

Report on an announced inspection of

HMP Highpoint

10–14 September 2012

by HM Chief Inspector of Prisons

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Introduction

Highpoint is a large, category C training prison near Newmarket in Suffolk that holds about 1,300 adult men on two distinct sites, Highpoint North and South, which were for some time run as separate establishments.

There was a marked discrepancy between prisoners' own perceptions of safety in the prison, which were worse than we see in comparable establishments, and our own observations and the prison's data, which found generally sound processes for ensuring prisoners were safe and a calm atmosphere. However, prisoners' perceptions that there were significant gang issues in the prison appeared to be well founded; prison managers had not identified this.

The large perimeter and rural location were a security challenge. The threats posed by illegal drugs and mobile phones were proactively managed. Nevertheless, positive drug testing rates were high and there had been significant finds of both. A quarter of prisoners told us it was easy to get drugs in the prison – although this was a lower proportion that we sometimes see elsewhere.

Reception and first night processes were poor. Reception areas and some first night cells were dirty. Some prisoners did not have an opportunity to make a telephone call or have a shower on the day they arrived. All of these processes were heavily dependent on prisoner orderlies to deliver. For the most part this was appropriate and worked well but it went too far. Some staff seem to have avoided their own responsibilities and left it to the orderlies to carry out confidential and sensitive procedures, such as first night risk interviews. Orderlies were anxious about this and told us they were concerned they did not have the experience or training to take on such significant responsibilities.

Accommodation ranged from badly equipped, shared standard cells with poorly screened toilets to units with communal facilities and in which men had free movement, to units with modern cells and en-suite toilets and showers. Some units were used for specific sections of the population, such as category D prisoners or those attending offending behaviour programmes. However, there appeared to be little link between the quality and restrictions of the accommodation and the progress the prisoners it housed were making. There was an opportunity to make virtue out of necessity and use the different types of accommodation to provide more meaningful incentives for prisoners to progress than was done by the largely ineffective incentives and earned privileges scheme.

Relationships with staff were generally good and there was a more effective personal officer scheme that we usually see. However, too many residential officers were shut away in their offices during exercise and association periods, losing opportunities for the sort of day-to-day interactions that should underpin safety and security.

Diversity work was generally underdeveloped and over dependent on a small number of specialist staff. The perception of prisoners from minority groups was often worse than those of the population as a whole, and we found good reason for why this might be so in too many cases. Prisoners were dissatisfied with health services but we found services to be reasonable. On the other hand, prisoners were very dissatisfied about the food – and we concluded they were justified in being so.

The prison made good use of the activity places it had. Most were good quality and helped prisoners obtain useful qualifications. Attendance and punctuality were also good and there were strong links with local employers. However, for a training prison, there were simply too

few places available. The prison made good use of prisoners as orderlies in a number of roles, but about 20% of prisoners were underemployed in wing domestic duties, and we found 15% of prisoners unemployed and locked in their cells during the working part of the day.

Offender management was the issue that caused us most concern. Intentions were good – there was a decent strategy, structure and policies but these were undermined by a lack of contact between prisoners who were assessed or presenting a high risk of harm and their supervisor. A backlog of assessments had built up and supervisors had been diverted from direct contact to address this. Planned contact for those assessed as lower risk was limited to an annual review, although wing surgeries mitigated the effect of this to some extent. Help with practical resettlement needs was better, but the prison was in an isolated location a long way from most prisoners' homes – and poor visiting arrangements made it difficult for men to maintain contact with their families.

In some ways Highpoint was a microcosm of the prison system as a whole. It held men in accommodation that reflected wide variations in approaches to prison design over a number of decades. Despite the evident challenges of managing such a large site and population, the prison provided a generally safe and decent environment – although there were inconsistencies and prison managers were unsighted on some areas of concern. The prison tried hard to maximise the number of prisoners engaged in purposeful activity but there were insufficient activity places to ensure all men could participate in purposeful activity. As we too often see, a sensible strategic approach to addressing men's offending behaviour was undermined by simply too little contact between prisoners and the staff responsible for supervising their progress in this area. While much of what we saw was typical of similar prisons elsewhere, visits arrangements and facilities were noticeably poor.

Nick Hardwick
HM Chief Inspector of Prisons

November 2012

Fact page

Task of the establishment

HMP Highpoint is a category C adult male training prison.

Prison status

Public

Region

East of England

Number held

South: 950

North: 323

Total: 1,273

Certified normal accommodation

1,299

Operational capacity

1,323

Date of last full inspection

Edmunds Hill (now Highpoint North): 7–11 September 2009

Highpoint South: 14–18 May 2007

Brief history

From 1938 to 1970, the site of the prison was a Royal Air Force base. It was then used as transit camp for Ugandan Asian refugees, before opening in 1977 as a prison. During the 1980s, there were a number of alterations to the fabric of the prison, and in 1997 Highpoint North was converted to hold women prisoners. Highpoint North and South formally separated in July 2001 and Highpoint North was re-named as HMP Edmunds Hill on 3 October 2003. In 2005, Edmunds Hill was returned to the male estate. In April 2011, Highpoint and Edmunds Hill formally merged and became HMP Highpoint North and South once more.

Short description of residential units

SOUTH

- Tempest unit (U1/U2 A, B,C,D) - Houses 248 prisoners divided into four units. IDTS prisoners are located on A and C wings. B wing is enhanced
- Javelin (U3 E, F) - Houses 112 prisoners. Standard unit
- Wellington (U4 G, H) - Houses 148 prisoners. Induction unit
- Handley (U5 J, K) - Houses 120 prisoners. Standard unit
- Vickers (U6 L) - Houses 40 enhanced prisoners. Includes category D outworkers
- Halifax (U7 P) - Houses 40 enhanced prisoners. Includes category D outworkers
- Blenheim (U8 Q, R, S) - Houses 120 prisoners. TSP/CALM/BRIDGE prisoners live on unit
- Vulcan (U9 T,V,W) - Houses 64 enhanced prisoners
- Lancaster (U10 X,Y,Z) - Houses 64 prisoners. Lifers live on this unit
- Stirling (Segregation) - Houses up to 17 prisoners

NORTH

- Lysander (U11) - Houses 69 enhanced prisoners

Hawker (U12)	-	Houses 69 prisoners
Dominie (U13)	-	Houses 69 prisoners
Gloster (U14)	-	Houses 80 prisoners
Meteor (U15)	-	Houses 80 prisoners

Name of governor

Damian Evans

Escort contractor

Serco Wincanton

Health service commissioner and providers

Commissioner: NHS Suffolk

Provider: Care UK

Learning and skills provider

A4E

IMB chair

Marion Twitchett

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 Reception procedures were reasonably swift but lacked privacy. First night processes were unsafe, with insufficient staff oversight. Induction was reasonable but over-long. More prisoners felt unsafe than at comparator prisons. Levels of reported violence were not high and the prison was generally well sighted and proactive in managing violence reduction, with the exception of gang-related issues. Suicide and self-harm processes were generally good. The number of drug finds and positive mandatory drug testing rates were high and the prison lacked a supply reduction strategy. Treatment for drug and alcohol users was very good. There was relatively little use of force and of segregation but there was little analysis of their use. Outcomes for prisoners were reasonably good against this healthy prison test.

HP6 Some prisoners experienced long journey times without comfort breaks but they were offered refreshments. Most vans were clean and escort staff courteous. Prisoners were disembarked efficiently and without the use of handcuffs.

HP7 The reception area was cramped. The three holding rooms were dirty, stark and lacked suitable information. Reception staff interacted well with prisoners but interviews were carried out at the desk, affording no privacy. Prisoner Insiders and induction orderlies carried out sensitive interviews with new arrivals, including the first night risk interview, which was inappropriate and unsafe. First night cells were dirty, ill equipped and in a poor state of repair. We were not assured that all new arrivals had a shower or made a telephone call on the day they arrived. Fewer prisoners than at comparator prisons felt safe on their first night.¹

HP8 The induction programme was delivered mostly by prisoners, with no support from staff. The content was reasonable but the programme was too long and prisoners spent too long locked in their cells.

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 Towl et al (eds), Dictionary of Forensic Psychology.)

- HP9 A fifth of all prisoners, more than at comparator prisons, felt unsafe at the time of the inspection. Fewer prisoners felt unsafe on the North than the South site.
- HP10 The levels of reported violence were similar to those at other category C prisons and the number of bullying incidents was low. Prisoners told us about some serious gang-related issues but neither the security department nor the safer custody team were sighted on these matters. Apart from this, violent incidents were well monitored and analysed for trends at well-attended safer custody meetings. Consultation with prisoners was well developed and a continuous improvement plan showed that key areas of concern were being addressed. Investigation of alleged bullying incidents was good but bullying monitoring documentation was mainly poorly completed and showed that perpetrators were not always challenged sufficiently. There were limited interventions to deal with bullying and violent behaviour. Victim support systems were well developed.
- HP11 The levels of self-harm and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures were similar to those at other category C prisons. Initial ACCT screening arrangements and the quality of individual care plans were generally good. Case management was excellent for prisoners who presented with complex issues. There was a proactive Listener group but no Listener suite available, and Listeners reported some problems with movement around the South site. The location of the gated cell in the segregation unit was inappropriate and too many prisoners were held in segregation on open ACCT documents. Too few staff had been trained in current ACCT procedures.
- HP12 The large number of security information reports was generally used effectively. Security was suitably focused on the threats posed by illegal drugs and mobile telephones, with large finds of both. The large number of drug finds and relatively high positive mandatory drug testing rate indicated that drugs were easily available, although in our survey fewer prisoners than at comparator prisons said that it was easy to obtain illegal drugs. Suspicion tests were frequently missed. There was no drug supply reduction strategy or drug strategy meeting. Closed visits were used excessively and inappropriately for matters unrelated to visits.
- HP13 There was sufficient differential between the levels of the incentives and earned privileges scheme to encourage good behaviour, and the potential to develop this further across the two sites.
- HP14 There were fewer adjudications than at similar prisons. They were well managed and governance arrangements were good. There was relatively little use of force. The governance of use of force documentation and of special accommodation was weak. There was insufficient analysis to identify trends, and planned use-of-force incidents were not video-recorded. The number of prisoners segregated was relatively low but there was little analysis of segregation use. Segregation staff were knowledgeable about the prisoners in their care and relationships were good. The unit was bright and reasonably clean but the resin bed plinths in some cells, which effectively meant prisoners slept on the floor, were unsuitable. Most prisoners did not spend long periods in segregation but the care planning for those who did was ineffective. There was some evidence of reintegration for a small number of prisoners but too many were transferred out of segregation to other prisons.
- HP15 There was a comprehensive drug and alcohol action plan, based on a thorough needs analysis, although it was not coordinated by a single drug strategy meeting.

For prisoners requiring support with substance abuse, the integration between clinical and psychosocial services, and the quality of the services delivered were very good. Too many of the prisoners on opiate substitution were still on maintenance doses. Drug and alcohol group work was of high quality, through the delivery of recovery-focused programmes.

Respect

- HP16 External areas were generally clean. The quality and cleanliness of communal and cell accommodation was mostly acceptable and some very good. Provision of telephones and access to showers were good. Staff–prisoner relationships were reasonably good, and better on the North than the South site. Some equality and diversity provision was underdeveloped. Black and minority ethnic prisoners reported less positively than white prisoners. Support for foreign national prisoners was poor. Health services were reasonably good and developing well. The food provided was poor. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP17 External areas were generally clean and well maintained. Standards of accommodation and cleanliness of the wings varied considerably across both sites but was mostly acceptable and some was very good. Most cells were clean but some contained offensive displays. Some toilets in shared cells were poorly screened. Many cells did not have the correct amount of furniture and we saw one occupied cell that had nothing but a bed. Access to daily showers for most prisoners was good but many communal shower areas were dirty, had poor screening and were in a poor state of repair. There were sufficient telephones for the population and access was good. Applications were frequently not responded to, and most prisoners in our survey said that they were not dealt with quickly. Access to stored property was problematic.
- HP18 Most prisoners said that staff treated them with respect. Prisoners on the North site were more positive than those on the South across all aspects of staff–prisoner relationships. Staff interactions with prisoners were generally relaxed and friendly but contact during recreational periods was limited. Personal officer work was effective, supported by high-quality electronic case notes.
- HP19 The diversity policy was comprehensive but the action plan was not kept up to date. The bimonthly diversity equality action team (DEAT) meeting was usually well attended and considered an appropriate range of information. However, the diversity manager had insufficient time to deliver across all areas and there was insufficient support from across the establishment. Ethnic monitoring of black and minority ethnic prisoners was effective but analysis of treatment for other protected characteristics was weak. Paid prisoner diversity orderlies provided valuable advice and support for prisoners. Discrimination incident report forms were freely available across both sites and investigations were thorough. Procedures for identifying prisoners with diversity needs were poor and compromised by the reliance on prisoner orderlies to administer sensitive questionnaires. Support forums were too infrequent to be effective.
- HP20 Black and minority ethnic prisoners expressed more negative views than their white counterparts across a range of areas, including safety and victimisation.

- HP21 The large number of foreign national prisoners reported reasonably positively in our survey but we found that support for them was poor. There was little use of interpreting services or information for prisoners in languages other than English, and we met some prisoners who felt very isolated. Monthly UK Border Agency surgeries were helpful but there was no independent immigration advice available.
- HP22 Prisoners with disabilities were more negative about a range of indicators, including victimisation. Prisoners with disabilities were identified by health services staff and received suitable clinical care but there were no effective care plans on the wings. Personal emergency evacuation plans were poorly maintained and did not include all relevant prisoners. There was little adapted accommodation available and only some isolated adjustments were made to facilitate access, with some basic needs not being met. Some specific provision had been made for older prisoners, including location on a quiet unit and tailored gym sessions.
- HP23 We were not assured that gay and bisexual prisoners could confidently declare their sexuality. The bimonthly gay and bisexual forum was poorly attended.
- HP24 The chaplaincy teams were well integrated into the daily life of the prison. Most faith provision and chaplaincy facilities were good but the use of the gyms for Muslim services was not suitable. Bereavement support services were good.
- HP25 Prisoners were negative about the fairness and timeliness of complaints. We found that response times had recently improved and that quality assurance and analysis were effective. There was no trained member of staff to advise prisoners on legal rights.
- HP26 Prisoners were negative about both the quality of and access to health services. We found that access to health services was generally good, although some prisoners waited too long for dental treatment. Clinical governance structures were robust. Primary care services were reasonable but some functions had yet to be fully developed. There were high rates of missed appointments for most clinics, including the GP.
- HP27 Pharmacy services were limited. The use of ad-hoc rooms on the units to dispense medications was unacceptable. There were high levels of in-possession medication but few completed in-possession risk assessments, and prisoners had nowhere secure to store their medication.
- HP28 Mental health services were reasonable. Transfer times to some external mental health units were excessive.
- HP29 Most prisoners were negative about the range, amount and quality of the food provided. We found the food to be bland, menus uninspiring and portion sizes small. Broken equipment in both kitchens was having an adverse effect on food menu choice. Consultation arrangements were infrequent and ineffective.

Purposeful activity

- HP30 Time out of cell was satisfactory for most prisoners during the working week, but poor for unemployed prisoners. The management and provision of learning and skills was

good. Links with employers were excellent. There were insufficient activity places for the population but good use was made of available spaces. Too many prisoners were under-employed in low-skilled wing work or unemployed. For those engaged in learning and skills, the provision was good. The range and quality of education and vocational opportunities were reasonable. Achievements were generally high, although some opportunities for accreditation were being missed. Library provision was sound. Recreational and vocational PE provision was good and achievements on courses were high. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP31 Time out of cell for most prisoners was reasonable, at around nine hours a day during the working week. Unemployed prisoners could experience less than three hours a day. Too many prisoners were locked in their cell or on their spur during the day. Evening association periods were short and prisoners were locked up too early.
- HP32 The management of learning and skills and work was good. Provision was based on a comprehensive needs analysis. Links with employers were excellent. Activity allocation processes were fair and equitable and waiting lists were well managed, but it took too long to get prisoners into activities from induction. Punctuality and attendance were good. There were insufficient activity places for the population but good use was made of available spaces and most prisoners had the opportunity to attend at least some part-time activities during the week. During our spot checks we found 75% of prisoners engaged in activity; the remainder were either not required or unemployed, and the number of unemployed prisoners was too high, at over 15%, equating to 200 prisoners.
- HP33 The range and variety of education programmes and vocational training courses were reasonable, and progression opportunities existed in several areas. Vocational training resources and facilities were good. Teaching and coaching were effective. Good use was made of peer mentors to support learners in class. Too many prisoners, 25% of the work force, were under-employed in unskilled wing cleaning and orderly work.
- HP34 Achievement of qualifications was high across most courses. Many prisoners developed good vocational skills but did not always have the opportunity to get these skills accredited. Prisoners had the opportunity to gain employability skills in work areas but take-up was low.
- HP35 Library provision across the sites was good. Both libraries were well resourced and access was reasonable.
- HP36 PE and recreational activities provision was good. A wide range of vocational courses, from level 1 to level 3, were available and achievements were high. There were sound links with the health care department. The promotion of healthy living was effective, with good use made of well-trained orderlies.

Resettlement

- HP37 The strategic management of resettlement was reasonable but resettlement and offender management were not sufficiently integrated. For the many high-risk prisoners, the quality and frequency of offender supervisor contact were variable and

sometimes poor and too infrequent. There was little support and encouragement for low- and medium-risk prisoners to meet their targets. Public protection arrangements were sound. There were high numbers of category D prisoners and they waited too long to transfer to open prisons. Release on temporary licence opportunities were limited. Indeterminate-sentenced prisoners were reasonably well managed. Resettlement needs were assessed on induction and resettlement provision was generally good, particularly for employment. Visits arrangements were poor, in spite of the inaccessibility of the prison and the long distances travelled. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP38 The prison management structure, which separated reducing reoffending from offender management, worked reasonably well, although some aspects of resettlement were not sufficiently integrated with offender management. The reducing reoffending delivery plan was comprehensive and included resettlement pathway objectives and offender management development targets. The needs analysis which underpinned the reducing reoffending strategy was compromised by a failure to include any offender assessment system (OASys) data.
- HP39 Most prisoners were serving over 12 months, with almost half the population assessed as presenting a high or very high risk of harm. Despite all high-risk cases having a named offender supervisor, there were large variations in the levels and focus of contact with prisoners, and in some cases there had been no contact for many months. For low- and medium-risk prisoners, contact with the offender management unit was limited to annual OASys reviews, and these prisoners were not allocated an offender supervisor. The introduction of surgeries on all wings had mitigated some of these issues but there was no one identified to support and encourage prisoners to meet their identified targets.
- HP40 Sentence planning arrangements were reasonable but did not include sufficient input from other departments across the prison. Release on temporary licence procedures were sound but opportunities to work outside the prison were too limited.
- HP41 Public protection arrangements were good. All prisoners were screened on arrival regarding their level of risk and involvement with multi-agency public protection (MAPPA).
- HP42 There were high numbers of category D prisoners and delays in transferring them to open conditions.
- HP43 Work with indeterminate-sentenced prisoners was generally good. The dedicated lifer unit included both psychology and probation staff, with good links and integration with wing staff.
- HP44 The reintegration needs of prisoners were identified during induction and a record was kept of referrals made to services; these were kept under review by the resettlement team. We were not convinced that this information was being used effectively by the offender management unit. Outstanding needs were checked in good time before release.
- HP45 The accommodation advice provided by Nacro was effective, and prisoners had access to a range financial support and debt advice. Arrangements for resettlement into education, training and work were good. There were productive relationships between staff in resettlement, Jobcentre Plus and the National Careers Service. The

virtual campus was used effectively for job search and producing CVs. The proportion of prisoners who were released into employment and full-time education or training was high.

