

Report on an unannounced inspection of

HMP Dovegate Therapeutic Community

by HM Chief Inspector of Prisons

23 September–4 October 2013

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Introduction

The Dovegate Therapeutic Community (TC) is a distinct institution holding up to 200 men, contained within the larger HMP Dovegate. We inspect the main prison separately. Dovegate TC had improved since our last visit, although some of the core elements of the therapeutic approach, which were not working as they should have been, needed attention.

Dovegate TC is based on the concept that democratic therapeutic communities, run by both staff and prisoners, should be at the centre of the prison. Prisoners are given a real say in the day-to-day running of the prison and therefore have far more influence over their experience of prison life than at normal prisons. This all happens within the context of the usual security imperatives of a category B prison holding men on indeterminate or long determinate sentences. Men arrive at Dovegate TC needing to be more open about their offending and related institutional behaviour and to being challenged by peers and staff within therapy and community groups. Often they have a history of serious violent offending, poor institutional behaviour and prolific self-harm. It is therefore impressive that Dovegate TC remains a safe prison.

Support on arrival was reasonable, but first night work needed to ensure any anxieties were identified and addressed. Men spent their first few months on the assessment unit and we were concerned that they had little to do that was purposeful; the lack of experienced TC members in the unit was affecting the transfer of some key elements of the TC's ethos.

Crucial to the safety of the TC was the concept that, in addition to the prison's own processes, prisoners themselves had responsibility for challenging anti-social behaviour – but this depended on them feeling confident enough to raise concerns in therapy about other prisoners' behaviour, and this was not fully embedded. For example, prisoners told us that they were concerned about the common use of recreational drugs by a small number of prisoners. This needed to be tackled by stronger testing processes but it was also a concern that this was not being raised or challenged at therapy group meetings. Prisoners told us that they did not feel totally safe or secure in doing so; a fact that needed to be addressed head on and openly with prisoners.

Nevertheless, there were very few incidents, and most day-to-day safety problems were being dealt with by the communities rather than by recourse to more formal processes. Better scrutiny and analysis of TC-specific safety data would have provided greater reassurance. There had been only one self-inflicted death since the TC opened and not for several years. Support for the small number of men vulnerable to self-harm was good. Support for men with substance misuse issues was also good.

The living environment and outside areas were very good, as were staff-prisoner relationships, which underpinned much of the work being done at the TC. Personal officers knew about the men they were responsible for supporting, including resettlement and family-related concerns. Equality and diversity work was reasonably well developed and most prisoners reported equitable outcomes. Faith provision was good but responses to complaints were poor, which was surprising given the generally respectful approach we saw elsewhere. Prisoners were negative about health services but we assessed outcomes to be generally good, although there were some areas which required improvement. Arrangements for sharing information between health care and therapists need to be strengthened. Prisoners were negative about the quality of food, but canteen arrangements were much better than we normally see.

Time out of cells was good but problems in reconciling the roll in the main prison were having an adverse impact on the delivery of the regime in the TC. Leadership of learning and skills was developing but some elements of quality improvement needed to be fully embedded. There were sufficient activity places for the population but they were not all being used effectively, and the essential focus of learning skills as complementing therapy needed to be better understood and

supported by all staff. Men on the assessment unit had too little to do. It was very welcome that a new unit (Venture) for men with learning difficulties had been established but more thought needed to be given to how best to meet their education and training needs.

Resettlement support was good. A whole prison approach to resettlement supported the key aim of encouraging men to address their risks of re-offending. Offender management arrangements were well developed, although some elements of the reducing reoffending strategy needed to be sharpened up. Few men were released directly from the TC, with most moving back to mainstream prisons, but support was provided when this happened. There was appropriate support in the reducing reoffending pathways and some good support in maintaining contact with children and families.

The promise of the national integrated personality disorder pathways strategy had not yet been realised, which was a wasted opportunity to ensure men arrived at the prison at the right time, and that there was a structured plan for them to progress after completion of the programme. The strategy needed greater grounding in continuing research to assess its effectiveness in reducing reoffending. It was nevertheless positive that men no longer in therapy for some reason were promptly moved to the main prison, thus avoiding their presence undermining the work being done.

Therapy was the main activity delivered to assist men in addressing their risk of harm and reoffending and while some good work was being done in this regard, and men were very positive about what they were doing, problems in delivering some key aspects of therapy risked undermining the effectiveness of the TC. Staffing profiles were not supporting delivery and far too many sessions were being cancelled. Elements of the therapeutic approach were not being effectively reinforced.

Overall, Dovegate provided a safe, respectful but testing environment for the prisoners it held and the public as a whole benefited from its effective work to reduce the risk that they would reoffend after release. We identified some weaknesses, but we were reassured that management had already identified and begun to address most of them. This provided grounds for optimism that the good work of the prison would not just be continued but be enhanced.

Nick Hardwick
HM Chief Inspector of Prisons

January 2014

Fact page

Task of the establishment

Dovegate is a democratic therapeutic facility within a category B training prison.

Prison status

Private – contractor: Serco

Region

West Midlands

Number held

178

Certified normal accommodation

200

Operational capacity

200

Date of last inspections

11–13 October 2011 (short follow-up)

16–20 June 2008 (full)

Brief history

Dovegate Therapeutic Community (TC) opened in September 2001. It provides therapy for category B and C prisoners with more than 18 months to parole eligibility date. Dovegate TC is part of a much larger prison holding a wide range of prisoner groups. A secure fence separates it from the main prison, although TC prisoners sometimes go to the main prison to access some services.

There are six separate TCs, each with its own constitution and a prisoner chairman and vice chair. A democratic process allows staff and prisoners to elect prisoners into these roles and regulate behaviour standards. This includes imposing sanctions where rules have been broken, implementing processes for selecting and deselecting prisoners for a place in the community, and discussing and resolving conflict or disagreements. With the backing of his small therapy group, a prisoner can initiate a discussion and a vote about any aspect of community life. This process has the potential to motivate prisoners to surrender their individual rights in the interests of peaceful community living. Prisoners are also expected to have a small job that supports the community.

Each TC has a range of specialist staff, including therapists, trained specialist officers and offender supervisors. The therapeutic communities are accredited by the Correctional Services Advice and Accreditation Panel (CSAAP). The Community of Communities, who are contracted by NOMS to deliver the audit process, receive annual assessments, which lead to action plans and service improvements. End of therapy reports are required for all prisoners leaving therapy.

Short description of residential units

There are three accommodation blocks (Chevrons), each with two therapeutic communities (TCs).

Chevron 1	TC Avalon 40 places TC Endeavour 40 places
Chevron 2	TC Camelot 40 places TC Assessment 40 places
Chevron 3	TC Venture (Plus) 20 places for people with learning difficulties TC Genesis 20 places.

A total of 200 bed places are available. Each cell has a shower and telephone facilities. The accommodation blocks have offices, laundrettes, serveries, fitness rooms, facilitator rooms, cleaning stores, group rooms, pool, snooker and table tennis facilities and gaming rooms.

Name of governor/director

Craig Thomson

Escort contractor

GEOAmey

Health service provider

Serco Health

Learning and skills providers

Serco Education

Independent Monitoring Board chair

Mary Fleuty

About this inspection and report

A1 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, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 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.

A3 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 tests 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.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: 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.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
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.**
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.**
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: 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 and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ 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.

Summary

Safety

- S1** *Prisoners received information about the prison before they arrived. Some prisoners' journeys were long, but they felt well treated by escort staff. Reception, first night and induction procedures were generally good. The prison needed to provide prisoners with more support during their assessment period. Most prisoners felt safe and there were very few incidents, but data analysis needed to be improved. Support for the small number of men considered vulnerable to self-harm was good. Security arrangements were generally proportionate. However, safety was heavily dependent on the willingness of prisoners to challenge each other's behaviour and we were concerned that some felt less willing to do this than we expected. Nearly half of prisoners reported that drugs were easily available. Most prisoners were on the enhanced incentives and earned privileges (IEP) level. Little use was made of formal disciplinary processes and most issues were resolved within the groups. Prisoners with substance misuse issues received some good support but could not access the range of group work courses available in the main prison. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2** Prisoners received sufficient information about what to expect at the TC. Some had long journeys to Dovegate Therapeutic Community (TC), but in our survey most were positive about the way escort staff treated them.
- S3** Most prisoners were positive about reception, which was clean and welcoming and offered peer support. Not all new receptions received a first night interview; however, they were placed on an hourly watch throughout the night. A formal induction led by officers and peers explained the community's rules and constitution, and prisoners were soon introduced to therapeutic processes during the assessment period. This lasted for up to three months and was designed to assess the suitability and readiness of prisoners to undertake the full therapeutic community programme. The lack of established community members in the assessment unit had been identified and was being addressed. Prisoners in the unit needed more proactive supervision.
- S4** Responses in our survey indicated prisoners generally felt safe; the level of violence was very low. Most incidents received a response through therapy groups, but not all were reported to the safer custody department, which could have helped ensure that in the few serious cases victims' views were considered. Prisoners were often unwilling to disclose risk or safety concerns or to challenge other prisoners. This was a particular concern given the TC's reliance on prisoners' cooperation to help maintain a safe environment. The prison did not collect TC-specific data about a range of related issues.
- S5** Seven prisoners had required support through assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm in the past six months and documents were completed to a good standard. There had been three incidents of self-harm in the past six months. Staff and groups provided good support. Data relating to the TC was still not being disaggregated from the main population.
- S6** The TC excluded men with significant social support needs, but the introduction of the Venture TC for those with lower ability levels meant that adult safeguarding arrangements needed to be developed.

- S7 Overall, physical and procedural security arrangements were proportionate. However, the flow of intelligence into the department was comparatively low; intelligence was generally appropriately referred back to individual communities for discussion and resolution. There was scope for the security team to support the TC more comprehensively.
- S8 The random mandatory drug testing rate was low, but almost half of prisoners in our survey said it was easy to obtain illegal drugs in the prison. Prisoners told us these issues particularly related to subutex and synthetic cannabis. Many prisoners believed that drug use by a small number of prisoners potentially undermined the treatment ethos of the prison. Prisoners' unwillingness to disclose this in therapy and openly challenge others meant managers did not understand the issues fully. There was no compliance testing scheme.
- S9 Prisoners were motivated to achieve the enhanced IEP regime, and most were at this level. The system was used proportionately. Formal disciplinary processes were rarely used. There were few adjudications, but some were not sufficiently well investigated. No use of force incidents had been reported in the past six months. The segregation unit was clean, ordered and very rarely used for prisoners from the TC.
- S10 Prisoners had to be drug free prior to their arrival at the TC. The drug treatment and interventions strategy policy was comprehensive and included alcohol services and supply reduction, but the needs analysis did not distinguish between the main prison and the TC. Prisoners were positive about the support they received on a one-to-one basis, but they did not have access to the range of drug and alcohol courses offered by the main prison's substance misuse service.

