, respondents were positive across a range of questions about complaints. There had been 320 complaints in the previous six months, which was similar to comparator prisons. Most prisoners we spoke to were generally content with the process. Complaint forms were readily available on residential wings, and locked boxes were accessible. A uniformed member of staff emptied the complaint boxes, but this did not undermine confidence about making complaints for the prisoners we spoke to.
- 2.52 Most replies to complaints we reviewed were completed promptly and addressed the complaint. Preferred names were often used, and most replies were fair. Depending on the complaint, an appropriate officer usually investigated the issue raised. Quality assurance was robust and concerns were taken forward with the author. Monthly data were collated.
- 2.53 In our survey, 32% of respondents, against the comparator of 22%, said that it was easy to see the Independent Monitoring Board.

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.

2.54 Legal services and legal visits provision were adequate to meet the needs of the population.

2.55 In our survey, the responses on access to a legal representative and bail information were broadly the same as the comparator. A dedicated legal services officer met all new arrivals during induction and responded to applications thereafter. The officer had been trained in legal services and bail information but had not had refresher training for some time.

2.56 In our survey, only 50% of respondents said that access to legal visits was easy, against the comparator of 58%. Legal visits were available five days a week, mornings and afternoon. Five private rooms were available and could be booked within 24 hours of a request.

2.57 A video court link was used effectively.

Housekeeping point

2.58 The legal services officer should receive regular refresher 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.

2.59 Health services were provided by a large team of staff and were integrated, well organised and valued by prisoners. Prisoners had good access to all services with minimal waiting times. Primary care was well managed with an appropriate range of clinics and a small inpatient unit that was due to close. Pharmacy services were satisfactory but some areas needed to be addressed. The quality of dental care was very good. A large mental health team offered a good range of care but there were no professional counselling services.

Governance arrangements

2.60 Health services were commissioned by Gloucestershire Care Services Primary Care Trust (PCT) and provided by 2gether NHS Foundation Trust. The partnership board was attended by the governor and clinical services manager (head of health care) and there were good relations with the commissioners. The board met quarterly and was chaired by the PCT. The health care department was regularly represented at the prison senior management team. In

our survey, respondents were very satisfied with the quality of health services, their access to provision, and the range of care and treatment.

- 2.61 A health needs assessment in 2010 had been used to develop services and inform the health care delivery plan 2010/13. This assessment was about to be updated. The clinical services manager provided very effective leadership of the health care team. She was supported by a lead clinical nurse and three teams providing primary, mental health and IDTS services. The teams were co-located and worked very well together. The provider trust convened a large clinical governance meeting that was attended by senior medical and nursing staff along with the team leads, which monitored the health care delivery plan to inform the partnership board.
- 2.62 The large health care team was almost fully staffed with three vacancies and very little difficulty in recruiting. Mandatory training was up to date for all health care staff, but there needed to be more focus on the further professional development of the primary care team of nurses. Clinical supervision was used in groups and one to one.
- 2.63 The health care centre had been refurbished since our last inspection. It had clinics, a treatment room, consultation rooms and offices, and a waiting area with seating for six patients and a good range of health care information. The first floor had an inpatient unit that was being replaced by daycare and consultation facilities.
- 2.64 The use of the electronic record SystemOne had been further developed since our last inspection. All patients were managed using the system, and mental health patients also had their records duplicated across to the RIO electronic mental health patient management system. The remaining paper records were stored appropriately to meet confidentiality requirements. National service frameworks had been used where required, and staff were informed of National Institute for Health and Clinical Excellence (NICE) guidelines through meetings and the PCT intranet.
- 2.65 Emergency resuscitation equipment, including automated external defibrillators and oxygen, was available in the health care centre, on the wings and in the administration block. All the kit was well maintained and checked regularly as required.
- 2.66 Health care staff attended the prisoner consultative group, but there was no dedicated health care forum for prisoners and no prisoner health care representatives for the wings. Prisoners made very few complaints about the health services, and those we reviewed had been dealt with appropriately.
- 2.67 There was a robust health promotion strategy with several prisoners as health care trainers. One of the nurses was the health promotion lead and had very good links with the gymnasium with a range of programmes to support and develop healthy lifestyles. Prisoners were given plenty of health promotion information, including notices and leaflets. Communicable diseases were addressed by appropriate policies, some of which had been tested successfully.

Housekeeping points

- 2.68 Attention should be given to the professional development of the primary care team.
- 2.69 Prisoners should have access to a dedicated health care forum.

Delivery of care (physical health)

- 2.70 All new arrivals had a comprehensive initial health care screen by mental health nurses who regularly worked in reception. One of the IDTS staff also screened prisoners with substance misuse problems. The health care room was well equipped and a larger room was due to provide more facilities. First night prescribing was carried out by the GPs and nurse prescribers when required, and all prisoners had a secondary screening within 48 hours.
- 2.71 Prisoners had access to a 24-hour health care service throughout the week. General practitioner clinics were provided daily, including weekends, by five regular GPs from a local practice. The practice also provided out-of-hours cover. Access to a GP was very good with patients seen within 24 hours of their application. Applications were triaged by nursing staff and triage algorithms were available, but none of the nurses were triage trained.
- 2.72 A good range of care and treatment included visiting specialists for physiotherapy, podiatry and optician services. Nurses were qualified to deliver appropriate clinics, including those for health promotion and the management of patients with lifelong conditions. The attendance rate for all clinics was very good. There were also health care pathways for the management of prisoners with learning disabilities and older prisoners. Nurses attended prisoners in the segregation unit daily, and a GP visited three times a week and additionally as required.
- 2.73 Outside hospital appointments were very well organised. Regular escorts were available for about four patients a week. There were very few cancellations, and patients were not transferred if appointments had been made.
- 2.74 The inpatient unit was in the process of closing, and had two inpatients at the time of our inspection. The four inpatient cells were clean, well decorated and well equipped. The unit was adequately staffed, and when not in use, the staff were redeployed to treat prisoners on the wings. This model was being developed to ensure that resources were available for prisoners who required care in their own cells. Inpatients had access to an exercise yard and a small daycare facility. Care was planned well, and inpatients were involved and very complementary about the staff.

Recommendation

- 2.75 Nurses should be trained to run triage clinics.

Pharmacy

- 2.76 The 2gether NHS Foundation Trust had provided pharmacy services since 2 July 2012. A pharmacist attended the prison one day a week and a technician three mornings a week, but there were no pharmacy-led clinics.
- 2.77 Most patients did not receive their medication in possession. For patients who were prescribed medicines in possession, we did not see risk assessments attached to the prescription charts. The in-possession policy stated that up to 28 days supply of medicines could be so prescribed, but in practice we only saw a maximum of seven days' supply. Night sedation was not managed adequately. The basic remedies were not stored in separate labelled cupboards, and there was no system to reconcile this stock. We saw loose paracetamol and ibuprofen tablets that were not stored in their original containers.

- 2.78 There was no main pharmacy room but treatment rooms on the three wings. General stock was stored securely and orderly, but dose syringes in liquid bottles had not been removed after administration. Controlled drug cabinets were used in all three wings but were not bolted to the walls, as required by the regulations. There was no main legally compliant controlled drugs register recording stock into the prison and out to the wings. Requisitions for controlled drugs, signed by the doctor, for supply to the wings were not used. Controlled drugs were delivered to the prison at approximately 11.30am, which was during a scheduled treatment time, causing potential staffing problems.
- 2.79 SystmOne was used for prescribing but not for the administration of medicines. There was an in-possession policy and a limited basic remedies policy. There was no medicine out-of-hours policy because a qualified nurse was available 24 hours a day, although there was an emergency procedure for supplies of medicines out of hours. There were some patient group directions but no standard operating procedures for the handling and administration of medicines, including controlled drugs. A medicines and therapeutics committee and a clinical governance committee met every other month and were attended by a representative from the pharmacy provider.

Recommendations

- 2.80 Pharmacy-led clinics and medicines use reviews should be introduced.
- 2.81 Secondary dispensing of medication, such as night sedation, should stop.
- 2.82 There should be one main legally compliant controlled drugs register used to record stock coming into the prison and going out to the wings.

Housekeeping points

- 2.83 The in-possession policy should include a clear scoring system for the medicine and the patient, and more prisoners should receive their medication in possession, following suitable risk assessment.
- 2.84 Provision of night time medication should be reviewed.
- 2.85 Pharmacy stock reconciliation procedures should be introduced.
- 2.86 There should be standard operating procedures for the handling and administration of all medicines, and evidence that staff have been trained in these procedures should be documented.
- 2.87 Controlled drugs cabinets should be secured in compliance with the legal requirements.
- 2.88 Administration of medicines should be recorded on SystmOne.
- 2.89 There should be risk assessments for in-possession medicines at the point of administration.

Dentistry

- 2.90 Gloucestershire Care Services provided two dental service sessions a week and a local practice a further weekly session. The PCT provided holiday cover.

- 2.91 The dental suite had been fully refurbished following our last inspection and an additional storage room added. The suite was small but clean and appropriately equipped with well-maintained machinery.
- 2.92 Prisoners had very good access to a dentist and there was no waiting list, with all patients receiving an appointment within three weeks. Appointments were managed by the administration staff and patients were prioritised for treatment. Discipline staff collected about three patients at a time for their appointments. The patients we saw receiving treatment were treated courteously and with good interaction from the dentist and dental nurses. The dentist gave information about oral health and leaflets when appropriate. Records were maintained on paper and SystemOne.

Delivery of care (mental health)

- 2.93 A large team of mental health staff provided integrated care for patients, and included an occupational therapist and assistant specialising in mental health. Along with the development of daycare services, the team was delivering therapeutic courses and treatments for patients. Each nurse carried a small caseload of primary and secondary care patients. The caseload at the time of the inspection was about 50 patients, and there were approximately 60 primary care referrals and 30 secondary care referrals a month. Most referrals were made following the screening for new arrivals or by prisoners themselves. Prisoners had no access to professional counselling services, other than visiting bereavement counsellors.
- 2.94 A psychiatrist visited weekly for a multidisciplinary team meeting to discuss the patient caseload and also saw specific patients. There were about three transfers a year to secure mental health units, which were carried out with minimal delay. Patients were involved in the planning of their care. Case notes were well written and detailed the care provided. There was mental health awareness training for discipline staff on a rolling programme.

Recommendation

- 2.95 Prisoners should have access to professional counselling services.

Catering

Expected outcomes:

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

- 2.96 The range, quality and popularity of the food were better than we normally see. The kitchen and serveries were sometimes grubby, and there was no separate area for halal food. Meals were served earlier than the published times.
- 2.97 Most prisoners were positive about the food; there had been only nine official complaints about the food in the previous 12 months. In our survey, 63% of respondents, against the comparator of only 23%, said the food was good. Vulnerable prisoners were less positive and many felt that it was unfair that they were always the last to collect their food, although the food we saw served to them was of the same quality and temperature as that for other prisoners.

- 2.98 The food that we saw and tasted was of good quality and met the needs of different diets, including halal, vegan and vegetarian. Daily menu options included fruit and vegetables. There was a four-week menu and prisoners chose their options the day before it was served. New arrivals could choose food for the following day. The meals we observed were well supervised, but they were often served earlier than advertised.
- 2.99 The small kitchen, two servery areas and food trolleys were grubby in places and flooring required maintenance. There was no separate storage or preparation area for halal food, and not all kitchen workers were aware of or had been trained in halal food preparation. The induction pack for kitchen workers did not refer to halal food, which raised concerns about whether correct procedures had been followed. Kitchen workers had the opportunity to gain national vocational qualifications (NVQs) in catering, and eight of the 13 currently employed were doing so.
- 2.100 Prisoners were consulted about food through the prison council and food surveys, and they could also use wing food comments books, which were responded to appropriately.

Recommendations

- 2.101 Vulnerable prisoners should not be served their meals last every day.
- 2.102 The kitchen and serveries should be kept clean and well maintained.
- 2.103 The kitchen should have separate storage and preparation areas for halal food, and all kitchen workers should be trained in the preparation of halal food.