- HP46 There were insufficient links between the offender management unit and Rehabilitation of Addicted Prisoners trust (RAPt), and missed opportunities for the communication of important resettlement information. RAPt provided networks in the community for ongoing treatment needs.
- HP47 Many prisoners' families and friends travelled long distances and only 16% of prisoners in our survey said that it was easy for their visitors to get to the prison. There was little support with transport, and visits facilities were generally poor. On the North site, there was a small visitors centre, a noisy visits room and no provision for children. Facilities were generally better on the South site but on both sites the refreshments provided were inadequate. There had been no consultation with prisoners or visitors to identify how visiting could be improved. Good parenting and family support was provided by the education department and the Ormiston Trust.
- HP48 A suitable range of accredited offending behaviour programmes were provided on the South site and waiting lists were manageable. The requirement for prisoners to move wing and suspend their employment to participate in these programmes acted as a disincentive to many. There was a wide range of education courses on both sites for prisoners who were not suitable for accredited interventions.

Main concerns and recommendations

- HP49 Concern: First night arrangements were not safe. There was insufficient staff oversight and involvement. Newly arrived prisoners had no opportunity to speak to a member of staff in private. Individual assessments, including the first night risk assessment, were completed by prisoners. This meant that some prisoners were reluctant to disclose sensitive information and staff missed the opportunity to assess and support prisoners when they were at their most vulnerable.

Recommendation: All prisoners should have the opportunity to speak to a member of staff in private on their first night. All prisoner assessments, including the diversity and first night assessments, should be completed by a member of staff.

- HP50 Concern: The effectiveness of diversity provision was undermined by a lack of support from staff across the establishment. There was little consultation with prisoners. Black and minority ethnic prisoners and those with disabilities reported particularly negatively on their experiences, and the needs of prisoners with disabilities and foreign national prisoners in particular were not identified or met.

Recommendation: Management oversight of diversity should be prioritised and regular consultation with prisoners with protected characteristics should be fully implemented. The diversity manager should be supported so that the needs of all prisoners with protected characteristics are identified, assessed and met, and any negative perceptions of particular groups are understood.

HP51 Concern: There were insufficient activity places available for the population and too much low-quality wing cleaning and orderly work. Over 200 prisoners were unemployed and almost 250 prisoners under-employed in wing work.

Recommendation: The number of good quality activity places should be increased.

HP52 Concern: For the many prisoners presenting a high or very high risk of harm, contact with their offender supervisors was extremely variable and for some was too infrequent. Too often, the contact and subsequent sentence planning were not sufficiently focused on risk.

Recommendation: High-risk prisoners should receive planned and regular contact with their offender supervisors. Contact should be meaningful and focused on risk, and the management of risk should drive the sentence plan.

HP53 Concern: Most prisoners said that it was difficult for their family and friends to visit. Visits facilities for the many family and friends who travelled long distances were extremely poor, with very limited transport, inadequate refreshments and little provision for children.

Recommendation: Prisoners and their visitors should be consulted in order to identify and implement improvements to visits access and facilities.

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 spent longer than two hours on escort vans, with few comfort breaks. Escort staff were courteous and disembarkation from vehicles was swift.
- 1.2 Sixty-six per cent of prisoners, against the 43% comparator, said that they had spent more than two hours on the escort vehicle, few of whom had been offered a comfort break, although most had been offered refreshments.
- 1.3 Reception was open during the lunch period and escort vans were moved into the prison quickly. Escort staff were courteous to prisoners, and disembarkation was swift and carried out without the use of mechanical restraints.
- 1.4 There had previously been some issues regarding property not arriving at the same time as prisoners but this had improved, and in our survey 90% of respondents said that their property had arrived with them.

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.

- 1.5 Reception communal areas were clean but the building was poorly laid out and holding rooms were unwelcoming. Reception staff were courteous but interviews, other than with health services staff, were not carried out in private. The reception process was relatively swift and prisoners transferring in were not subject to a strip-search. There was no formal staff involvement in the first night process, and sensitive and confidential interviews were carried out by prisoners. First night cells were in a poor state and we were not assured that new arrivals were afforded a shower and telephone call. Most prisoners received an induction programme, although there was little prison officer support and prisoners spent too long locked in their cells during this time.
- 1.6 The reception communal area was clean but poorly laid out and cramped when dealing with large numbers of prisoners. The three large holding rooms were grubby, bare and contained no meaningful information. There were no reading materials and there was no television to occupy prisoners.

- 1.7 Reception staff were respectful and friendly, and 70% of respondents to our survey said that they had been treated well in reception. Cell sharing risk assessments and reception checks were carried out by staff at the main desk, affording no privacy or confidentiality. Health services staff assessed new arrivals in a separate room in the reception building.
- 1.8 The reception process was swift and only took longer than two hours when a large number of prisoners arrived at once. Prisoners transferring in from other establishments were not subjected to a strip-search.
- 1.9 In our survey, fewer prisoners than at comparator prisons said that they had felt safe on their first night. Prisoner Insiders and induction peer supporters, rather than prison staff, carried out confidential interviews with new arrivals, including the diversity questionnaire and first-night risk assessment, which contained sensitive questions on disability, sexual orientation, mental well-being and confidential issues (see main recommendation HP49).
- 1.10 All new prisoners were located on unit 4, the dedicated first night and induction wing. Insiders told them what would happen during their first few days at the establishment and gave them a brief synopsis of the prison regime, but they had little interaction with staff and a limited association period. The first night cells were dirty, inadequately equipped and in a poor state of repair. In our survey, only 14% of respondents (against the 34% comparator) said that they had been offered a shower and 22% (against the 45% comparator) a free telephone call.
- 1.11 There was a good induction tracking system and we were assured that most prisoners started the programme on the first working day after arrival. In our survey, 92% of respondents said that they had received an induction. The programme was scheduled to last seven days but in reality lasted a day and a half, with prisoners spending too much time locked in their cells during this period, with nothing to occupy them. Prisoner induction orderlies delivered an information session in a suitable room, although it was presented on a small laptop which was difficult to see. Tribal, A4E and PE staff undertook individual sessions. An induction drop-in session was carried out in the chapel, with diversity, programmes and resettlement prisoner representatives, but no uniformed staff were available for inductees to speak to.
- 1.12 A comprehensive induction booklet accompanied the process but there was no translated information for prisoners who had difficulty in reading English.

Recommendations

- 1.13 **First night cells should be fully equipped, clean and in a good state of repair, and all new arrivals should be allowed a shower and telephone call on the day they arrive at the prison.**
- 1.14 **The induction programme should be reviewed so that it is succinct, includes staff support and ensures that prisoners do not spend long periods locked in their cells.**

Housekeeping point

- 1.15 Appropriate media should be used to deliver the induction information session.

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.

- 1.16 Safer custody was managed reasonably well, with good data collection and analysis, and thorough consultation. Many prisoners said that they felt unsafe but the prison was sighted on relevant problems, apart from gang issues. The number of violent incidents was comparable with that at similar prisons and the number of bullying incidents was low. Investigation of alleged incidents was good and victim support systems were well developed. Bullying documentation was mainly poorly completed and showed that perpetrators were not always challenged. Trained prisoner orderlies provided additional support.
- 1.17 The violence reduction strategy was outdated and in the process of being redesigned. In our survey, more prisoners than at comparator prisons (20% versus 13%) said that they currently felt unsafe and this was particularly the case for prisoners on the South site, older prisoners, those with disabilities and those from a black and minority ethnic background. Prisoners also told us about gang-related matters which had not been identified by security or safer custody staff.
- 1.18 The number of violent incidents was comparable with that at other category C prisons, with 74 reported in the previous six months. There had been only 57 recorded bullying incidents in the six months before the inspection, which was less than in similar prisons.
- 1.19 Safety was proactively managed. Prisoners completed safety exit surveys and these were analysed quarterly. In addition, the prison held regular focus groups where prisoners could air their views about safety. The establishment had identified relevant safety issues (apart from the gang-related matters), such as areas of the prison where prisoners felt unsafe, and the continuous improvement plan showed that these matters were being addressed.
- 1.20 Monthly safer custody meetings, which included prisoners, were appropriately focused on violence and bullying, and attendance from the wider prison was good. Weekly meetings were held to manage day-to-day matters and discuss ongoing support for prisoners. Data collection and analysis were good and we were assured that incidents were accurately recorded and monitored and that this information was reviewed at the monthly meetings.
- 1.21 All new arrivals received information about safer custody during induction. A helpline had been set up which was free for prisoners to use, and a few calls had been received and acted on.
- 1.22 Investigation of incidents was thorough. Victims of bullying or violence were well supported and steps were taken to ensure that they were kept safe. Documentation relating to perpetrators was not always fully completed and showed that perpetrators were not always challenged sufficiently. Some prisoners who repeatedly bullied undertook one-to-one work with psychologists but there were no other interventions available. Trained prisoner orderlies were involved in safer custody and provided additional support.

Recommendation

- 1.23 Prisoner views about gang-related matters should be explored and acted on.

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.

- 1.24 The number of incidents of self-harm was similar to that at other category C prisons. Case management arrangements were good for most. The Listener scheme operated reasonably well although there was no Listener suite and Listeners reported some problems with movement around the South site. The number of prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures was proportionate to the population and initial screening arrangements were good. The quality of individual care plans was generally good. Written observations in ACCT documents were often inadequate. Too few staff had been trained in the new ACCT procedures. The location of the gated cell in the segregation unit was inappropriate and too many prisoners were held there on open ACCT documents.
- 1.25 Arrangements for the management of self-harm and suicide were detailed in a local policy that was being updated. The number of incidents of self-harm was similar to that at other category C prisons. There had been 185 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened in 2012 to date, in line with figures for similar prisons, and eight were open at the time of the inspection. Case management arrangements were good for most prisoners.
- 1.26 ACCT documents showed good initial screening and mostly comprehensive individual care plans and were completed in a timely manner, although some indicated predictable night-time observations of prisoners at risk. Written daily observations were often inadequate and did not reflect the levels of interaction with prisoners that we saw. Prisoners we spoke to who were cared for using ACCT processes were satisfied with the level of support they received from staff. Reviews were generally carried out on time and involved staff from relevant departments. There were several prisoners with complex needs, and case management for them was excellent.
- 1.27 The safer custody meetings (see also section on bullying and violence reduction) considered information relating to self-harm, and detailed discussions were held about the most complex prisoners. Statistics were monitored and analysed for trends.
- 1.28 A new ACCT self-harm monitoring document had been introduced in May 2012 but staff training had stalled, with only 12 staff trained in the current procedures. Night staff were clear about what to do in an emergency and were confident about managing prisoners at risk of self-harm.

- 1.29 The Listener scheme operated reasonably well and those we spoke to felt well supported and valued by safer custody staff, although less so by other staff in the prison. There was no Listener suite and Listeners on the South site reported some problems with free movement around the prison. The local Samaritans attended regularly. There were Samaritan telephones on all wings but not all worked sufficiently well; funds had been approved to provide equipment that would improve the situation.
- 1.30 The gated cell on the segregation unit was an inappropriate location for prisoners in crisis, although it was not often used. Other gated cells were located on units 9, 10 and 15. The cells on the segregation unit and unit 15 were in a poor condition and not appropriately furnished but those on units 9 and 10 were clean and adequately furnished.
- 1.31 Too many prisoners, 26 in the previous six months, had been located on the segregation unit on open ACCT documents.

Recommendations

- 1.32 The gated cell on the segregation unit should be taken out of use, and all other gated cells should be clean and adequately furnished.
- 1.33 Segregation should only be used exceptionally and as a last resort for prisoners in crisis and at risk of suicide and self-harm.

Housekeeping point

- 1.34 ACCT quality control processes should ensure that the monitoring of prisoners at risk of self-harm is carried out effectively at all times by suitably trained staff, and is accurately recorded.

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

- 1.35 Although there was no formal safeguarding policy, a sound multidisciplinary approach was used to care for prisoners with complex needs, to ensure their continued safety.
- 1.36 The prison did not have a specific policy or procedures for adult safeguarding. There were no formal links with the local social services department.
- 1.37 A multidisciplinary approach was used to identify and care for prisoners who presented with complex needs relating to self-harm, safety and social care. Records showed that this approach provided sophisticated care to these prisoners, to ensure their continued safety. Appropriate internal and external agencies were involved in providing support.

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

- 1.38 The weekly safer custody meeting was the forum used to discuss these prisoners and additional management plans were developed, including careful consideration given to work placements, peer support and support on release.

Recommendation

- 1.39 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.

- 1.40 Security was mostly proportionate but closed visits were used excessively and not always for visits-related incidents. With the exception of gang-related issues, managers were appropriately sighted on security matters, particularly the threats posed by drugs and mobile telephones, and there had been some large finds of both. Security information was generally used effectively. Mandatory drug testing rates were high and suspicion tests were frequently missed. Security objectives were not publicised to staff, in spite of an excellent intelligence report.
- 1.41 Physical and procedural security arrangements were mostly proportionate. Prisoners could move relatively freely at each site and could wear their own clothes. However, at the time of the inspection 39 prisoners were subject to closed visits, and this figure had peaked at 71 in June 2012. These numbers were excessive and closed visits were inappropriately used for matters unrelated to visits. Monthly reviews of closed visits did not routinely take place.
- 1.42 Security information reports (SIRs) were generally used effectively. With the exception of gang-related issues (see section on safer custody), security was suitably focused on the main threats to the establishment. In particular, the threats posed by illegal drugs and mobile telephones were proactively managed, although there was no supply reduction strategy and no single meeting to address the establishment-wide drug strategy (see also section on substance abuse). The large perimeter and rural location provided opportunity for packages containing contraband to be thrown over the perimeter fence, particularly on the South site. There had been a large increase in the number of SIRs relating to both drugs and mobile telephones during 2012, and some large finds; 165 mobile telephones had been discovered between January and the end of August 2012 and almost a kilo of herbal cannabis had been found in the same period. However, in our survey, 25% of prisoners said that it was easy or very easy to obtain illegal drugs in the prison, although only 5%, which was significantly fewer than the comparator of 8%, said that they had developed a drug problem while at the establishment.
- 1.43 The random positive mandatory drug testing (MDT) rate at the time of the inspection was 8.3% for the six months from March to August 2012, against a target of 5%. Most of the positives were for cannabis. Suspicion tests were not always completed within timescales because of the redeployment of testing officers. The extent of this slippage was not properly monitored.

- 1.44 The MDT suite on the South site was small, cluttered and dirty, with insufficiently obscured windows, making it unfit for purpose as a forensic testing facility. The MDT suite on the North site was larger, but was also dirty and untidy. Most of the compact-based drug testing suites on the North site were too small.
- 1.45 Attendance at the monthly security committee was variable and some important departments rarely attended. However, the monthly intelligence report was comprehensive and included detailed security objectives, although these were not circulated to all staff. Considerable support was given by the local police intelligence officer and there was evidence of some good joint working to reduce the flow of contraband into the prison.

Recommendations

- 1.46 Prisoners should not be placed on closed visits for non-visits-related reasons.
- 1.47 There should be a drug supply reduction strategy.
- 1.48 Suspicion tests should be completed within prescribed timescales.
- 1.49 All drug testing facilities should be relocated or refurbished to ensure that they are adequate as respectful and forensic drug testing environments.

Housekeeping point

- 1.50 Security objectives should be publicised to staff.

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.

- 1.51 The incentives and earned privileges scheme was generally applied fairly. There was sufficient differential between levels. The basic regime was decent but reviews were mechanistic.
- 1.52 At the time of the inspection, 54.3% of prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme and 2.2% were on the basic level, the latter figure being lower than at comparator prisons. The IEP policy document had recently been reviewed and was understood by staff and prisoners.
- 1.53 In our survey, fewer respondents than at comparator prisons (50% versus 55%) said that they were treated fairly on the IEP scheme. Black and minority ethnic and Muslim prisoners and those with disabilities also reported less favourably than their counterparts (see main recommendation HP50).
- 1.54 Prisoners who arrived from another establishment on the enhanced level were allowed to retain this status, and there was sufficient differential between levels to encourage positive

behaviour. With the range of accommodation available on the two sites, there was potential to develop differentiation further.

- 1.55 Prisoners on basic had a decent regime, which included attendance at work and a daily domestic period. Reviews for those on basic took place weekly, and most prisoners attended the review boards. Review board paperwork was limited and targets set were perfunctory.

Recommendation

- 1.56 The potential to provide greater differentiation between IEP levels should be developed.

Housekeeping point

- 1.57 Basic reviews should be meaningful and set targets that are in line with the prisoner's pattern of behaviour.

Disciplinary procedures

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.

1.58 There were few adjudications. Adjudication review meetings provided adequate quality assurance. There was little use of force but incidents involving the planned use of force were not video-recorded. There was little use of special accommodation. There were weaknesses in the governance of both measures. Segregation was used infrequently. The segregation unit was bright and reasonably clean but contained unsuitable resin bed plinths. Care and reintegration planning was not effective and some individuals spent too long on the unit. Too many prisoners were transferred to other prisons from segregation. Staff-prisoner relationships on the unit were good.

- 1.59 Between March and August 2012 there had been 792 adjudications between both sites, which was lower than in similar prisons. Adjudication records were mostly detailed and demonstrated an appropriate level of investigation. Over a third of charges were for unauthorised possession and most of these concerned drugs or mobile telephones. Adjudication review meetings took place quarterly and provided adequate quality assurance.

The use of force

- 1.60 There had been 87 uses of force between March and August 2012, which was low compared with similar prisons. Governance of use of force documentation was poor. There was evidence that some monitoring was undertaken but we found many instances where documentation was incomplete or missing. None of the eight planned uses of force had been video-recorded.
- 1.61 Use of special accommodation was low but governance surrounding it was weak. Records showed that it had been used on two occasions in 2012 to date, and on four occasions in 2011. We examined both documents relating to the use of this cell in the present year and were satisfied that the reasons for its use had been justified. However, although it was clear

from one observational record that clothing had been removed, the reasons for this had not been specified. In the other record, the prisoner had asked to be removed from special accommodation but not been allowed to leave for several hours, even though he appeared to have been compliant.

Recommendations

- 1.62 **Planned uses of force should be video-recorded and footage should be reviewed by managers within a reasonable timeframe, to ensure that the force is minimal and used only as a last resort.**
- 1.63 **Use of force and special accommodation documentation should be completed in full and routinely reviewed to ensure procedural compliance and the appropriateness of both measures.**

Segregation

- 1.64 Segregation was used infrequently. Between March and August 2012, 169 prisoners had passed through segregation, with a reasonably low average stay of 10 days, although six prisoners had stays of more than 30 days. Care planning arrangements for these prisoners had been established but had not been effective, consisting of the recording of mainly factual information and scant fortnightly reviews, where these had been carried out at all. Over a third of prisoners were transferred to other prisons from segregation, although most of those who were segregated in their own interest were returned to normal accommodation within the establishment.
- 1.65 Reviews of segregation were carried out in a timely fashion but were rarely multidisciplinary. Documentation we examined showed that behaviour targets were too often perfunctory, showing little consideration of individual circumstances, and reintegration planning was not routinely undertaken. Segregation monitoring and review group (SMARG) meetings were poorly attended, with few attendees from outside the segregation unit, and there was little evidence of monitoring of segregation or identification or analysis of trends over time.
- 1.66 The segregation unit was bright and reasonably clean but seven cells contained resin bed plinths, which were too narrow fully to accommodate a mattress and were too low to the ground. Shower facilities were in a poor state of decoration.
- 1.67 The segregation regime was limited, with evidence of only a few prisoners participating in mainstream activities for only a short period. There was daily access to showers, telephones and exercise in association with other prisoners. One cell contained some exercise apparatus, although the level of access was dependent on IEP status. We were told that prisoners could attend religious services following a risk assessment but staff could not recall an instance when this had occurred. Televisions were appropriately authorised for standard and enhanced prisoners segregated in their own interest. Prisoners reported positively on their treatment by staff, who were knowledgeable about the prisoners in their care and had received an appropriate level of training.

Recommendations

- 1.68 **Resin bed plinths should be removed and replaced with fixed bed frames.**

- 1.69 There should be clear care and reintegration planning and targets should address prisoners' personal circumstances and regime access.
- 1.70 Segregation monitoring and review meetings should be held regularly to identify and analyse trends in segregation, with adequate attendance by appropriate departments.

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.