Respect

S11 *Living conditions were very good. Staff-prisoner relationships were strong and personal officer arrangements excellent. Equality and diversity outcomes were generally equitable. Faith provision was good. The management of formal complaints needed to be improved. Very limited legal services were offered but demand was low. Prisoners were negative about health services, but treatment outcomes were generally good. Communication between the health care team and the TC needed to improve. Prisoners disliked the food. The canteen service was very good and prisoners had access to catalogue shopping. **Outcomes for prisoners were good against this healthy prison test.***

- S12 Accommodation was very good; communal areas were clean, as were cells, which had en suite facilities and in-cell telephones. Applications were made via electronic wing kiosks. Prisoners were generally positive about the timeliness and fairness of responses.
- S13 Staff-prisoner relationships were very strong, and staff and peers encouraged prisoners to take responsibility for their behaviour and past actions. This meant that many everyday issues were resolved through discussion and community input. Nearly all the men in our survey said they had a member of staff they could turn to for help with a problem, and three quarters felt their personal officer was helpful. The personal officer scheme worked well and officers demonstrated that they had a good knowledge of the prisoners in their care. Consultation arrangements were very good.
- S14 The strategic management of equality and diversity was progressing and outcomes for protected groups were generally equitable. Work was continuing on developing further specific support for the various groups held. Faith provision and pastoral support were good and plans were well underway to re-open the faith and observance centre in the TC. Regime clashes made it difficult for some prisoners to attend worship.

- S15 Most prisoners said it was easy to make a complaint. Responses to complaints were frequently late, curt and dismissive, and there were no management quality checks in place to address this. We were however reassured that managers were taking action to address these shortfalls. Limited legal services were available but the demand was minimal.
- S16 Health care governance was generally good, although there was no agreed protocol for sharing confidential medical information with TC therapists. Prisoners were very critical of health care services, complaining about delays and frequent problems with access. In addition, the health care waiting rooms were poor. The health centre was too small to accommodate efficiently the good range of clinical activities on offer. Primary care services offered a good array of triage and lifelong conditions clinics. Waiting lists were generally good. Failure-to-attend rates for some clinics were unacceptable. Unlike prisoners in the main prison, TC residents did not have access to on-wing health services. External hospital failure-to-attend rates were increasing due to a lack of escort staff. The in-patient unit was rarely used for men from the TC. Pharmacy and dental services were generally good. Mental health services were impressive; patients said they appreciated them.
- S17 Many prisoners did not like the food, stating that the quality and quantity were poor. Staff supervision was not sufficient at most serveries, which meant prisoners serving food adopted poor practices. For example, Muslim prisoners were particularly unhappy about the treatment of halal food. Food trolleys were dirty, as was the prisoner changing room in the kitchen, which was also covered in offensive graffiti. The TC had a very good twice-weekly canteen service and access to catalogue shopping.

Purposeful activity

S18 *Prisoners received good time out of their cell but regular problems in reconciling the roll and staffing shortages were affecting access to therapy and the general regime. Therapy was the main activity of the prison. Leadership and management of learning and skills needed to be developed, although positive steps were being taken. There were sufficient activity places for the population and the range was good for most, but attendance and punctuality were poor. Some good quality activities were on offer, and outcome data was being collected but not analysed. The library and gym provided a reasonable service. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S19 Prisoners received good time out of their cell, and outdoor exercise was provided regularly in a very pleasant area with exercise equipment. Poor roll management and staffing issues were disrupting access to therapy and the general regime.
- S20 Learning and skills aimed to support the main therapeutic activity of the prison. Strategic planning for learning and skills was underdeveloped. The TC's learning and skills strategy objectives were too broad and action planning and target setting were not specific enough. Quality improvement processes were sound, but further work was needed to apply them to all aspects of the provision. Some effective projects to develop provision were taking place, but these were at an early stage of implementation. Prisoners' views were sought widely and used well to inform curriculum planning. The promotion of equality and diversity was good.
- S21 There were sufficient activity places to meet needs, but attendance was low and reasons for non-attendance were not sufficiently monitored or challenged. On occasion, punctuality was poor. The range of vocational training and education activities was adequate. Vocational courses included horticulture and business and industrial cleaning science (BICS).

- S22 Teaching and learning in education were good and lessons well planned. However, in education classes, the development of prisoners' English and mathematics skills was limited; in contrast, these skills were developed very well on the BICS course. Prisoners worked independently and productively in lessons and behaviour was good. Distance learning was well managed and a good range of courses was offered. Provision for residents on the Venture and assessment units needed improvement. The introductory adult education teaching and peer mentoring programmes provided peers in classes with a valuable additional source of support. Individual learning plans were poorly completed and were not reviewed sufficiently frequently to help learners progress. In vocational workshops, teaching and coaching were good. In the gardens working party, highly effective coaching helped prisoners develop very good practical skills and knowledge.
- S23 Prisoners made good progress, which was monitored well by tutors in vocational training and education. In ceramics, the standard of work was particularly high. In industrial cleaning, learners developed good business, entrepreneurial and work readiness skills. The standard of prisoners' work was good in horticulture. However, insufficient data made it difficult to judge success or retention rates. The library provided an adequate resource and was well used. The range of stock was good and being updated. Activities to promote literacy were fairly narrow.
- S24 The range of PE facilities and equipment was good. Courses in the gym were underdeveloped; only one accredited course was being offered so far this year, although higher level courses were planned. According to the prison, only 49% of the population attended recreational gym sessions, which was low, and more needed to be done to encourage prisoners to take part in physical education. There were good links with the health care department to ensure prisoners were fit enough to begin exercising.

Resettlement

S25 *The broader resettlement strategy needed further development to ensure all needs were identified and met. Offender management arrangements were good and a whole prison approach had been adopted. Very few men were released directly from the prison but appropriate support was available. Prisoners received good support to maintain contact with their children and families. Many prisoners talked positively about the impact of therapy. Some elements of the TC programme were not being delivered consistently, which risked undermining its effectiveness. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S26 The key resettlement process was the delivery of therapy to prisoners. The needs of each prisoner were identified during the assessment phase, and treatment targets set on entry to a community.
- S27 There was a strong, whole prison approach to reducing reoffending and resettlement. The reducing reoffending strategy for the TC differed little from that of the main prison and did not describe the aim of therapy or the specific needs of men in the Venture TC. The offender personality disorder pathways were an opportunity to ensure that all the places were used and that progressive moves could be organised promptly; however, this was yet to be realised.
- S28 Offender management work was well developed, and each TC had two or three dedicated offender supervisors (OSs). OSs understood the needs of men on the TC well. There was evidence of some casework supervision of prison-employed OSs. Prisoners in our survey were more positive than usual about most aspects of the support they received in

preparation for release. There were some delays in offender assessment system (OASys) document completions and post programme reports, but this was monitored and being managed. Public protection procedures were good and regular meetings took place to discuss risks and to review relevant cases, but the few men subject to monitoring had not been explicitly informed of this. High risk pre-release planning was good. Categorisation reviews were up to date and there were specific initiatives for indeterminate sentence prisoners.

- S29 Prisoners were required to develop resettlement pathway plans, which were considered at therapy reviews. Reintegration services were advertised in TCs, and services were available in the main prison, but men could not always access them easily. Few prisoners were released directly from the TC, but when they were, they received support from staff in relevant areas such as accommodation, health and substance misuse.
- S30 Staff were aware of prisoners' home circumstances and the majority of prisoners felt supported in maintaining contact with family. The experienced family support worker provided good support. The visits centre was a booking-in facility: no refreshments were available and little information was displayed. Visitors complained about delays at weekends. The visits room was comfortable and bright, but prisoners could not use the toilet or vending machines. Fathers could play with their children, but the toys and books available were limited and of poor quality.
- S31 Most prisoners were very positive about the therapeutic work: they found it challenging but received good support and the Venture TC pilot, providing men with lower levels of ability with therapy was a welcome addition. However, as at previous inspections there were problems in the way the communities were operating. Too many groups were being cancelled and there were delays, which could have undermined the work of the TC. An internal audit conducted earlier in the year outlined some of the challenges, including a failure to communicate the basic principles of the TC to new prisoners. Nevertheless, in our survey 85% of prisoners felt that the work they had done would help them on release.

Main concerns and recommendations

- S32 Concern: Too many prisoners reported that they did not feel safe challenging other prisoners about poor behaviour. This process was central to the safety and ethos of the TC and risked undermining its effectiveness. These problems may have in part stemmed from the increase in the number of men going through assessment and the lack of experienced TC members in the assessment unit. Prisoners' ability to challenge others was vital for the safety and effectiveness of therapy and the principle needed to be fully embedded.

Recommendation: Managers should ensure that the ethos of the TC is fully understood and embedded. This includes ensuring that both staff and prisoners challenge others appropriately when necessary.

- S33 Concern: Problems reconciling the main prison roll were affecting the delivery of the TC's regime. There were frequent stand fast rolls checks, which interrupted or delayed activities and had an impact on punctuality and attendance. Staffing profiling arrangements in place added to these difficulties and led to frequent cancellations in key regime activities, including a large number of therapy sessions, which risked undermining much good work being done.

Recommendation: The prison roll and staffing levels should be managed so that purposeful activities as well as the therapeutic programme, the main resettlement activity, could take place as scheduled and without interruption.

S34 Concern: The promise of the offender personality disorder strategy (Department of Health, 2012) had yet to be realised, leaving Dovegate TC somewhat isolated. The commissioning intentions contained within the strategy were a positive sign that the prison's role within a more coordinated treatment pathway for prisoners with personality disorders would be recognised, and a more coherent approach taken to their treatment and management. Nevertheless, a number of problems hindered the achievement of this aim. First, the prison was under pressure to ensure there was a sufficient supply of suitable candidates for therapy so that available places were used efficiently. Second, the prison had continuing difficulties finding supportive allocations for those ending therapy and moving back into mainstream prisons. The closure of some prisons previously used by Dovegate TC 'graduates' meant that the prison needed to forge new relationships, which was time-consuming. Finally there had been no in-depth research into the effectiveness of the therapeutic community on reoffending rates for many years, which was a major oversight.

Recommendation: The offender personality disorder strategy should be fully implemented to ensure prisoners with personality disorders have a coordinated treatment pathway that identifies and assesses needs, refers suitable candidates to the appropriate prison and supports them when they leave therapy or require a progressive move. The strategy should be underpinned by continuing research to establish its effectiveness in reducing reoffending. (To the National Offender Management Service)

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Dovegate Therapeutic Community (TC) was well promoted and prisoners received sufficient and comprehensive information before they arrived. Some prisoners' journeys were long but they felt escort staff treated them well. Arrangements to transfer those who had completed therapy had improved.*
- I.2** Open days were held to promote the TC and presentations made to prisoners in Dovegate main prison. Most referrals came from Garth, Gartree and Dovegate main prisons. Prisoners received sufficient comprehensive information about Dovegate TC before their arrival so that they knew what to expect. Some prisoners' journeys to the TC were long, but in our survey most were positive about the way escort staff treated them.
- I.3** The head of therapy screened applications and decisions relating to which prisoners should be accepted for assessment were discussed at a multidisciplinary weekly movements meeting. The meeting focused on retaining approximately 180 prisoners and ensuring an appropriate mix in the communities. Health care was not represented consistently, which meant information was not always shared (see section on substance misuse).
- I.4** The meeting discussed the transfer of those out of therapy – five prisoners at the start of the inspection, far fewer than during the last inspection. Very few prisoners had outstanding court matters. A video link was used to speak to offender managers, solicitors and occasionally to appear before a court.