Housekeeping point

- 2.104 Meals should not be served before noon or 5pm.

Purchases

Expected outcomes:

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

- 2.105 The shop was appropriately managed and the range of goods met the needs of all prisoners. Prisoners were consulted about changes to the shop list.
- 2.106 In our survey, 62% of respondents, against the comparator of only 45%, said that the shop sold a wide enough range of goods to meet their needs, and black and minority ethnic prisoners were generally satisfied with the variety of goods. Prisoners were consulted about the shop through prisoner representatives and the monthly prisoner council meeting.
- 2.107 New arrivals were offered reception packs. Those arriving with no funds were given an advance, and those with their own money could spend up to £13 on reception. There were three catalogues from which prisoners could order items with no administration charge. Newspapers and magazines could be ordered weekly.

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 Many prisoners had little time out of their cell, and access to association was limited and cancelled too often. The published core day was not always adhered to.
- 3.2 Roll checks during the inspection found that 57% of the population were locked up and not engaged in activity during the core working day, which was unacceptably high.
- 3.3 An employed prisoner could access 9.5 hours a day out of their cell but unemployed prisoners could have only 3.5 hours. These figures depended on access to evening association. For the majority who were on the standard privilege level, association was available on alternate weekday evenings, and this had been cancelled 17 times in six months, which had a disproportionate impact on them. Basic level prisoners fared even worse, as they only got one evening association session (see also recommendation 1.69). However, those on the enhanced level got association every weekday evening. In our survey, only 1% of respondents said they could go on association more than five times a week, far below the comparator of 49%.
- 3.4 The regime did not always start on time and we saw several occasions where movement to activities was over 20 minutes later than stated in the core day.
- 3.5 The opportunity to exercise in the open air was available daily and rarely cancelled.

Recommendations

- 3.6 The prison's published core day should be adhered to.
- 3.7 The number of prisoners locked in their cell and not engaged in purposeful activity should be reduced.
- 3.8 Access to association should be increased for all prisoners.

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.

3.9 There were not enough purposeful activity places to occupy prisoners fully, and the available space was not maximised to engage prisoners in activities that met their educational and vocational needs. Success rates among those engaged in qualifications had increased in recent years and were now satisfactory. The few learners engaged in activities developed satisfactory personal and vocational skills. The quality of teaching and learning was satisfactory overall, but provision did not meet the needs of the prisoners sufficiently well and learners had inadequate literacy and numeracy support. The library provision was reasonably good.

3.10 Ofsted⁴ 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:	Inadequate
Leadership and management of learning and skills and work:	Inadequate

Management of learning and skills and work

3.11 Since the last inspection, the prison had introduced shorter intensive courses in some education programmes to help prisoners achieve a qualification in less time. The new head of reducing reoffending had made some changes to improve learning and skills, such as integrating the prisoner introduction to activities into the induction for all new arrivals. The prison had only recently been able to appoint a dedicated manager for learning and skills and work, but currently had insufficient support staff and education management expertise to continue improving (see main recommendation HP48).

3.12 There was no clear learning and skills strategy to meet the needs of the population. The prison had recently produced a development plan to improve the provision, but it was not informed by the training needs analysis of the population and the learning partners had not been consulted or informed on many of the proposed changes. With no clear focus on how to improve the provision, the prison had made insufficient progress on the areas for improvement identified at the two previous inspections.

3.13 The prison had recently begun to rebuild links and communication with its learning providers. The prison regime still had an impact on learning, including poor punctuality and restrictions that severely limited tutor access to the wings, which shortened the learning time for prisoners. Many tutors were also insufficiently flexible with their teaching timetable, which affected learning activities. For example, learners lost a class on the prison's staff training day as many tutors could not reschedule their sessions for another day in the week.

3.14 Data analysis was insufficient to identify the progress of different groups of learners. The prison had little knowledge of the qualifications achieved by different learners according to their ethnic background or age.

⁴ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.15 There were not enough opportunities for the prison and its providers to review jointly the quality of the provision and make further improvements. There were no quality improvement group meetings to evaluate the provision from all the providers, and the prison had limited knowledge of the quality of teaching and learners' progress on some courses.

Recommendations

- 3.16 The prison should develop a strategy for the development of learning and skills and work based on prisoners' needs analysis, involving the key learning partners and maximising the available space.
- 3.17 The prison should continue to develop successful working relationships with its learning partners to minimise the impact of the regime on learning and to ensure that teaching can adapt to the prison's operational requirements.
- 3.18 The prison should regularly review the quality of the learning and skills and work provision with all its delivery partners to ensure meaningful continuous improvement.

Provision of activities

- 3.19 There were not enough activity spaces to occupy the population fully, with the equivalent of 186 full-time places and a shortfall of 125 full-time-equivalent activity spaces (see main recommendation HP48). Approximately 130 prisoners were unemployed. There were 73 cleaners and painters, 31 essential worker places and 10 orderlies. There were 13 full-time-equivalent spaces in the vocational bicycle repair area, 51 in education and eight on offender behaviour programmes. Fifteen prisoners were retired, disabled or unfit to work.
- 3.20 Prisoner participation in education and vocational training was very low. There were approximately 100 prisoners in part-time education, and 20 currently completing an accredited vocational qualification part time. Over 110 prisoners were in full-time-equivalent work.
- 3.21 A4E was the education and main vocational provider at the time of inspection. N-ergy delivered the performing manufacturing operations (PMO) qualifications in bicycle maintenance repairs, and the national vocational qualification (NVQ) in catering and food hygiene qualifications.
- 3.22 Labour allocation processes were fair overall, but prisoners waited for too long in their cells for their allocation to activity. Many waiting lists were long and they were ineffectively managed as they did not maximise the purposeful activity spaces (see recommendation 3.16). The classrooms could accommodate more learners than the risk assessed learner places. There were timetable clashes in the education programmes and learners following one course were taken off to start another. There were also clashes between education classes and other courses, such as the substance misuse programme. A training room equipped with computer technology had not been used for learning for several years.
- 3.23 New arrivals received satisfactory initial information, advice and guidance during their induction on the limited purposeful activity available in the prison. Although prisoner pay was generally low, it did not disadvantage attendance in education.

Quality of provision

- 3.24 Teaching was satisfactory overall. In education, the better sessions involved a variety of activities that engaged learners. Some sessions depended too much on pencil and paper exercises and instruction from the tutors. Resources for teaching were adequate although some, such as a smart board, were not used. The art room had no water supply or a sink. The 'virtual campus' (for IT learning) had only just been installed and was not yet in use because of security issues. All learners worked well with their tutors in an atmosphere of mutual respect.
- 3.25 Teaching and learning on vocational training courses were satisfactory. Teaching staff were appropriately qualified and experienced, although the range of learning materials was limited and there was insufficient use of information and communications technology (ICT). Resources for learning in the bicycle repair workshop were poor and disorganised, and the well-equipped classroom was inaccessible and used for storage. The classroom in the kitchen was poor.
- 3.26 The planning of teaching was variable with mostly satisfactory schemes of work, lesson plans and individual learning plans. Too much course documentation was poor. This had been identified through the quality assurance procedure but there were few signs of improvement. In vocational training, individual learning plans were poor and some were inadequately informed by initial assessment of learners' basic skills needs. Learners kept their plans and did not always bring them to lessons to be updated on their progress.
- 3.27 The range of courses had improved but was still insufficient to meet the needs of learners. There was not enough literacy and numeracy provision, as identified through the waiting lists.
- 3.28 The range of vocational training courses was poor and accreditation was only available to a few prisoners in the kitchen, bicycle maintenance and repair and industrial cleaning. NVOs in customer service and business administration were restricted to orderlies working in the gym (see main recommendation HP48).
- 3.29 Support for learners was insufficient. Outreach workers helped learners on the wings, but there was not enough support for literacy and numeracy on education programmes and most vocational training programmes. Prisoners had only recently begun to train as learning mentors. There were currently no classroom assistants or mentors.

Education and vocational achievements

- 3.30 The achievement of qualifications by the few prisoners who took them was satisfactory overall. Most prisoners stayed at the prison for a very short time, but qualifications had been condensed into intensive blocks, enabling them to achieve at least part, if not a full, qualification. The percentage of learners who achieved their qualifications had risen consistently over the last three years. In education, success rates in ICT were particularly high. However, success rates were low in digital music and literacy and numeracy, especially when offered on the wing.
- 3.31 Achievement rates on vocational courses were also satisfactory. Success rates on the industrial cleaning course had improved and were currently around 64%. However, progress on the PMO course in bicycle maintenance had been slow. The few prisoners in vocational training developed appropriate work skills, such as communication and working with others. Learners demonstrated good catering skills in the kitchen and effective customer service skills in PE. The standards of practical work in cleaning and the bicycle maintenance and repair areas were satisfactory.

- 3.32 Attendance in education and vocational training activities was satisfactory, but punctuality was sometimes erratic and affected by regime movement.

Recommendation

- 3.33 The prison should continue to increase the success rates in qualifications for all learners by improving the quality of teaching, the use of individual learning plans, and literacy and numeracy support.

Library

- 3.34 The library provision met the needs of prisoners reasonably well. The library was managed by Gloucestershire County Council and was adequately staffed. The library orderly did not have a formal qualification but had received some training by the librarian. The library was part of the education centre and was easily accessible to all prisoners. Although small, it had an adequate private study area for learners.
- 3.35 All prisoners had sufficient access to the library and over 60% had visited it in the previous three months. Weekend and evening access had been discontinued due to lack of take up by prisoners. Learners attending education classes could make additional short visits during the day to borrow materials to support their learning.
- 3.36 The book stock had sufficient variety to meet the needs of foreign language speakers, and access to legal texts and Prison Service Orders was satisfactory. The library supported the Toe-by-Toe reading mentoring initiative well and promoted reading activities.

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.

- 3.37 Physical education provision was good and well managed. Facilities were satisfactory with a wide range of well-maintained equipment, but showers required refurbishment. Healthy living and personal fitness were effectively promoted. Prisoners had good access to physical exercise. There was an appropriate range of short accredited courses and prisoner achievements were excellent.
- 3.38 The physical education (PE) provision was well managed and staff were well qualified. Facilities for PE were satisfactory. The weights room and cardiovascular suite were spacious and provided a safe environment with a good range of equipment. The outdoor recreation area had a hard tarmac surface, which restricted some sports activities. However, PE staff made suitable use of this in fine weather.
- 3.39 Around 64% of prisoners regularly used the PE facilities twice a week. Induction for PE was robust and written guidance was available in a wide choice of languages. The recreational PE programme catered well for the wide range of prisoners' needs and included sessions for older prisoners, as well as those new to the prison and vulnerable prisoners. Links with health care and drug rehabilitation staff were good. Health promotion was good with effective use of

qualified prisoner health trainers and gym orderlies on each wing. A recent prisoner well-being day had been well attended, and prisoners found the advice and guidance useful.

- 3.40 There was a good variety of externally accredited short courses, including emergency first aid, health and safety, and health improvement. There was also a wide range of short courses to promote health awareness, including smoking cessation, alcohol awareness, healthy eating and weight management. PE prisoner orderlies were well trained and able to complete NVQs level 2 in customer service and business administration. Achievement was excellent with 100% success rates on most courses.
- 3.41 Changing rooms were adequate, although the showers needed refurbishment. Suitable sports shoes and PE kit were available. There had been few accidents over the past year and these were clearly investigated and recorded.

Recommendation

- 3.42 The prison should refurbish the showers in the gym.