- 1.71 Drug and alcohol services were of high quality, although there was insufficient encouragement of prisoners into recovery from opiate dependency. Psychosocial services, including group work programmes, were recovery focused, and prisoners expressed high levels of satisfaction with these services. The prison's overall strategic approach to drugs was fragmented.
- 1.72 Both the integration between clinical and psychosocial services, and the quality of the services delivered were of high quality. Prisoners in the integrated drug treatment system (IDTS) were complimentary about the service. Joint clinical reviews and one-to-one sessions were conducted regularly, in line with national guidance, with extra sessions available according to patient need.
- 1.73 At the time of the inspection, we found that 65% of the 83 prisoners on opiate substitution were still on maintenance doses, which was relatively high. However, we were told that there were plans for the clinical review process to take a more proactive approach to the promotion of clinical reduction and abstinence, to bring the methadone programme more in line with the central Government's recovery-focused drug strategy.
- 1.74 The Rehabilitation of Addicted Prisoners trust (RAPt) psychosocial service, which had started in April 2012, had introduced a recovery- and abstinence-based approach in their drug and alcohol group work, including the RAPt Bridge Programme and the soon-to-start Alcohol Dependency Treatment Programme. Several prisoners told us that they found this approach more constructive than previous approaches in helping them work toward a drug- and crime-free lifestyle.
- 1.75 Despite the existence of a comprehensive strategic action plan for tackling substance use, based on a needs analysis, the drug and alcohol strategy document had been only partially updated in September 2012, with several areas still needing amendments. The strategy was not overseen or coordinated by a single drug strategy meeting. While separate strategic areas were covered individually by the interventions, security and IDTS management meetings, there was insufficient joint working and coordination of efforts.

Recommendations

- 1.76 The integrated drug treatment system should hasten the introduction of a more recovery-focused clinical review and support process, while still catering for individual needs.

- 1.77 A single committee should be convened to oversee all aspects of the prison's strategic approach to drugs and alcohol.

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 External areas were generally clean. The quality and cleanliness of communal areas and cell accommodation were mostly acceptable and some very good. Toilets in shared accommodation were poorly screened. The quantity and quality of cell furniture varied across the wings. Access to telephones, showers and prison-issue items was good. Applications and access to stored property were not dealt with quickly enough.
- 2.2 External areas were generally clean and well maintained, with the exception of units 3 and 4, which had litter outside them. Standards of accommodation and the cleanliness of the wings varied considerably across both sites. Some prisoners shared cells with poorly screened toilets, others had access to night sanitation and many had en-suite showers. All enhanced units were in a good condition, while some of the other units were grubby and communal areas contained graffiti. All units had an appropriate range of association equipment but some was in a poor state of repair.
- 2.3 With the exception of first night cells, most accommodation was generally clean. Many cells we saw had insufficient furniture and in many others the furniture was broken. We saw one occupied cell containing only a bed. Prisoners we spoke to said that obtaining new cell furniture was problematic. Toilets in shared accommodation were poorly screened and many had ingrained dirt. Some cells that we saw contained offensive displays and the policy was not regularly enforced by staff.
- 2.4 Access to daily showers was good and half the wings had in-cell showers. However, most communal showers were dirty, had poor screening and were in a poor state of repair.
- 2.5 In our survey, more prisoners than at comparator prisons said that they were offered enough prison-issue clean clothes for the week, received clean sheets every week and could access cell cleaning equipment every week. During the inspection, we found that access to clothes, sheets and hygiene products was good.
- 2.6 In our survey, only 42% of respondents, against the 53% comparator, said that applications were dealt with quickly. We found evidence that applications were frequently not responded to and that the tracking system was poor. Many prisoners we spoke to said that they reverted to the complaints system to gain a response to issues.
- 2.7 The number of telephones on the wings was adequate but many were sited in busy communal areas and were inadequately screened.
- 2.8 In our survey, only 14% of respondents, against the 30% comparator, said that they could normally gain access to their stored property. Incoming property was restricted to catalogue purchases, and prisoners we spoke to said that this method of obtaining property was

unpopular and could take a long time to be processed. We found that the poor applications process, coupled with a poor recording system in reception, meant that prisoners' access to property took too long, particularly for prisoners located on the North site.

Recommendations

- 2.9 All cells should have the correct amount of furniture, maintained to a reasonable standard.
- 2.10 Toilets in shared accommodation should have appropriate privacy screening and be deep cleaned.
- 2.11 All communal shower areas should be refurbished.
- 2.12 Applications should be responded to within seven working days and prisoners should be able to get efficient access to their stored property.

Housekeeping points

- 2.13 Association equipment should be maintained in a good state of repair.
- 2.14 The offensive displays policy should be enforced.
- 2.15 All telephones should have adequate privacy screening.

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.

- 2.16 Most prisoners said that staff treated them with respect and we saw some positive interactions, although the use of preferred names was not well embedded. The personal officer scheme was reasonably effective.
- 2.17 In our survey, 81% of respondents, against the 77% comparator, said that staff treated them with respect. Although we observed some staff using prisoners' preferred names, this practice was not well embedded across the establishment.
- 2.18 We saw relaxed and friendly interactions between staff and prisoners but during association and exercise periods, particularly on the North site, this was limited, with many staff remaining in wing offices.
- 2.19 In our survey, only 71% of respondents, against the 76% comparator, said that they had a personal officer, with those on the South site being less positive than those on the North. Nevertheless, prisoners we spoke to knew their personal officer and were positive about their relationship with them. Personal officer names were displayed above each cell door and staff appeared generally to understand their role. We saw some effective personal officer work, supported by high-quality electronic case notes, which made reference to personal

circumstances and progress against sentence planning targets. Management checks were meaningful and evident throughout.

- 2.20 Prisoner consultation was reasonable, through monthly wing forums and a rolling programme of focus groups based on the Measurement of Quality of Prison Life (MQPL) agenda.

Recommendation

- 2.21 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 characteristic³ 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.

- 2.22 The high-level strategic management of diversity and equality was generally reasonable but there was no ongoing monitoring of the action plan or prison-wide support for its implementation, with day-to-day management being the almost sole responsibility of the diversity manager. Our survey results were mixed across the area of diversity but, beyond race monitoring, there was no evaluation of the impact of services on minority groups. In our survey, the views of black and minority ethnic prisoners were generally more negative than those of white prisoners. Support for foreign nationals was poor, although regular UK Border Agency surgeries were proving successful. Support for older prisoners and those with disabilities varied across the sites. Forums to support prisoners with protected characteristics had been too few and infrequent to be effective.

Strategic management

- 2.23 The bimonthly diversity equality action team (DEAT) meeting, chaired by the governor, was mainly well attended and, along with the policy document, was focused on all aspects of diversity. However, with the exception of foreign nationals, all other elements of the strategy were the responsibility of a single diversity manager, assisted by an officer.
- 2.24 The equality action plan identified improvement objectives and was based on a traffic light system to record achievement. However, there was no ongoing evaluation, and some elements identified as green, to reflect their achievement, had ceased to operate and other areas, such as personal emergency evacuation plans (PEEPS) and support for foreign national prisoners, did not work effectively. This reflected the lack of support by the wider prison for the diversity manager's attempts to implement systems (see main recommendation HP50).

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.25 Ethnic monitoring of black and minority ethnic prisoners was effective and we saw evidence of actions taken to address inequalities of access to services. However, there was no equivalent monitoring against any other protected characteristics (see main recommendation HP50).
- 2.26 A prisoner diversity orderly system was well established to deal with individual or wing issues. Paid prisoner diversity orderlies had been appointed and liaised with prisoners, reporting any prisoner or wing concerns to the diversity officer. Prisoners we spoke to told us that they found the orderlies helpful. All of the orderlies we spoke to had a good understanding of what was required of them and prisoners we spoke to were satisfied that the arrangement met their needs.
- 2.27 Discrimination incident report forms (DIRFs) were freely available across both sites. The system was well managed and responses were timely, with investigations being conducted where appropriate. We saw some good examples of joint investigations between prison managers and the diversity manager. Independent scrutiny of the process was provided by a member of the Ipswich and Suffolk Council for Racial Equality, who reviewed around 50% of all DIRFs and attended the equality meeting.
- 2.28 Identification of prisoners from minority groups was initially made using P-Nomis, supported by input from the prisoner representatives and the health care department. A diversity questionnaire was used as part of the first night process but this was administered by other prisoners, so personal information could not be disclosed in private (see section on early days in custody and HP49). Focus groups (including a recently formed Gypsy Traveller group) had been set up for the various strands of diversity but these had been too few and infrequent to be effective.

Recommendation

- 2.29 **The diversity action plan should be regularly reviewed and steps taken to ensure that identified actions are completed and embedded.**

Protected characteristics

- 2.30 Approximately 45% of prisoners were from a black and minority ethnic background. Two race forums had been run during 2012 but these were only on the South site and neither had been well attended. In our survey, black and minority ethnic prisoners expressed more negative views than their white counterparts in a number of key areas, including safety, experience of the early days in custody and access to work (see main recommendation HP50).
- 2.31 There were 186 foreign national prisoners at the prison. Most (161) were located on the South site. Provision for this group was limited to monthly UK Border Agency (UKBA) surgeries and a free five-minute telephone call, which was only allowed if the prisoner did not receive any visits. A foreign nationals liaison officer had recently been appointed at each site but had so far resulted only in a single forum on the North site. The minutes of this meeting showed that there was a general understanding of the issues that had an impact on foreign nationals but there was little evidence of any subsequent actions. The most recent recorded meeting on the South site had been in March 2012.
- 2.32 There was virtually no translated material, and staff on some wings were unaware of how to access professional interpreting services if they needed to. Use of these services was very limited across the prison. In our translated survey returns, we received many comments from

foreign national prisoners about not understanding prison processes and information, and we met some prisoners who felt very isolated.

- 2.33 The diversity manager maintained a list of multilingual prisoners who could be called on to interpret. There had been no attempt to establish a list of multilingual staff who would be prepared to assist with interpretation.
- 2.34 UKBA attended each site monthly, seeing prisoners on request at the South site and all prisoners on the North site. There were 21 prisoners subject to IS91 forms (authority to detain post-sentence notification), the longest-standing of whom had been at the prison for 19 and 10 months, respectively, post-sentence. We were satisfied that all possible effort was made to transfer prisoners to immigration removal centres at the earliest opportunity. There was no independent immigration advisory service available to prisoners, which was compounded by the lack of legal services officers and effective liaison.
- 2.35 In our survey, prisoners with disabilities were more negative than their able-bodied counterparts across almost all areas. The prison's initial identification process had found that around 21% of prisoners across both sites had a disability; this was similar to the results from our survey. Initial health care interviews included a disability screening. The diversity manager assumed the role of disability liaison officer and we saw some good examples of individual care and adjustment to facilitate access but also found some prisoners with disabilities for whom no arrangements had been made. Only two cells had been modified for prisoners with disabilities, which was inadequate for the population. Formal care planning was limited and did not reflect the prison's own policy, and there was no integrated care planning for either older prisoners or those with disabilities.
- 2.36 PEEPs were in place for most prisoners who had been identified as requiring them but some of the recorded locations were incorrect and not all staff were aware of them, in spite of notices at both gates and clear instructions on the staff daily briefing sheet. Instructions in the PEEP folders were almost three years out of date. We were not assured that all prisoners requiring assistance in the event of an emergency would receive it. There was no formal 'buddy' system for supporting older prisoners and those with disabilities but we observed some informal assistance being given by other prisoners.
- 2.37 Older prisoners were generally more positive about their experiences than younger prisoners. Just over 8% of the overall prison population was over the age of 50, with the oldest prisoner being 74. Most were located on the South site and some of the better and quieter accommodation had been identified for their use. Retirement pay was reasonable and prisoners over the retirement age were not required to pay for their televisions. Most chose to continue to work but those who did not were unlocked throughout most of the day. Additional gym sessions were arranged for those over 50 and were also accessible to those over 45. A monthly informal drop-in session was facilitated in the chapel on the North site for older prisoners and those with disabilities 'to relax and chat over a cup of tea'.
- 2.38 A gay and bisexual prisoners forum had been run on the South site but attendance had been poor and we were not convinced that prisoners could confidently declare their sexuality because of the way that this information was gathered (see paragraph 2.28 and section on early days in custody).

Recommendations

- 2.39 Professional interpreting services should be used effectively and a range of translated material should be provided to inform foreign national prisoners of the regime and services available to them, and help them feel less isolated.
- 2.40 Foreign national prisoners should have access to independent immigration advice.
- 2.41 The personal emergency evacuation plan process should be standardised across the prison, further publicised and regularly updated.

Housekeeping point

- 2.42 Staff who are willing and able to assist with interpreting should be identified and publicised.

Faith and religious activity

Expected outcomes:

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

- 2.43 The two chaplaincy teams were well integrated into the life of the prison. Most faith provision and facilities were good but the use of the gyms for Muslim services was not appropriate.
- 2.44 Both sites had their own chaplaincy team, with a lead coordinating chaplain; both teams had sufficient chaplains to meet the needs of the prisoners in their care. Provision and facilities were mostly good, although increased numbers of Muslim prisoners at the prison had led to Friday prayers taking place in the gym at both sites. This was an unsatisfactory environment for worship and also had an impact on the regime for other prisoners.
- 2.45 There was no requirement to apply for services, except for Muslim Friday prayers; this was purely an administrative measure to enable staff to plan whom to unlock (during the lunch lock-up period) to attend the service.
- 2.46 There was a wide range of supporting religious-based activities throughout the week on both sites and there were regular celebrations of faith-related events, supported by the diversity team, throughout the year.
- 2.47 The chaplaincy teams were generally well integrated in the prison and were involved in a range of areas, including security, safety, diversity and also, on occasion, the interdepartmental risk management team. The chaplains coordinated the work of bereavement services and also facilitated the volunteer prison visitor scheme.

Recommendation

- 2.48 Adequate and appropriate facilities should be provided to facilitate group worship of Muslim prisoners.

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.

2.49 Prisoners were negative about the timeliness and fair management of complaints. The management and monitoring of the system had greatly improved over the previous six months.

2.50 There had been a little over 3,500 recorded complaints in the previous year, at an average of around 280 per month. In the six months before the inspection the monthly figure had fallen to around 250, which was similar to that at other prisons. The most common reasons for complaints in recent months had been property and offender management issues, such as access to offender supervisors and home detention curfew, and progression to category D prisons.

2.51 Complaint boxes were emptied by the night orderly officer, which compromised confidentiality. In our survey, fewer prisoners than at comparator prisons said that complaints were dealt with fairly or quickly. Data we examined showed that too many complaints had been answered late but this had improved dramatically since March 2012, when a new system of managing and monitoring complaints had been introduced. The quality of responses was mainly good, with full and courteous replies to complaints. Analysis of data was effective and month-on-month comparisons highlighted trends or areas of concern, which were then relayed to the senior management team.

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.

2.52 There were no dedicated legal services staff, and support was limited. Legal visits facilities were reasonable and contact by mail or telephone was facilitated. Legally privileged mail was dealt with appropriately.

2.53 There were no trained dedicated legal services staff. Prisoners received limited support from wing staff and other prison departments. For example, some advice on family law was available from Ormiston Trust staff and offender supervisors contacted recalled prisoners to provide advice on appealing the decision.

2.54 In our survey, only 41% of prisoners said that it was easy to attend legal visits, against the 54% comparator. Sufficient sessions were held but many legal representatives were based some distance from the prison. More prisoners than at comparator establishments said that staff had opened legally privileged mail without them being present (47% versus 41%). We

found that this had happened in error and had been logged on each occasion, with the reason. Reasonable steps were taken to keep this to a minimum.

Recommendation

- 2.55 Prisoners should have access to the services of staff who are trained to provide advice and practical support in pursuing legal matters.

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.

- 2.56 Prisoners mostly expressed dissatisfaction with health services but they were generally more content on the North than the South site. Clinical governance structures were robust. Primary care services were reasonable, although failure-to-attend rates for most clinics were too high. Pharmacy services were limited. Ad-hoc rooms on the units were used inappropriately to dispense in-possession medications. Dental services were good. Mental health services were adequate but some patients experienced unacceptable transfer delays to external mental health services.

Governance arrangements

- 2.57 Health care was commissioned by NHS Suffolk. Care UK had become the provider in the previous year, and employed the medical staff. There was a health needs assessment and a development plan, which was to be updated in 2013. Partnership working with the prison was good. Management was integrated, with staff moving between the North and South sites, but the health care department functioned separately on each site. In our survey, prisoners on the North site were consistently more satisfied than those on the South, although, overall, fewer respondents than at comparator establishments rated health care as good or very good (34% against 45%).
- 2.58 Clinical governance arrangements were robust, and there was learning from serious and untoward incidents. Prisoner representatives attended health care focus groups; feedback on actions was given to the focus groups, although feedback to the units was poor.
- 2.59 A senior nurse manager was responsible for health care. Nurses were all up to date with mandatory requirements, and told us that their access to training had improved under Care UK. Clinical peer group supervision was being practised and documented, although it had not yet fully embedded on the South site.
- 2.60 There were evidence-based approaches to care planning; some care plans were recorded on SystemOne (the electronic clinical record) and subject to clinical audit. SystemOne was not unified between the two sites. There was a policy for communicable diseases and an information-sharing protocol. There was an appropriate range of other policies, although they were not specific to Highpoint and some were out of date.

- 2.61 There was a health care centre on both sites. The South site health centre was being partly refurbished at the time of the inspection. Some areas of flooring were in poor condition in both health centres. Waiting rooms were small but reasonably furnished; the South site waiting room was often congested. The reception health screening room was small and lacked natural light. Cleanliness was monitored; standards were generally good in the health centres but inconsistent in treatment rooms on the wings.
- 2.62 Each health centre had a resuscitation kit, located in several bags. Health services staff had been trained in its use. There were records of regular checking, although some records were not complete, some items were out of date and some were inconsistent between sets. Because of the large geographical site and lack of overnight health care provision, the number of defibrillators was insufficient. We were told that there were several emergencies per month requiring an ambulance, and we observed one during the inspection. There was no protocol to fast-track emergency calls by clinicians.
- 2.63 We saw professional and good-natured interactions between nurses and patients. A senior nurse was responsible for the care of older prisoners on both sites.
- 2.64 Prisoners told us that they knew how to comment/complain about their care via the patient advice and liaison service (PALS) system. There were approximately 24 PALS contacts per month, mostly from the South site. Few of these, around a quarter, appeared to be true complaints; most concerned changes to medication. We sampled responses to complaints, and they were focused and courteous.
- 2.65 There was a health promotion action group, chaired by a representative from NHS Suffolk public health. There was no action plan, and the approach was not systematic, although health promotion materials were available in both health centres and on some units. Health trainers were available in the prison but not utilised by the health care department. Prisoners had access to age-appropriate screening, immunisation and vaccination programmes. Barrier protection was available from the health centres, although its availability was not advertised on every unit.

Recommendations

- 2.66 The partnership board should coordinate strategies for the provision and placement of automated external defibrillators, checking of equipment, and the training and deployment of trained staff.
- 2.67 There should be active and systematic promotion of health promotion throughout the prison.
- 2.68 The partnership board should engage with the ambulance service to ensure maximum efficiency of response time following clinical calls for emergency assistance.

Housekeeping points

- 2.69 Feedback from patient consultation exercises should be better posted on the units.
- 2.70 Outlying health care rooms should be subject to the same standard of cleaning as the health centres.

- 2.71 NHS Suffolk, with the partnership board, should examine how minor concerns of prisoners might be resolved promptly and locally as part of the patient advice and liaison service (PALS) system.
- 2.72 The availability of condoms should be advertised in all units.

Delivery of care (physical health)

- 2.73 New prisoners were received on the South site, where a combined reception and secondary health screening occurred, and all prisoners were offered a well-man health assessment within seven days of arrival. Interpreting services were available but rarely used (see section on equality and diversity).
- 2.74 Prisoners told us of long waiting times for health care appointments, particularly on the South site. However, we saw good access to health care, short waiting times and management attention to ensure that the system worked well. In spite of prisoners' frequent comments that it took too long to access a GP, non-urgent appointments were available within 48 hours and urgent appointments on the same or following day. Care UK clinical managers and GPs were available out of hours.
- 2.75 There was a reasonable range of daily primary care clinics. A physiotherapist and optician visited regularly. There was a programme of immunisation for hepatitis, and treatment for hepatitis C was available. Nurses ran triage clinics and they had access to clinical guidelines, but triage algorithms were not in use. The failure-to-attend rate for most clinics was high – for example, 27% for the GP on the South site. Care of patients with lifelong conditions was undeveloped, in that only one nurse-led clinic for diabetes was available. The GPs provided routine management of other conditions. Podiatry services were no longer available. Treatments were provided on an individual basis and we saw patients being afforded choice.
- 2.76 Care planning and other templates on SystemOne were not routinely used for complex conditions. Paper records were stored on site. We saw some practices that rendered the paper records insecure at times, and some consultation room doors being left open during clinics so that conversations could be overheard.
- 2.77 Patients had good access to external appointments at several hospitals in the area. Appointments were well managed and rarely cancelled for security reasons.