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.

- I.5** *Reception, first night and induction procedures were generally good. Not all received a first night interview or were asked about any anxieties they had. Most prisoners felt safe on their first night and were treated respectfully, but more structured activities were needed during the assessment period.*
- I.6** New arrivals came through the main prison reception. Prisoners in our survey and those we spoke to were positive about reception, which was clean and welcoming and offered good peer support. They were offered refreshments, prison clothing and a reception pack, including telephone credit. Written information about the prison was provided and they

could make a free telephone call from reception. In our survey, 86% of prisoners said they were treated well in reception.

- I.7** All new receptions went to the assessment unit. Those who were to be assessed under TC Plus (a three-year project for those with learning difficulties) went to the Venture TC. Procedures were similar in both units. Cells were clean, had a shower and had been well prepared.
- I.8** On the first night unit staff carried out a basic interview, during which they explained the cell call bell and phone systems. Not all receptions received a first night interview and we were not reassured that all were encouraged to share their anxieties. Some interview records were blank, undated or unsigned. In most cases the interview was not recorded on P-Nomis, the Prison Service IT system. Prisoners were placed on an hourly watch throughout the night and 95% said they felt safe on their first night. Staff addressed prisoners respectfully.
- I.9** New arrivals were seen by the unit manager the following day, but again interview records contained little detail. They were introduced to the chair of the community who answered any immediate questions.
- I.10** A formal induction meeting took place within two to three days with an officer and the chair and vice-chair of the community. They explained the community's rules and constitution and various compacts were signed. Chaplains and gym staff met new prisoners individually.
- I.11** Prisoners were introduced to therapeutic processes on their first morning at a 'thoughts and feelings meeting', which took place every day. In addition, one small group and two larger community meetings took place every week, each lasting an hour. The new arrivals had no access to education or work activities because they were not allowed to mix with prisoners on other wings. Prisoners were voted into unit-based jobs every week, but more structured activities were required to help them understand the group ethos of the communities. Much of their time was spent involved in informal recreational activities with little active staff guidance or supervision, which meant that any anxieties about the assessment period were not addressed.
- I.12** The assessment unit had increased its capacity from 22 to 40. There were 25 prisoners in the unit at the time of the inspection. Some staff found the increase in numbers difficult to adjust to. In addition, groups were cancelled regularly, staff were cross deployed and group facilitators were not consistent. The lack of established community members threatened to destabilise the unit. However, managers had identified the problem and it was being addressed.
- I.13** The assessment period lasted for up to three months and included a range of psychological assessments, weekly case reviews and feedback from peers before a final decision was made about whether or not a prisoner could progress to a TC unit. Over the previous 12 months, 22% of prisoners had been deselected or withdrawn.

Recommendations

- I.14** **First night interviews should identify any individual needs following reception and an entry should be made on P-Nomis case records.**
- I.15** **More purposeful and structured activities should be introduced during the assessment period with staff helping prisoners to make the transition to life in a TC.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is 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.

- I.16** *Most prisoners felt safe and there were very few violent incidents. The majority of incidents were appropriately dealt with through the therapeutic process, but not all were reported to the safer custody team. In some cases prisoners were not willing to challenge bullying or violent behaviour in groups.*
- I.17** Responses in our survey indicated prisoners generally felt safe and there were very low levels of violence. The last prison survey of prisoners' perceptions of safety across the therapeutic and main prisons had been completed in 2011, but data for the therapeutic prison had not been disaggregated. Some prisoners said they felt intimidated when they were held with prisoners from the main prison in the health care waiting room.
- I.18** Thirteen antisocial behaviour report forms from the TC had been submitted to the safer custody team from January to September 2013. Most related to allegations of bullying and threats and in these cases appropriate action was taken. Two incidents involved prisoners who had been placed on report, removed from their community and moved to segregation. It was appropriate, however, that the TCs responded to and dealt with most incidents.
- I.19** Not all incidents were reported to the safer custody department. Although only one incident of assault was formally recorded in the previous six months, we found that this and another incident had not been reported to the safer custody team, which meant the victim's views might not have been considered.
- I.20** While the communities remained largely very safe environments we were told by established community members that prisoners were often unwilling to disclose concerns about risks or safety or to challenge other prisoners. This was a particularly concerning given the TC's reliance on prisoners' cooperation and willingness to challenge others so that a safe environment could be maintained (see section on security). The reasons for this were unclear, but managers had recognised that greater efforts were required to ensure that prisoners understood the ethos of the TC and that its principles were embedded.
- I.21** All communities' constitutions provided some governance relating to prisoners' safety but links between the therapeutic approach and formal procedures were unclear. For example, Director's Rule 29 (part of the main prison's policy that also covers the TC) outlined an antisocial behaviour and violence reduction strategy dated November 2012 but made no specific reference to managing bullying or violence within the therapeutic context and failed to offer staff guidance on when to use formal procedures or attempt resolution through therapy.
- I.22** The monthly safer custody meetings appropriately focused on violence reduction in the main prison. A representative from the therapeutic prison had been present at only half of the meetings held from January to September 2013. The safer custody manager attended the monthly TC operations meeting.

Recommendations

- I.23** All incidents of violence should be reported to the safer custody team, which should check an appropriate response has been made.
- I.24** All records and management of safety information relating to the TC should routinely be disaggregated from those of the main prison so managers are able to get a more accurate picture of performance and any problematic issues.

Housekeeping points

- I.25** Prisoners should be assured of their safety when mixing with prisoners from the main prison.
- I.26** Director's Rule 29 should make some specific reference to the management of violence reduction in the therapeutic communities.

Self-harm and suicide

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.

I.27 *There had been no self-inflicted deaths in recent years and levels of self-harm were low. Those at risk of self-harm received good support through groups and from staff.*

- I.28** There had been only been one self-inflicted death in 2008 since the therapeutic prison opened. The investigation report made five recommendations. Some progress had been made in response to the recommendations. Thirteen staff were up to date with first aid training. We had no concerns following our night visit, but emergency response codes were not included in the local policy and the health care department had no protocol for sharing information (see section on health services).
- I.29** The level of self-harm was low. There had been three incidents of self-harm in the past six months and seven prisoners had required support through assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. ACCT documents were completed to a good standard and included some detailed assessments. Some were established following prisoners' disclosure in therapy groups and most only for a short time. ACCT case management reviews involved therapists and psychologists.
- I.30** The support provided by staff and through groups for the small number of men considered vulnerable to self-harm was good. There was no formal peer support scheme. The number of those out of therapy was low and we were told peer support would be provided for those who did not attend groups. Forty per cent of staff had not had any safer custody training in the past three years.
- I.31** The main prison was in the process of developing a Listener scheme (involving prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and all prisoners could make a free phone call to the Samaritans and other help lines direct from their cells.

- I.32** Director's Rule 40 on the management of prisoners at risk of harm to themselves, to others and from others, dated December 2012, made no specific reference to managing the risks of self-harm in the therapeutic prison. TC data continued not to be disaggregated from the main population (see recommendation I.24).

Housekeeping point

- I.33** Director's Rule 40 should include some specific reference to the management of self-harm in the TCs, including provision for those out of therapy.

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

- I.34** *Prisoners identified as vulnerable adults by reason of mental or other disability were not admitted to Dovegate TC.*

- I.35** The selection criteria for assessment for the therapeutic prison precluded vulnerable adults in need of community care services. Venture TC was being piloted for those with learning difficulties, but no concerns were evident.
- I.36** There was no formal safeguarding policy for either the main prison or the TC. General safety assessments were completed on reception. The main prison had in place a collaborative approach to prison safety strategy to manage prisoners with particularly disruptive or challenging behaviour or those who had complex needs. No-one had been referred from the therapeutic prison.

Recommendation

- I.37** **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.

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).

I.38 *The overall approach to security was proportionate. The amount of intelligence received was comparatively low, but generally appropriately managed. However, a TC-specific approach to intelligence management was required. There was little firm evidence of drug use, but far too many prisoners said that it was easy to obtain illegal drugs.*

- I.39** With the exception of roll management (see section on time out of cell), there was no evidence that inappropriate physical or procedural security arrangements were undermining the therapeutic ethos of the community.
- I.40** The amount of intelligence received was low, both in comparison with the main prison and other category B prisons. Most incidents recorded in community observation books were submitted as intelligence reports, but it was less clear how much information gathered during therapy sessions was submitted. The intelligence received was generally appropriately processed. Most intelligence was referred back to the community for discussion during therapeutic processes, but stronger interventions took place when intelligence justified them.
- I.41** The security director was responsible for operational aspects of the TC, but this was viewed as an addition to his main responsibility for security across the site. In comparison with the main prison, intelligence from the TC received less attention because it did not raise serious concerns. We felt that TC-specific intelligence collation and analysis would have improved communication between TC staff and the security department, stimulated intelligence flow and supported the therapeutic community more comprehensively (see also recommendation I.24).
- I.42** There had been only four intelligence-led searches in the past six months; some searches requested during our visits did not take place promptly enough. Strip- or squat-searches were only conducted with the authority of the security director.
- I.43** Relationships between the prison and the local police were positive. There were currently no banned visitors or prisoners subject to closed visits. A small group of managers dealt with staff corruption concerns, and most staff were aware of these processes.
- I.44** The mandatory drug testing (MDT) programme was well managed and appropriately resourced. In the past six months, the average random positive rate was only 1.6%. One prisoner had tested positive following frequent MDT, and all of the 43 risk tests were negative. Intelligence had not been sufficient to justify suspicion tests and no drugs had been found in the TC. The TC no longer conducted compliance-based drug testing.
- I.45** In our survey, however, 47% of prisoners said that it was easy to obtain illegal drugs against the comparator of 28%. Prisoners reported that a small number of prisoners used subutex and synthetic cannabis for recreational purposes. The health care waiting room (where prisoners mixed with others from the main site) was described as the main trading area risk. Prisoners said they had become reluctant to challenge drug users, perceiving a lack of response from staff. They also felt that drug use undermined the therapeutic ethos.

Recommendations

- I.46** **There should be TC-specific intelligence collation and analysis.**
- I.47** **Efforts should be made to explore prisoners' perceptions of drug use and compliance-based drug testing should be reintroduced.**

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.