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 The reducing reoffending and public protection strategies were broadly appropriate, although no objectives for the year had yet been agreed. There had been good prisoner response to a recent needs analysis but it had not included data from assessments produced for half the population. There was no custody planning for prisoners serving less than 12 months or on remand. Although plans to develop Gloucester as a community prison were positive, the project needed greater clarity.
- 4.2 The reducing reoffending strategy document for 2012/13 had recently been updated and included an outline of each resettlement pathway, along with the work of the offender management unit (OMU). There was a separate public protection policy. Both documents were reasonably comprehensive but neither included developmental objectives for the forthcoming year.
- 4.3 There had been a needs analysis of prisoners in March 2012. The questionnaire had been distributed to 100 prisoners across the establishment, and the 85% response rate was very positive and gave a reasonable outline of the perceived needs of the population. However, the needs analysis was based exclusively on self-reporting and it was not clear how well it reflected actual needs. Although approximately half the population (153 out of 304) were serving sentences of over 12 months and were therefore subject to offender assessment system (OASys) assessments, the needs analysis had not covered this information, which centred on risk of harm and reoffending.
- 4.4 Pathway lead officers and the OMU manager were due to identify developmental targets for the year for their respective areas, drawing on information from the needs analysis, and these objectives were to be managed and reviewed through the reducing reoffending strategy group. However, this group only met quarterly, and at the time of the inspection the first quarter of the year covered by the strategy had already passed without objectives agreed.
- 4.5 The offender management approach was broadly appropriate but the key function of the department remained unclear. There was no custody planning for prisoners serving less than 12 months or on remand, who made up half the population, and the role of the OMU with prisoners serving over 12 months was too variable. Gloucester was planning to become a 'community prison' and the head of reducing reoffending was responsible for developing this project. This model aimed to develop community links further and work towards prisoners from the area being returned to Gloucester before release to facilitate effective community reintegration. However, there was no identified timescale for this project, OMU staff felt they were not sufficiently involved in it, and greater clarity was required.

Recommendations

- 4.6 The annual needs analysis should include data from OASys assessments, and objectives should be quickly agreed for the forthcoming year.
- 4.7 The prison should clarify development plans for the creation of a 'community prison' and clearly communicate these to all staff affected.

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.

- 4.8 The offender management unit was sufficiently staffed and caseloads were reasonably low, but sentence planning for prisoners serving over 12 months was variable and contributions from across the prison rare. Quality assurance did not focus enough on issues of risk and risk management. Offender supervisors had little contact with prisoners beyond their assessment and sentence planning, and there was no one-to-one work to address offending behaviour.
- 4.9 The OMU had five full-time-equivalent offender supervisors, three full-time probation service officers, two part-time probation officers and one officer managing prolific and priority offenders (PPOs). Prisoners serving over 12 months, including the few – six at the time of the inspection – serving indeterminate sentences for public protection (IPPs), were allocated to an offender supervisor. There was no distinction between the work of probation and prison offender supervisors, and cases were allocated on the basis of numbers rather than skill, knowledge or experience. Although the former backlog of OASys assessments had been cleared, we saw some examples of delays in the allocation of cases to offender supervisors.
- 4.10 During the inspection we were joined by colleagues from HM Inspectorate of Probation who reviewed 20 cases of prisoners in scope for offender management (assessed as high or very high risk of harm). At the time of the inspection, only 41 prisoners (26% of those serving over 12 months) were formally in scope for offender management, with a further 112 assessed as low or medium risk. In our survey, significantly more prisoners than the comparator said they had a named offender supervisor (34% against 24%), although fewer said they had a sentence plan (32% against 40%).
- 4.11 Sentence planning arrangements were variable. Formal meetings were rare and, although plans were completed by offender supervisors or managers, depending on whether the prisoner was in or out of scope, contributions from other departments, including personal officers, were rare. This was compounded by the fact that the OMU and other departments often did not include contact with prisoners in electronic case notes, diminishing the sharing of information. Sentence plan meetings often just included the offender supervisor and prisoner, especially for prisoners out of scope for offender management. In only 11 out of 20 in-scope cases reviewed was there evidence that the prisoner had been meaningfully engaged in his sentence planning. Too often, sentence plan targets were broad and ill defined, with insufficient focus on addressing risk. There were exceptions to this and we did see some examples of clearly defined objectives, but this was not consistent.

- 4.12 Relatively few prisoners had identified sentence plan objectives that could be achieved at Gloucester – in our survey, only 37% of respondents, against the 63% comparator, said they could achieve any of their sentence plan targets at the prison. However, this was not inappropriate as most prisoners serving over 12 months were transferred to another establishment to complete their sentence. At the time of the inspection, only 9% of the population had been there for more than six months. Nevertheless, despite relatively low caseloads of between 30 and 35 each, offender supervisors had little or no contact with prisoners outside the OASys and sentence planning process, and many were frustrated that there was no offence-focused one-to-one work. As a consequence, there was a lack of clarity to the role of offender supervisors, for example, whether they should focus on those on shorter sentences and likely to stay at Gloucester or work with those serving longer sentences before they were transferred to other establishments. At the time of the inspection, there was no effective consistent engagement with either group.
- 4.13 There were good links between offender supervisors and the observation, classification and allocation (OCA) department in the OMU to transfer prisoners to establishments where they could undertake sentence planning targets and/or offending behaviour work. Seven of 10 case files examined by HMI Probation had plans to transfer a prisoner to an establishment to complete an accredited programme, although three did not.
- 4.14 There was formal supervision for staff in the OMU, and managers were committed to the quality assurance of OASys assessments. However, there was no management oversight of offender supervisor risk-of-harm assessment and management, and a lack of focus on the details of individual cases.
- 4.15 The screening tool used during induction to assess prisoners' individual training and educational needs, and which also identified barriers to progress in some of the resettlement pathways (such as drug misuse or housing need), was also supposed to act as a trigger to refer prisoners to services. Copies of these assessments were sent to wings as well as to the OMU, and the reducing reoffending strategy group. OMU believed that they were used by personal officers to encourage and support the progress of their prisoners, but this was not the case. Personal officers did not use screening assessments or encourage their prisoners to progress, and those we spoke to did not know about any identified areas of resettlement concern. The legal aid officer also asked prisoners about their housing needs and made direct referrals where necessary to the housing worker in the OMU.
- 4.16 Home detention curfew (HDC) arrangements were reasonable and procedures were mostly started sufficiently early to ensure there was the necessary documentation to consider cases fully. Nevertheless, the number of prisoners released on HDC was relatively low for the number of cases reviewed by the weekly board. Only 15 out of 39 prisoners considered by the board had been successful in the previous three months, although decisions appeared to be appropriate.

Recommendations

- 4.17 **All staff and departments that have contact with prisoners, especially high risk offenders, should be actively involved in the sentence planning process, which should focus on danger of risk and its reduction.**
- 4.18 **There should be quality assurance to ensure the consistent provision of offender supervisor work with prisoners, and staff should receive sufficient training, guidance,**

supervision and support to manage, assess and reduce prisoners' risk of reoffending and harm.

Housekeeping points

- 4.19 Cases should be allocated to offender supervisors without delay.
- 4.20 All prison staff should use electronic case notes to record information about prisoners.

Public protection

- 4.21 All prisoners were screened for potential public protection concerns and, where necessary, offender supervisors carried out risk assessments. However, there was a lack of quality assurance. In all 15 cases reviewed during the inspection assessed as high or very high risk of serious harm, there was insufficient evidence of management oversight of the work of the offender supervisor. In addition, risk management plans were completed to a sufficient standard in only 11 of 19 applicable cases (see recommendation 4.18).
- 4.22 The monthly interdepartmental risk management was reasonably well attended. Although some individual cases were reviewed at the meeting, this was relatively rare. The primary focus was on the monitoring of prisoners for child protection or harassment issues, who were reviewed appropriately and regularly. At the time of the inspection, three prisoners were assessed as multi-agency public protection arrangements (MAPPA) level three, 12 at level two and 32 were nominals (targeted for legitimate security reasons). These cases were only reviewed if there were concerns about prisoners' conduct or management.

Categorisation

- 4.23 Ten per cent of the population (31 prisoners) were category D. Although there were regular transfers to category D establishments, especially HMP Leyhill, many category D prisoners were serving relatively short sentences and unlikely to be transferred. Those who we spoke to were reasonably content to stay at Gloucester rather than move for a short period. Release on temporary licence (ROTL) was rare and had been approved for only one prisoner in the previous four months. The prison acknowledged that as it moved towards becoming a community prison, it needed to increase opportunities for prisoners to plan resettlement arrangements and work outside the prison before release.

Recommendation

- 4.24 The prison should develop release on temporary licence (ROTL) opportunities for prisoners to work outside the prison and to facilitate resettlement arrangements before release.

Indeterminate sentence prisoners

- 4.25 All prisoners on indeterminate sentences for public protection (IPPs) were allocated to an appropriately trained offender supervisor. Although there was no specific provision for this small group of prisoners (such as lifer forums or family days), as most were transferred

reasonably quickly these arrangements were suitable. Multi-agency risk assessment panel (MARAP) meetings were held where appropriate.

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.

4.26 Prisoner access to resettlement pathway work was reasonable, but information and organisation required improvement. There was no review of sentence plans or offending behaviour needs for prisoners serving over 12 months. Provision under the resettlement pathways were variable. Accommodation provision was generally good but there was little for finance, benefit and debt, and no debt management service. Information, advice and guidance on education, training and employment were reasonable but there was no pre-release course. Health care arrangements were good, and there were strong links with the community for prisoners with substance misuse problems. Visits and family support were appropriate. There was no work to address offending behaviour.

4.27 The prison released an average of about 50 prisoners a month. A discharge board convened fortnightly, and prisoners due to be released were invited approximately six to eight weeks before discharge. Representatives from key resettlement pathways attended the board, including Jobcentre Plus, housing, drug and alcohol services, health and employment, training and education. Although prisoners were able to move around the room and speak to relevant representatives, some prisoners were unclear about the process. The information given to them did not explain the process clearly, there was no explanation on the day, and the tables where representatives sat did not indicate who they were or the issues they could help with. The estimated 30% of prisoners serving sentences of over 12 months had no review of their OASys assessment or sentence plan targets before release.

Recommendation

4.28 Sentence plans for prisoners serving sentences over 12 months and therefore subject to OASys assessment and post-custody licence should be reviewed before their release.

Housekeeping point

4.29 Information about how the discharge board works should be explained clearly to prisoners, and pathway representatives should be clearly identified on the day.

Accommodation

4.30 Accommodation support and advice was provided by a directly employed housing worker who was based in the OMU and had good links with offender supervisors. The legal services officer

(also based in the OMU) saw all prisoners during their induction and also asked them about any housing needs. Referrals were quickly picked up by the housing officer.

- 4.31 Support in managing tenancy debt and related issues was the primary focus of initial contact, along with guidance on housing applications. Support for remand prisoners was limited to directing them to community services, which could only be accessed on release. There were good links with several local community housing services, and it was estimated that the housing officer worked with around 40 prisoners at a time.
- 4.32 The current rate of prisoners leaving Gloucester with no fixed accommodation was 6.6%, a significant reduction on the 20% indicated in the prison's needs analysis of March 2012, which indicated that about a fifth of the population had been rough sleeping or 'sofa-surfing' before custody. Accommodation secured for prisoners on release was usually permanent or supported, and temporary accommodation was rare.

Education, training and employment

- 4.33 There was satisfactory information, advice and guidance on education, training and employment for prisoners preparing for release. Advisers regularly reviewed the agreed action plan with the prisoner and focused on supporting them for release. External information and advice agencies specialising in housing, finance or health were invited to the prison to support the identified needs of prisoners about to be released. In the previous three months, approximately 15% of released prisoners had joined an education or training programme, and a further 30% went into some type of employment.
- 4.34 Although the prison did not offer a pre-release course, the education provider ran an employability course that supported prisoners with job interviews, disclosure and CVs. However, this was not delivered reasonably close to the prisoner's release date.

Recommendation

- 4.35 Prisoners should attend the employability course reasonably close to their release date.

Health care

- 4.36 All prisoners were reviewed at a health care pre-release planning meeting two weeks before their discharge. This allowed sufficient time to arrange any future treatment and supply of medicines, if required. Information was also prepared for the prisoner's GP outlining any care and treatment provided. Patients with enduring mental health problems were managed through the care programme approach. Palliative care policies had been developed, and there was good care for patients who were terminally ill.