Recommendation

- 2.78 **Action should be taken to reduce the clinical time lost because of patients failing to attend for appointments.**

Housekeeping points

- 2.79 Prisoners should be better informed about contemporary waiting times in the health care department.
- 2.80 Triage algorithms should be used to support and standardise nurses' clinical decision making.
- 2.81 The range of nurse-led clinics should be developed to enable GPs to concentrate on patients with more complex presentations.

Pharmacy

- 2.82 Ninety-four per cent of medicines were supplied in possession, although there were few completed in-possession risk assessments and no procedure for follow-up reviews. Medicines were mainly supplied inappropriately in Henley bags, often in single daily doses, even when supplied weekly. Few contained information leaflets. Other than those supplied by the nurses, all in-possession medicines were supplied by pharmacy staff to units on differing days, and there were problems with continuity when patients moved units. Patients signed for monthly in-possession medicines but not for weekly or daily medication. Most prisoners did not have lockable storage in their cells to keep medicines safely. There were no specific rooms on the units for dispensing medications; any available room was used, such as an office or laundry room – commonly with a desk being placed across the doorway. There were opportunities for diversion and theft of medication and 7% of prisoners (similar to comparator prisoners) said they had developed a problem with diverted medication while at Highpoint.
- 2.83 Prescriptions were printed out from SystemOne. Records on the prescriptions were inaccurate, they did not clearly show if a medicine had been administered and there was no explanation for omissions. There were high levels of prescribing of medicines liable to abuse, often in-possession, although there were some procedures to reduce this.
- 2.84 Medicines were stored appropriately, including controlled drugs. Named-patient medicines in the pharmacy were not regularly checked to ensure that they were still appropriate and in date. Several reference books available to staff were out-of-date.
- 2.85 There was a smoking cessation clinic, provided by a pharmacy technician, but there were no other pharmacy-led clinics. There was a limited range of medicines supplied as 'special sick', and no patient group directions. Stock levels were set but there was no audit of use or supply. The medicines and therapeutics committee was attended by relevant stakeholders and had developed a formulary.

Recommendations

- 2.86 The in-possession policy should be updated to include guidance on high-risk medication, and be consistently applied.
- 2.87 The use of Henley bags should be discontinued; in-possession medicine should be supplied in original packs.
- 2.88 Prisoners should be provided with lockable storage for their medication.
- 2.89 Rooms used for the administration of medicine should ensure safety and enable confidential conversations to take place.
- 2.90 There should be complete records of administration of medicines.
- 2.91 The medicines and therapeutics committee should review the 'special sick' policy to ensure the supply of an appropriate range of medications and monitor its usage. Patient group directions should be produced to allow the supply of more potent medicines by the nursing staff where appropriate.

Housekeeping points

- 2.92 Patient information leaflets should be supplied with medications.
- 2.93 Patients should sign to indicate that they have received all medicines supplied in possession.
- 2.94 The pharmacist and pharmacy technicians should be supported to develop pharmacist-led clinics, clinical audit and medication review.

Dentistry

- 2.95 There was a dental surgery, equipped to a good standard, on both sites. Access to a dentist was a major source of concern for prisoners but we considered access to be reasonable, with prisoners waiting six-weeks for an initial assessment (following triage) but having a longer wait for treatment (11 weeks on the South site). At the time of the inspection, dental nurses performed triage on several days per week. Failure-to-attend rates were occasionally high.
- 2.96 Dental equipment was appropriately maintained and certified. Decontamination practices were consistent with current guidance; dental waste was subject to professional disposal.

Delivery of care (mental health)

- 2.97 Patients we spoke to felt supported by the mental health team. Fewer than one in 10 officers were trained in mental health awareness, but the visiting psychiatrist spoke highly about the person management skills of segregation staff.
- 2.98 Mental health nurses, a sessional psychiatrist and clinical psychology services were provided by Norfolk and Suffolk Mental Health NHS Foundation Trust.
- 2.99 Prisoners were referred by telephone or paper application from staff; most referrals originated from uniformed officers. All were seen within a few days and assessments were brought to a weekly allocations meeting. The primary and secondary care nurses carried an average caseload of 15–20 patients. Solution-based approaches, using cognitive behavioural therapy skills, were used to support all patients. For patients with common mental health problems, guided and self-help materials were available; some materials were not appropriate for the reading abilities of some prisoners. Therapeutic groups were difficult to maintain because of the high turnover of the prison population; however, no groups were available to longer-term prisoners. Counselling for emotional distress was not available, although Cruse Bereavement Care offered counselling for bereavement-related loss issues.
- 2.100 Strategies to support prisoners with learning disabilities or personality disorders were under consideration, and a learning disability nurse was about to start work at the prison.
- 2.101 Patients with complex mental health problems were reviewed regularly by the psychiatrist, who advised on treatment, and were managed using the care programme approach. Patients requiring transfer to local external mental health services were managed efficiently; however, they waited up to 11 weeks for transfer to London medium secure services.

Recommendations

- 2.102 Uniformed staff should have the appropriate training to recognise and take appropriate action when a prisoner may have mental health problems, and work effectively with health staff to ensure a prisoner's care.
- 2.103 Patients should have access to a full range of support for mental health problems, including counselling and group therapies.
- 2.104 The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales.

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.

- 2.105 Most prisoners were negative about the range, amount and quality of the food provided. Broken equipment in both kitchens was having an adverse effect on the quality and range of food produced. Consultation arrangements were not effective.
- 2.106 Most prisoners were negative about the food, and there had been 48 complaints in the six months before the inspection. In our survey, only 19% of respondents, against the 30% comparator, said that the food was good or very good, and respondents on the North site were less positive than those on the South.
- 2.107 The menu met the needs of different diets, including halal, vegan and vegetarian; however, we found it to be bland and repetitive. Numerous items of broken equipment in both the prison kitchens were having an adverse effect on the quality of the food and the ability to provide a varied diet. We saw hot lunch items on a heated trolley in the kitchen two hours before they were due to be served because of the inability to make enough portions at the same time. At the time of the inspection, only two of five fryers in the South unit kitchen were operational, necessitating the need to alter the menu; however, mismatched food combinations were chosen – such as pizza with rice. We were told that such difficulties were a regular problem. Many prisoners we spoke to complained that food was often cold and that portion sizes were small, and our observations confirmed this, particularly at lunchtime. Breakfast packs were issued the day before they were intended to be consumed.
- 2.108 Consultation took place through food forums, food surveys and unit focus groups, as well as the wing food comments book. However, consultation meetings had not taken place since April 2012 and written comments were often not responded to.

Recommendation

- 2.109 The quality, temperature and portion sizes of food should be maintained to a reasonable and consistent standard.

Housekeeping points

- 2.110 Broken equipment in both kitchens should be repaired or replaced.
- 2.111 Breakfast packs should be issued on the day of consumption.
- 2.112 Effective consultation arrangements should be implemented across all wings.

Purchases

Expected outcomes:

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

- 2.113 The prison shop arrangements were generally satisfactory. Prisoners could order from a range of different catalogues.
- 2.114 The prison shop arrangements for most prisoners were reasonably effective. Consultation took place at the prisoner wing consultative meetings and changes were made to the shop list where possible.
- 2.115 New arrivals were offered a smoker's or non-smoker's pack and could order from the shop at the next available weekly opportunity.
- 2.116 Prisoners could make purchases from a large and varied number of catalogues and order newspapers and magazines 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.⁴

- 3.1 Time out of cell for most prisoners was reasonable, at around nine hours a day during the working week, although unemployed prisoners could experience less than three hours a day. At roll checks during the core day, over 20% of the total population were locked in their cells. Evening association periods were short and prisoners were locked up too early. Time in the open air was restricted to half an hour a day during the week.
- 3.2 Prisoners who were fully employed could experience approximately nine hours out of their cell during the week and between six and seven hours at weekends. However, unemployed prisoners could experience less than three hours out of cell a day. Evening association periods were short and prisoners were locked up too early, at 6.45pm on Monday to Thursday and at 4.45pm on Friday and at weekends, which meant that they spent over 15 hours a day in their cells between Friday and Monday. In our roll checks during the morning and afternoon core day periods, over 20% of the prisoner population were not engaged in activity and 15% (200 prisoners) were unemployed (see section on provision of activities).
- 3.3 Exercise took place daily but was restricted to half an hour during the week. Exercise yards were mainly grassy areas, with adequate seating.

Recommendations

- 3.4 Evening association periods should be extended.
- 3.5 All prisoners should have one hour of exercise daily.

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

- 3.6 The management of learning and skills and work was good. Self-assessment was evaluative and clearly evidenced, and quality improvement arrangements were robust. Many prisoners gained good vocational skills but few completed vocational qualifications because of staff

⁴ 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.

shortages in some key areas. Although the number of wing workers had been reduced, too many were still under-employed. Allocation processes were fair and equitable but it took too long to get prisoners into activities from induction. Teaching and coaching were good and most learners were given effective learning support. Achievements were high on most education and vocational training courses. Attendance and punctuality were good. The library on both sites provided a good service.

3.7 Ofsted made the following assessments about the learning and skills and work provision:

Achievements of prisoners engaged in learning and skills and work:	Good
Quality of learning and skills and work provision:	Good
Leadership and management of learning and skills and work:	Good

Management of learning and skills and work

- 3.8 Leadership and management of learning and skills, education and work were good. The overall strategy for learning and skills was good. Learning and skills was seen as being central to the purpose of the prison and was well understood by senior managers. Learning and skills objectives were clearly linked to the overall strategic objectives of the establishment. A needs analysis had taken place and was used well to inform the planning of the provision. Internal links between the Offender Learning and Skills Service (OLASS) contractor, the National Careers Service and the prison were effective. Senior staff had managed the merging of the two prisons well, with minimal disruption to activities. Opportunities for progression between the sites were in the process of being developed. The prison had developed excellent links with a wide range of employers, which were used effectively to inform the planning of courses and develop opportunities for prisoners to improve their employability.
- 3.9 Quality assurance arrangements were comprehensive and well understood by staff. For example, observations of the quality of teaching and learning were robust and included the work of instructional officers. Staff were appropriately qualified and resources were generally good. Data were used effectively to inform the planning of the provision, although the impact of learning support was not analysed. The operational management of the OLASS provision was good. Few classes were cancelled and 98% of the contracted hours were being delivered. Vacant instructional officer posts had reduced the number of available accredited vocational training places.
- 3.10 The self-assessment process was robust, and staff views and learners' feedback were included in the process. Action plans were clear and routinely monitored at regular, well-attended quality improvement group meetings. The prison had taken action in response to many of the areas identified for improvement.

Recommendations

- 3.11 The opportunities for prisoner transfer between sites should be expanded, to enable learners to access the full range of provision.
- 3.12 Instructional officers should be recruited to vacant posts to improve the number of available accredited vocational training places.

Provision of activities

- 3.13 The amount of purposeful activity available was insufficient for the population, with a total of 979 full-time-equivalent purposeful activity places for about 1,200 prisoners. Of these activities, only 89 were full-time vocational training places with qualifications, and 260 were part-time education places. Wing work included cleaning, servery work and painting, and accounted for 248 of the places. Too many wing-based workers were under-employed and not effectively managed (see main recommendation HP51).
- 3.14 Allocation to activities was fair and equitable. The time it took to allocate prisoners to activities following their arrival at the prison, at an average of 21 days, was too long. Waiting lists were well managed where necessary. Good information and guidance were provided by the National Careers Service during induction. Initial assessment was appropriate, with links to sentence planning. There was often disruption to education or vocational training when learners left classes to go to the library.
- 3.15 Most work and production workshops had recently started offering entry level 1 and 2 employability qualifications, although take-up was low. No vocational qualifications were available in the gardens, fabrication and welding, the kitchen, recycling or in waste management because of staff shortages. Vocational training with qualifications was available in plumbing, tiling, carpentry and joinery, street-works, mini-digger and fork-lift truck driving, barbering, using computer software and industrial cleaning.

Recommendations

- 3.16 The prison should further reduce the time taken to allocate activity places to new arrivals.
- 3.17 The prison should provide qualifications in the vocational work areas of gardens, fabrication and welding, the kitchen, recycling and waste management.

Housekeeping point

- 3.18 Prisoners' learning should not be disrupted by visits to the library.

Quality of provision

- 3.19 In education and the vocational workshops, the quality of teaching and coaching was good. Planning of learning was good, with individual learning plans used well and regular and effective reviews of learner progress and target setting taking place. The better lessons presented prisoners with appropriate challenge, which they responded to well, producing work of a high standard. In many sessions, prisoners received good support from trained peer support workers. Those on distance learning or Open University courses were particularly well supported and good use was made of the virtual campus for this.
- 3.20 Vocational training resources and facilities were good. Learners developed good skills and produced high standards of finished work (see section on education and vocational achievements).

- 3.21 There was good partnership working between the prison and local businesses. For example, one employer who attended employer forum meetings at the prison supplied a mini-digger, at no cost, to enable an additional qualification to be offered, strengthening the street-works qualification. Other employers provided free paint and building supplies and some provided short courses – for example, in management skills.

Education and vocational achievements

- 3.22 Qualification pass rates for accredited vocational and education courses were high. Almost all prisoners who completed their courses were successful in gaining relevant and meaningful qualifications in a wide range of subjects. However, pass rates were low for learners taking the newly introduced Prisons Information Communication Technology Academy (PICTA) course. While achievements in literacy courses were satisfactory, they were approximately 11% below those in numeracy. The achievements of prisoners who had been diagnosed with dyslexia were lower than for other learners. Although this had been recognised, little had been done to rectify it.
- 3.23 High standards of work and skill levels were demonstrated in all areas, particularly in fabrication and welding, catering, gardens, recycling and waste management (although see recommendation 3.17). In graphic design, prisoners produced work of a commercial standard and gained valuable employment skills. Progression into employment was good. For example, 24 learners who had completed the street-works course in the previous year had gained full-time employment when released. Learners used safe working practices in their work areas and on vocational courses, were highly motivated and enjoyed their courses.
- 3.24 Learners' basic employability skills were assessed and accredited in most work areas, although take-up was low. Behaviour was good and there were high levels of mutual respect between tutors, instructional officers and learners. Most learners reported that their self-esteem, confidence and inter-personal skills had improved while on courses. Punctuality was good, as was attendance, at well over 80% for most classes. Two production workshops were successfully running with an extension to the working week, to 33 hours.

Recommendation

- 3.25 **The prison should improve the qualification pass rates for learners on literacy courses, those on the Prisons Information Communication Technology Academy (PICTA) course and those with dyslexia.**

Library

- 3.26 Library provision was good. Both libraries contained a wide range of materials, including fiction and non-fiction books, British and foreign newspapers, DVDs, graphic novels and easy-reads. The range of materials catered for all levels of reading ability and experience, and books were available in a range of languages.
- 3.27 There were initiatives to promote reading and learning, such as reading clubs and the 'six-book challenge'. Around half of the population used the library regularly. However, there was no dedicated induction to the library on the North site, which resulted in fewer prisoners using the provision there than on the South site. Legal materials were readily available to prisoners.

Housekeeping point

- 3.28 The prison should introduce a dedicated library induction for prisoners on the North site.

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.

3.29 PE and recreational activities provision was well planned and managed. Approximately 60% of prisoners accessed PE regularly, and all prisoners had sufficient access. Facilities, equipment and accommodation were good and well maintained. Indoor facilities on both sites were comprehensive. An all-weather outside pitch on the South site was used for team games and sports but there was no outside PE provision for prisoners on the North site. A range of accredited vocational training was available and achievements were high.

3.30 PE and recreational activities were well managed and promoted. Each site had a sports hall, a modular and free-weight training suite, a cardiovascular suite and a classroom. A large, floodlit, all-weather outside pitch on the South site was used for team games and sports but there was no outside PE provision for prisoners on the North site. Facilities were well maintained and provided good environments for recreational and remedial PE, and vocational training. Shower facilities in the gym on the South site were adequate, although no modesty screens were available. The showers and toilets provided on the North site were cramped and shabby. Both classrooms were well equipped and used effectively to deliver a range of vocational training. A wide variety of courses was available, and learners were able to progress from a level 1 gym and circuit instructor qualification to level 3 in personal training. Regular courses were also offered in first aid at work. Achievement on courses was high, with most learners completing them successfully.

3.31 All prisoners received a thorough introduction to the gym during their first week in the prison, including promotion of exercise and healthy living and clear information on the range of courses, programmes available and attendance expectations. Well-trained prisoner orderlies provided health and well-being support for other prisoners. A range of recreational PE was scheduled each week and included team sports, circuit training and sessions for older prisoners. Approximately 60% of prisoners on both sites attended PE at least twice a week, and all prisoners had sufficient access.

3.32 PE staff were well qualified and enthusiastic. All had basic teaching qualifications and two staff were currently completing a full teaching certificate. PE staff gave good remedial support for prisoners who were referred from the health care department and deemed unsuitable to participate in physical activities.

Recommendations

- 3.33 There should be appropriate outside PE provision for prisoners on the North site.
- 3.34 Shower facilities should be renovated on the North site and modesty screens provided for the showers on the South site.

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 Although the resettlement and offender management functions of the prison were separate, the model worked reasonably well. The reducing reoffending policy was up to date but needed to include an effective action plan to take account of the 'managing the custodial sentence' strategy. A prisoner needs analysis had been undertaken using data from prisoner questionnaires but information had not been drawn from offender assessment system (OASys) assessments. There were limited opportunities for prisoners to work outside the establishment on release on temporary licence.
- 4.2 The management structure separated the resettlement and offender management functions, each with lead managers reporting directly to the governor. Work relating to resettlement pathways was carried out by reducing reoffending staff, while offender assessment and planning, indeterminate-sentenced prisoners and public protection were the responsibility of the offender management group. Although unusual, this model generally worked reasonably well, although some aspects of integration were informal and therefore inconsistent.
- 4.3 The resettlement committee had bimonthly meetings with representatives from each of the key functions, including the resettlement pathways. The offender management group met with equal frequency but there was little or no cross-representation. The reducing reoffending implementation plan for 2012/13 included objectives and targets for each resettlement pathway and also included broad objectives relating to the development of offender management, but it remained unclear how the work of offender management was to be taken forward strategically.
- 4.4 The offender management policy (dated April 2012) did not reflect the department's current primary focus, which was on the implementation of the new national strategy for managing offenders in custody. While staff generally understood the strategic direction of the department, there was no detailed strategy with milestones and timescales to direct development.
- 4.5 In order to plan for the future delivery of interventions, the prison had undertaken a needs analysis, using a questionnaire sent to prisoners. The information derived focused exclusively on the resettlement pathways but, even though most of the population was serving sentences of over 12 months, did not include offender assessment system (OASys) data, which was a missed opportunity.
- 4.6 The prison had established a number of partnerships, both internally and externally, to support the delivery of reducing reoffending work, which was monitored through the resettlement committee. Although there were appropriate Service Level Agreements with the organisations working in the prison, there remained few opportunities for prisoners to work out of the prison under release on temporary licence (ROTL) arrangements. Only 16 ROTL places were available, focusing on prison work just outside the prison fence. A number of alternative

placements had been negotiated with community partners but had not yet come to fruition (see section on reintegration planning and recommendation 4.35).

Recommendations

- 4.7 The reducing reoffending delivery plan should include the work of the offender management unit and details of the planned approach to managing the custodial sentence.
- 4.8 The prisoner needs analysis should include offender assessment system (OASys) data.