I.48 *Prisoners were motivated to achieve the enhanced level of the IEP regime, which was applied proportionately.*

I.49 Most poor behaviour was tackled using therapeutic processes. However, when rules were broken consistently or there were serious breaches, IEP warnings were issued. This did not happen frequently and the vast majority of prisoners were on the enhanced regime. The scheme was understood and applied with discretion and appropriate managerial safeguards. Most prisoners reported that it was used fairly, and staff felt that it supported their work.

I.50 An alternative to the IEP scheme was emerging in the Camelot TC. Men were challenged for poor behaviour or breaking the rules during therapy sessions where discussion took place about how the issue could be dealt with. This approach was consistent with the ethos of the prison and was an interesting initiative which needed supporting and evaluating.

Recommendation

I.51 **The effectiveness of the alternative to the IEP scheme on the Camelot TC should be evaluated.**

Discipline

Expected outcomes:

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

I.52 *There were few adjudications, but in some cases, investigations were poor. There had been no use of force in the last six months, but review processes needed improvement. Segregation was rarely required, and conditions were generally appropriate, although we had some concerns about cellular confinement.*

Disciplinary procedures

I.53 There were very few adjudications, which was to be expected in a therapeutic community. However, some of the charges we examined were not particularly serious and we believed some incidents could have been managed through therapy and the IEP scheme.

I.54 We examined 11 of the 17 adjudications in the past six months. In three cases, we felt that the investigation was inadequate, and in some, cellular confinement punishments seemed

excessive, particularly as they were served in the main prison (see section on segregation), where there was no access to the intensive support available in the TC.

- I.55** Adjudications were held in a pleasant room in the main segregation unit, but often by managers who were not involved in the TC. This meant they were not linked back to or reinforcing the therapeutic process.
- I.56** Adjudication data relating to the TC was not analysed regularly, so trends and concerns could not be identified.

Recommendation

- I.57 Adjudications should be conducted in the TC.**

The use of force

- I.58** There had been no use of force or of the special cell in the past six months. We reviewed three of the four incidents that had occurred in the previous six months. Of these, two were planned and had been recorded on video. In one incident, insufficient evidence of planning and negotiation meant we could not be assured that force was necessary or proportionate. However, in the other incidents, force was clearly used proportionately, and there was good evidence of de-escalation. Paperwork was generally correct but there was no evidence of lessons being learned from a review of each incident.

Segregation

- I.59** Cells in the segregation unit were clean and appropriately furnished, but often cold. There was a small gym with cardiovascular equipment. The exercise yards were cage-like and small, and prisoners could not exercise in small groups or pairs. The shower needed refurbishment.
- I.60** We were told that prisoners were not routinely strip-searched on arrival in segregation if they had not been restrained and the paperwork confirmed that appropriate authority was sought if staff felt that a strip-search was necessary on the basis of risk. However, all prisoners were given fresh prison uniform to wear, and staff watched them change their clothing, which seemed to undermine the process and was intrusive and unnecessary.
- I.61** Only five men from the TC had been segregated in the past six months, mostly pending adjudication. During our visit, one man was segregated while at risk of self-harm, and we were not convinced that this was justified. In two of the four safety algorithms (processes to ensure it is safe to segregate a prisoner) we looked at, a director had approved segregation before the nurse had assessed the prisoner.
- I.62** Men serving cellular confinement punishments were moved to a wing in the main prison, where there were in-cell telephones and prisoners could wear their own clothes; however, they could not attend the servery to collect their meals and missed some statutory visits. We saw prisoners from the TC receive visits from therapeutic staff, but we did not see why cellular confinement could not be served in the TC.
- I.63** A segregation, monitoring and review group (SMARG) met regularly to consider data about disciplinary processes, but because the TC data was not separated out, it received insufficient attention (see also recommendation I.24).

Recommendation

- I.64 Data on adjudications, use of force and segregation for TC prisoners should be routinely analysed separately from the main prison, in order to promote learning and positive outcomes.**

Housekeeping points

- I.65** Prisoners who do not require a strip-search on arrival in segregation should be allowed to change into clean prison clothing in privacy.
- I.66** Segregation safety algorithms should only be signed by directors after the necessary health care assessments have taken place.

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.

- I.67** *The substance misuse strategy was well managed and prisoners were positive about the support they received, but the needs analysis did not distinguish between the local prison and the TC population. TC prisoners did not have access to the range of group work interventions on offer.*

- I.68** Prisoners completed drug or alcohol detoxification prior to arriving at the TC. However, at the time of the inspection a prisoner on a planned subutex reduction regime had been admitted to the assessment unit owing to a communication breakdown between health care and TC staff as a result of the lack of an information sharing protocol. He was transferred to the main site (see section on health services).
- I.69** The drug treatment and interventions strategy for the whole prison included alcohol services, an annual action plan and supply reduction measures. While the strategy document was informed by a needs analysis, it was unclear what interventions prisoners in the TC required. A multi-agency committee met bimonthly.
- I.70** In our survey, 77% of prisoners said they had received support for their drug problems, similar to the comparator of 64%. At the time of the inspection, 42 prisoners were involved with the integrated substance misuse team and were positive about the support they received on a one-to-one basis; however, prisoners could not access the wide range of group work courses available to those in the main prison. Opportunities for group work interventions in the TC were restricted due to the timing of therapy sessions. There was no mechanism for regular service user consultation to inform service development.

Recommendations

- I.71 TC prisoners should have access to the range of group work courses provided by the substance misuse team.**
- I.72 The substance misuse team should assess the specific needs of prisoners located in the TC and develop interventions in consultation with service users.**

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** *All cells were single occupancy and included en suite facilities. The environment was clean and well maintained.*
- 2.2** Three accommodation blocks each comprised two self-contained therapeutic communities (TCs) on two floors. Accommodation was single occupancy and of a good standard with en suite toilets and showers. Unchanged from past inspections, some prisoners complained about poor ventilation and cells that could be too hot or cold. Each cell was equipped with a fan. In-cell telephones allowed prisoners to call registered numbers; incoming calls from outside the prison could not be received. The large central exercise area and gardens were attractive and well maintained.
- 2.3** Prisoners could use electronic kiosks on wings, known as ATMs, to carry out a range of activities, including book visits, order meals and make shop purchases. Most applications were made using the ATMs and could be tracked. More prisoners than the comparator said it was easy to make an application and that responses were fair.
- 2.4** Each TC had association equipment such as table games, a small selection of exercise equipment, a servery and a communal microwave, toaster, grill and fridge. Prisoners could eat together but still could not cook meals.
- 2.5** In the survey, 35% of prisoners reported that their cell bell received a response within five minutes, less than the comparator of 47%. Response times were recorded electronically and staff in the communications room alerted wing staff or a duty manager by telephone or radio if a cell bell remained unanswered.
- 2.6** Prisoners could purchase personal hygiene items, wear their own clothes and had good access to laundry facilities. However, in the survey 59% of prisoners said they received clean sheets weekly and 64% said that they had good access to cleaning material, less than the comparators of 74% and 80% respectively. Prisoners could have clothing posted in once a year and buy footwear and clothing from catalogues.

Housekeeping point

- 2.7** Managers should investigate prisoners' dissatisfaction with access to clean sheets and cell cleaning material.

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.

2.8 *Staff-prisoner relationships were strong and underpinned much of the good work being done. Consultation with prisoners was also very good. Personal officer arrangements were excellent and linked well to resettlement work.*

2.9 Staff-prisoner relationships were very strong; prisoners were encouraged by staff and their peers to take responsibility for their behaviour, past actions and to engage positively with the group work offered at the prison. This meant that many everyday issues were resolved through discussion, community input and compromise rather than conflict. Nearly all the men in our survey said they had a member of staff they could turn to for help with a problem. Prisoner consultation on a range of issues was built into the TC process and was very good.

2.10 In our survey, three quarters of prisoners felt their personal officer was helpful. The scheme worked well and written case file notes were regular and often detailed and demonstrated that staff knew the prisoners in their care well and adopted a holistic approach to resettlement.

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.

2.11 *The strategic management of equality and diversity was developing and outcomes for protected groups were generally equitable. Work to develop further specific support for the various diverse groups held was continuing.*

Strategic management

2.12 Dovegate had a whole prison equality and diversity (E&D) policy and individual policies for foreign nationals and prisoners with disabilities; however, none was based on a needs analysis. Monthly prison E&D meetings were chaired by the director and were reasonably well attended by staff and prisoners, including one prisoner representative from the TC. Monitoring data of protected groups was restricted to ethnicity. In August 2013, managers

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

had been appointed to take the lead on each of the protected characteristics, and the first forums under the new structure took place in September 2013.

- 2.13** Ten equality impact assessments had been completed, including on foreign nationals and the incentives and earned privileges (IEP) scheme and actions added to the E&D action plan, which was monitored at E&D meetings.
- 2.14** The full-time E&D coordinator was supported by 15 prisoner representatives across the prison. Each had a leading role for one of the protected characteristics. The three representatives from the TC took the lead on race and foreign nationals; they said they felt well supported in their work. Other prisoners in the TC were positive about the role of the diversity representatives.
- 2.15** The equality policy statement appeared in the TC and wing constitution documents, which prisoners were required to sign. There were E&D notice boards in each of the units. Most TC staff had received diversity training: the E&D coordinator delivered a one-day E&D training package to all new staff, with half-day annual refresher training, including one session delivered by prisoners
- 2.16** Discrimination incident reporting forms (DIRFs) were not readily available on most wings. Three DIRFs had been submitted since March 2013. Two had been withdrawn by the complainants, and the third received a full response, which had been investigated at an appropriate level. Responses were checked by the E&D coordinator before the director signed them off. Prisoners received a written response about the outcome of their complaint. No external scrutiny of DIRFs took place, but prisoner representatives scrutinised a random 5% of those submitted each month.

Recommendation

- 2.17** **Monitoring data should include all the protected characteristics.**

Housekeeping point

- 2.18** DIRFs should be readily available on all wings.

Protected characteristics

- 2.19** Procedures were in place to identify prisoners convicted of a current or previous racially aggravated offence or perpetrators of racist bullying in the prison. Markers were placed on case notes and cell-sharing risk assessments took these factors into account.
- 2.20** There were 27 black and minority ethnic prisoners in the TC and three black and minority ethnic staff. The main concern for prisoners in this group was the food service (see section on catering). There had been one forum for black and minority ethnic prisoners in the past six months, but the two TC prisoner representatives were the only attendees. Celebrations to mark Black History Month began during our inspection. In our survey, black and minority ethnic prisoners held similar views to white prisoners about most issues.
- 2.21** Two prisoners were listed as from Gypsy, Roma or Traveller communities, although the prison was aware of at least four others. There had been two informal meetings for these prisoners in the last six months, attended by about half of the Gypsy, Roma or Traveller prisoners from the TC. Gypsy Roma Traveller History Month had been celebrated in June.