Drugs and alcohol

- 4.37 Clinical substance misuse, primary health care and mental health services were well integrated, and strong links with the local drug and alcohol service facilitated continuity of treatment. Before release prisoners could access the opiate blocker naltrexone, and re-initiation of opiate substitutes was also possible. Clinical and CARAT (substance misuse) staff met weekly to coordinate prisoners' care, and there was evidence of good liaison with the OMU. Strong throughcare links had been developed and the local drug intervention

programme (DIP) manager attended drug strategy meetings. Workers from two DIP teams had been security cleared and visited the prison regularly, and the CARAT team identified community drug and alcohol services for prisoners who could not access DIPs (for example, those requiring alcohol services).

Finance, benefit and debt

- 4.38 There was little available under this pathway. A contract with Citizens Advice to attend the prison once a week had ended in March 2012 and there was no alternative as yet. As a consequence, there was no debt management or advice available, although 40% of respondents to the prison's needs analysis indicated that they had had debt before custody. A basic budget management course was available through the education department. Prisoners had reasonable access to Jobcentre Plus, which saw all prisoners before their release.

Recommendation

- 4.39 **There should be finance, benefit and debt support to meet prisoner need, particularly for debt management and advice.**

Children, families and contact with the outside world

- 4.40 In our survey, prisoners were generally positive about the support they had received in maintaining contact with their friends and family, as well as their visitors' access to the prison. The Castlegate project, based in the visitors' centre, had worked closely with the prison to develop services and support for prisoners. The project had recently failed to secure further funding and had been wound up, and there was due to be a delay of some months before an identified alternative local project, InfoBuzz, could take up the work. The Castlegate project had worked one to one with the children and families of Gloucester prisoners, even if held in custody elsewhere, and it was hoped that the new project would continue this work.
- 4.41 Domestic visits were provided every afternoon except Monday. An up-to-date booklet for visitors outlined useful information and guidance on visiting the prison. Visitors could wait in the reasonably equipped visitors' centre, and visits usually started promptly. There had been a recent visitors' survey but the results had yet to be analysed.
- 4.42 The visits hall, while small, could accommodate up to 25 visits. Although weekend visits were booked up quickly, weekday visits could usually be accommodated relatively easily. The hall had a small snack bar and children's play area, although this was sometimes unavailable without warning when there were no volunteer staff.
- 4.43 There were also monthly family visits for prisoners with children, subject to security clearance, including those on the basic level of the IEP. However, the most recent session had been cancelled due to the winding up of Castlegate.
- 4.44 There was currently no parenting course at Gloucester.

Recommendations

- 4.45 **The results of the visitors' survey should be analysed and any necessary action incorporated into the reducing reoffending action plan for the forthcoming year.**

- 4.46 The children's play area in the visits hall should be consistently staffed.
- 4.47 There should be parenting and relationships courses to support prisoners.

Attitudes, thinking and behaviour

- 4.48 With the exception of work on drugs and alcohol, there were no accredited or non-accredited programmes to reduce the risk of reoffending. However, most prisoners serving over 12 months were likely to be transferred to other establishments, where they could usually take appropriate courses (see paragraph 4.13). There were no courses or one-to-one work through the OMU for prisoners unlikely to be transferred and/or serving relatively short sentences.
- 4.49 The prison had put resources into developing restorative justice work and worked closely with a local community organisation, although the number of face-to-face meetings between prisoners and victims remained low.

Recommendation

- 4.50 There should be appropriate provision to address the offending behaviour needs of prisoners at Gloucester, including those serving relatively short sentences.

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 governor

-
- 5.1 The environment in which vulnerable prisoners are held and the regime activity they are offered should be improved. (HP44)
 - 5.2 There should be consistent and direct supervision of prisoners located in the segregation unit. (HP45)
 - 5.3 There should be improvements to the quality of accommodation and furnishings, and single cells should only be used to accommodate one prisoner. (HP46)
 - 5.4 All prisoners should have immediate access to toilet facilities. (HP47)
 - 5.5 The prison should urgently increase the provision of education, vocational training and work to engage as many prisoners as possible in purposeful activity, ensuring there are sufficient staff resources and educational expertise to support the effective management and development of the learning and skills and work provision. (HP48)
 - 5.6 The prison should introduce custody planning for prisoners serving less than 12 months or on remand. (HP49)

Recommendations

To the governor

Early days in custody

- 5.7 Trained prisoner peer supporters should be available in reception. (1.19)
- 5.8 All new arrivals should be offered a shower, food and a telephone call. (1.20)
- 5.9 First night cells should be fully prepared for occupation. (1.21)
- 5.10 The induction for vulnerable prisoners should be as good as that for mainstream prisoners. (1.22)

Bullying and violence reduction

- 5.11 Systems for monitoring perpetrators of bullying and antisocial behaviour and support for victims should be improved. (1.33)

Self-harm and suicide prevention

- 5.12 The quality of care maps and reviews for prisoners on assessment, care in custody and teamwork (ACCT) self-harm monitoring should be improved. (1.45)
- 5.13 The number of trained Listeners should be increased. (1.46)
- 5.14 Death in custody action plans should be reviewed regularly and recommendations should be reinforced. (1.47)
- 5.15 All staff should be trained in basic assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures, and should be advised that they can enter cells on their own, subject to an active risk assessment, in order to preserve life. (1.48)

Safeguarding (protection of adults at risk)

- 5.16 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.52)

Security

- 5.17 The mandatory drug test (MDT) programme should be sufficiently resourced to carry out target testing within the required timescale. (1.60)
- 5.18 A detailed drug supply reduction strategy and action plan should be developed and implemented, and embedded in the wider prison drug strategy. (1.61)
- 5.19 Closed visits should only be applied where there is evidence of illicit activity relating to visits. (1.62)

Incentives and earned privileges

- 5.20 Incentives and earned privileges (IEP) reviews should be carried out in accordance with the policy. (1.68)
- 5.21 Prisoners on basic regime should be unlocked each day to make telephone calls and have showers. (1.69)

Discipline

- 5.22 All planned use of force incidents should be identified as planned, and logged and filmed. (1.77)
- 5.23 The environment and regime in the segregation unit should be improved. (1.83)

Substance misuse

- 5.24 Substance misuse services should further improve joint working and provide fully integrated care to prisoners with drug and/or alcohol problems. (1.89)

- 5.25 Substance misuse teams should consult service users to inform future service provision. (1.90)

Residential units

- 5.26 All cells should be properly equipped and free from graffiti and offensive materials. (2.9)
- 5.27 There should be sufficient clean well-maintained showers on each wing. (2.10)
- 5.28 There should be facilities for prisoners to wash their own clothes. (2.11)
- 5.29 Telephones should be screened to provide sufficient privacy. (2.12)

Equality and diversity

- 5.30 There should be an overarching equality and diversity strategy and an equality action plan covering each protected characteristic, including comprehensive information on how key responsibilities will be delivered, and support for prisoners. (2.28)
- 5.31 The prison should extend the monitoring of equality of treatment for prisoners to include all protected characteristics. (2.29)
- 5.32 There should be support groups or forums for all minority groups that are open to all prisoners from that group. (2.30)
- 5.33 The prison should increase staff cultural awareness of minority groups and religions. (2.41)
- 5.34 There should be adequate provision for the care and support of foreign national prisoners. (2.42)

Health services

- 5.35 Nurses should be trained to run triage clinics. (2.75)
- 5.36 Pharmacy-led clinics and medicines use reviews should be introduced. (2.80)
- 5.37 Secondary dispensing of medication, such as night sedation, should stop. (2.81)
- 5.38 There should be one main legally compliant controlled drugs register used to record stock coming into the prison and going out to the wings. (2.82)
- 5.39 Prisoners should have access to professional counselling services. (2.95)

Catering

- 5.40 Vulnerable prisoners should not be served their meals last every day. (2.101)
- 5.41 The kitchen and serveries should be kept clean and well maintained. (2.102)
- 5.42 The kitchen should have separate storage and preparation areas for halal food, and all kitchen workers should be trained in the preparation of halal food. (2.103)

Time out of cell

- 5.43 The prison's published core day should be adhered to. (3.6)
- 5.44 The number of prisoners locked in their cell and not engaged in purposeful activity should be reduced. (3.7)
- 5.45 Access to association should be increased for all prisoners. (3.8)

Learning and skills and work activities

- 5.46 The prison should develop a strategy for the development of learning and skills and work based on prisoners' needs analysis, involving the key learning partners and maximising the available space. (3.16)
- 5.47 The prison should continue to develop successful working relationships with its learning partners to minimise the impact of the regime on learning and to ensure that teaching can adapt to the prison's operational requirements. (3.17)
- 5.48 The prison should regularly review the quality of the learning and skills and work provision with all its delivery partners to ensure meaningful continuous improvement. (3.18)
- 5.49 The prison should continue to increase the success rates in qualifications for all learners by improving the quality of teaching, the use of individual learning plans, and literacy and numeracy support. (3.33)

Physical education and healthy living

- 5.50 The prison should refurbish the showers in the gym. (3.42)

Strategic management of resettlement

- 5.51 The annual needs analysis should include data from OASys assessments, and objectives should be quickly agreed for the forthcoming year. (4.6)
- 5.52 The prison should clarify development plans for the creation of a 'community prison' and clearly communicate these to all staff affected. (4.7)

Offender management and planning

- 5.53 All staff and departments that have contact with prisoners, especially high risk offenders, should be actively involved in the sentence planning process, which should focus on danger of risk and its reduction. (4.17)
- 5.54 There should be quality assurance to ensure the consistent provision of offender supervisor work with prisoners, and staff should receive sufficient training, guidance, supervision and support to manage, assess and reduce prisoners' risk of reoffending and harm. (4.18)
- 5.55 The prison should develop release on temporary licence (ROTL) opportunities for prisoners to work outside the prison and to facilitate resettlement arrangements before release. (4.24)

Reintegration planning

- 5.56 Sentence plans for prisoners serving sentences over 12 months and therefore subject to OASys assessment and post-custody licence should be reviewed before their release. (4.28)
- 5.57 Prisoners should attend the employability course reasonably close to their release date. (4.35)
- 5.58 There should be finance, benefit and debt support to meet prisoner need, particularly for debt management and advice. (4.39)
- 5.59 The results of the visitors' survey should be analysed and any necessary action incorporated into the reducing reoffending action plan for the forthcoming year. (4.45)
- 5.60 The children's play area in the visits hall should be consistently staffed. (4.46)
- 5.61 There should be parenting and relationships courses to support prisoners. (4.47)
- 5.62 There should be appropriate provision to address the offending behaviour needs of prisoners at Gloucester, including those serving relatively short sentences. (4.50)

Housekeeping points

Courts, escorts and transfers

- 5.63 Escort vehicles should not be left waiting outside the establishment. (1.5)
- 5.64 Prisoners should disembark from vehicles as soon as they enter the establishment. (1.6)

Early days in custody

- 5.65 Reception holding rooms should contain information and reading material for prisoners. (1.23)
- 5.66 Induction for all prisoners should start the day after their arrival. (1.24)

Bullying and violence reduction

- 5.67 The prison should accurately record and analyse all indicators of violence and antisocial behaviour. (1.34)
- 5.68 All relevant departments, as well as prisoners, should attend the joint violence reduction and safer custody meeting regularly. (1.35)

Security

- 5.69 Prisoners should be informed of the appeal process for closed visits. (1.63)

Residential units

- 5.70 Management checks of emergency cell bell response times should be formalised. (2.13)

Staff-prisoner relationships

- 5.71 Staff entries in prisoners' case notes should address their individual circumstances and progress against sentence planning targets. (2.19)
- 5.72 Staff should use prisoners' preferred names when they address them. (2.20)

Equality and diversity

- 5.73 The equality officer should be given sufficient time to undertake equality and diversity work. (2.31)
- 5.74 The prison should identify prisoners convicted of a racist offence or displaying racist behaviour. (2.32)
- 5.75 Prisoner diversity representatives should be appointed continuously. (2.33)
- 5.76 The prison should introduce external scrutiny of discrimination incident reporting forms (DIRFs). (2.34)
- 5.77 Prisoners with mobility problems should be assisted to shower daily. (2.43)