Housekeeping point

- 4.9 The offender management policy should be updated to reflect plans to implement the transitional arrangements for managing cases in custody across the prison.

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.

- 4.10 Only prisoners assessed as high or very high risk (tier 4) were allocated an offender supervisor. Those identified as posing a lower risk had only annual contact with the department. The role of offender supervisors was not consistently understood across the department, with the level and focus of contact varying considerably. Arrangements for managing public protection were reasonable but quality assurance arrangements regarding risk-of-harm assessments, as well as wider casework management, were limited. Work with indeterminate-sentenced prisoners was generally good.
- 4.11 All prisoners were seen during induction by a resettlement orderly and assessments were made about their needs for release, including housing, debt and training/education. Although a contact log was maintained of this information, including where referrals had been made, several offender supervisors who subsequently picked up cases were not aware of it.
- 4.12 A small number of prisoners were serving sentences of less than 12 months. Although the offender management unit did not engage directly with this group, their resettlement needs were assessed by the resettlement team (see above).
- 4.13 Ninety-eight per cent of prisoners at the establishment were serving sentences of over 12 months and therefore subject to formal sentence planning. All prisoners were tiered according to risk with resources and time allocated according to their level. At the time of the inspection almost half of the population had been assessed as presenting either a high or very high risk of harm (tier 4). The remaining prisoners had been assessed as low or medium risk (tiers 1–3). Although all of these prisoners were subject to OASys, only high-risk prisoners were allocated a named offender supervisor (see paragraph 4.17).

- 4.14 In the early part of 2012, there had been a large backlog of around 200 OASys assessments. Offender supervisor resources had been diverted to reduce this backlog, and at the time of the inspection the number of out-of-date assessments had decreased to around 50. However, the diversion of staff resources had led to a reduction in the level of contact and engagement with high-risk cases. This was compounded by the large number of prisoners arriving at the establishment without an initial OASys assessment.
- 4.15 All prisoners serving over 12 months were subject to formal sentence planning but arrangements were limited. Prisoners arriving with a sentence plan did not automatically have a review and we saw examples of prisoners whose targets related to provision at former establishments. Reviews did not take place until the annual review date, and in a number of cases this meant that prisoners were not seen by offender supervisors until some months after arrival, even if they were assessed as high risk. This was compounded by some delays in allocating cases to offender supervisors.
- 4.16 High-risk prisoner sentence plan meetings were managed by community-based offender managers, with offender supervisors attending, while all other cases were the responsibility of offender supervisors. Departments from across the establishment were not invited to attend meetings, and written contributions were rare. Some offender supervisors consulted other departments about prisoners' progress against targets or suggested areas of concern but the decision about whether or not to do so was determined by individuals.
- 4.17 The role of offender supervisors was both unclear and variable. Although we saw some examples of work specifically orientated to risk assessment and management, this was not consistent. There was no agreed policy relating to the frequency of contact for high-risk prisoners, no planned or structured appointments with prisoners and no one-to-one work being undertaken (see main recommendation HP52). Contact with the offender management unit for prisoners assessed as medium and low risk was limited to annual OASys reviews. The introduction of weekly offender management surgeries on each wing had mitigated this to some extent but most such contacts focused on practical questions such as when prisoners were eligible for home detention curfew (HDC) or recategorisation reviews. We saw examples of personal officers supporting prisoners in meeting targets but this practice was not consistent, and no one was charged specifically with monitoring and motivating prisoners to achieve their targets. We found a number of examples where a need for offending behaviour courses had been identified but prisoners had subsequently been assessed as not meeting the criteria for accredited programmes. Although an alternative personal and social development course in education was available, this was not consistently identified as an option. In our survey, fewer prisoners than at comparator prisons said that their offender supervisor was working with them to achieve sentence plan targets.
- 4.18 HDC arrangements were generally sound. Prisoners' applications were received in good time and the process was started well in advance of release. Only one or two applications each month were delayed. In the preceding six months, 179 prisoners had been granted HDC and only 85 refused.

Recommendations

- 4.19 The role of offender supervisors for medium- and low-risk prisoners should be clarified and determine the level, frequency and focus of their contact with prisoners.

- 4.20 Offender supervisors should receive sufficient training, supervision and support to meet the needs of prisoners in reducing and managing their risk of harm and reoffending.

Public protection

- 4.21 The prison had an appropriate public protection policy which also outlined how prisoners presenting a potential or actual risk would be managed. Recent improvements included a more comprehensive initial screening tool and the introduction of a monthly 'sift' meeting before the monthly interdepartmental risk management meeting (IDRMT). Attendance at the IDRMT from key departments across the prison was reasonably good. At the time of the inspection, 552 prisoners (approximately 42% of the population) were subject to multi-agency public protection arrangements (MAPPA). Minutes from IDRMT meetings indicated comprehensive discussions about particularly high-risk prisoners. Where identified, complex cases were appropriately referred to the complex case review team via the safer custody department (see also section on self-harm and suicide prevention).
- 4.22 However, of the high-risk-of-harm cases we reviewed, only 15 out of 19 contained an adequately completed OASys risk of serious harm, and in all of these cases there was insufficient evidence of appropriate management oversight of the work of the offender supervisor.

Recommendation

- 4.23 All prisoners should have a good quality assessment of the individual's risk of harm to others and a plan to identify how this will be taken forward.

Categorisation

- 4.24 All prisoners were assessed for recategorisation within correct timescales. Appropriate documentation was collated and prisoners were able to submit their own representation. At the time of the inspection there were 72 prisoners who had been recategorised to D and, although there were regular transfers to open establishments, there were sometimes considerable delays. Twelve prisoners had been at the prison for more than three months following their recategorisation, with the longest wait being seven months. Most category D prisoners were accommodated on the enhanced wings.

Recommendation

- 4.25 Category D prisoners should not be delayed in transferring to open conditions.

Indeterminate sentence prisoners

- 4.26 At the time of the inspection there were 118 indeterminate-sentenced prisoners: 44 lifers and 74 serving indeterminate sentences for public protection (IPP). All lifers were accommodated on unit 10. Arrangements for this group were reasonable, with dedicated probation staff (offender supervisors) and psychology staff based on the wing. There were links with uniformed staff, and multidisciplinary meetings. Lifer forums had been held during the previous

12 months and there was lifer representation in the wing's consultative group. A lifer family day had been held earlier in the year.

- 4.27 IPP prisoners were also allocated an offender supervisor, usually one of the more experienced probation officers, but were accommodated across the prison. One forum had been arranged for this group in the previous year and another was planned, although no date had yet been agreed.

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.

4.28 Prisoners' resettlement needs were identified on induction and checked in good time before release. The release of prisoners was well managed. The specialist accommodation team provided a good service and few prisoners were released without an address. Contact with employers was well developed and the proportion of prisoners released into employment or education was high. There were insufficient opportunities for temporary release to employment. Resettlement arrangements for prisoners with substance use problems were satisfactory overall. There was good provision of financial advice and support. Services were provided to encourage prisoners to have contact with their children. Visiting arrangements were poor, with inadequate visitors centres, no support for visitors using public transport, insufficient refreshments and poor facilities for visiting children. The range of accredited offender behaviour programmes provided was adequate and well managed but the requirements to change location and suspend work were disincentives to participate. A range of courses was provided for prisoners who were not suitable for accredited programmes.

- 4.29 During induction, prisoners were interviewed about their resettlement needs by prisoner orderlies, which could have made prisoners reluctant to share some information and meant that their needs were not fully disclosed (see section on early days in custody). This resettlement information was collated by the resettlement team in a contact log and referrals were made to appropriate staff. This log was not shared with prisoners as a formal plan to meet their resettlement needs. It was shared with other prison departments to facilitate subsequent identification of needs and to minimise duplication but we were not reassured that it was being used effectively by offender supervisors (see section on offender management). The resettlement officer kept a database to track satisfactory completion of referrals, and a further interview was undertaken eight weeks before discharge or a parole review to identify unresolved or emerging needs. All the prisoners we interviewed who were being released confirmed that this check had been made.

Housekeeping point

- 4.30 Prisoners should be provided with a copy of their resettlement plan.

Accommodation

- 4.31 In our survey, 26% of prisoners said that they had had housing problems on arrival at the prison, which was higher than the 15% comparator. Accommodation services were provided by a specialist team of Nacro staff and the Housing Information and Advice (HIAS) team, which dealt with closure or transfer of existing tenancies, rent arrears repayment and homelessness. In the previous five months, they had recorded 52 prisoners being helped with existing accommodation issues and 166 with finding suitable accommodation for release, and 93% of released prisoners in this period had had settled accommodation to go to. The HIAS team ensured that those who did not have settled accommodation were provided with an appointment with the homelessness department of the local authority to which they were returning.
- 4.32 When the HIAS team arranged accommodation, they checked that the released prisoner arrived at the address, although this was not recorded systematically.

Housekeeping point

- 4.33 The outcomes of accommodation referrals for released prisoners should be recorded and analysed, to identify improvement if required.

Education, training and employment

- 4.34 The prison had been successful at developing employer engagement, and used these links effectively to improve employment opportunities for prisoners and ensuring that courses reflected the skills that employers required. Approximately 33% of prisoners went into employment after release and 38% continued in education and training. They were prepared well for release, with good support for CV writing, job search, applications and dealing with disclosure. Effective information and guidance were provided by the National Careers Service, which had a good understanding of the relevant labour markets, and links to external agencies to support prisoners after release. Nacro and Jobcentre Plus also played an active role in identifying such agencies. The virtual campus was used effectively for job search and producing CVs. Prisoners were encouraged to develop independent job search skills. The prison was developing some ROTL opportunities but at the time of the inspection these were underdeveloped (see also section on strategic management of resettlement).

Recommendation

- 4.35 Further links should be developed with local and national employers, and opportunities for release on temporary licence should be extended.

Health care

- 4.36 The health care department was notified of the release dates of prisoners in advance. Prisoners were invited to attend individual pre-release appointments with health care support workers, at which harm minimisation information, take-home medication and assistance to locate a GP were available as appropriate. A palliative and end-of-life care policy was in place.

Drugs and alcohol

- 4.37 While the introduction of the Rehabilitation of Addicted Prisoners trust (RAPt) psychosocial programme had enabled released prisoners to access the RAPt network of community-based support groups, there were insufficient links between the offender management unit and the RAPt team. This resulted in missed opportunities for communicating important resettlement-related information about prisoners with drug and alcohol misuse needs. Links between the RAPt team and other community-based drug intervention programmes (DIPs) were good locally, although it was not easy for DIP workers from London to visit prisoners before release.

Housekeeping point

- 4.38 Offender management unit and Rehabilitation of Addicted Prisoners trust (RAPt) workers should meet frequently to share relevant resettlement information about prisoners due for release.

Finance, benefit and debt

- 4.39 Prisoners were asked about their financial needs during induction. There was a range of services to meet prisoners' financial needs. The resettlement officer provided standard letters for prisoners who wished to apply for the remission of fines and to contact other creditors. For those with more serious problems, the services of the Money Advice Service were available in the prison once a week.
- 4.40 The Jobcentre Plus service was based in the prison and provided advice on benefits, securing payment of arrears and setting up appointments for benefits claims on release. Appointments were made with Jobcentre Plus staff at the prison two weeks before release and some advance claims could be made five weeks before release.
- 4.41 Bank accounts could be set up before release and the resettlement officer provided assistance with identification documentation.
- 4.42 Courses on money management and budgeting were provided as part of the personal and social development programme in the education department. These were based on the unlock course produced by the Prison Reform Trust and covered more than simple budgeting skills and included advice on financial products such as insurance and credit.

Children, families and contact with the outside world

- 4.43 Prisoners were encouraged to maintain or re-establish contact with their children. The Ormiston Trust team based in the prison saw prisoners individually to provide support with family issues and liaison with social services when required. Parenting advice provision was good. The Ormiston Trust ran a 'You and Your Child' course six times a year, and prisoners could attend 'Family Man' in the education department, which dealt with wider family relationships, and Fathers Inside courses.
- 4.44 Children's visits were held monthly, at which prisoners could play and undertake craft sessions with their children. The Storybook Dads service allowed prisoners to record a story on to a DVD and was linked to literacy support.

- 4.45 Only 20% prisoners were from areas within a 50-mile radius of the prison and many prisoners were from London. In our survey, prisoners reported difficulties in maintaining contact with family and friends and only 16% said that it was easy for their visitors to get to the prison. There were poor public transport links with the prison and no assistance was provided with transport from the nearest railway or coach station.
- 4.46 Visits facilities on the North site were poor and did not meet the needs of visitors who had had a long journey to the establishment. The visitors centre outside the gate was small and was open for only one hour before the visits session. Refreshments were limited to vending machines and there was no play facility for children.
- 4.47 The visits room on the North site was small and tables were close together. The room was noisy and there were no facilities for children or refreshments on sale, other than from vending machines. Visitors told us that the inadequate facilities had discouraged their children from visiting (see main recommendation HP53).
- 4.48 Facilities on the South site were better. There was a larger visitors centre, with a supervised play area. The visits room was also larger than on the North site, with a separate room housing a supervised play area. However, refreshments facilities were inadequate.
- 4.49 The prison had not conducted a survey or consultation with visitors or prisoners to identify how visiting could be improved (see main recommendation HP53).
- 4.50 Staff searched and supervised prisoners and visitors respectfully. Only a sample of prisoners was subjected to a full search, and prisoners were not required to wear bibs.

Attitudes, thinking and behaviour

- 4.51 Three accredited offending behaviour programmes were available: the thinking skills programme, controlling anger and learning to manage it (CALM) and the healthy relationships programme for those with a history of perpetrating domestic abuse. Prisoners were assessed thoroughly for these programmes and waiting lists were managed suitably and prioritised so that they could be completed in time for release or parole reviews.
- 4.52 Accredited programmes were only delivered on the South site and prisoners undertaking them had to suspend their employment and move to unit 8. For some prisoners, these requirements were such a disincentive that they refused to participate in programmes. There were no specialist training staff on unit 8 to make it a particularly supportive environment. The interventions team kept a record of those refusing programmes and revisited them periodically, to assess their motivation and to provide further encouragement.
- 4.53 For prisoners who were assessed as unsuitable for accredited programmes but had a need for intervention there was a wide range of unaccredited provision. The chaplaincy offered a victim awareness course and there was a personal and social development course in the education department on both sites which incorporated anger management, social skills, assertiveness and substance misuse awareness. Referrals for these interventions were incorporated into the sentence plans of some lower-risk prisoners but we found that this need was not consistently identified or related to the risk of reoffending by offender supervisors (see section on offender management and planning).

Recommendation

- 4.54 The requirements for those undertaking accredited programmes to give up employment and to move to unit 8 should be removed.

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 All prisoners should have the opportunity to speak to a member of staff in private on their first night. All prisoner assessments, including the diversity and first night assessments, should be completed by a member of staff. (HP49)
 - 5.2 Management oversight of diversity should be prioritised and regular consultation with prisoners with protected characteristics should be fully implemented. The diversity manager should be supported so that the needs of all prisoners with protected characteristics are identified, assessed and met, and any negative perceptions of particular groups are understood. (HP50)
 - 5.3 The number of good quality activity places should be increased. (HP51)
 - 5.4 High-risk prisoners should receive planned and regular contact with their offender supervisors. Contact should be meaningful and focused on risk, and the management of risk should drive the sentence plan. (HP52)
 - 5.5 Prisoners and their visitors should be consulted in order to identify and implement improvements to visits access and facilities. (HP53)

Recommendations

To the governor

Early days in custody

-
- 5.6 First night cells should be fully equipped, clean and in a good state of repair, and all new arrivals should be allowed a shower and telephone call on the day they arrive at the prison. (1.13)
 - 5.7 The induction programme should be reviewed so that it is succinct, includes staff support and ensures that prisoners do not spend long periods locked in their cells. (1.14)

Bullying and violence reduction

-
- 5.8 Prisoner views about gang-related matters should be explored and acted on. (1.23)

Self-harm and suicide prevention

-
- 5.9 The gated cell on the segregation unit should be taken out of use, and all other gated cells should be clean and adequately furnished. (1.32)

- 5.10 Segregation should only be used exceptionally and as a last resort for prisoners in crisis and at risk of suicide and self-harm. (1.33)

Safeguarding (protection of adults at risk)

- 5.11 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. (1.39)

Security

- 5.12 Prisoners should not be placed on closed visits for non-visits-related reasons. (1.46)
- 5.13 There should be a drug supply reduction strategy. (1.47)
- 5.14 Suspicion tests should be completed within prescribed timescales. (1.48)
- 5.15 All drug testing facilities should be relocated or refurbished to ensure that they are adequate as respectful and forensic drug testing environments. (1.49)

Incentives and earned privileges

- 5.16 The potential to provide greater differentiation between IEP levels should be developed. (1.56)

The use of force

- 5.17 Planned uses of force should be video-recorded and footage should be reviewed by managers within a reasonable timeframe, to ensure that the force is minimal and used only as a last resort. (1.62)
- 5.18 Use of force and special accommodation documentation should be completed in full and routinely reviewed to ensure procedural compliance and the appropriateness of both measures. (1.63)

Segregation

- 5.19 Resin bed plinths should be removed and replaced with fixed bed frames. (1.68)
- 5.20 There should be clear care and reintegration planning and targets should address prisoners' personal circumstances and regime access. (1.69)
- 5.21 Segregation monitoring and review meetings should be held regularly to identify and analyse trends in segregation, with adequate attendance by appropriate departments. (1.70)

Substance misuse

- 5.22 The integrated drug treatment system should hasten the introduction of a more recovery-focused clinical review and support process, while still catering for individual needs. (1.76)
- 5.23 A single committee should be convened to oversee all aspects of the prison's strategic approach to drugs and alcohol. (1.77)

Residential units

- 5.24 All cells should have the correct amount of furniture, maintained to a reasonable standard. (2.9)
- 5.25 Toilets in shared accommodation should have appropriate privacy screening and be deep cleaned. (2.10)
- 5.26 All communal shower areas should be refurbished. (2.11)
- 5.27 Applications should be responded to within seven working days and prisoners should be able to get efficient access to their stored property. (2.12)

Staff–prisoner relationships

- 5.28 Staff should use prisoners' preferred names when they address them. (2.21)

Equality and diversity

- 5.29 The diversity action plan should be regularly reviewed and steps taken to ensure that identified actions are completed and embedded. (2.29)
- 5.30 Professional interpreting services should be used effectively and a range of translated material should be provided to inform foreign national prisoners of the regime and services available to them, and help them feel less isolated. (2.39)
- 5.31 Foreign national prisoners should have access to independent immigration advice. (2.40)
- 5.32 The personal emergency evacuation plan process should be standardised across the prison, further publicised and regularly updated. (2.41)

Faith and religious activity

- 5.33 Adequate and appropriate facilities should be provided to facilitate group worship of Muslim prisoners. (2.48)

Legal rights

- 5.34 Prisoners should have access to the services of staff who are trained to provide advice and practical support in pursuing legal matters. (2.55)

Health services

- 5.35 The partnership board should coordinate strategies for the provision and placement of automated external defibrillators, checking of equipment, and the training and deployment of trained staff. (2.66)
- 5.36 There should be active and systematic promotion of health promotion throughout the prison. (2.67)

- 5.37 The partnership board should engage with the ambulance service to ensure maximum efficiency of response time following clinical calls for emergency assistance. (2.68)
- 5.38 Action should be taken to reduce the clinical time lost because of patients failing to attend for appointments. (2.78)
- 5.39 The in-possession policy should be updated to include guidance on high-risk medication, and be consistently applied. (2.86)
- 5.40 The use of Henley bags should be discontinued; in-possession medicine should be supplied in original packs. (2.87)
- 5.41 Prisoners should be provided with lockable storage for their medication. (2.88)
- 5.42 Rooms used for the administration of medicine should ensure safety and enable confidential conversations to take place. (2.89)
- 5.43 There should be complete records of administration of medicines. (2.90)
- 5.44 The medicines and therapeutics committee should review the 'special sick' policy to ensure the supply of an appropriate range of medications and monitor its usage. Patient group directions should be produced to allow the supply of more potent medicines by the nursing staff where appropriate. (2.91)
- 5.45 Uniformed staff should have the appropriate training to recognise and take appropriate action when a prisoner may have mental health problems, and work effectively with health staff to ensure a prisoner's care. (2.102)
- 5.46 Patients should have access to a full range of support for mental health problems, including counselling and group therapies. (2.103)
- 5.47 The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.104)