- 2.22** All three foreign national prisoners could speak and read English. None required immigration advice and all said they felt well supported by staff and other prisoners. Foreign nationals received a free five-minute phone call once a month even if they had received domestic visits. They were also credited with £4.35 a month to pay for air mail postage. The use of Skype was being explored for this group of prisoners.
- 2.23** There were regular monthly whole prison forums for foreign nationals. The prison did not maintain a list of staff or prisoners who could speak other languages, but language services were used when required.
- 2.24** There had been one forum covering faith in the past six months, but only one prisoner from the TC attended.
- 2.25** Disabilities were identified through reception and first night procedures, but the list of prisoners with disabilities had not been maintained since November 2012. In our survey, 19% of respondents said they had a disability, and those we spoke to said that staff offered adequate support. We found no evidence of care plans or personal evacuation plans.
- 2.26** Two cells were available for prisoners with disabilities, but they had no adaptations. All areas of the prison, except upper wing landings, were accessible to prisoners with limited mobility. There had been one whole prison forum for prisoners with disabilities, but no prisoners from the TC had attended although it had been open to them. Prisoners unable to work as a result of their disability were paid £15 per week. In our survey, prisoners with disabilities reported similarly to those without a disability.
- 2.27** Twelve prisoners were over the age of 50; the oldest was 61. Prisoners retired at 65; they were paid £10 per week and did not pay for their TV. Thermal clothing was issued to older prisoners, and over 40s physical education sessions took place twice a week. There had been one forum in the past six months for older prisoners.
- 2.28** In our survey, 9% of prisoners said they were gay or bisexual. Monthly forums for gay or bisexual prisoners were held in the TC. An average of six prisoners from the TC attended them and prisoners felt well supported.

Recommendations

- 2.29** Prisoners with disabilities and older prisoners with identified needs should have a care plan informed by health care and residential staff, and about which they should be consulted.
- 2.30** Personal evacuation plans should be in place as appropriate. Staff should be aware of prisoners requiring assistance in the event of an emergency.

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.

2.31 *Prisoners received good faith provision and pastoral support, and plans were well underway to re-open the faith observance centre in the TC. Regime clashes made it difficult for some prisoners to attend worship.*

2.32 The large chaplaincy supported all faiths represented in the TC. The team met bimonthly and was still adapting to a multi-faith ethos. The chaplaincy journal had not always been used to pass on key information, but this was being addressed.

2.33 The Christian chapel and multi-faith rooms provided a good environment for worship, but it was disrespectful for the loudspeaker system to be used during worship. Washing facilities for Muslims were adequate. Plans were well underway to re-open the faith observance room in the TC.

2.34 Corporate worship took place weekly for most faiths and Mormons met once a fortnight. The regime sometimes clashed with religious activities and prisoners said it was difficult to attend corporate worship and study groups (see section on time out of cell).

2.35 In our survey, fewer prisoners than the comparator said they were given information about the chaplaincy when they first arrived or could speak to a faith leader in private, although we found no evidence to support this.

2.36 Faith events were celebrated throughout the year. Pastoral support was good and there were regular bereavement support groups.

2.37 Prisoners could order religious artefacts from a catalogue held by chaplains. Links with community faith support groups were good; they provided post-release support, focusing on, for example, mentoring, job placements, housing, education and substance misuse.

Housekeeping point

2.38 The loudspeaker in the multi-faith centre should not be used during faith observance.

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.

2.39 *Most prisoners said it was easy to make a complaint. Responses to complaints were frequently late, curt and dismissive, and there were no management checks in place to address this. We were, however, reassured that managers were taking action to address these shortfalls.*

2.40 Complaint forms were readily available. Most prisoners said it was easy to submit a complaint. A few prisoners said they had been prevented from submitting complaints, which appeared to be because they were asked to resolve matters in community groups.

2.41 Given the focus on therapy it was not surprising that there were few formal complaints. Complaints boxes were emptied on week days by the complaints clerk. Prisoners said that

boxes were located in front of staff offices. Most complaints were about food. There had been four minor complaints about staff in the past six months, which had been investigated at an appropriate level.

- 2.42** The senior management team did not monitor complaints. Responses were frequently late, curt and dismissive, and no management checks were in place. We were however reassured, that managers were taking action to address these shortfalls.

Recommendation

- 2.43** Responses to complaints should be timely, polite and address the concern raised.

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.

- 2.44** *Demand for legal services was low. Legal visits facilities were good and prisoners reported that it was easy to communicate with their solicitor or legal representative.*

- 2.45** There were no formal legal services, but the demand was low. Assistance was provided through offender supervisors, and prisoners had access to a foreign nationals officer and family support worker. The offender management unit had invited a representative from the Criminal Cases Review Commission to give a presentation in November 2013.

- 2.46** Data on the number of legal visits were not disaggregated from the main prison (see also recommendation 1.24). Legal visits took place every morning except Tuesday. There were five well equipped legal visits rooms. The library held a good supply of legal books and prisoners had access to Prison Service Instructions.

- 2.47** In our survey, 82% said that it was easy or very easy to communicate with their solicitor, an improvement since the last inspection (65%) and better than the comparator (60%).

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.

2.48 *Clinical governance was generally good, although there was no agreed protocol for sharing confidential medical information with TC therapists. TC residents were very critical of access to health care services. The health centre was too small to accommodate the good range of therapeutic activities on offer. Primary care was as good as services in the community. However, failure-to-attend rates for some clinics were unacceptable and TC residents did not have access to health services on the wing. External hospital failure-to-attend rates were increasing owing to a lack of escort staff. Pharmacy and dental services were generally good and mental health services were impressive.*

Governance arrangements

- 2.49** The health service, commissioned by Serco, was provided by Serco Health. The health needs analysis provided a comprehensive overview of requirements for Dovegate. The partnership board met regularly and clinical governance structures were effective.
- 2.50** The Dovegate prisoner and resident information and activities committee (PRIAC) provided prisoners with a forum for discussion about health care, which representatives from each TC community attended. There were occasional health care satisfaction surveys which gave generally positive results. However, in our survey and focus groups, TC residents were very unhappy with the quality of health care compared to the comparator and were not well informed about what to expect from community NHS services.
- 2.51** Staffing levels were sufficient to offer a 24-hour service. Dovegate was recruiting to fill six vacancies; TC residents said the use of temporary agency staff disrupted their care. The staff skills mix was rich and staff training and clinical supervision opportunities were good, although not all staff took advantage of them. Administrative support was particularly good.
- 2.52** SystemOne, the electronic clinical information system, was in use, but terminals were not available in the TC or in-patient unit. The use of patient care plans across all disciplines was commendably high; they reflected national clinical guidelines and were subject to clinical audit. Plans were in place for the prevention and management of communicable diseases.
- 2.53** There was no information sharing protocol. Difficulties in sharing confidential medical information relating to TC residents had to be resolved on a case-by-case basis; the TC also used a compact to insist that residents share this information with the community. A second consent form was used to gain consent to share information on medications with relevant prison departments. TC therapy staff said that insufficient medical information was being shared.
- 2.54** TC residents had equitable access to health services, but, unlike other Dovegate prisoners, they did not have access to routine wing-based services. TC residents also experienced excessive delays when they went to and from health care services caused by escort problems and spot counting of prisoners. Health centre waiting rooms were poor with hard metal bench seating and bare walls. TC residents spent up to two hours in these rooms

waiting to be seen or after being seen. As TC residents mixed with non-TC residents there was the potential for intimidation.

- 2.55** The general health centre environment was adequate, but the clinical space was not big enough to accommodate the range of clinics efficiently or provide decent therapy rooms for mental health; yet there were four unused clinical rooms on the TC site. Plans to reconfigure the use of space had been discussed, but no progress had been made. Minor infection control issues required attention, such as the lack of paddle taps, hand-washing advisory notices and wipeable chairs in some rooms. Cleanliness required improvement in some areas, for example, the second reception room was cluttered with old discarded materials, the floor was grubby and it smelled of stale food.
- 2.56** We were informed that emergency ambulances were sometimes delayed at the prison gate. A full range of standard clinical, occupational and mobility equipment was available. Airway support kit and automated external defibrillators (AEDs) were available in the health care department and were checked regularly. An AED was located in the doctor's room in the TC, to which custody officers did not have access. This could have delayed a response in an emergency. Thirteen per cent of TC staff had been trained in first aid and cardiopulmonary resuscitation.
- 2.57** We observed health care staff behaving in a professional manner and considering patients' privacy and dignity. Twelve TC residents (7%) were aged 50 or over. A senior nurse led on the care of older prisoners and plans for a more comprehensive service for this group were underway. Health screening took into account a prisoner's age, as did immunisation and vaccination programmes and staff were developing screening for learning disabilities (see section on equality and diversity).
- 2.58** Barrier protection was available to prisoners in the TC, although it was not advertised because sexual activity was discouraged among TC residents. Prescribing for nicotine replacement therapy was available.
- 2.59** Prisoners were given an information pamphlet about health services. Health promotion in the health centre was good, but there was a lack of material in waiting rooms and in the TC and not all material was up to date. A recent Dovegate health and wellness event had been well received.
- 2.60** Complaints usually received an appropriate response and were first routed through the general prison complaints system, which was not confidential. We observed complaints being recorded in patients' clinical records, which was not acceptable.

Recommendations

- 2.61** **SystemOne should be available to clinicians wherever it is required to offer efficient clinical services.**
- 2.62** **There should be a protocol for information sharing between TC therapists, Serco Health and Staffordshire and Shropshire NHS Mental Health Foundation Trust.**
- 2.63** **Wing-based health services should be available in the TC.**
- 2.64** **Health care rooms should be rationalised to ensure optimal use, comply with relevant infection control standards and be clean; cleanliness should be subject to documented checking.**

- 2.65 Automated external defibrillators should be accessible where they are most likely to be used.**

Housekeeping points

- 2.66** Prisoners should be provided with clear information about the level and quality of health care they should expect.
- 2.67** Serco Health should make the receipt of clinical supervision a requirement of its staff; supervision should be recorded in staff members' personal records.
- 2.68** The health centre waiting rooms should have more appropriate seating and the space used to promote health and wellbeing.
- 2.69** Health-related displays and posters in the TC should be kept up to date.
- 2.70** The process for patients to make written complaints about health care services should preserve medical confidentiality.