Faith and religious activity

- 5.78 Ventilation in the multi-faith room should be improved. (2.49)

Legal rights

- 5.79 The legal services officer should receive regular refresher training. (2.58)

Health services

- 5.80 Attention should be given to the professional development of the primary care team. (2.68)
- 5.81 Prisoners should have access to a dedicated health care forum. (2.69)
- 5.82 The in-possession policy should include a clear scoring system for the medicine and the patient, and more prisoners should receive their medication in possession, following suitable risk assessment. (2.83)
- 5.83 Provision of night time medication should be reviewed. (2.84)
- 5.84 Pharmacy stock reconciliation procedures should be introduced. (2.85)

- 5.85 There should be standard operating procedures for the handling and administration of all medicines, and evidence that staff have been trained in these procedures should be documented. (2.86)
- 5.86 Controlled drugs cabinets should be secured in compliance with the legal requirements. (2.87)
- 5.87 Administration of medicines should be recorded on SystemOne. (2.88)
- 5.88 There should be risk assessments for in-possession medicines at the point of administration. (2.89)

Catering

- 5.89 Meals should not be served before noon or 5pm. (2.104)

Offender management and planning

- 5.90 Cases should be allocated to offender supervisors without delay. (4.19)
- 5.91 All prison staff should use electronic case notes to record information about prisoners. (4.20)

Reintegration planning

- 5.92 Information about how the discharge board works should be explained clearly to prisoners, and pathway representatives should be clearly identified on the day. (4.29)

Good practice

- 5.93 The prison provided structured support groups for prisoners at risk of self-harm. (1.49)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Kieron Taylor	Team leader
Karen Dillon	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Olayinka Macauley	Researcher
Nalini Sharma	Researcher
Jess Broughton	Research trainee
Specialist inspectors	
Sigrid Engelen	Substance misuse inspector
Mick Bowen	Health services inspector
Deborah Hylands	Pharmacist
Jane Poole	Care Quality Commission inspector
Maria Navarro	Ofsted inspector
Charles Clark	Ofsted inspector
Neil Edwards	Ofsted inspector
Eileen O'Sullivan	Offender management inspector
Martyn Griffiths	Offender management inspector
Martin Jolly	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	18-20 yr olds	21 and over	%
Sentenced	2	195	63.3
Recall	0	33	10.6
Convicted unsentenced	3	23	8.4
Remand	2	50	16.7
Civil prisoners	0	1	0.3
Detainees	0	2	0.6
Total	7	304	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	5	76	26
Less than 6 months	0	46	14.8
6 months to less than 12 months	0	29	9.3
12 months to less than 2 years	0	50	16.1
2 years to less than 4 years	2	53	17.7
4 years to less than 10 years	0	42	13.5
10 years and over (not life)	0	2	0.6
Life	0	6	1.9
Total	7	304	100

Age	Number of prisoners	%
Under 21 years	7	2.3
21 years to 29 years	125	40.2
30 years to 39 years	107	34.4
40 years to 49 years	54	17.4
50 years to 59 years	9	2.9
60 years to 69 years	8	2.6
70 plus years: <i>maximum age=77</i>	1	0.3
Total	311	100

Nationality	18-20 yr olds	21 and over	%
British	6	266	87.5
Foreign nationals	1	26	8.7
Total	7	292	96.2

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	0	2	0.8
Uncategorised sentenced	5	97	32.8
Cat A	-	-	-
Cat B	0	5	1.6
Cat C	0	166	53.4
Cat D	0	32	10.3
Other	2	2	1.2
Total	7	304	100.1

Ethnicity	18-20 yr olds	21 and over	%
<i>White</i>			
British	5	230	75.6
Other white	1	12	4.2
<i>Mixed</i>			
White and black African	0	1	0.3
Other mixed	0	8	2.6
<i>Asian or Asian British</i>			
Indian	0	6	1.9
Pakistani	0	3	1
Bangladeshi	0	2	0.6
<i>Black or black British</i>			
Caribbean	1	20	6.8
African	0	4	1.3
Other black	0	4	1.3
Not stated	0	6	1.9
Total	7	297	97.8

Religion	18-20 yr olds	21 and over	%
Baptist	0	1	0.3
Church of England	0	32	0
Roman Catholic	0	41	0
Other Christian denominations	2	53	0
Muslim	0	22	7.1
Sikh	0	1	0.3
Buddhist	0	3	1
Other	0	1	0
No religion	0	10	3.2
Total	7	304	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	3.7	32	39.5
1 month to 3 months	1	1.2	31	38.5
3 months to 6 months	1	1.2	8	9.9
6 months to 1 year	0	0	5	6.2
Total	5	1.6	76	24.4

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	3.7	32	39.5
1 month to 3 months	1	1.2	31	38.3
3 months to 6 months	1	1.2	8	9.9
6 months to 1 year	0	0	5	6.2
Total	5	1.6	76	24.4

Main offence	18-20 yr olds	21 and over	%
Violence against the person	14	77	30.9
Sexual offences	0	25	8.5
Burglary	7	49	19

Robbery	5	24	9.8
Theft and handling	2	23	8.5
Fraud and forgery	0	3	1
Drugs offences	3	39	14.2
Other offences	5	10	5.1
Offence not recorded/holding warrant	1	8	3
Total	37	258	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 3 July 2012, the prisoner population at HMP Gloucester was 311. The sample size was 159. Overall, this represented 51% 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, 142 respondents completed and returned their questionnaires. This represented 46% of the prison population. The response rate was 89%. In addition to the five respondents who refused to complete a questionnaire, three questionnaires were not returned and nine 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 2012 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 34 local prisons since April 2007.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Gloucester in 2007.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not.
- A comparison within the 2012 survey between responses of prisoners who consider themselves to be from a Gypsy, Romany or Traveller background and those who do not.

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?		
	<i>Under 21</i>	3	(2%)
	<i>21 - 29</i>	53	(37%)
	<i>30 - 39</i>	52	(37%)
	<i>40 - 49</i>	24	(17%)
	<i>50 - 59</i>	5	(4%)
	<i>60 - 69</i>	5	(4%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	84	(60%)
	<i>Yes - on recall</i>	23	(16%)
	<i>No - awaiting trial</i>	20	(14%)
	<i>No - awaiting sentence</i>	14	(10%)
	<i>No - awaiting deportation</i>	0	(0%)
Q1.4	How long is your sentence?		
	Not sentenced	34	(24%)
	<i>Less than 6 months</i>	34	(24%)
	<i>6 months to less than 1 year</i>	16	(12%)
	<i>1 year to less than 2 years</i>	17	(12%)
	<i>2 years to less than 4 years</i>	21	(15%)
	<i>4 years to less than 10 years</i>	14	(10%)
	<i>10 years or more</i>	2	(1%)
	<i>IPP (indeterminate sentence for public protection)</i>	1	(1%)
	<i>Life</i>	0	(0%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	11	(8%)
	<i>No</i>	128	(92%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	139	(98%)
	<i>No</i>	3	(2%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	136	(96%)
	<i>No</i>	6	(4%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>	98 (73%)	<i>Asian or Asian British - Chinese...</i> 0 (0%)
	<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	8 (6%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean..</i>	11 (8%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	5 (4%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 0 (0%)

<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i>	1 (1%)
<i>Asian or Asian British - Pakistani</i> ...	1 (1%)	<i>Other ethnic group</i>	3 (2%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes.....	15 (11%)
No.....	119 (89%)

Q1.10 What is your religion?

<i>None</i>	56 (41%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	33 (24%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	27 (20%)	<i>Muslim</i>	8 (6%)
<i>Protestant</i>	0 (0%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	5 (4%)	<i>Other</i>	1 (1%)
<i>Buddhist</i>	5 (4%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	134 (98%)
<i>Homosexual/gay</i>	0 (0%)
<i>Bisexual</i>	3 (2%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes.....	28 (21%)
No.....	107 (79%)

Q1.13 Are you a veteran (ex-armed services)?

Yes.....	4 (3%)
No.....	134 (97%)

Q1.14 Is this your first time in prison?

Yes.....	38 (27%)
No.....	101 (73%)

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

Yes.....	81 (59%)
No.....	57 (41%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

<i>Less than 2 hours</i>	102 (72%)
<i>2 hours or longer</i>	29 (21%)
<i>Don't remember</i>	10 (7%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	102 (72%)
Yes.....	18 (13%)
No.....	19 (13%)
<i>Don't remember</i>	2 (1%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	102 (72%)
Yes.....	7 (5%)

No..... 31 (22%)
 Don't remember 2 (1%)

Q2.4 On your most recent journey here, was the van clean?
 Yes..... 93 (65%)
 No..... 39 (27%)
 Don't remember 10 (7%)

Q2.5 On your most recent journey here, did you feel safe?
 Yes 119 (84%)
 No..... 21 (15%)
 Don't remember 2 (1%)

Q2.6 On your most recent journey here, how were you treated by the escort staff?
 Very well..... 47 (33%)
 Well 70 (50%)
 Neither 19 (13%)
 Badly..... 2 (1%)
 Very badly 1 (1%)
 Don't remember 2 (1%)

**Q2.7 Before you arrived, were you given anything or told that you were coming here?
 (Please tick all that apply to you.)**
 Yes, someone told me 102 (73%)
 Yes, I received written information 6 (4%)
 No, I was not told anything 24 (17%)
 Don't remember 10 (7%)

Q2.8 When you first arrived here did your property arrive at the same time as you?
 Yes 126 (89%)
 No..... 10 (7%)
 Don't remember 5 (4%)

Section 3: Reception, first night and induction

Q3.1 How long were you in reception?
 Less than 2 hours 55 (40%)
 2 hours or longer..... 76 (55%)
 Don't remember 6 (4%)

Q3.2 When you were searched, was this carried out in a respectful way?
 Yes 118 (89%)
 No 10 (8%)
 Don't remember 5 (4%)

Q3.3 Overall, how were you treated in reception?
 Very well..... 43 (31%)
 Well 65 (47%)
 Neither 19 (14%)
 Badly..... 4 (3%)
 Very badly 2 (1%)
 Don't remember 4 (3%)

- Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--------------------------------------------|----------|------------------------------------------------------|----------|
| <i>Loss of property</i> | 8 (6%) | <i>Physical health</i> | 17 (12%) |
| <i>Housing problems</i> | 28 (20%) | <i>Mental health</i> | 19 (14%) |
| <i>Contacting employers</i> | 4 (3%) | <i>Needing protection from other prisoners</i> | 5 (4%) |
| <i>Contacting family</i> | 36 (26%) | <i>Getting phone numbers</i> | 32 (23%) |
| <i>Childcare</i> | 1 (1%) | <i>Other</i> | 3 (2%) |
| <i>Money worries</i> | 19 (14%) | Did not have any problems | 51 (37%) |
| <i>Feeling depressed or suicidal</i> | 20 (15%) | | |
- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|----------------------------------------|----------|
| Yes | 43 (32%) |
| No..... | 39 (29%) |
| Did not have any problems | 51 (38%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---------------------------------------|-----------|
| <i>Tobacco</i> | 116 (82%) |
| <i>A shower</i> | 26 (18%) |
| <i>A free telephone call</i> | 66 (47%) |
| <i>Something to eat</i> | 104 (74%) |
| <i>PIN phone credit</i> | 104 (74%) |
| <i>Toiletries/basic items</i> | 77 (55%) |
| Did not receive anything | 5 (4%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- | | |
|--------------------------------------------------|-----------|
| <i>Chaplain</i> | 66 (48%) |
| <i>Someone from health services</i> | 109 (80%) |
| <i>A Listener/Samaritans</i> | 58 (42%) |
| <i>Prison shop/canteen</i> | 46 (34%) |
| Did not have access to any of these | 17 (12%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|----------------------------------------------------------------------------------|----------|
| <i>What was going to happen to you</i> | 76 (57%) |
| <i>What support was available for people feeling depressed or suicidal</i> | 75 (56%) |
| <i>How to make routine requests (applications)</i> | 69 (51%) |
| <i>Your entitlement to visits</i> | 65 (49%) |
| <i>Health services</i> | 86 (64%) |
| <i>Chaplaincy</i> | 78 (58%) |
| Not offered any information | 20 (15%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|-----------------------------|-----------|
| Yes | 122 (87%) |
| No..... | 17 (12%) |
| <i>Don't remember</i> | 2 (1%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|---------------------------------------------------|----------|
| Have not been on an induction course | 22 (16%) |
| <i>Within the first week</i> | 69 (49%) |
| <i>More than a week</i> | 34 (24%) |
| <i>Don't remember</i> | 16 (11%) |