Catering

- 5.48 The quality, temperature and portion sizes of food should be maintained to a reasonable and consistent standard. (2.109)

Time out of cell

- 5.49 Evening association periods should be extended. (3.4)
- 5.50 All prisoners should have one hour of exercise daily. (3.5)

Learning and skills and work activities

- 5.51 The opportunities for prisoner transfer between sites should be expanded, to enable learners to access the full range of provision. (3.11)
- 5.52 Instructional officers should be recruited to vacant posts to improve the number of available accredited vocational training places. (3.12)

- 5.53 The prison should further reduce the time taken to allocate activity places to new arrivals. (3.16)
- 5.54 The prison should provide qualifications in the vocational work areas of gardens, fabrication and welding, the kitchen, recycling and waste management. (3.17)
- 5.55 The prison should improve the qualification pass rates for learners on literacy courses, those on the Prisons Information Communication Technology Academy (PICTA) course and those with dyslexia. (3.25)

Physical education and healthy living

- 5.56 There should be appropriate outside PE provision for prisoners on the North site. (3.33)
- 5.57 Shower facilities should be renovated on the North site and modesty screens provided for the showers on the South site. (3.34)

Strategic management of resettlement

- 5.58 The reducing reoffending delivery plan should include the work of the offender management unit and details of the planned approach to managing the custodial sentence. (4.7)
- 5.59 The prisoner needs analysis should include offender assessment system (OASys) data. (4.8)

Offender management and planning

- 5.60 The role of offender supervisors for medium- and low-risk prisoners should be clarified and determine the level, frequency and focus of their contact with prisoners. (4.19)
- 5.61 Offender supervisors should receive sufficient training, supervision and support to meet the needs of prisoners in reducing and managing their risk of harm and reoffending. (4.20)
- 5.62 All prisoners should have a good quality assessment of the individual's risk of harm to others and a plan to identify how this will be taken forward. (4.23)
- 5.63 Category D prisoners should not be delayed in transferring to open conditions. (4.25)

Reintegration planning

- 5.64 Further links should be developed with local and national employers, and opportunities for release on temporary licence should be extended. (4.35)
- 5.65 The requirements for those undertaking accredited programmes to give up employment and to move to unit 8 should be removed. (4.54)

Housekeeping points

Early days in custody

- 5.66 Appropriate media should be used to deliver the induction information session. (1.15)

Self-harm and suicide prevention

- 5.67 ACCT quality control processes should ensure that the monitoring of prisoners at risk of self-harm is carried out effectively at all times by suitably trained staff, and is accurately recorded. (1.34)

Security

- 5.68 Security objectives should be publicised to staff. (1.50)

Incentives and earned privileges

- 5.69 Basic reviews should be meaningful and set targets that are in line with the prisoner's pattern of behaviour. (1.57)

Residential units

- 5.70 Association equipment should be maintained in a good state of repair. (2.13)
- 5.71 The offensive displays policy should be enforced. (2.14)
- 5.72 All telephones should have adequate privacy screening. (2.15)

Equality and diversity

- 5.73 Staff who are willing and able to assist with interpreting should be identified and publicised. (2.42)

Health services

- 5.74 Feedback from patient consultation exercises should be better posted on the units. (2.69)
- 5.75 Outlying health care rooms should be subject to the same standard of cleaning as the health centres. (2.70)
- 5.76 NHS Suffolk, with the partnership board, should examine how minor concerns of prisoners might be resolved promptly and locally as part of the patient advice and liaison service (PALS) system. (2.71)
- 5.77 The availability of condoms should be advertised in all units. (2.72)
- 5.78 Prisoners should be better informed about contemporary waiting times in the health care department. (2.79)
- 5.79 Triage algorithms should be used to support and standardise nurses' clinical decision making. (2.80)
- 5.80 The range of nurse-led clinics should be developed to enable GPs to concentrate on patients with more complex presentations. (2.81)

- 5.81 Patient information leaflets should be supplied with medications. (2.92)
- 5.82 Patients should sign to indicate that they have received all medicines supplied in possession. (2.93)
- 5.83 The pharmacist and pharmacy technicians should be supported to develop pharmacist-led clinics, clinical audit and medication review. (2.94)

Catering

- 5.84 Broken equipment in both kitchens should be repaired or replaced. (2.110)
- 5.85 Breakfast packs should be issued on the day of consumption. (2.111)
- 5.86 Effective consultation arrangements should be implemented across all wings. (2.112)

Learning and skills and work activities

- 5.87 Prisoners' learning should not be disrupted by visits to the library. (3.18)
- 5.88 The prison should introduce a dedicated library induction for prisoners on the North site. (3.28)

Strategic management of resettlement

- 5.89 The offender management policy should be updated to reflect plans to implement the transitional arrangements for managing cases in custody across the prison. (4.9)

Reintegration planning

- 5.90 Prisoners should be provided with a copy of their resettlement plan. (4.30)
- 5.91 The outcomes of accommodation referrals for released prisoners should be recorded and analysed, to identify improvement if required. (4.33)
- 5.92 Offender management unit and Rehabilitation of Addicted Prisoners trust (RAPt) workers should meet frequently to share relevant resettlement information about prisoners due for release. (4.38)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Michael Calvert	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Karen Dillon	Inspector
Andrew Lund	Inspector
Kevin Parkinson	Inspector
Keith McInnis	Inspector
Jessica Broughton	Researcher
Hayley Cripps	Researcher
Nalini Sharma	Researcher
Olayinka Macauley	Senior researcher

Specialist inspectors

Paul Roberts	Substance use inspector
Paul Tarbuck	Health services inspector
Majella Pierce	Health services inspector
Richard Chapman	Pharmacist
Neil Edwards	Ofsted inspector
John Grimmer	Ofsted inspector
Stephen Millar	Ofsted inspector
Nic Brown	Ofsted inspector
Gerard McGrath	Ofsted inspector
Martin Rhowbotham	Ofsted inspector
Eileen O'Sullivan	Probation inspector
Caroline Nicklin	Probation inspector
Martin Jolley	Probation 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-year-olds	21 and over	%
Sentenced	0	1166	91.6
Recall	0	102	8
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	2	0.2
Other	0	3	0.2
Total	0	1273	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced	0	1	0.1
Less than 6 months	0	7	0.5
6 months to less than 12 months	0	27	2.1
12 months to less than 2 years	0	147	11.5
2 years to less than 4 years	0	339	26.7
4 years to less than 10 years	0	595	46.7
10 years and over (not life)	0	43	3.4
ISPP	0	114	9
Total	0	1273	100

Age	Number of prisoners	%
Please state minimum age: 21		
Under 21 years	0	0
21 years to 29 years	574	45.1
30 years to 39 years	359	28.2
40 years to 49 years	231	18.1
50 years to 59 years	77	6
60 years to 69 years	27	2.1
70 plus years	5	0.4
Please state maximum age 74		
Total	1273	100

Nationality	18-20-year-olds	21 and over	%
British	0	1088	85.4
Foreign nationals	0	186	14.6
Total	0	1273	100

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced	0	2	0.2
Uncategorised sentenced	0	3	0.2
Category A	0	0	0
Category B	0	1	0.1
Category C	0	1167	91.7
Category D	0	77	6
Other	0	23	1.8
Total	0	1273	100

Ethnicity	18-20-year-olds	21 and over	%
White			
British	0	589	46.3
Irish	0	21	1.6
Other white	0	89	7
		699	54.9
Mixed			
White and black Caribbean	0	31	2.4
White and black African	0	3	0.2
White and Asian	0	6	0.5
Other mixed	0	25	0.2
		65	5.1
Asian or Asian British			
Indian	0	33	2.6
Pakistani	0	33	2.6
Bangladeshi	0	17	1.3
Other Asian	0	32	2.5
		115	9
Black or black British			
Caribbean	0	171	13.4
African	0	79	6.2
Other black	0	74	5.8
		324	25.5
Chinese or other ethnic group			
Chinese	0	0	0
Arab	0	1	0.1
Other ethnic group	0	15	1.2
		16	1.3
Not stated		54	4.2
Total	0	1273	100

Religion	18-20-year-olds	21 and over	%
Baptist	0	3	0.2
Church of England	0	255	20
Roman Catholic	0	240	18.9
Other Christian denominations	0	163	12.8
Muslim	0	295	23.2
Sikh	0	18	1.4
Hindu	0	12	0.9
Buddhist	0	14	1.1
Jewish	0	5	0.4
Other	0	24	1.9
No religion	0	244	19.2
Total	0	1273	100

Other demographics	18-20-year-olds	21 and over	%
Gypsy/Romany/Traveller	0	4	0.3
Total		4	0.3

Other demographics	18-20-year-olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	159	12.5
1 month to 3 months	0	0	307	24.1
3 months to 6 months	0	0	278	21.8
6 months to 1 year	0	0	279	21.9
1 year to 2 years	0	0	190	14.9
2 years to 4 years	0	0	49	3.8
4 years or more	0	0	10	0.8
Total	0	0	1272	99.9

Sentenced prisoners only

	18-20-year-olds	21 and over	%
Foreign nationals detained post-sentence expiry	0	21	1.6
Public protection cases	0	190	14.9
Total		211	16.5

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 4 September 2012, the prisoner population at HMP Highpoint was 1,292. The sample size was 225. Overall, this represented 17% 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 that 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. Eleven respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. No 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;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- 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, 183 respondents completed and returned their questionnaires. This represented 14% of the main prison population. The response rate was 81%. In addition to the 11 respondents who refused to complete a questionnaire, 18 questionnaires were not returned and 13 were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment were 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 category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C trainer prisons since April 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 those who are British nationals and those who are foreign nationals.
- A comparison within the 2012 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2012 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2012 survey between the two sites Highpoint North and Highpoint South.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, 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. 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.

Summary of prisoner survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	0	(0%)
	<i>21 - 29</i>	74	(41%)
	<i>30 - 39</i>	57	(31%)
	<i>40 - 49</i>	33	(18%)
	<i>50 - 59</i>	11	(6%)
	<i>60 - 69</i>	6	(3%)
	<i>70 and over</i>	1	(1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	155	(86%)
	<i>Yes - on recall</i>	26	(14%)
	<i>No - awaiting trial</i>	0	(0%)
	<i>No - awaiting sentence</i>	0	(0%)
	<i>No - awaiting deportation</i>	0	(0%)
Q1.4	How long is your sentence?		
	Not sentenced	0	(0%)
	<i>Less than 6 months</i>	2	(1%)
	<i>6 months to less than 1 year</i>	12	(7%)
	<i>1 year to less than 2 years</i>	23	(13%)
	<i>2 years to less than 4 years</i>	41	(23%)
	<i>4 years to less than 10 years</i>	79	(44%)
	<i>10 years or more</i>	12	(7%)
	<i>IPP (indeterminate sentence for public protection)</i>	7	(4%)
	<i>Life</i>	5	(3%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	<i>Yes</i>	21	(12%)
	<i>No</i>	158	(88%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	180	(98%)
	<i>No</i>	3	(2%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	177	(97%)
	<i>No</i>	6	(3%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/Scottish/ Northern Irish)</i>	76 (43%)	<i>Asian or Asian British - Chinese</i>
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i>
	<i>White - other</i>	19 (11%)	<i>Mixed race - white and black Caribbean</i>
			0 (0%)
			2 (1%)
			4 (2%)

<i>Black or black British - Caribbean</i>	30 (17%)	<i>Mixed race - white and black African</i>	5 (3%)
<i>Black or black British - African</i>	17 (10%)	<i>Mixed race - white and Asian</i>	0 (0%)
<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	3 (2%)
<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i>	2 (1%)
<i>Asian or Asian British - Pakistani</i>	8 (5%)	<i>Other ethnic group</i>	3 (2%)
<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?
 Yes..... 6 (3%)
 No 169 (97%)

Q1.10 What is your religion?
None..... 43 (24%) *Hindu*
 1 (1%) || *Church of England* | 44 (24%) *Jewish* | 0 (0%) |
Catholic..... 33 (18%) *Muslim*.....	34 (19%)	
Protestant..... 3 (2%) *Sikh*.....	1 (1%)	
Other Christian denomination.....	15 (8%) *Other*.....	3 (2%)
Buddhist.....	4 (2%)	

Q1.11 How would you describe your sexual orientation?
Heterosexual/straight..... 175 (99%)
Homosexual/gay..... 1 (1%)
Bisexual
 0 (0%) |

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..... 38 (21%)
 No 143 (79%)

Q1.13 Are you a veteran (ex-armed services)?
 Yes..... 7 (4%)
 No 172 (96%)

Q1.14 Is this your first time in prison?
 Yes..... 60 (33%)
 No 122 (67%)

Q1.15 Do you have children under the age of 18?
 Yes..... 101 (55%)
 No 81 (45%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?
Less than 2 hours..... 47 (26%)
2 hours or longer
 119 (66%) || *Don't remember* | 14 (8%) |

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

My journey was less than two hours 47 (27%)
 Yes..... 91 (52%)
 No 29 (16%)
 Don't remember 9 (5%)

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

My journey was less than two hours 47 (26%)
 Yes..... 6 (3%)
 No 120 (67%)
 Don't remember 6 (3%)

Q2.4 On your most recent journey here, was the van clean?

Yes..... 106 (59%)
 No 62 (34%)
 Don't remember 12 (7%)

Q2.5 On your most recent journey here, did you feel safe?

Yes..... 137 (77%)
 No 33 (18%)
 Don't remember 9 (5%)

Q2.6 On your most recent journey here, how were you treated by the escort staff?

Very well 40 (22%)
Well..... 91 (50%)
Neither..... 38 (21%)
Badly 3 (2%)
Very badly 5 (3%)
 Don't remember 4 (2%)

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..... 88 (49%)
Yes, I received written information 55 (30%)
No, I was not told anything 38 (21%)
 Don't remember 4 (2%)

Q2.8 When you first arrived here did your property arrive at the same time as you?

Yes..... 163 (90%)
 No 18 (10%)
 Don't remember 0 (0%)

Section 3: Reception, first night and induction

Q3.1 How long were you in reception?

Less than 2 hours..... 81 (45%)
2 hours or longer 93 (51%)
 Don't remember 8 (4%)

Q3.2 When you were searched, was this carried out in a respectful way?

Yes..... 147 (84%)

No	21 (12%)
Don't remember	7 (4%)

Q3.3 Overall, how were you treated in reception?

Very well	30 (17%)
Well.....	96 (53%)
Neither.....	36 (20%)
Badly	11 (6%)
Very badly.....	7 (4%)
Don't remember	1 (1%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Loss of property.....	42 (23%)	Physical health	28 (15%)
Housing problems	47 (26%)	Mental health.....	20 (11%)
Contacting employers..	5 (3%)	Needing protection	9 (5%)
		from other prisoners ...	
Contacting family.....	24 (13%)	Getting phone	31 (17%)
		numbers	
Childcare.....	1 (1%)	Other.....	9 (5%)
Money worries.....	24 (13%)	Did not have any	71 (39%)
		problems	
Feeling depressed or	25 (14%)		
suicidal			

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes.....	40 (23%)
No	66 (37%)
Did not have any problems	71 (40%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

Tobacco	133 (73%)
A shower.....	26 (14%)
A free telephone call.....	40 (22%)
Something to eat	129 (71%)
PIN phone credit.....	113 (62%)
Toiletries/basic items	94 (52%)
Did not receive anything	9 (5%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

Chaplain	86 (47%)
Someone from health services.....	114 (63%)
A Listener/Samaritans	48 (26%)
Prison shop/canteen.....	52 (29%)
Did not have access to any of these	35 (19%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

What was going to happen to you	95 (55%)
What support was available for people feeling	67 (39%)
depressed or suicidal.....	
How to make routine requests (applications).....	79 (45%)

Your entitlement to visits	81 (47%)
Health services	95 (55%)
Chaplaincy.....	91 (52%)
Not offered any information	37 (21%)

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

Yes.....	138 (77%)
No	33 (18%)
Don't remember	8 (4%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course	14 (8%)
Within the first week.....	128 (72%)
More than a week.....	28 (16%)
Don't remember	9 (5%)

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

Have not been on an induction course	14 (8%)
Yes.....	110 (61%)
No	46 (25%)
Don't remember	11 (6%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

Did not receive an assessment	21 (12%)
Within the first week.....	88 (50%)
More than a week.....	48 (27%)
Don't remember	18 (10%)

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 or legal representative?	25 (14%)	55 (32%)	28 (16%)	31 (18%)	16 (9%)	19 (11%)
Attend legal visits?	19 (12%)	44 (29%)	23 (15%)	18 (12%)	13 (8%)	37 (24%)
Get bail information?	8 (5%)	12 (8%)	18 (12%)	19 (13%)	17 (12%)	72 (49%)

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 (16%)
Yes.....	82 (47%)
No	65 (37%)

Q4.3 Can you get legal books in the library?

Yes.....	91 (52%)
No	11 (6%)
Don't know.....	74 (42%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:			
		Yes	No	Don't know
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	126 (71%)	41 (23%)	10 (6%)
	<i>Are you normally able to have a shower every day?</i>	167 (94%)	9 (5%)	1 (1%)
	<i>Do you normally receive clean sheets every week?</i>	149 (86%)	19 (11%)	6 (3%)
	<i>Do you normally get cell cleaning materials every week?</i>	142 (81%)	31 (18%)	3 (2%)
	<i>Is your cell call bell normally answered within five minutes?</i>	48 (29%)	72 (44%)	45 (27%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	114 (67%)	52 (31%)	3 (2%)
	<i>If you need to, can you normally get your stored property?</i>	23 (14%)	92 (54%)	55 (32%)
Q4.5	What is the food like here?			
	<i>Very good</i>			1 (1%)
	<i>Good</i>			34 (19%)
	<i>Neither</i>			41 (23%)
	<i>Bad</i>			60 (33%)
	<i>Very bad</i>			45 (25%)
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>			4 (2%)
	<i>Yes</i>			86 (49%)
	<i>No</i>			87 (49%)
Q4.7	Can you speak to a Listener at any time if you want to?			
	<i>Yes</i>			74 (42%)
	<i>No</i>			14 (8%)
	<i>Don't know</i>			89 (50%)
Q4.8	Are your religious beliefs respected?			
	<i>Yes</i>			94 (53%)
	<i>No</i>			34 (19%)
	<i>Don't know/N/A</i>			50 (28%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?			
	<i>Yes</i>			104 (58%)
	<i>No</i>			12 (7%)
	<i>Don't know/N/A</i>			64 (36%)
Q4.10	How easy or difficult is it for you to attend religious services?			
	<i>I don't want to attend</i>			23 (13%)
	<i>Very easy</i>			65 (37%)
	<i>Easy</i>			50 (28%)
	<i>Neither</i>			9 (5%)
	<i>Difficult</i>			6 (3%)

Very difficult.....	2 (1%)
Don't know.....	23 (13%)

Section 5: Applications and complaints

Q5.1 Is it easy to make an application?

Yes.....	148 (85%)
No	21 (12%)
Don't know.....	5 (3%)

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?	12 (8%)	88 (55%)	59 (37%)
Are applications dealt with quickly (within seven days)?	12 (8%)	58 (39%)	80 (53%)

Q5.3 Is it easy to make a complaint?