Good practice

- 2.71** *The use of care plans for prisoners with long-term or complex conditions enabled staff to monitor changes in a patient's condition and treatment in a consistent and effective way.*

Delivery of care (physical health)

- 2.72** Health screening and assessment were good. Prisoners had daily access to nurse triage and clinics in areas such as primary care, lifelong conditions, physiotherapy, optometry and sexual health. Nurse practitioners and prescribers provided a nurse-led service. Care was well managed and nurses knew their TC patients.
- 2.73** TC residents could track their health care appointments through the ATMs; 16% of TC residents used health care services at the time of our visit. Patients could visit a GP within five days (on the same day in an emergency); out-of-hours GP services were rarely used. The appointments system was well managed and waiting lists were short other than for smoking cessation, which was extensive – 186 were on the list, 45% of whom had been waiting between 13 and 33 weeks for support. Failure-to-attend rates were too high – commonly 12% to 28%. On some occasions in August and September 2013, there had been 100% non-attendance for some clinics; 66% occurred because of a lack of custody officers to escort them to the health care department or spot checks. The consistently high failure-to-attend rate was the worst we have seen.
- 2.74** External health care appointments were often cancelled at short notice and had a failure-to-attend rate of 16.5% (owing to a lack of escorts) in the first six months of 2013/14. This was worse than the same period last year (12.5%). The in-patient unit was rarely used by TC residents.

Recommendations

- 2.75 The partnership board should implement strategies to reduce the waiting time for the smoking cessation programme.**

2.76 The partnership board should take steps to reduce failure-to-attend rates for internal and external health care appointments.

Pharmacy

- 2.77** A pharmacist visited the prison for two hours a week. A pharmacy assistant with no accredited pharmacy training ran the pharmacy during the week. No medicines were stored on the TC site.
- 2.78** The pharmacist ran a polypharmacy clinic every three months, which was not publicised; it saw five patients. In practice, the majority of patients could not see a qualified pharmacist.
- 2.79** The pharmacy had standard operating procedures but some required updating and not all of them had been signed by the appropriate staff members. There was an in-possession medication policy and some patient group directions (PGDs), which enable nurses to supply and administer prescription-only medicine, but no formal out-of-hours policy. Risk assessments for in-possession medication were attached to SystmOne and reviewed annually or when there was a change in a patient's circumstances, but not necessarily when there was a change in medication. A prescribing formulary was used appropriately, as was the *Safer prescribing in prisons* document.
- 2.80** The well attended Dovegate medicines management committee met quarterly. The weekly health care multidisciplinary team meeting was attended by the pharmacy assistant.
- 2.81** SystmOne was used for prescribing medicines but not for administration. Ninety-six per cent of TC residents had in-possession medication, which was reviewed each time a prescription was received. Two patients had been prescribed in-possession medicines, which were not permitted under the policy, but had been sanctioned by the multidisciplinary team meeting. Patients who received their medicines in possession were prompted verbally by the pharmacy assistant to re-order them in time, but there was no related audit trail. We saw several Dovegate patients, who had been prescribed supervised night-time sedation, receive their medication before the evening. Some medicines, including paracetamol and ibuprofen, were available from the canteen on request.
- 2.82** Pharmacy stock management was generally good, but there were no formal procedures for reconciling medicines used out of hours or through PGDs. The cupboard containing the PGD medicines was not labelled as such and there was no list of medicines that were used out of hours. Fridge temperatures were monitored, but a number of days were recorded as outside the specified limits with no remedial action taken to bring them back within the limits. There were no formal date-checking records.

Recommendations

- 2.83 The partnership board should ensure that Dovegate patients are able to see a qualified pharmacist for medication use reviews and that the pharmacy assistant undergoes an accredited pharmacy training course.**
- 2.84 An out-of-hours policy should be introduced. The list of approved medicines that can be supplied out of hours should be clearly displayed where the medicines are stored.**
- 2.85 The in-possession medication policy should cover any approved exceptions. Prescribing and recording practices should adhere to the policy.**

2.86 Supervised medications should be administered at the prescribed times.**Housekeeping points**

- 2.87** Standard operating procedures should be up to date with documented evidence that appropriate staff have been trained in them.
- 2.88** SystemOne should be used for the administration of medicines.
- 2.89** ATMs should be used to alert patients when to re-order their prescriptions and when to collect them.
- 2.90** PGDs should include appropriate step-up medicines for pain management.
- 2.91** Stock reconciliation procedures should include items supplied out of hours and through PGDs.

Good practice

- 2.92** *The pharmacy assistant checked the risk assessment each time a prescription for in-possession medication was received, which regularly updated the risk profile.*

Dentistry

- 2.93** TC residents said they were satisfied with dental care. There was no waiting list for initial dental assessment. The dental surgery was equipped to a high standard and had a separate decontamination area. Dental waste was appropriately managed and compliance with regulations was good.

Delivery of care (mental health)

- 2.94** TC residents appreciated the support they received from mental health practitioners. They had good access and could refer themselves. Eighty-five per cent of uniformed officers had received training in mental health awareness. Counselling was available for TC residents.
- 2.95** Primary mental health services were among the best we have seen. Six mental health nurses provided prisoners with comprehensive assessments, support and solution-based and other therapies. Several TC residents were using the services at the time of our visit. Therapy was coordinated with the mental health in-reach team (MHIRT), which was provided by South Staffordshire and Shropshire Mental Health NHS Foundation Trust. Meetings were held with consenting patients and TC therapists to ensure effective communication.
- 2.96** Patients with psychotic illnesses were excluded from the TC, even if they had been stabilised on treatment for several years; it was unclear where these prisoners could receive treatment. The MHIRT assisted residents with serious mental illnesses who were leaving the TC. There was no protocol for sharing confidential medical information between the Trust and TC therapists (see section on governance arrangements).
- 2.97** Nine prisoners had been transferred from Dovegate under the Mental Health Act since September 2012, a few of them outside the transfer time guidelines.

Recommendation

- 2.98** The partnership board should consider the provision of a TC for prisoners with stable long-term mental illnesses who might benefit from the approach.

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.

2.99 *Many prisoners did not like the food, stating that the quality and quantity were poor. Staff supervision on most serveries was insufficient, which meant prisoners serving food adopted poor practices. Food trolleys were dirty, as was the prisoner changing room in the kitchen, where we also found offensive graffiti.*

- 2.100** The four-week menu cycle changed twice a year and catered for all diets. Prisoners ordered meals through wing ATMs; symbols and pictures aided selection. Many prisoners disliked the food, stating that the quality and quantity were poor: few staff allowed them to have second helpings if they were available. Cereals were available for breakfast every day and toast was available all day. Lunch was served too early at 11.45am. Some cultural and religious festivals had been celebrated with special meals. There was a good supply of fresh produce from the prison gardens.
- 2.101** Meals were eaten communally. Prisoners had kettles in their cells, and microwave ovens, fridges and toasters were available on wings. The TC kitchen was opened every month so prisoners could prepare food for family and community days.
- 2.102** There were monthly food consultation meetings and an annual survey. Food comments books were not readily available on all wings, but caterers' responses to comments were appropriate. Daily servery checks by officers and managers were only regularly completed on one wing. Supervision of wing serveries was poor, which meant that those serving food adopted bad practices. For example, Muslim prisoners were particularly unhappy about the treatment of halal food. Food trolleys were dirty, as was the prisoner changing room in the main kitchen, where we also found large amounts of offensive graffiti.
- 2.103** Prisoners working in food service areas received basic food hygiene training. Kitchen workers could also complete NVQ levels 1 and 2 in food preparation and hospitality.

Recommendations

- 2.104** Lunch should not be served before 12 noon.
- 2.105** There should be a thorough analysis of this year's food survey, with an action plan to improve prisoners' perceptions about food, monitored for completion by the senior management team.
- 2.106** Staff supervision and management oversight of wing serveries should be improved to prevent poor practices and ensure that daily checks, including management checks, are completed.

Housekeeping point

- 2.107** The prison should consider allowing TC prisoners to use the TC kitchen more often to prepare their own meals.

Purchases

Expected outcomes:

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

2.108 *There was a good twice-weekly canteen service and access to catalogue shopping. More prisoners than the comparator said the shop sold a wide enough range to meet their needs.*

2.109 Shop orders were placed using wing ATMs, which also enabled prisoners to check their finances. Prisoners received their first full canteen order within three days, and twice weekly thereafter. In our survey, more prisoners than the comparator said the in-house shop sold a wide enough range to meet their needs. Some items were cheaper than at leading supermarkets. Orderlies distributed orders under minimal staff supervision.

2.110 The shop manager frequently attended weekly prisoner consultation forums. The product list was formally reviewed twice a year, and the manager was responsive to prisoner requests at other times. Prisoners could order from 23 catalogues and place newspaper orders through the finance department. Shop profits were used to purchase items for the benefit of prisoners, such as the exercise equipment in the grounds.

Good practice

2.111 *Prisoners could receive a first canteen order within three days of arrival and thereafter twice a week.*

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 and access to outside exercise were good, but problems reconciling the roll affected the regime.*

3.2 Nearly all prisoners attended therapy and a range of other activities which supported this. The well publicised regime offered all prisoners 10.75 hours out of their cell on week days, which was normally achieved. Including weekends, prisoners' average time out of cell was 10 hours a day.

3.3 Exercise in the open air was available twice a day for half an hour and longer at weekends. Prisoners from all communities now exercised together in a pleasant landscaped area, equipped with benches and exercise equipment.

3.4 Roll management arrangements were poor. Frequent incorrect rolls (often owing to errors in the main prison) caused multiple recounts. These delayed movements to activities in the therapeutic community (TC) and caused severe disruptions to therapy. Problems were further exacerbated by daily staff shortages, which led to group work cancellations, missed health care appointments and difficulties accessing religious activities (see paragraphs S33 and 4.61).

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.

3.5 *Learning and skills aimed to support the main therapeutic activity of the prison. Projects to improve teaching and learning were underway, although it was not yet clear whether these were having the desired effect. Quality improvement processes were in place but needed to be applied across all provision. Teaching and learning was mostly good and learners were responsive, engaged and well behaved in classes. Class attendance was not monitored sufficiently and more needed to be done to challenge reasons for non-attendance. The range of provision was adequate and being expanded to add more variety, but it currently did not meet the needs of prisoners with disabilities or learning difficulties. Prisoners developed good skills, particularly in vocational training and in the gardens working party. The collection and use of data to evaluate success rate outcomes needed further development. The library provided an adequate service.*

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.

3.6 *Ofsted⁵ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Required improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Required improvement</i>

Management of learning and skills and work

- 3.7** The management of learning and skills required improvement. Strategic planning was under-developed. The objectives of the learning and skills strategy for the TC were too broad and as such action planning and target setting were not specific enough to develop provision specifically for TC learners.
- 3.8** The quality improvement policy was comprehensive. Although some procedures for reviewing the standards and quality of provision had been applied, their application was not consistent across all provision. The outcomes of some quality reviews had not yet been analysed to inform improvements or staff development activities. For example, the outcomes of individual observations of teaching and learning led to good action planning for teachers, but did not inform an annual staff development plan and any identified good practice was not systematically shared. Some effective projects were in place to develop the quality of teaching and learning, but these were at an early stage of implementation and their impact on improving outcomes for learners was not yet evident.
- 3.9** The quality improvement group met regularly and a standard agenda ensured that key aspects of the provision were reviewed regularly. Prisoner representation on the group helped inform provision. Learners' views gathered through surveys and focus groups were used well to inform curriculum planning. The self-assessment report and process needed to improve. The report identified key strengths and areas where progress needed to be made but provided little evidence to support the grades for outcomes, quality of provision or leadership and management. The head of learning and skills had introduced training for staff and was developing the process.
- 3.10** Full-time staff were well qualified. All had been trained in specific support strategies for prisoners in therapy. The promotion of equality and diversity was good and competition prizes were offered in ceramics classes for art pieces that celebrated diversity. Learners attended an ability week event to promote their understanding of disability. The prison also provided a range of activities to promote understanding of different cultures.
- 3.11** The use of success and retention rate data required improvement. A data project to improve the collection and analysis of data was in progress, but as yet no headline data on course performance were available so that staff could analyse performance and set improvement targets.