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 22 (16%)
 Yes 79 (57%)
 No..... 25 (18%)
 Don't remember 13 (9%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 18 (14%)
 Within the first week 43 (33%)
 More than a week 60 (46%)
 Don't remember 10 (8%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor / legal representative?	18 (14%)	31 (23%)	24 (18%)	26 (20%)	10 (8%)	23 (17%)
Attend legal visits?	30 (24%)	33 (26%)	17 (14%)	7 (6%)	4 (3%)	34 (27%)
Get bail information?	11 (9%)	17 (14%)	24 (20%)	15 (12%)	10 (8%)	44 (36%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters 29 (21%)
 Yes 36 (26%)
 No..... 71 (52%)

Q4.3 Can you get legal books in the library?
 Yes 60 (44%)
 No..... 7 (5%)
 Don't know 68 (50%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	90 (68%)	38 (29%)	4 (3%)
Are you normally able to have a shower every day?	109 (83%)	22 (17%)	1 (1%)
Do you normally receive clean sheets every week?	120 (88%)	9 (7%)	7 (5%)
Do you normally get cell cleaning materials every week?	83 (62%)	40 (30%)	10 (8%)
Is your cell call bell normally answered within five minutes?	66 (49%)	46 (34%)	23 (17%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	82 (62%)	49 (37%)	2 (2%)
If you need to, can you normally get your stored property?	41 (30%)	40 (29%)	55 (40%)

Q4.5 What is the food like here?
 Very good..... 22 (16%)

Good.....	64 (47%)
Neither.....	31 (23%)
Bad.....	13 (9%)
Very bad.....	7 (5%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet/don't know</i>	16 (12%)
Yes.....	86 (62%)
No.....	37 (27%)

Q4.7 Can you speak to a Listener at any time if you want to?

Yes.....	98 (71%)
No.....	2 (1%)
Don't know.....	39 (28%)

Q4.8 Are your religious beliefs respected?

Yes.....	70 (51%)
No.....	13 (9%)
Don't know/N/A.....	54 (39%)

Q4.9 Are you able to speak to a chaplain of your faith in private if you want to?

Yes.....	79 (57%)
No.....	8 (6%)
Don't know/N/A.....	51 (37%)

Q4.10 How easy or difficult is it for you to attend religious services?

<i>I don't want to attend</i>	32 (23%)
Very easy.....	36 (26%)
Easy.....	32 (23%)
Neither.....	6 (4%)
Difficult.....	3 (2%)
Very difficult.....	4 (3%)
Don't know.....	24 (18%)

Section 5: Applications and complaints

Q5.1 Is it easy to make an application?

Yes.....	117 (85%)
No.....	10 (7%)
Don't know.....	11 (8%)

Q5.2 Please answer the following questions about applications:
(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Are applications dealt with fairly?	29 (22%)	75 (57%)	27 (21%)
Are applications dealt with quickly (within seven days)?	29 (25%)	71 (60%)	18 (15%)

Q5.3 Is it easy to make a complaint?

Yes.....	71 (55%)
No.....	11 (9%)
Don't know.....	47 (36%)

Q5.4	Please answer the following questions about complaints: (If you have not made a complaint please tick the 'not made one' option.)			
		Not made one	Yes	No
	Are complaints dealt with fairly?	89 (66%)	20 (15%)	25 (19%)
	Are complaints dealt with quickly (within seven days)?	89 (67%)	21 (16%)	22 (17%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes		11 (9%)	
	No		111 (91%)	
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>		57 (42%)	
	Very easy		16 (12%)	
	Easy		27 (20%)	
	Neither		26 (19%)	
	Difficult		7 (5%)	
	Very difficult		2 (1%)	

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		20 (14%)	
	Yes		74 (53%)	
	No		20 (14%)	
	<i>Don't know</i>		25 (18%)	
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		20 (15%)	
	Yes		67 (50%)	
	No		35 (26%)	
	<i>Don't know</i>		12 (9%)	
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?			
	Yes		10 (7%)	
	No		127 (93%)	
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?			
	<i>I have not been to segregation in the last 6 months</i>		114 (84%)	
	Very well		6 (4%)	
	Well		5 (4%)	
	Neither		6 (4%)	
	Badly		2 (1%)	
	Very badly		3 (2%)	

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?		
	Yes	124 (91%)	
	No	13 (9%)	

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	107 (79%)
	No.....	28 (21%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	62 (45%)
	No.....	76 (55%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	8 (6%)
	Never	22 (16%)
	Rarely	30 (22%)
	Some of the time.....	41 (30%)
	Most of the time.....	24 (18%)
	All of the time.....	12 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	56 (41%)
	In the first week.....	52 (38%)
	More than a week.....	17 (12%)
	Don't remember	13 (9%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/her	56 (42%)
	Very helpful.....	32 (24%)
	Helpful.....	31 (23%)
	Neither.....	8 (6%)
	Not very helpful.....	5 (4%)
	Not at all helpful	1 (1%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	29 (22%)
	No.....	102 (78%)
Q8.2	Do you feel unsafe now?	
	Yes	14 (11%)
	No.....	115 (89%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	102 (79%)
	Everywhere.....	8 (6%)
	Segregation unit.....	1 (1%)
	Association areas	8 (6%)
	Reception area.....	1 (1%)
	At the gym.....	1 (1%)
	In an exercise yard	6 (5%)
	At work.....	2 (2%)
	During movement	3 (2%)
	At education.....	0 (0%)
	At mealtimes.....	5 (4%)
	At health services	1 (1%)
	Visits area	0 (0%)
	In wing showers	8 (6%)
	In gym showers.....	1 (1%)
	In corridors/stairwells	3 (2%)
	On your landing/wing	6 (5%)
	In your cell.....	3 (2%)
	At religious services	1 (1%)

Q8.4 Have you been victimised by other prisoners here?
 Yes 20 (15%)
 No..... 117 (85%)

Q8.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends)..... 6 (4%)
Physical abuse (being hit, kicked or assaulted)..... 2 (1%)
Sexual abuse..... 1 (1%)
Feeling threatened or intimidated..... 13 (9%)
Having your canteen/property taken..... 2 (1%)
Medication..... 0 (0%)
Debt..... 1 (1%)
Drugs 1 (1%)
Your race or ethnic origin 2 (1%)
Your religion/religious beliefs 2 (1%)
Your nationality 0 (0%)
You are from a different part of the country than others..... 5 (4%)
You are from a traveller community 0 (0%)
Your sexual orientation 0 (0%)
Your age..... 0 (0%)
You have a disability 0 (0%)
You were new here..... 5 (4%)
Your offence/crime 1 (1%)
Gang related issues 2 (1%)

Q8.6 Have you been victimised by staff here?
 Yes 26 (19%)
 No..... 111 (81%)

Q8.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends)..... 9 (7%)
Physical abuse (being hit, kicked or assaulted)..... 5 (4%)
Sexual abuse..... 0 (0%)
Feeling threatened or intimidated..... 13 (9%)
Medication..... 0 (0%)
Debt..... 0 (0%)
Drugs 4 (3%)
Your race or ethnic origin 4 (3%)
Your religion/religious beliefs..... 3 (2%)
Your nationality 1 (1%)
You are from a different part of the country than others..... 4 (3%)
You are from a traveller community 0 (0%)
Your sexual orientation 0 (0%)
Your age..... 3 (2%)
You have a disability 2 (1%)
You were new here..... 3 (2%)
Your offence/crime 4 (3%)
Gang related issues 1 (1%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?
Not been victimised 102 (78%)
 Yes 6 (5%)
 No..... 23 (18%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	18 (13%)	24 (18%)	45 (33%)	15 (11%)	26 (19%)	7 (5%)
	The nurse	19 (15%)	30 (23%)	59 (45%)	14 (11%)	5 (4%)	3 (2%)
	The dentist	34 (26%)	9 (7%)	19 (15%)	12 (9%)	29 (22%)	27 (21%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	20 (15%)	27 (20%)	48 (36%)	20 (15%)	13 (10%)	5 (4%)
	The nurse	19 (15%)	31 (24%)	44 (34%)	18 (14%)	11 (8%)	7 (5%)
	The dentist	47 (36%)	16 (12%)	15 (12%)	25 (19%)	13 (10%)	14 (11%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						16 (12%)
	<i>Very good</i>						22 (17%)
	<i>Good</i>						47 (36%)
	<i>Neither</i>						23 (18%)
	<i>Bad</i>						19 (15%)
	<i>Very bad</i>						3 (2%)
Q9.4	Are you currently taking medication?						
	Yes.....						73 (54%)
	No.....						63 (46%)
Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?						
	<i>Not taking medication</i>						63 (46%)
	<i>Yes, all my meds</i>						13 (10%)
	<i>Yes, some of my meds</i>						22 (16%)
	<i>No</i>						38 (28%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes.....						52 (39%)
	No.....						83 (61%)
Q9.7	Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						83 (64%)
	Yes.....						25 (19%)
	No.....						22 (17%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	47 (35%)
	No.....	87 (65%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	31 (24%)
	No.....	100 (76%)

Q10.3 Is it easy or difficult to get illegal drugs in this prison?

Very easy	26 (20%)
Easy	16 (12%)
Neither	8 (6%)
Difficult	7 (5%)
Very difficult	0 (0%)
Don't know	74 (56%)

Q10.4 Is it easy or difficult to get alcohol in this prison?

Very easy	8 (6%)
Easy	9 (7%)
Neither	17 (13%)
Difficult	7 (5%)
Very difficult	12 (9%)
Don't know	77 (59%)

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?

Yes	7 (5%)
No	127 (95%)

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?

Yes	10 (8%)
No	122 (92%)

Q10.7 Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?

<i>Did not/do not have a drug problem</i>	84 (66%)
Yes	27 (21%)
No	17 (13%)

Q10.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?

<i>Did not/do not have an alcohol problem</i>	100 (76%)
Yes	19 (15%)
No	12 (9%)

Q10.9 Was the support or help you received, whilst in this prison, helpful?

<i>Did not have a problem/did not receive help</i>	90 (68%)
Yes	33 (25%)
No	9 (7%)

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	28 (21%)	11 (8%)	37 (28%)	11 (8%)	27 (20%)	18 (14%)
Vocational or skills training	35 (28%)	14 (11%)	33 (26%)	24 (19%)	9 (7%)	11 (9%)
Education (including basic skills)	25 (20%)	18 (14%)	51 (40%)	23 (18%)	3 (2%)	6 (5%)

Offending behaviour programmes	58 (46%)	5 (4%)	18 (14%)	18 (14%)	14 (11%)	14 (11%)
--------------------------------	-------------	-----------	-------------	-------------	-------------	-------------

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	51 (40%)
Prison job	54 (42%)
Vocational or skills training.....	10 (8%)
Education (including basic skills).....	38 (29%)
Offending behaviour programmes.....	7 (5%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	48 (41%)	38 (32%)	19 (16%)	12 (10%)
Vocational or skills training	55 (56%)	22 (22%)	14 (14%)	7 (7%)
Education (including basic skills)	47 (42%)	40 (35%)	16 (14%)	10 (9%)
Offending behaviour programmes	57 (59%)	21 (22%)	12 (12%)	7 (7%)

Q11.4 How often do you usually go to the library?