Yes.....	83 (49%)
No	35 (21%)
Don't know.....	50 (30%)

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?	77 (46%)	23 (14%)	68 (40%)
Are complaints dealt with quickly (within seven days)?	77 (47%)	20 (12%)	66 (40%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes.....	29 (18%)
No	131 (82%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	46 (28%)
Very easy.....	11 (7%)
Easy.....	30 (19%)
Neither.....	36 (22%)
Difficult	25 (15%)
Very difficult.....	14 (9%)

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)

Don't know what the IEP scheme is	5 (3%)
Yes	88 (50%)
No	62 (35%)
Don't know.....	20 (11%)

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>	5 (3%)
	Yes.....	80 (47%)
	No	68 (40%)
	<i>Don't know</i>	19 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes.....	7 (4%)
	No	172 (96%)
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>	141 (82%)
	<i>Very well</i>	6 (4%)
	<i>Well</i>	7 (4%)
	<i>Neither</i>	8 (5%)
	<i>Badly</i>	3 (2%)
	<i>Very badly</i>	6 (4%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes.....	141 (81%)
	No	33 (19%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	126 (73%)
	No	47 (27%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	50 (28%)
	No	126 (72%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	7 (4%)
	<i>Never</i>	44 (25%)
	<i>Rarely</i>	52 (30%)
	<i>Some of the time</i>	45 (26%)
	<i>Most of the time</i>	20 (11%)
	<i>All of the time</i>	7 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	50 (29%)
	<i>In the first week</i>	69 (40%)
	<i>More than a week</i>	33 (19%)
	<i>Don't remember</i>	22 (13%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/I have not met him/her</i>	50 (29%)

<i>Very helpful</i>	34 (20%)
<i>Helpful</i>	41 (24%)
<i>Neither</i>	19 (11%)
<i>Not very helpful</i>	14 (8%)
<i>Not at all helpful</i>	15 (9%)

Section 8: Safety

- Q8.1 Have you ever felt unsafe here?**
- | | |
|-----------|-----------|
| Yes | 68 (39%) |
| No | 107 (61%) |
- Q8.2 Do you feel unsafe now?**
- | | |
|-----------|-----------|
| Yes | 33 (20%) |
| No | 135 (80%) |
- Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)**
- | | | | |
|----------------------------------|-----------|--------------------------------------|---------|
| Never felt unsafe | 107 (65%) | <i>At mealtimes</i> | 3 (2%) |
| <i>Everywhere</i> | 21 (13%) | <i>At health services</i> | 13 (8%) |
| <i>Segregation unit</i> | 3 (2%) | <i>Visits area</i> | 4 (2%) |
| <i>Association areas</i> | 13 (8%) | <i>In wing showers</i> | 6 (4%) |
| <i>Reception area</i> | 2 (1%) | <i>In gym showers</i> | 8 (5%) |
| <i>At the gym</i> | 9 (5%) | <i>In corridors/stairwells</i> | 7 (4%) |
| <i>In an exercise yard</i> | 11 (7%) | <i>On your landing/wing</i> | 13 (8%) |
| <i>At work</i> | 7 (4%) | <i>In your cell</i> | 9 (5%) |
| <i>During movement</i> | 16 (10%) | <i>At religious services</i> | 8 (5%) |
| <i>At education</i> | 5 (3%) | | |
- Q8.4 Have you been victimised by other prisoners here?**
- | | |
|-----------|-----------|
| Yes | 41 (23%) |
| No | 134 (77%) |
- Q8.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**
- | | |
|--|----------|
| <i>Insulting remarks (about you or your family or friends)</i> | 15 (9%) |
| <i>Physical abuse (being hit, kicked or assaulted)</i> | 16 (9%) |
| <i>Sexual abuse</i> | 1 (1%) |
| <i>Feeling threatened or intimidated</i> | 25 (14%) |
| <i>Having your canteen/property taken</i> | 7 (4%) |
| <i>Medication</i> | 7 (4%) |
| <i>Debt</i> | 7 (4%) |
| <i>Drugs</i> | 4 (2%) |
| <i>Your race or ethnic origin</i> | 6 (3%) |
| <i>Your religion/religious beliefs</i> | 4 (2%) |
| <i>Your nationality</i> | 3 (2%) |
| <i>You are from a different part of the country than others</i> ... | 6 (3%) |
| <i>You are from a traveller community</i> | 2 (1%) |
| <i>Your sexual orientation</i> | 1 (1%) |
| <i>Your age</i> | 9 (5%) |
| <i>You have a disability</i> | 9 (5%) |
| <i>You were new here</i> | 7 (4%) |
| <i>Your offence/crime</i> | 4 (2%) |
| <i>Gang related issues</i> | 8 (5%) |

Q8.6	Have you been victimised by staff here?	
	Yes	53 (30%)
	No	122 (70%)

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

<i>Insulting remarks (about you or your family or friends)</i>	16 (9%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	8 (5%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	22 (13%)
<i>Medication</i>	7 (4%)
<i>Debt.....</i>	4 (2%)
<i>Drugs.....</i>	2 (1%)
<i>Your race or ethnic origin.....</i>	10 (6%)
<i>Your religion/religious beliefs.....</i>	5 (3%)
<i>Your nationality.....</i>	5 (3%)
<i>You are from a different part of the country than others ...</i>	7 (4%)
<i>You are from a traveller community</i>	2 (1%)
<i>Your sexual orientation.....</i>	0 (0%)
<i>Your age</i>	5 (3%)
<i>You have a disability.....</i>	6 (3%)
<i>You were new here.....</i>	12 (7%)
<i>Your offence/ crime.....</i>	3 (2%)
<i>Gang related issues.....</i>	8 (5%)

Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised.....	107 (66%)
	Yes.....	21 (13%)
	No	34 (21%)

Section 9: Health services

Q9.1 How easy or difficult is it to see the following people?

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	16 (9%)	7 (4%)	32 (19%)	29 (17%)	56 (33%)	32 (19%)
The nurse	12 (7%)	14 (9%)	58 (36%)	26 (16%)	33 (20%)	19 (12%)
The dentist	22 (13%)	3 (2%)	16 (10%)	10 (6%)	47 (28%)	69 (41%)

Q9.2 What do you think of the quality of the health service from the following people?

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	24 (14%)	10 (6%)	35 (21%)	34 (20%)	32 (19%)	33 (20%)
The nurse	26 (16%)	21 (13%)	43 (26%)	32 (20%)	18 (11%)	24 (15%)
The dentist	52 (32%)	10 (6%)	22 (14%)	31 (19%)	15 (9%)	31 (19%)

Q9.3	What do you think of the overall quality of the health services here?	
	<i>Not been</i>	16 (10%)
	<i>Very good</i>	8 (5%)
	<i>Good</i>	43 (26%)
	<i>Neither</i>	34 (20%)
	<i>Bad</i>	29 (17%)
	<i>Very bad</i>	38 (23%)
Q9.4	Are you currently taking medication?	
	<i>Yes</i>	80 (47%)
	<i>No</i>	90 (53%)
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>	90 (52%)
	<i>Yes, all my meds</i>	62 (36%)
	<i>Yes, some of my meds</i>	15 (9%)
	<i>No</i>	5 (3%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	35 (20%)
	<i>No</i>	139 (80%)
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>	139 (82%)
	<i>Yes</i>	15 (9%)
	<i>No</i>	16 (9%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	36 (21%)
	<i>No</i>	137 (79%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	19 (11%)
	<i>No</i>	154 (89%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	23 (14%)
	<i>Easy</i>	20 (12%)
	<i>Neither</i>	10 (6%)
	<i>Difficult</i>	6 (4%)
	<i>Very difficult</i>	7 (4%)
	<i>Don't know</i>	104 (61%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	13 (8%)
	<i>Easy</i>	13 (8%)
	<i>Neither</i>	8 (5%)
	<i>Difficult</i>	7 (4%)

Very difficult..... 14 (8%)
 Don't know..... 115 (68%)

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?
 Yes..... 9 (5%)
 No 162 (95%)

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?
 Yes..... 12 (7%)
 No 157 (93%)

Q10.7 Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?
Did not/do not have a drug problem 123 (75%)
 Yes..... 29 (18%)
 No 13 (8%)

Q10.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?
Did not/do not have an alcohol problem..... 154 (89%)
 Yes..... 11 (6%)
 No 8 (5%)

Q10.9 Was the support or help you received, while in this prison, helpful?
Did not have a problem/did not receive help..... 132 (80%)
 Yes..... 26 (16%)
 No 6 (4%)

Section 11: Activities

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

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
Prison job	17 (10%)	13 (8%)	47 (29%)	15 (9%)	48 (29%)	24 (15%)
Vocational or skills training	33 (21%)	16 (10%)	32 (20%)	17 (11%)	34 (22%)	25 (16%)
Education (including basic skills)	26 (16%)	23 (14%)	53 (33%)	19 (12%)	27 (17%)	15 (9%)
Offending behaviour programmes	51 (32%)	6 (4%)	20 (13%)	21 (13%)	28 (18%)	34 (21%)

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

Not involved in any of these..... 33 (20%)
 Prison job..... 76 (47%)
 Vocational or skills training 13 (8%)
 Education (including basic skills) 51 (32%)
 Offending behaviour programmes 6 (4%)

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	<i>Don't know</i>
	Prison job	34 (24%)	32 (23%)	65 (46%)	9 (6%)
	Vocational or skills training	36 (30%)	36 (30%)	34 (28%)	14 (12%)
	Education (including basic skills)	26 (19%)	55 (40%)	41 (30%)	15 (11%)
	Offending behaviour programmes	40 (34%)	28 (24%)	31 (26%)	19 (16%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				17 (10%)
	<i>Never</i>				28 (17%)
	<i>Less than once a week</i>				43 (25%)
	<i>About once a week</i>				60 (36%)
	<i>More than once a week</i>				21 (12%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				41 (24%)
	<i>Yes</i>				87 (52%)
	<i>No</i>				40 (24%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				22 (13%)
	<i>0</i>				26 (15%)
	<i>1 to 2</i>				26 (15%)
	<i>3 to 5</i>				79 (47%)
	<i>More than 5</i>				15 (9%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				20 (12%)
	<i>0</i>				15 (9%)
	<i>1 to 2</i>				51 (30%)
	<i>3 to 5</i>				49 (29%)
	<i>More than 5</i>				34 (20%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				6 (4%)
	<i>0</i>				3 (2%)
	<i>1 to 2</i>				11 (7%)
	<i>3 to 5</i>				21 (13%)
	<i>More than 5</i>				127 (76%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)				
	<i>Less than 2 hours</i>				10 (6%)
	<i>2 to less than 4 hours</i>				29 (17%)
	<i>4 to less than 6 hours</i>				33 (20%)
	<i>6 to less than 8 hours</i>				27 (16%)
	<i>8 to less than 10 hours</i>				29 (17%)
	<i>10 hours or more</i>				26 (15%)
	<i>Don't know</i>				15 (9%)

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.....	41 (25%)
	No	123 (75%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	82 (48%)
	No	89 (52%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes.....	24 (14%)
	No	143 (86%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	21 (12%)
	<i>Very easy</i>	5 (3%)
	<i>Easy</i>	22 (13%)
	<i>Neither</i>	13 (8%)
	<i>Difficult</i>	39 (23%)
	<i>Very difficult</i>	69 (40%)
	<i>Don't know</i>	2 (1%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes.....	129 (76%)
	No	40 (24%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/NA</i>	40 (24%)
	<i>No contact</i>	51 (30%)
	<i>Letter</i>	38 (23%)
	<i>Phone</i>	35 (21%)
	<i>Visit</i>	32 (19%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	64 (38%)
	No	104 (62%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes.....	99 (59%)
	No	70 (41%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/not sentenced</i>	70 (42%)
	<i>Very involved</i>	24 (14%)
	<i>Involved</i>	30 (18%)

Neither.....	10 (6%)
Not very involved.....	14 (8%)
Not at all involved.....	19 (11%)

**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.....	70 (42%)
Nobody.....	57 (34%)
Offender supervisor.....	22 (13%)
Offender manager.....	15 (9%)
Named/ personal officer.....	14 (8%)
Staff from other departments.....	16 (10%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?

Do not have a sentence plan/not sentenced.....	70 (43%)
Yes.....	72 (44%)
No.....	10 (6%)
Don't know.....	11 (7%)

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.....	70 (42%)
Yes.....	23 (14%)
No.....	59 (36%)
Don't know.....	13 (8%)

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.....	70 (42%)
Yes.....	27 (16%)
No.....	45 (27%)
Don't know.....	23 (14%)

Q13.10 Do you have a needs based custody plan?

Yes.....	7 (4%)
No.....	87 (51%)
Don't know.....	77 (45%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes.....	26 (16%)
No.....	139 (84%)

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.)

	Do not need help	Yes	No
Employment	31 (20%)	36 (24%)	86 (56%)
Accommodation	24 (16%)	46 (30%)	83 (54%)
Benefits	22 (15%)	53 (35%)	76 (50%)
Finances	28 (20%)	24 (17%)	87 (63%)
Education	33 (23%)	42 (29%)	68 (48%)
Drugs and alcohol	41 (29%)	40 (29%)	59 (42%)

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?

<i>Not sentenced</i>	0 (0%)
Yes.....	81 (50%)
No	80 (50%)

Main comparator



Prisoner survey responses HMP Highpoint 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

		HMP Highpoint 2012	Prisons comparator
	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		183	5690
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	2%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	14%	9%
1.4	Is your sentence less than 12 months?	8%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	10%
1.5	Are you a foreign national?	12%	10%
1.6	Do you understand spoken English?	98%	100%
1.7	Do you understand written English?	97%	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)?	44%	24%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%
1.1	Are you Muslim?	19%	11%
1.11	Are you homosexual/gay or bisexual?	1%	3%
1.12	Do you consider yourself to have a disability?	21%	16%
1.13	Are you a veteran (ex-armed services)?	4%	6%
1.14	Is this your first time in prison?	33%	35%
1.15	Do you have any children under the age of 18?	56%	51%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	66%	43%
For those who spent two or more hours in the escort van:			
2.2	Were you offered anything to eat or drink?	71%	69%
2.3	Were you offered a toilet break?	5%	10%
2.4	Was the van clean?	59%	69%
2.5	Did you feel safe?	77%	82%
2.6	Were you treated well/very well by the escort staff?	72%	68%
2.7	Before you arrived here were you told that you were coming here?	49%	64%
2.7	Before you arrived here did you receive any written information about coming here?	30%	15%
2.8	When you first arrived here did your property arrive at the same time as you?	90%	89%

Main comparator

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	45%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	82%
3.3	Were you treated well/very well in reception?	70%	71%
	When you first arrived:		
3.4	Did you have any problems?	61%	61%
3.4	Did you have any problems with loss of property?	23%	16%
3.4	Did you have any housing problems?	26%	15%
3.4	Did you have any problems contacting employers?	3%	3%
3.4	Did you have any problems contacting family?	13%	22%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	4%
3.4	Did you have any money worries?	13%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	14%	13%
3.4	Did you have any physical health problems?	16%	10%
3.4	Did you have any mental health problems?	11%	11%
3.4	Did you have any problems with needing protection from other prisoners?	5%	4%
3.4	Did you have problems accessing phone numbers?	17%	20%
	For those with problems:		
3.5	Did you receive any help/support from staff in dealing with these problems?	38%	39%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	73%	81%
3.6	A shower?	14%	34%
3.6	A free telephone call?	22%	45%
3.6	Something to eat?	71%	69%
3.6	PIN phone credit?	62%	53%
3.6	Toiletries/basic items?	52%	41%

Main comparator

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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?	47%	53%
3.7 Someone from health services?	63%	73%
3.7 A Listener/Samaritans?	26%	37%
3.7 Prison shop/canteen?	29%	16%
When you first arrived here were you offered information about any of the following:		
3.8 What was going to happen to you?	55%	53%
3.8 Support was available for people feeling depressed or suicidal?	39%	46%
3.8 How to make routine requests?	45%	44%
3.8 Your entitlement to visits?	47%	46%
3.8 Health services?	55%	57%
3.8 The chaplaincy?	52%	50%
3.9 Did you feel safe on your first night here?	77%	84%
3.10 Have you been on an induction course?	92%	93%
For those who have been on an induction course:		
3.11 Did the course cover everything you needed to know about the prison?	66%	66%
3.12 Did you receive an education (skills for life) assessment?	88%	84%
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?	46%	48%
4.1 Attend legal visits?	41%	54%
4.1 Get bail information?	14%	15%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	41%
4.3 Can you get legal books in the library?	52%	45%
For the wing/unit you are currently on:		
4.4 Are you normally offered enough clean, suitable clothes for the week?	71%	63%
4.4 Are you normally able to have a shower every day?	94%	91%
4.4 Do you normally receive clean sheets every week?	86%	81%
4.4 Do you normally get cell cleaning materials every week?	81%	73%
4.4 Is your cell call bell normally answered within five minutes?	29%	41%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	71%
4.4 Can you normally get your stored property if you need to?	14%	30%
4.5 Is the food in this prison good/very good?	19%	30%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	46%
4.7 Are you able to speak to a Listener at any time if you want to?	42%	60%
4.8 Are your religious beliefs are respected?	53%	54%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	58%	59%
4.10 Is it easy/very easy to attend religious services?	65%	51%

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SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	85%	86%
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	60%	63%
5.2	Do you feel applications are dealt with quickly (within seven days)?	42%	53%
5.3	Is it easy to make a complaint?	49%	65%
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	25%	35%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	23%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	18%	16%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	25%	32%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%
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?	43%	44%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	81%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	21%
7.5	Do you have a personal officer?	71%	76%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	61%	64%

Main comparator

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	39%	31%
8.2	Do you feel unsafe now?	20%	13%
8.4	Have you been victimised by other prisoners here?	23%	20%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	9%	9%
8.5	Hit, kicked or assaulted you?	9%	5%
8.5	Sexually abused you?	1%	1%
8.5	Threatened or intimidated you?	14%	13%
8.5	Taken your canteen/property?	4%	4%
8.5	Victimised you because of medication?	4%	3%
8.5	Victimised you because of debt?	4%	3%
8.5	Victimised you because of drugs?	2%	2%
8.5	Victimised you because of your race or ethnic origin?	3%	3%
8.5	Victimised you because of your religion/religious beliefs?	2%	2%
8.5	Victimised you because of your nationality?	2%	2%
8.5	Victimised you because you were from a different part of the country?	3%	4%
8.5	Victimised you because you are from a traveller community?	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%
8.5	Victimised you because of your age?	5%	2%
8.5	Victimised you because you have a disability?	5%	2%
8.5	Victimised you because you were new here?	4%	4%
8.5	Victimised you because of your offence/crime?	2%	4%
8.5	Victimised you because of gang related issues?	5%	3%

Main comparator

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	30%	24%
Since you have been here, have staff:			
8.7	Made insulting remarks about you, your family or friends?	9%	10%
8.7	Hit, kicked or assaulted you?	5%	2%
8.7	Sexually abused you?	1%	1%
8.7	Threatened or intimidated you?	13%	12%
8.7	Victimised you because of medication?	4%	3%
8.7	Victimised you because of debt?	2%	2%
8.7	Victimised you because of drugs?	1%	3%
8.7	Victimised you because of your race or ethnic origin?	6%	5%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%
8.7	Victimised you because of your nationality?	3%	2%
8.7	Victimised you because you were from a different part of the country?	4%	4%
8.7	Victimised you because you are from a traveller community?	1%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	3%	2%
8.7	Victimised you because you have a disability?	3%	2%
8.7	Victimised you because you were new here?	7%	4%
8.7	Victimised you because of your offence/crime?	2%	4%
8.7	Victimised you because of gang related issues?	5%	2%
For those who have been victimised by staff or other prisoners:			
8.8	Did you report any victimisation that you have experienced?	38%	38%

Main comparator

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Any percentage highlighted in orange shows a significant difference in prisoners' background details		
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?	23%	36%
9.1 Is it easy/very easy to see the nurse?	44%	58%
9.1 Is it easy/very easy to see the dentist?	11%	14%
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?	31%	50%
9.2 The nurse?	46%	63%
9.2 The dentist?	29%	44%
9.3 The overall quality of health services?	34%	45%
9.4 Are you currently taking medication?	47%	46%
For those currently taking medication:		
9.5 Are you allowed to keep possession of some or all of your medication in your own cell?	94%	85%
9.6 Do you have any emotional well being or mental health problems?	20%	25%
For those who have problems:		
9.7 Are you being helped or supported by anyone in this prison?	48%	50%
SECTION 10: Drugs and alcohol		
10.1 Did you have a problem with drugs when you came into this prison?	21%	23%
10.2 Did you have a problem with alcohol when you came into this prison?	11%	18%
10.3 Is it easy/very easy to get illegal drugs in this prison?	25%	30%
10.4 Is it easy/very easy to get alcohol in this prison?	15%	19%
10.5 Have you developed a problem with drugs since you have been in this prison?	5%	8%
10.6 Have you developed a problem with diverted medication since you have been in this prison?	7%	7%
For those with drug or alcohol problems:		
10.7 Have you received any support or help with your drug problem while in this prison?	69%	63%
10.8 Have you received any support or help with your alcohol problem while in this prison?	58%	63%
For those who have received help or support with their drug or alcohol problem:		
10.9 Was the support helpful?	81%	80%