⁵ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Recommendations

- 3.12 Objectives in the strategic plan should be precise to enable managers to set clear and measurable targets in action plans.**
- 3.13 Quality improvement processes, including self-assessment, should be applied consistently across all provision.**
- 3.14 The data project should be completed swiftly to ensure it provides sufficient data on course performance, enabling managers to analyse them and set improvement targets.**

Provision of activities

- 3.15** There were approximately 77 activity places available in the morning and afternoon, which adequately met the needs of the population. Prisoners attended education, training and work activities for half a day and therapeutic community activities for the other half.
- 3.16** Attendance at scheduled activities varied but was predominantly low at around 70% to 75%. The reasons for non-attendance were not sufficiently monitored or challenged. Punctuality on occasion was poor and linked to frequent problems reconciling the roll.
- 3.17** The range of vocational training and education activities was adequate. In education, prisoners could study English and mathematics up to level 2 and business studies and information technology up to level 3. Art and ceramics courses were non-accredited. Plans were well underway to enhance the curriculum by introducing additional programmes such as performing arts, GCSE English, accounting and bookkeeping and telephone cleaning. Provision for Open University and distance learning courses was good, with learners studying a range of subjects including social science, drug awareness, business management, horticulture, counselling and accounting. Men on the assessment unit needed more opportunities.
- 3.18** Vocational training included horticulture and business and industrial cleaning science (BICS) at levels 1 and 2. Prisoners worked in the gardens as orderlies, wing painters and learning support assistants and most jobs sufficiently occupied them.
- 3.19** The range and take-up of learning programmes and activities for learners with learning disabilities or difficulties required improvement. Relatively few were attending education classes and two were attending the prison's gardens working party.

Recommendations

- 3.20 Attendance should be monitored and poor attendance appropriately challenged.**
- 3.21 Specific provision, particularly in English and mathematics, should be provided for learners with learning disabilities or difficulties.**

Quality of provision

- 3.22** Teaching was mostly good, with teachers using a good range of resources in well-equipped teaching rooms, especially in ceramics and art. However, few classrooms were equipped with interactive white boards so that teachers could use technology to enhance their

teaching sessions. In education classes, the development of learners' English and mathematics skills was limited. In contrast, these skills were very well developed on the BICS course. Prisoners worked productively with minimal supervision and were well-focused on their learning. Behaviour during learning sessions was good. Support for prisoners studying Open University and distance learning courses was good.

- 3.23** The initiative to cater for those with learning difficulties brought up a number of issues. For example, when prisoners with learning difficulties were in mixed classes with other prisoners, teachers struggled to meet their individual needs, which disrupted lessons for other more able learners. Many of these prisoners found it difficult to concentrate during lessons, which were 2.5 hours long.
- 3.24** The introductory adult education teaching and peer mentoring courses were well attended. Qualified learners were a valuable additional source of support for peers in classes when they lacked confidence or needed help with English and mathematics. However, the prison often struggled to allocate a learning support assistant to every prisoner who required help.
- 3.25** Individual learning plans were often poorly completed and teachers did not always indicate learners' starting points, progress to date or their long- and short-term learning aims in sufficient detail.
- 3.26** In vocational workshops, the quality of teaching and individual coaching was good. Prisoners enjoyed their vocational training in a purposeful and good humoured environment and developed good practical skills. Training sessions included effective links between theory and practical tasks and effective use of discussion and question and answer sessions to reinforce their understanding. Tutors were highly motivational, helping learners to build their confidence and attempt new tasks. Equipment levels were generally good in vocational workshops and prisoners were well trained in the use of personal protective equipment. Prisoners benefited from very good coaching that prison officers responsible for the gardens working party offered.
- 3.27** The BICS course promoted functional English and mathematics skills with exercises specific to the science of cleaning. Prisoners recorded their own progress on a wall chart. They were also encouraged to write their own mid-year progress reports and assess their own progress.

Recommendations

- 3.28** **Teachers should build into their lessons activities that develop learners' English and mathematics skills in the context of the lesson.**
- 3.29** **Teachers should regularly complete learners' individual learning plans reflecting on the progress they have made in lessons and setting clear and measurable targets so that prisoners know what to do to improve.**
- 3.30** **Managers should ensure that learning sessions are not too long, so that prisoners with learning disabilities or difficulties are able to maintain their concentration.**

Education and vocational achievements

- 3.31** Educational and vocational achievements required improvement. No data was available so we were unable to judge overall success or course retention rates (see paragraph 3.14).

However, prisoners mostly developed good skills in classes and made progress, which was monitored well by tutors in vocational training and education.

- 3.32** In ceramics, the standard was particularly high; prisoners' work was displayed at external arts events and learners had been successful in the Koestler awards. In the BICS course, prisoners developed good business, entrepreneurial and work readiness skills. The standard of work was good in horticulture. The gym offered recreational physical education (PE) through an eight-week AQA award in football at level 1. All those who completed the course achieved the qualification.

Library

- 3.33** The library was a well-used resource. Its opening hours were adequate and prisoners had good access. In the past month, just over half of residents had borrowed one or more items. The library had a good range of stock, but some was out of date; the librarian was in the process of refreshing old stock. The range available included fiction, non-fiction and books in other languages. A good range of CDs and DVDs were popular with residents. Legal material and Prison Service Instructions were available on request. The library offered a well used Storybook Dads programme (in which prisoners record stories for their children) and a regular and well attended quiz. However, the range of activities that the library provided to promote literacy was narrow.

Recommendation

- 3.34** The range of activities to promote literacy should be increased.

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.

- 3.35** *Recreational PE and facilities were good, but too few prisoners participated. More needed to be done to encourage attendance. The range of courses was inadequate and none were running at the time of the inspection, although some were planned. Links with the health care department ensured that prisoners were fit to participate in PE activities.*

- 3.36** Eight well qualified instructors staffed the PE department. Two orderlies shared a full-time post and supported the instructors. Facilities were good and new cardiovascular and weight-training equipment had been installed since the previous inspection. Access was satisfactory with three sessions on offer each week. Prison information revealed that PE was attended by approximately 49% of the population, which was low. It was promoted through focus groups, but this was not sufficient to ensure all prisoners received the most current information. The range of courses offered was inadequate, with only one accredited eight-week course in AQA football at level 1 running in recent months. The team was planning to reintroduce nutrition and healthy living courses. Good links with the health care department ensured prisoners were fit enough to exercise.

Recommendations

- 3.37 A focused promotion strategy to increase participation in PE should be put in place.**
- 3.38 A broader range of vocational and practical courses should be developed.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at 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** *There was a whole prison approach to reducing reoffending, and a continuing process of individual assessment was maintained through regular therapy reviews. The reducing reoffending strategy and associated meetings lacked focus.*
- 4.2** Prisoners and staff understood that the purpose of Dovegate Therapeutic Community (TC) was to reduce the likelihood of reoffending, and prisoners worked closely with TC staff, their offender supervisor and other staff to this end.
- 4.3** The needs of each prisoner were identified during their initial assessment period, and treatment targets set on entry to a community. A continuing process of individual assessment was maintained through regular therapy reviews (see section on reintegration). At each review, prisoners produced a written plan to address their identified needs under the resettlement pathways.
- 4.4** The reducing reoffending strategy differed little from that of the main prison and did not describe the aim of the TC or its role in the wider prison estate. There was no information about how the prison would address the specific needs of prisoners with learning disabilities in Venture TC or other prisoner groups. The strategy was not based on a needs analysis. It had named lead staff members for each pathway and set targets for development, but in most cases these applied to both the TC and the main prison.
- 4.5** Reducing reoffending meetings were planned quarterly, but only two had taken place in the year to September 2013, and not all departments were represented. The meetings covered both the TC and the main prison, but minutes demonstrated little discussion specific to the TC.
- 4.6** To run efficiently, the establishment needed a sufficient number of suitable men to fill all available places. The prison raised awareness to maintain the population, running open days for staff from other prisons. The co-commissioning intentions contained in the offender personality disorder strategy (Department of Health, 2012) could have assisted with promotion, but the aims of the strategy were yet to be realised.
- 4.7** No research into the impact of the TC on reconviction rates had been completed since 2008; however, the prison was currently involved in a national research project, commissioned by the National Offender Management Service, to assess the effectiveness of therapeutic interventions.

Recommendation

- 4.8 The reducing reoffending strategy should be specific to the TC and based on a needs analysis; a specific TC governance meeting should be held.**

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.

4.9 *The offender management unit was well established and offender supervision work good. Prisoners subject to mail and telephone monitoring were not informed. Categorisation reviews were up to date. Indeterminate sentence prisoners received specific support.*

- 4.10** The established offender management unit (OMU) was based in the main prison, and consisted of six pods, each with two or three offender supervisors (OS) and two case administrators. The team of OSs included four seconded probation officers (two full-time and two part-time) who managed most, but not all, indeterminate sentence prisoners. Supervisors worked with prisoners in the TC and the main prison, and caseloads were generally high at around 70-75.
- 4.11** Prison-employed OSs had received offender assessment system (OASys) training and eight had undertaken three-day TC awareness training; a few had also participated in motivational interviewing training.
- 4.12** There was no published strategy to describe the work of the OMU and no full team meetings; only the pod managing indeterminate sentence prisoners held regular meetings. Probation officers were supervised by a manager from the local probation trust and OMU managers provided prison-employed supervisors with formal casework supervision.
- 4.13** Every prisoner in the TC was allocated to an OS, and two supervisors, had in September 2013 been allocated to each TC. This made prisoner contact easier and improved communication between the various staff teams.
- 4.14** In our survey, 95% of prisoners said they had a supervisor against 84% in the comparator, and 67% said their supervisor was working with them to achieve their sentence plan, against a comparator of 38%. Responses to most questions about preparation for release were considerably more positive than the comparator.
- 4.15** Offender supervisor work was of a good standard, and records showed appropriate contact with prisoners. Most supervisors spoke confidently and knowledgeably about the prisoners they worked with.
- 4.16** Most staff routinely used P-Nomis, the Prison Service IT system, to record interactions and developments with prisoners, however, education learning plans were not generally included in case files.
- 4.17** Eighty-six prisoners (48%) were in scope for offender management (prisoners serving 12 months or more and classified as posing a high risk to the public). Twenty-one (24%) did not

have an up-to-date OASys or sentence plan, which were offender managers' responsibility; the reasons were known and monitored. Most supervisors said contact with offender managers at review and sentence planning boards was good and took place either in person or via video or telephone link.