Don't want to go	27 (20%)
Never.....	24 (18%)
Less than once a week.....	23 (17%)
About once a week.....	51 (39%)
More than once a week.....	7 (5%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	41 (32%)
Yes.....	59 (46%)
No.....	27 (21%)

Q11.6 How many times do you usually go to the gym each week?

Don't want to go	28 (22%)
0.....	24 (19%)
1 to 2.....	29 (22%)
3 to 5.....	42 (33%)
More than 5.....	6 (5%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	30 (23%)
0.....	11 (9%)
1 to 2.....	25 (19%)
3 to 5.....	23 (18%)
More than 5.....	40 (31%)

Q11.8 How many times do you usually have association each week?

Don't want to go	3 (2%)
0.....	3 (2%)
1 to 2.....	18 (14%)
3 to 5.....	101 (80%)
More than 5.....	2 (2%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	33 (26%)
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2 to less than 4 hours.....	37 (29%)
4 to less than 6 hours.....	19 (15%)
6 to less than 8 hours.....	10 (8%)
8 to less than 10 hours.....	5 (4%)
10 hours or more.....	10 (8%)
Don't know	12 (10%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	55 (44%)
	No.....	71 (56%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	46 (35%)
	No.....	85 (65%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	34 (26%)
	No.....	99 (74%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	22 (17%)
	Very easy	27 (21%)
	Easy.....	30 (23%)
	Neither.....	7 (5%)
	Difficult.....	15 (11%)
	Very difficult.....	24 (18%)
	Don't know	6 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	34 (25%)
	Yes	61 (45%)
	No.....	40 (30%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	Not sentenced/NA	74 (56%)
	No contact.....	38 (29%)
	Letter.....	9 (7%)
	Phone	6 (5%)
	Visit	14 (11%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	43 (34%)
	No.....	84 (66%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	34 (25%)

Yes 32 (24%)
 No..... 68 (51%)

Q13.5 How involved were you in the development of your sentence plan?
Do not have a sentence plan/not sentenced 102 (76%)
 Very involved 7 (5%)
 Involved 13 (10%)
 Neither 6 (4%)
 Not very involved 4 (3%)
 Not at all involved 2 (1%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)
Do not have a sentence plan/not sentenced 102 (78%)
 Nobody 13 (10%)
 Offender supervisor 7 (5%)
 Offender manager 4 (3%)
 Named/personal officer 4 (3%)
 Staff from other departments 7 (5%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?
Do not have a sentence plan/not sentenced 102 (76%)
 Yes 12 (9%)
 No 13 (10%)
 Don't know 7 (5%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/not sentenced 102 (77%)
 Yes 12 (9%)
 No 11 (8%)
 Don't know 8 (6%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/not sentenced 102 (76%)
 Yes 10 (7%)
 No 10 (7%)
 Don't know 12 (9%)

Q13.10 Do you have a needs based custody plan?
 Yes 8 (6%)
 No 56 (45%)
 Don't know 61 (49%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes 22 (18%)
 No 99 (82%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	34 (29%)	33 (28%)	50 (43%)
Accommodation	31 (26%)	40 (34%)	48 (40%)
Benefits	29 (25%)	46 (39%)	42 (36%)
Finances	36 (33%)	23 (21%)	49 (45%)

Education	36 (33%)	32 (29%)	41 (38%)
Drugs and alcohol	44 (38%)	39 (34%)	33 (28%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	34 (26%)
Yes	41 (31%)
No	56 (43%)

Main comparator and comparator to last time



Prisoner survey responses HMP Gloucester 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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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		142	5334	142	92
SECTION 1: General information					
1.2	Are you under 21 years of age?	2%	6%	2%	6%
1.3	Are you sentenced?	76%	67%	76%	56%
1.3	Are you on recall?	16%	10%	16%	8%
1.4	Is your sentence less than 12 months?	36%	19%	36%	33%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	0%
1.5	Are you a foreign national?	8%	12%	8%	10%
1.6	Do you understand spoken English?	98%	99%	98%	
1.7	Do you understand written English?	96%	98%	96%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	25%	20%	24%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	5%	11%	
1.1	Are you Muslim?	6%	11%	6%	13%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	2%
1.12	Do you consider yourself to have a disability?	21%	20%	21%	15%
1.13	Are you a veteran (ex-armed services)?	3%	6%	3%	
1.14	Is this your first time in prison?	27%	29%	27%	23%
1.15	Do you have any children under the age of 18?	59%	54%	59%	60%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	21%	18%	21%	23%
	For those who spent two or more hours in the escort van:				
2.2	Were you offered anything to eat or drink?	46%	39%	46%	
2.3	Were you offered a toilet break?	17%	5%	17%	
2.4	Was the van clean?	66%	70%	66%	
2.5	Did you feel safe?	84%	78%	84%	
2.6	Were you treated well/very well by the escort staff?	83%	65%	83%	76%
2.7	Before you arrived here were you told that you were coming here?	73%	69%	73%	
2.7	Before you arrived here did you receive any written information about coming here?	4%	5%	4%	
2.8	When you first arrived here did your property arrive at the same time as you?	89%	81%	89%	91%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	40%	61%	40%	
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	74%	89%	77%
3.3	Were you treated well/very well in reception?	79%	58%	79%	82%
	When you first arrived:				
3.4	Did you have any problems?	63%	75%	63%	69%
3.4	Did you have any problems with loss of property?	6%	14%	6%	2%
3.4	Did you have any housing problems?	20%	25%	20%	26%
3.4	Did you have any problems contacting employers?	3%	7%	3%	5%
3.4	Did you have any problems contacting family?	26%	33%	26%	29%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	7%	1%	5%
3.4	Did you have any money worries?	14%	23%	14%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	15%	22%	15%	21%
3.4	Did you have any physical health problems?	12%	16%	12%	
3.4	Did you have any mental health problems?	14%	18%	14%	
3.4	Did you have any problems with needing protection from other prisoners?	4%	9%	4%	8%
3.4	Did you have problems accessing phone numbers?	23%	30%	23%	
	For those with problems:				
3.5	Did you receive any help/support from staff in dealing with these problems?	53%	40%	53%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	82%	86%	82%	90%
3.6	A shower?	18%	33%	18%	35%
3.6	A free telephone call?	47%	57%	47%	68%
3.6	Something to eat?	74%	80%	74%	77%
3.6	PIN phone credit?	74%	58%	74%	
3.6	Toiletries/basic items?	55%	62%	55%	

Main comparator and comparator to last time

Key to tables

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SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	48%	55%	48%	
3.7	Someone from health services?	80%	74%	80%	
3.7	A Listener/Samaritans?	42%	41%	42%	
3.7	Prison shop/canteen?	34%	15%	34%	17%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	57%	48%	57%	55%
3.8	Support was available for people feeling depressed or suicidal?	56%	48%	56%	59%
3.8	How to make routine requests?	52%	39%	52%	39%
3.8	Your entitlement to visits?	49%	45%	49%	52%
3.8	Health services?	64%	51%	64%	
3.8	The chaplaincy?	58%	48%	58%	
3.9	Did you feel safe on your first night here?	86%	73%	86%	84%
3.10	Have you been on an induction course?	85%	77%	85%	75%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	68%	58%	68%	62%
3.12	Did you receive an education (skills for life) assessment?	86%	72%	86%	
SECTION 4: Legal rights and respectful custody					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	37%	41%	37%	49%
4.1	Attend legal visits?	50%	58%	50%	71%
4.1	Get bail information?	23%	23%	23%	35%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	27%	40%	27%	29%
4.3	Can you get legal books in the library?	44%	35%	44%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	53%	68%	47%
4.4	Are you normally able to have a shower every day?	83%	80%	83%	86%
4.4	Do you normally receive clean sheets every week?	88%	82%	88%	93%
4.4	Do you normally get cell cleaning materials every week?	62%	63%	62%	71%
4.4	Is your cell call bell normally answered within five minutes?	49%	38%	49%	38%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	64%	62%	58%
4.4	Can you normally get your stored property, if you need to?	30%	27%	30%	39%
4.5	Is the food in this prison good/very good?	63%	23%	63%	59%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	62%	45%	62%	62%
4.7	Are you able to speak to a Listener at any time if you want to?	71%	58%	71%	80%
4.8	Are your religious beliefs are respected?	51%	54%	51%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	55%	57%	68%
4.10	Is it easy/very easy to attend religious services?	50%	44%	50%	

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	85%	79%	85%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	74%	57%	74%	69%
5.2	Do you feel applications are dealt with quickly (within seven days)?	80%	47%	80%	68%
5.3	Is it easy to make a complaint?	55%	56%	55%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	44%	30%	44%	52%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	49%	34%	49%	61%
5.5	Have you ever been prevented from making a complaint when you wanted to?	9%	17%	9%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	32%	22%	32%	36%
SECTION 6: Incentive and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	49%	53%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	44%	50%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%	7%	3%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	50%	40%	50%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	91%	71%	91%	79%
7.2	Is there a member of staff in this prison that you can turn to for help if you have a problem?	79%	72%	79%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	45%	35%	45%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	26%	18%	26%	17%
7.5	Do you have a personal officer?	59%	47%	59%	49%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	82%	63%	82%	71%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	22%	41%	22%	30%
8.2	Do you feel unsafe now?	11%	17%	11%	12%
8.4	Have you been victimised by other prisoners here?	15%	21%	15%	18%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	4%	10%	4%	12%
8.5	Hit, kicked or assaulted you?	1%	7%	1%	7%
8.5	Sexually abused you?	1%	1%	1%	0%
8.5	Threatened or intimidated you?	9%	14%	9%	
8.5	Taken your canteen/property?	1%	5%	1%	5%
8.5	Victimised you because of medication?	0%	5%	0%	
8.5	Victimised you because of debt?	1%	3%	1%	
8.5	Victimised you because of drugs?	1%	4%	1%	2%
8.5	Victimised you because of your race or ethnic origin?	1%	4%	1%	3%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%	1%	5%
8.5	Victimised you because of your nationality?	0%	2%	0%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	6%
8.5	Victimised you because you are from a traveller community?	0%	1%	0%	
8.5	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.5	Victimised you because of your age?	0%	2%	0%	
8.5	Victimised you because you have a disability?	0%	3%	0%	1%
8.5	Victimised you because you were new here?	4%	6%	4%	3%
8.5	Victimised you because of your offence/crime?	1%	5%	1%	
8.5	Victimised you because of gang related issues?	1%	4%	1%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	19%	26%	19%	10%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	7%	12%	7%	7%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	2%
8.7	Sexually abused you?	0%	1%	0%	1%
8.7	Threatened or intimidated you?	9%	12%	9%	
8.7	Victimised you because of medication?	0%	7%	0%	
8.7	Victimised you because of debt?	0%	1%	0%	
8.7	Victimised you because of drugs?	3%	5%	3%	1%
8.7	Victimised you because of your race or ethnic origin?	3%	5%	3%	1%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	0%
8.7	Victimised you because of your nationality?	1%	3%	1%	
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	0%
8.7	Victimised you because you are from a traveller community?	0%	3%	0%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	0%
8.7	Victimised you because of your age?	2%	2%	2%	
8.7	Victimised you because you have a disability?	1%	2%	1%	0%
8.7	Victimised you because you were new here?	2%	6%	2%	3%
8.7	Victimised you because of your offence/crime?	3%	5%	3%	
8.7	Victimised you because of gang related issues?	1%	2%	1%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	21%	34%	21%	30%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	51%	26%	51%	
9.1	Is it easy/very easy to see the nurse?	68%	52%	68%	
9.1	Is it easy/very easy to see the dentist?	22%	10%	22%	
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	66%	44%	66%	74%
9.2	The nurse?	68%	58%	68%	80%
9.2	The dentist?	37%	31%	37%	32%
9.3	The overall quality of health services?	60%	39%	60%	65%
9.4	Are you currently taking medication?	54%	50%	54%	51%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	48%	70%	48%	
9.6	Do you have any emotional well being or mental health problems?	39%	34%	39%	
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	53%	42%	53%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	35%	36%	35%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	24%	26%	24%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	29%	32%	23%
10.4	Is it easy/very easy to get alcohol in this prison?	13%	14%	13%	
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	8%	5%	
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	9%	8%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	62%	57%	62%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	62%	53%	62%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	78%	78%	78%	