Main comparator

Key to tables

Any percentage highlighted in green is significantly better	HMP Highpoint 2012	Prisons comparator
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		
SECTION 11: Activities		
Is it very easy/easy to get into the following activities:		
11.1 A prison job?	37%	47%
11.1 Vocational or skills training?	31%	39%
11.1 Education (including basic skills)?	47%	52%
11.1 Offending behaviour programmes?	16%	20%
Are you currently involved in any of the following activities:		
11.2 A prison job?	47%	63%
11.2 Vocational or skills training?	8%	19%
11.2 Education (including basic skills)?	32%	28%
11.2 Offending behaviour programmes?	4%	16%
11.3 Have you had a job while in this prison?	76%	85%
For those who have had a prison job while in this prison:		
11.3 Do you feel the job will help you on release?	30%	45%
11.3 Have you been involved in vocational or skills training while in this prison?	70%	77%
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?	43%	64%
11.3 Have you been involved in education while in this prison?	81%	81%
For those who have been involved in education while in this prison:		
11.3 Do you feel the education will help you on release?	50%	65%
11.3 Have you been involved in offending behaviour programmes while in this prison?	66%	75%
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?	36%	57%
11.4 Do you go to the library at least once a week?	48%	49%
11.5 Does the library have a wide enough range of materials to meet your needs?	52%	51%
11.6 Do you go to the gym three or more times a week?	56%	36%
11.7 Do you go outside for exercise three or more times a week?	49%	48%
11.8 Do you go on association more than five times each week?	76%	78%
11.9 Do you spend ten or more hours out of your cell on a weekday?	15%	15%
SECTION 12: Friends and family		
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	25%	37%
12.2 Have you had any problems with sending or receiving mail?	48%	44%
12.3 Have you had any problems getting access to the telephones?	14%	26%
12.4 Is it easy/ very easy for your friends and family to get here?	16%	27%

Main comparator

Key to tables

	Any percentage highlighted in green is significantly better	HMP Highpoint 2012	Prisons comparator
	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		
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?	76%	85%
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	40%	31%
13.2	Contact by letter?	30%	39%
13.2	Contact by phone?	27%	25%
13.2	Contact by visit?	25%	36%
13.3	Do you have a named offender supervisor in this prison?	38%	71%
For those who are sentenced:			
13.4	Do you have a sentence plan?	59%	74%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	56%	56%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	59%	43%
13.6	Offender supervisor?	23%	36%
13.6	Offender manager?	16%	29%
13.6	Named/personal officer?	15%	15%
13.6	Staff from other departments?	17%	19%
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	77%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	24%	20%
13.9	Are there plans for you to achieve any of your targets in the community?	29%	28%
13.10	Do you have a needs based custody plan?	4%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	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?	30%	39%
13.12	Accommodation?	36%	43%
13.12	Benefits?	41%	44%
13.12	Finances?	22%	33%
13.12	Education?	38%	41%
13.12	Drugs and alcohol?	40%	50%
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?	50%	57%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Highpoint 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	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		78	98	21	158	34	147
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	12%	11%			12%	12%
1.6	Do you understand spoken English?	99%	98%	91%	99%	100%	98%
1.7	Do you understand written English?	96%	97%	86%	99%	91%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			45%	43%	83%	35%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	1%	4%	16%	2%	0%	4%
1.1	Are you Muslim?	36%	6%	19%	18%		
1.12	Do you consider yourself to have a disability?	17%	25%	19%	20%	9%	24%
1.13	Are you a veteran (ex-armed services)?	3%	5%	10%	3%	0%	5%
1.14	Is this your first time in prison?	35%	32%	67%	29%	35%	32%
2.6	Were you treated well/very well by the escort staff?	72%	73%	72%	73%	67%	74%
2.7	Before you arrived here were you told that you were coming here?	36%	60%	50%	48%	46%	50%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	88%	74%	86%	81%	85%
3.3	Were you treated well/very well in reception?	68%	72%	84%	68%	59%	71%
3.4	Did you have any problems when you first arrived?	66%	55%	52%	61%	64%	60%
3.7	Did you have access to someone from health care when you first arrived here?	60%	65%	67%	63%	62%	63%
3.9	Did you feel safe on your first night here?	72%	82%	74%	79%	76%	78%
3.10	Have you been on an induction course?	93%	92%	85%	94%	94%	92%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	47%	50%	46%	44%	46%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim 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?	68%	74%	65%	72%	68%	72%
4.4	Are you normally able to have a shower every day?	94%	96%	90%	95%	91%	95%
4.4	Is your cell call bell normally answered within five minutes?	27%	29%	39%	28%	20%	31%
4.5	Is the food in this prison good/very good?	18%	21%	40%	17%	9%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	32%	62%	58%	48%	25%	53%
4.7	Are you able to speak to a Listener at any time if you want to?	31%	50%	26%	44%	37%	43%
4.8	Do you feel your religious beliefs are respected?	56%	51%	67%	51%	53%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	59%	65%	58%	56%	58%
5.1	Is it easy to make an application?	82%	91%	79%	87%	79%	86%
5.3	Is it easy to make a complaint?	38%	60%	43%	50%	41%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	61%	47%	51%	28%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	51%	67%	45%	42%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%	6%	4%	6%	3%
7.1	Do most staff, in this prison, treat you with respect?	80%	82%	74%	81%	67%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	71%	69%	73%	79%	71%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	15%	14%	0%	16%	12%	16%
7.4	Do you have a personal officer?	73%	70%	67%	73%	70%	72%
8.1	Have you ever felt unsafe here?	41%	37%	44%	37%	49%	36%
8.2	Do you feel unsafe now?	25%	16%	39%	16%	30%	18%
8.3	Have you been victimised by other prisoners?	23%	22%	11%	24%	37%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	16%	6%	16%	15%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	0%	4%	6%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	1%	3%	0%	3%	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	0%	1%	0%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	5%	0%	5%	3%	6%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners background details						
	Percentages which are not highlighted show there is no significant difference						
8.6	Have you been victimised by a member of staff?	32%	28%	16%	32%	41%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	14%	0%	14%	16%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	1%	5%	6%	12%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	0%	0%	3%	9%	1%
8.7	Have you been victimised because of your nationality? (By staff)	7%	0%	5%	3%	12%	1%
8.7	Have you been victimised because you have a disability? (By staff)	3%	3%	0%	4%	0%	4%
9.1	Is it easy/very easy to see the doctor?	17%	26%	26%	22%	6%	26%
9.1	Is it easy/ very easy to see the nurse?	46%	44%	67%	42%	34%	47%
9.4	Are you currently taking medication?	35%	56%	23%	50%	30%	51%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	12%	27%	10%	22%	12%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	14%	33%	11%	28%	16%	28%
11.2	Are you currently working in the prison?	40%	52%	39%	48%	50%	47%
11.2	Are you currently undertaking vocational or skills training?	4%	10%	6%	9%	7%	9%
11.2	Are you currently in education (including basic skills)?	40%	25%	50%	29%	43%	29%
11.2	Are you currently taking part in an offending behaviour programme?	3%	3%	6%	4%	3%	4%
11.4	Do you go to the library at least once a week?	55%	42%	50%	48%	61%	45%
11.6	do you go to the gym three or more times a week?	58%	55%	71%	54%	68%	53%
11.7	Do you go outside for exercise three or more times a week?	39%	58%	22%	54%	45%	50%
11.8	On average, do you go on association more than five times each week?	70%	81%	72%	77%	78%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	11%	17%	19%	15%	7%	17%
12.2	Have you had any problems sending or receiving mail?	60%	39%	50%	48%	64%	45%
12.3	Have you had any problems getting access to the telephones?	17%	13%	12%	14%	24%	12%

Diversity analysis



Key question responses (disability, age over 50) HMP Highpoint 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

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		38	143	18	164
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	11%	12%	11%	12%
1.6	Do you understand spoken English?	95%	99%	100%	98%
1.7	Do you understand written English?	90%	99%	95%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	35%	46%	12%	48%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	3%	6%	3%
1.1	Are you Muslim?	8%	21%	11%	19%
1.12	Do you consider yourself to have a disability?			44%	18%
1.13	Are you a veteran (ex-armed services)?	10%	2%	17%	3%
1.14	Is this your first time in prison?	29%	34%	44%	32%
2.6	Were you treated well/very well by the escort staff?	55%	77%	84%	71%
2.7	Before you arrived here were you told that you were coming here?	42%	50%	83%	45%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	87%	88%	84%
3.3	Were you treated well/very well in reception?	60%	72%	83%	69%
3.4	Did you have any problems when you first arrived?	84%	54%	56%	61%
3.7	Did you have access to someone from health care when you first arrived here?	60%	63%	78%	61%
3.9	Did you feel safe on your first night here?	61%	81%	71%	78%
3.10	Have you been on an induction course?	92%	92%	78%	94%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	49%	60%	45%

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	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	72%	84%	70%
4.4	Are you normally able to have a shower every day?	97%	94%	94%	94%
4.4	Is your cell call bell normally answered within five minutes?	23%	31%	46%	28%
4.5	Is the food in this prison good/very good?	5%	23%	11%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	52%	71%	47%
4.7	Are you able to speak to a Listener at any time if you want to?	35%	44%	59%	40%
4.8	Do you feel your religious beliefs are respected?	53%	53%	65%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	58%	56%	58%
5.1	Is it easy to make an application?	78%	87%	94%	84%
5.3	Is it easy to make a complaint?	43%	50%	60%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	53%	81%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	49%	60%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	3%	0%	4%
7.1	Do most staff, in this prison, treat you with respect?	80%	81%	100%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	72%	89%	71%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	15%	35%	13%
7.4	Do you have a personal officer?	64%	74%	88%	70%
8.1	Have you ever felt unsafe here?	58%	34%	44%	38%
8.2	Do you feel unsafe now?	23%	18%	0%	21%
8.3	Have you been victimised by other prisoners?	42%	19%	39%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	28%	11%	28%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	2%	6%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	1%	6%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	1%	6%	1%
8.5	Have you been victimised because of your age? (By prisoners)	19%	1%	28%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	22%	1%	17%	3%

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		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
8.6	Have you been victimised by a member of staff?	57%	24%	28%	31%	
8.7	Have you ever felt threatened or intimidated by staff here?	22%	10%	17%	12%	
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	5%	6%	6%	
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	2%	6%	3%	
8.7	Have you been victimised because of your nationality? (By staff)	3%	3%	6%	3%	
8.7	Have you been victimised because of your age? (By staff)	8%	2%	17%	1%	
8.7	Have you been victimised because you have a disability? (By staff)	13%	1%	6%	3%	
9.1	Is it easy/very easy to see the doctor?	29%	22%	22%	23%	
9.1	Is it easy/ very easy to see the nurse?	51%	43%	31%	46%	
9.4	Are you currently taking medication?	78%	39%	88%	43%	
9.6	Do you feel you have any emotional wellbeing/mental health issues?	53%	12%	11%	21%	
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	23%	19%	26%	
11.2	Are you currently working in the prison?	52%	46%	69%	45%	
11.2	Are you currently undertaking vocational or skills training?	6%	9%	12%	8%	
11.2	Are you currently in education (including basic skills)?	24%	34%	25%	32%	
11.2	Are you currently taking part in an offending behaviour programme?	0%	5%	6%	3%	
11.4	Do you go to the library at least once a week?	58%	46%	59%	46%	
11.6	Do you go to the gym three or more times a week?	39%	61%	22%	60%	
11.7	Do you go outside for exercise three or more times a week?	47%	50%	67%	47%	
11.8	On average, do you go on association more than five times each week?	67%	79%	67%	77%	
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	17%	15%	22%	15%	
12.2	Have you had any problems sending or receiving mail?	61%	45%	39%	49%	
12.3	Have you had any problems getting access to the telephones?	20%	13%	20%	13%	

Wing comparison



Prisoner survey responses (wing breakdown) HMP Highpoint 2012

Prisoner survey responses (missing data have been excluded for each question)

Key to tables

		HMP Highpoint North 2012	HMP Highpoint South 2012
	Percentages highlighted in green show the best score across wings		
	Percentages highlighted in blue show the worst score across wings		
	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		50	133
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	10%	16%
1.4	Is your sentence less than 12 months?	8%	7%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	5%
1.5	Are you a foreign national?	12%	12%
1.6	Do you understand spoken English?	96%	99%
1.7	Do you understand written English?	96%	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)?	58%	40%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	3%
1.1	Are you Muslim?	27%	16%
1.11	Are you homosexual/gay or bisexual?	2%	0%
1.12	Do you consider yourself to have a disability?	21%	22%
1.13	Are you a veteran (ex-armed services)?	6%	3%
1.14	Is this your first time in prison?	29%	35%
1.15	Do you have any children under the age of 18?	53%	56%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	59%	69%
2.5	Did you feel safe?	73%	79%
2.6	Were you treated well/very well by the escort staff?	75%	72%
2.7	Before you arrived here were you told that you were coming here?	37%	53%
2.8	When you first arrived here did your property arrive at the same time as you?	83%	92%

Wing comparison

Key to tables

	Percentages highlighted in green show the best score across wings	HMP Highpoint North 2012	HMP Highpoint South 2012
	Percentages highlighted in blue show the worst score across wings		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	50%	43%
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	86%
3.3	Were you treated well/very well in reception?	70%	71%
When you first arrived:			
3.4	Did you have any problems?	56%	63%
3.4	Did you have any problems with loss of property?	22%	23%
3.4	Did you have any housing problems?	28%	25%
3.4	Did you have any problems contacting employers?	4%	2%
3.4	Did you have any problems contacting family?	8%	15%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	0%
3.4	Did you have any money worries?	16%	12%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	13%
3.4	Did you have any physical health problems?	16%	16%
3.4	Did you have any mental health problems?	8%	12%
3.4	Did you have any problems with needing protection from other prisoners?	8%	3%
3.4	Did you have problems accessing phone numbers?	10%	19%
When you first arrived here, were you offered any of the following:			
3.6	Tobacco?	80%	70%
3.6	A shower?	12%	15%
3.6	A free telephone call?	27%	21%
3.6	Something to eat?	67%	72%
3.6	PIN phone credit?	59%	63%
3.6	Toiletries/basic items?	47%	54%

Wing comparison

Key to tables

	Percentages highlighted in green show the best score across wings	HMP Highpoint North 2012	HMP Highpoint South 2012
	Percentages highlighted in blue show the worst score across wings		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
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?	42%	50%
3.7	Someone from health services?	66%	61%
3.7	A Listener/Samaritans?	30%	25%
3.7	Prison shop/canteen?	26%	30%
When you first arrived here were you offered information about any of the following:			
3.8	What was going to happen to you?	61%	53%
3.8	Support was available for people feeling depressed or suicidal?	42%	37%
3.8	How to make routine requests?	50%	44%
3.8	Your entitlement to visits?	52%	45%
3.8	Health services?	67%	50%
3.8	The chaplaincy?	63%	49%
3.9	Did you feel safe on your first night here?	82%	76%
3.10	Have you been on an induction course?	94%	92%
3.12	Did you receive an education (skills for life) assessment?	96%	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?	60%	42%
4.1	Attend legal visits?	59%	34%
4.1	Get bail information?	34%	7%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	30%	52%
4.3	Can you get legal books in the library?	43%	55%
For the wing/unit you are currently on:			
4.4	Are you normally offered enough clean, suitable clothes for the week?	78%	69%
4.4	Are you normally able to have a shower every day?	98%	94%
4.4	Do you normally receive clean sheets every week?	86%	86%
4.4	Do you normally get cell cleaning materials every week?	88%	79%
4.4	Is your cell call bell normally answered within five minutes?	40%	26%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	72%
4.4	Can you normally get your stored property, if you need to?	13%	14%
4.5	Is the food in this prison good/very good?	15%	21%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	50%
4.7	Are you able to speak to a Listener at any time if you want to?	58%	36%
4.8	Are your religious beliefs are respected?	63%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	52%
4.10	Is it easy/very easy to attend religious services?	75%	62%

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SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	87%	84%
5.3	Is it easy to make a complaint?	50%	48%
5.5	Have you ever been prevented from making a complaint when you wanted to?	18%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	34%	22%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	58%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	5%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	85%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	71%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	21%	13%
7.5	Do you have a personal officer?	86%	66%

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	35%	40%
8.2	Do you feel unsafe now?	14%	21%
8.4	Have you been victimised by other prisoners here?	26%	22%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	8%	8%
8.5	Hit, kicked or assaulted you?	8%	9%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	13%	14%
8.5	Taken your canteen/property?	0%	5%
8.5	Victimised you because of medication?	0%	5%
8.5	Victimised you because of debt?	2%	4%
8.5	Victimised you because of drugs?	2%	2%
8.5	Victimised you because of your race or ethnic origin?	6%	2%
8.5	Victimised you because of your religion/religious beliefs?	2%	2%
8.5	Victimised you because of your nationality?	0%	2%
8.5	Victimised you because you were from a different part of the country?	2%	3%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	6%	5%
8.5	Victimised you because you have a disability?	2%	6%
8.5	Victimised you because you were new here?	2%	4%
8.5	Victimised you because of your offence/crime?	0%	2%
8.5	Victimised you because of gang related issues?	4%	4%

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SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	22%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	2%	11%
8.7	Hit, kicked or assaulted you?	2%	5%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	4%	15%
8.7	Victimised you because of medication?	0%	5%
8.7	Victimised you because of debt?	2%	2%
8.7	Victimised you because of drugs?	2%	1%
8.7	Victimised you because of your race or ethnic origin?	4%	6%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%
8.7	Victimised you because of your nationality?	2%	3%
8.7	Victimised you because you were from a different part of the country?	2%	5%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	2%	3%
8.7	Victimised you because you have a disability?	4%	2%
8.7	Victimised you because you were new here?	0%	9%
8.7	Victimised you because of your offence/crime?	2%	1%
8.7	Victimised you because of gang related issues?	0%	5%

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SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	39%	17%
9.1	Is it easy/very easy to see the nurse?	65%	37%
9.1	Is it easy/very easy to see the dentist?	18%	9%
9.4	Are you currently taking medication?	49%	46%
9.6	Do you have any emotional well being or mental health problems?	17%	21%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	20%	21%
10.2	Did you have a problem with alcohol when you came into this prison?	9%	11%
10.3	Is it easy/very easy to get illegal drugs in this prison?	13%	29%
10.4	Is it easy/very easy to get alcohol in this prison?	9%	17%
10.5	Have you developed a problem with drugs since you have been in this prison?	2%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	2%	8%

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SECTION 11: Activities			
Is it very easy/ easy to get into the following activities:			
11.1	A prison job?	51%	32%
11.1	Vocational or skills training?	50%	24%
11.1	Education (including basic skills)?	61%	42%
11.1	Offending behaviour programmes?	26%	13%
Are you currently involved in any of the following activities:			
11.2	A prison job?	51%	46%
11.2	Vocational or skills training?	9%	8%
11.2	Education (including basic skills)?	42%	28%
11.2	Offending behaviour programmes?	0%	5%
11.4	Do you go to the library at least once a week?	56%	46%
11.5	Does the library have a wide enough range of materials to meet your needs?	61%	49%
11.6	Do you go to the gym three or more times a week?	70%	51%
11.7	Do you go outside for exercise three or more times a week?	55%	48%
11.8	Do you go on association more than five times each week?	79%	74%
11.9	Do you spend ten or more hours out of your cell on a weekday?	27%	11%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	34%	22%
12.2	Have you had any problems with sending or receiving mail?	40%	50%
12.3	Have you had any problems getting access to the telephones?	7%	17%
12.4	Is it easy/ very easy for your friends and family to get here?	21%	14%

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SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	39%	37%
13.10	Do you have a needs based custody plan?	0%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	16%