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Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	36%	32%	36%	
11.1 Vocational or skills training?	37%	27%	37%	
11.1 Education (including basic skills)?	55%	43%	55%	
11.1 Offending behaviour programmes?	18%	18%	18%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	42%	44%	42%	
11.2 Vocational or skills training?	8%	10%	8%	
11.2 Education (including basic skills)?	29%	27%	29%	
11.2 Offending behaviour programmes?	5%	7%	5%	
11.3 Have you had a job while in this prison?	59%	69%	59%	46%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	55%	42%	55%	50%
11.3 Have you been involved in vocational or skills training while in this prison?	44%	53%	44%	51%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	51%	50%	51%	58%
11.3 Have you been involved in education while in this prison?	59%	65%	59%	68%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	61%	58%	61%	69%
11.3 Have you been involved in offending behaviour programmes while in this prison?	41%	51%	41%	40%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	52%	48%	52%	48%
11.4 Do you go to the library at least once a week?	44%	37%	44%	49%
11.5 Does the library have a wide enough range of materials to meet your needs?	46%	30%	46%	
11.6 Do you go to the gym three or more times a week?	37%	31%	37%	34%
11.7 Do you go outside for exercise three or more times a week?	49%	38%	49%	47%
11.8 Do you go on association more than five times each week?	1%	49%	1%	9%
11.9 Do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	5%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	44%	35%	44%	
12.2 Have you had any problems with sending or receiving mail?	35%	47%	35%	29%
12.3 Have you had any problems getting access to the telephones?	25%	33%	25%	33%
12.4 Is it easy/ very easy for your friends and family to get here?	44%	30%	44%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	60%	55%	60%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	64%	42%	64%	
13.2	Contact by letter?	15%	24%	15%	
13.2	Contact by phone?	10%	15%	10%	
13.2	Contact by visit?	24%	38%	24%	
13.3	Do you have a named offender supervisor in this prison?	34%	24%	34%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	32%	40%	32%	23%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	63%	56%	63%	68%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	46%	53%	46%	
13.6	Offender supervisor?	25%	24%	25%	
13.6	Offender manager?	15%	26%	15%	
13.6	Named/personal officer?	15%	18%	15%	
13.6	Staff from other departments?	25%	20%	25%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	37%	63%	37%	79%
13.8	Are there plans for you to achieve any of your targets in another prison?	38%	21%	38%	
13.9	Are there plans for you to achieve any of your targets in the community?	31%	27%	31%	
13.10	Do you have a needs based custody plan?	7%	5%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	18%	15%	18%	
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	40%	27%	40%	
13.12	Accommodation?	46%	40%	46%	
13.12	Benefits?	52%	40%	52%	
13.12	Finances?	32%	25%	32%	
13.12	Education?	44%	30%	44%	
13.12	Drugs and alcohol?	54%	46%	54%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	42%	47%	42%	39%

Diversity analysis



Key question responses (ethnicity) HMP Gloucester 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

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		27	108
1.3	Are you sentenced?	66%	77%
1.5	Are you a foreign national?	19%	4%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	97%	95%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	12%
1.1	Are you Muslim?	26%	1%
1.12	Do you consider yourself to have a disability?	12%	22%
1.13	Are you a veteran (ex-armed services)?	3%	3%
1.14	Is this your first time in prison?	30%	27%
2.6	Were you treated well/very well by the escort staff?	81%	84%
2.7	Before you arrived here were you told that you were coming here?	81%	71%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	89%
3.3	Were you treated well/very well in reception?	74%	79%
3.4	Did you have any problems when you first arrived?	68%	60%
3.7	Did you have access to someone from health care when you first arrived here?	77%	79%
3.9	Did you feel safe on your first night here?	75%	90%
3.10	Have you been on an induction course?	97%	80%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	24%	41%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	67%
4.4	Are you normally able to have a shower every day?	83%	81%
4.4	Is your cell call bell normally answered within five minutes?	37%	52%
4.5	Is the food in this prison good/very good?	61%	63%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	63%
4.7	Are you able to speak to a Listener at any time if you want to?	56%	75%
4.8	Do you feel your religious beliefs are respected?	50%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	60%
5.1	Is it easy to make an application?	81%	86%
5.3	Is it easy to make a complaint?	56%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	9%
7.1	Do most staff in this prison treat you with respect?	85%	92%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	81%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	30%
7.4	Do you have a personal officer?	48%	61%
8.1	Have you ever felt unsafe here?	28%	21%
8.2	Do you feel unsafe now?	13%	10%
8.3	Have you been victimised by other prisoners?	19%	12%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	16%	8%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	0%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	0%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	32%	16%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	1%
8.7	Have you been victimised because of your nationality? (By staff)	4%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	48%	51%
9.1	Is it easy/very easy to see the nurse?	78%	67%
9.4	Are you currently taking medication?	42%	54%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	35%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	33%
11.2	Are you currently working in the prison?	39%	42%
11.2	Are you currently undertaking vocational or skills training?	4%	9%
11.2	Are you currently in education (including basic skills)?	35%	28%
11.2	Are you currently taking part in an offending behaviour programme?	0%	5%
11.4	Do you go to the library at least once a week?	44%	45%
11.6	do you go to the gym three or more times a week?	48%	35%
11.7	Do you go outside for exercise three or more times a week?	56%	49%
11.8	On average, do you go on association more than five times each week?	4%	1%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	8%	8%
12.2	Have you had any problems sending or receiving mail?	39%	33%
12.3	Have you had any problems getting access to the telephones?	32%	25%

Diversity analysis



Key question responses (disability) HMP Gloucester 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	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		28	107
1.3	Are you sentenced?	81%	74%
1.5	Are you a foreign national?	11%	6%
1.6	Do you understand spoken English?	97%	98%
1.7	Do you understand written English?	93%	97%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	23%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	21%	8%
1.1	Are you Muslim?	7%	6%
1.12	Do you consider yourself to have a disability?	0%	0%
1.13	Are you a veteran (ex-armed services)?	0%	4%
1.14	Is this your first time in prison?	29%	28%
2.6	Were you treated well/very well by the escort staff?	86%	82%
2.7	Before you arrived here were you told that you were coming here?	68%	74%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	90%
3.3	Were you treated well/very well in reception?	86%	77%
3.4	Did you have any problems when you first arrived?	75%	59%
3.7	Did you have access to someone from health care when you first arrived here?	86%	77%
3.9	Did you feel safe on your first night here?	82%	88%
3.10	Have you been on an induction course?	86%	83%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	37%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	65%
4.4	Are you normally able to have a shower every day?	75%	85%
4.4	Is your cell call bell normally answered within five minutes?	54%	47%
4.5	Is the food in this prison good/very good?	61%	61%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	61%
4.7	Are you able to speak to a Listener at any time if you want to?	68%	70%
4.8	Do you feel your religious beliefs are respected?	50%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	57%
5.1	Is it easy to make an application?	85%	86%
5.3	Is it easy to make a complaint?	48%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	5%
7.1	Do most staff, in this prison, treat you with respect?	89%	90%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	82%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	39%	24%
7.4	Do you have a personal officer?	64%	57%
8.1	Have you ever felt unsafe here?	18%	25%
8.2	Do you feel unsafe now?	16%	10%
8.3	Have you been victimised by other prisoners?	11%	16%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	7%	11%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	0%
8.5	Have you been victimised because of your age? (By prisoners)	0%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	7%	23%
8.7	Have you ever felt threatened or intimidated by staff here?	3%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	7%	0%
9.1	Is it easy/very easy to see the doctor?	54%	52%
9.1	Is it easy/ very easy to see the nurse?	61%	71%
9.4	Are you currently taking medication?	86%	45%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	57%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	37%	31%
11.2	Are you currently working in the prison?	34%	44%
11.2	Are you currently undertaking vocational or skills training?	12%	7%
11.2	Are you currently in education (including basic skills)?	30%	30%
11.2	Are you currently taking part in an offending behaviour programme?	3%	6%
11.4	Do you go to the library at least once a week?	41%	45%
11.6	Do you go to the gym three or more times a week?	23%	43%
11.7	Do you go outside for exercise three or more times a week?	35%	52%
11.8	On average, do you go on association more than five times each week?	4%	1%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	13%	7%
12.2	Have you had any problems sending or receiving mail?	25%	38%
12.3	Have you had any problems getting access to the telephones?	26%	25%

Diversity analysis



Key question responses (Gypsy/ Romany/Travellers) HMP Gloucester 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	Consider themselves to be a Gypsy/ Romany/ Traveller	Do not consider themselves to be a Gypsy/ Romany/ Traveller
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		15	119
1.3	Are you sentenced?	61%	78%
1.5	Are you a foreign national?	23%	6%
1.6	Do you understand spoken English?	88%	100%
1.7	Do you understand written English?	79%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	7%	20%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?		
1.1	Are you Muslim?	6%	5%
1.12	Do you consider yourself to have a disability?	42%	19%
1.13	Are you a veteran (ex-armed services)?	6%	2%
1.14	Is this your first time in prison?	27%	27%
2.6	Were you treated well/very well by the escort staff?	73%	85%
2.7	Before you arrived here were you told that you were coming here?	67%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	94%	89%
3.3	Were you treated well/very well in reception?	87%	79%
3.4	Did you have any problems when you first arrived?	67%	62%
3.7	Did you have access to someone from health care when you first arrived here?	77%	80%
3.9	Did you feel safe on your first night here?	73%	89%
3.10	Have you been on an induction course?	79%	84%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	38%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a Gypsy/Romany/ Traveller	Do not consider themselves to be a Gypsy/Romany/ Traveller
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	66%
4.4	Are you normally able to have a shower every day?	73%	83%
4.4	Is your cell call bell normally answered within five minutes?	55%	49%
4.5	Is the food in this prison good/very good?	61%	62%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	61%	61%
4.7	Are you able to speak to a Listener at any time if you want to?	73%	71%
4.8	Do you feel your religious beliefs are respected?	73%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	57%
5.1	Is it easy to make an application?	73%	89%
5.3	Is it easy to make a complaint?	54%	58%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	67%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%
7.1	Do most staff in this prison treat you with respect?	79%	93%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	87%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	21%	28%
7.4	Do you have a personal officer?	88%	56%
8.1	Have you ever felt unsafe here?	33%	21%
8.2	Do you feel unsafe now?	6%	11%
8.3	Have you been victimised by other prisoners?	21%	15%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	10%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	0%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)	0%	4%
8.5	Have you been victimised because you are from a traveller community? (By prisoners)	0%	0%
8.5	Have you been victimised because of your age? (By prisoners)	0%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a Gypsy/ Romany/ Traveller	Do not consider themselves to be a Gypsy/ Romany/ Traveller
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	6%	21%
8.7	Have you ever felt threatened or intimidated by staff here?	6%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)	0%	4%
8.7	Have you been victimised because you are from a traveller community? (By staff)	0%	0%
8.7	Have you been victimised because of your age? (By staff)	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	6%	1%
9.1	Is it easy/very easy to see the doctor?	61%	52%
9.1	Is it easy/very easy to see the nurse?	73%	68%
9.4	Are you currently taking medication?	46%	54%
9.6	Do you feel you have any emotional well being/mental health issues?	50%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	33%
11.2	Are you currently working in the prison?	36%	42%
11.2	Are you currently undertaking vocational or skills training?	7%	8%
11.2	Are you currently in education (including basic skills)?	36%	27%
11.2	Are you currently taking part in an offending behaviour programme?	7%	5%
11.4	Do you go to the library at least once a week?	71%	41%
11.6	do you go to the gym three or more times a week?	31%	39%
11.7	Do you go outside for exercise three or more times a week?	69%	48%
11.8	On average, do you go on association more than five times each week?	0%	2%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	9%
12.2	Have you had any problems sending or receiving mail?	36%	34%
12.3	Have you had any problems getting access to the telephones?	23%	26%