Housekeeping point

4.18 All offender supervisors should undertake TC awareness training.

Public protection

4.19 Fortnightly public protection meetings discussed the need for, and management of, those subject to public protection procedures. Monitoring was regularly reviewed and ceased when it was no longer necessary. Prisoners were screened for public protection issues on arrival and those subject to restrictions were seen by an OS.

4.20 The mail and telephone calls of four prisoners in the TC were being monitored during the inspection. Prisoners signed a disclaimer on arrival to say they understood that their telephone calls and mail might be monitored, but were not informed when this was actually the case.

4.21 Three prisoners were subject to multi-agency public protection arrangements (MAPPA) level 2 (where the active involvement of one or more agency is required) and three at level 1 (which covers the lowest risk level). A further 25 were MAPPA nominals. OSs provided written reports, but did not attend community meetings.

4.22 Monthly 'high-risk' meetings reviewed prisoners at six months, three months and one month pre-release. Meetings were not generally attended by a health care representative, although the terms of reference required this.

Recommendation

4.23 Prisoners subject to mail and telephone monitoring should be informed.

Housekeeping point

4.24 Health care should be represented at the high-risk meetings.

Categorisation

4.25 Categorisation reviews were up to date and were conducted annually or at six-monthly intervals for those with two years or less to serve. Prisoners sought backing from their community and the opinions of key staff were considered by a senior manager. Nine prisoners had moved from category B to C during the year to date.

Indeterminate sentence prisoners

- 4.26** Seventy-nine per cent of prisoners were serving indeterminate sentences. Each community had an indeterminate sentence prisoner representative. Meetings for representatives, chaired by an OMU manager, had been introduced in July 2013.
- 4.27** Family members of prisoners serving indeterminate sentences could meet an OMU manager and the prisoner's OS at family inductions, which could be organised at any stage of the sentence. Occasional events were organised, including a presentation from the Criminal Cases Review Commission and a family day for indeterminate sentence prisoners.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed 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 *Most prisoners were working towards reintegration into a mainstream prison environment. Six prisoners had been released from the TC in the last year and had been provided with reintegration support. Links between education and sentence planning needed to be further developed. Prisoners being transferred took part in pre-discharge health consultation meetings. There were links to the prison-wide drug treatment and interventions strategy group. Debt and benefit advice was available from the resettlement unit. Some good children and families support was provided but those on the standard regime level were excluded from participating in family days. Prisoners were positive about the benefits of therapy, but there were some problems in the running of communities which risked undermining this work.*

- 4.29** The resettlement focus for most prisoners was to undergo therapy to reduce their risks and demonstrate their suitability for progression to less secure conditions. Prisoners' needs were identified during the assessment period. Treatment targets were set on entry to a community and reviewed three months later and at six monthly intervals thereafter. Prisoners' plans to address needs identified under each resettlement pathway were also reviewed (see section on strategic management of resettlement).
- 4.30** Prisoners left the TC either through a progressive move once therapy was completed, or when they voluntarily withdrew or were voted out, in which case they were moved promptly to the main prison.
- 4.31** During the inspection, six prisoners had completed therapy and were waiting for a suitable move. The reducing reoffending strategy did not state how prisoners would be helped to manage the transition to a non-TC environment, such as an open prison, or supported once they were there. Twenty-eight end-of-therapy reports were outstanding, two of which dated back to 2010 and three to 2011.
- 4.32** There were plans for those who had completed therapy to live in the assessment unit for three months to mentor new arrivals before transfer. This would help stabilise the unit (see section on early days in custody).
- 4.33** The resettlement unit in the main prison had a resettlement information centre, where a variety of information was available. The prisoner who ran it was a qualified peer mentor but had not received training on confidentiality protocols when dealing with requests from

prisoners. His work was monitored informally every day. Reintegration services were advertised in TCs. Prisoners could attend a monthly 'resettlement marketplace' where service providers set up information stalls, but access was sometimes prevented owing to a lack of escort staff.

Recommendations

- 4.34 Prisoners should receive help to manage the transition to non-TC environments.**
- 4.35 Managers should ensure that end of therapy reports are completed within the expected timescale.**
- 4.36 The work of orderlies in resettlement should be monitored to ensure compliance and confidentiality.**

Accommodation

- 4.37** None of the six prisoners released during the year had left without an address. OSs and staff in the communities worked with prisoners to provide assistance, and specialist accommodation support was available through the resettlement unit.

Education, training and employment

- 4.38** The prison had established good links with external support agencies and some notable employers. There was no internet access to support curriculum vitae preparation or job search activities, although few prisoners were resettled into the community. Employers and support agencies were present at the monthly resettlement market place event.
- 4.39** Information advice and guidance was good overall. When prisoners completed their assessment in the TC, they received an initial assessment and, where appropriate, an additional assessment for dyslexia. Prisoners received course information to encourage them to participate in education and training. Communications between information advice and guidance and resettlement were good. There were insufficient education progress records in sentence plans and education staff rarely attended sentence planning boards.

Recommendation

- 4.40 The links between sentence planning and education should be further developed to ensure that the OMU receives accurate and timely education progress reports to inform prisoners' sentence plan targets.**

Health care

- 4.41** Prisoners being transferred from the TC took part in pre-discharge health consultation meetings. Serco Health used a modified Liverpool care pathway approach (model of care for those who are dying) to palliative care.

Drugs and alcohol

- 4.42** The integrated substance misuse team (ISMT) was represented at relevant multi-agency meetings, including the weekly forum on a collaborative approach to prisoners' safety, where the care of prisoners with complex needs was discussed. While the ISMT provided a confidential service, prisoners told their therapy group that they were in contact with the team. The TC unit manager attended the drug treatment and interventions strategy group, which met bimonthly.
- 4.43** Substance misuse staff attended sentence planning meetings and liaised with OSs. Very few prisoners were released from Dovegate TC, but the ISMT had built strong links with local community-based services.

Finance, benefit and debt

- 4.44** OSs and staff in the communities worked with prisoners to provide support, and specialist debt and benefit advice was available from the resettlement unit. Prisoners could open bank accounts during the last two years of their sentence.

Children, families and contact with the outside world

- 4.45** In our survey, 64% of prisoners against a comparator of 39% said that staff had helped them to maintain contact with family and friends. Staff comments in wing files supported this.
- 4.46** Visits could be booked in a variety of ways, including by prisoners. Families and friends could also transfer money electronically into prisoners' accounts through a central account. Visitors and some staff told us that visitors had to show photographic identification on every visit, despite the biometric system in place.
- 4.47** Each TC organised four family days annually, but prisoners on the standard regime were excluded. A knowledgeable family support worker helped prisoners maintain contact with their children and supported those undergoing separation or child protection procedures.
- 4.48** The visitors' centre remained a booking-in facility, providing little proactive support. Facilities were clean, but there were no refreshments or drinking water. Visitors complained about late start to visits at weekends.
- 4.49** Visitors who were indicated by drug detection dogs were offered a closed visit or could leave; no additional intelligence or individual risk assessments took place.
- 4.50** The TC visits room was comfortable and bright. Refreshments were only available from vending machines, which prisoners could not access; they were also prevented from using the toilet. Fathers could play with their children, but the choice of toys and books provided was limited and of poor quality. It was common for visits to take place in the main prison visits room, particularly at weekends, due to insufficient staffing levels.
- 4.51** Ten per cent of prisoners were routinely strip-searched after visits, irrespective of any specific intelligence.

Recommendations

- 4.52** Prisoners on the standard regime should not be excluded from children's visits.

- 4.53** Prisoners should be able to use the vending machines and access the toilet during their visit.
- 4.54** Prisoners should not be strip-searched unless specific intelligence suggests this is necessary.

Housekeeping points

- 4.55** Access to drinking water should be provided in the visits centre.
- 4.56** The choice and quality of toys and books in the visits room should be improved.

Good practice

- 4.57** *The electronic transfer of money was swift and meant cheques or postal orders were not needed.*

Attitudes, thinking and behaviour

- 4.58** Therapy was the main accredited offending behaviour intervention. Prisoners were expected to take all conflicts to their community groups for resolution. Many found the experience challenging, but most felt therapy was beneficial. In our survey, 85% of prisoners felt that the work they had done would help them on release. The Venture TC pilot for men with lower ability levels was a welcome addition.
- 4.59** Therapeutic provision was supplemented by other accredited programmes. Seven prisoners had completed the Thinking Skills programme (TSP) in 2012 and 16 a Controlling Anger and Learning to Manage (CALM) programme. A TSP group was to run in November 2013 and CALM would be replaced by the RESOLVE programme (which aims to reduce violence) in January 2014. There were short waiting lists. Prisoners also benefited from art therapy, and each had a job that supported the community.
- 4.60** Each community was accredited by the Correctional Services Advice and Accreditation Panel (CSAAP). The Community of Communities, who are contracted by NOMS to deliver the audit process, receive annual assessments, which lead to action plans and service improvements.
- 4.61** However, therapy work risked being undermined by the redeployment of staff, which led to the cancellation of too many groups; approximately 30% of all planned groups had been cancelled in the period from April to September 2013, and delays were also caused by problems reconciling roll counts (see section on time out of cell). A mock audit undertaken in June 2013 identified other issues, including a failure to communicate the basic TC principles to new prisoners. Plans had been introduced to address these shortfalls.

Additional resettlement services

- 4.62** Prisoners who disclosed that they had been victims or perpetrators of abuse, rape or domestic violence were supported within their community.

Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

Main recommendations

To the governor

- 5.1 Managers should ensure that the ethos of the TC is fully understood and embedded. This includes ensuring that both staff and prisoners challenge others appropriately when necessary. (S32)
- 5.2 The prison roll and staffing levels should be managed so that purposeful activities as well as the therapeutic programme, the main resettlement activity, could take place as scheduled and without interruption. (S33)

Main recommendation

To NOMS

- 5.3 The offender personality disorder strategy should be fully implemented to ensure prisoners with personality disorders have a coordinated treatment pathway that identifies and assesses needs, refers suitable candidates to the appropriate prison and supports them when they leave therapy or require a progressive move. The strategy should be underpinned by continuing research to establish its effectiveness in reducing reoffending. (S34)

Recommendations

To the governor

Early days in custody

- 5.4 First night interviews should identify any individual needs following reception and an entry should be made on P-Nomis case records. (I.14)
- 5.5 More purposeful and structured activities should be introduced during the assessment period with staff helping prisoners to make the transition to life in a TC. (I.15)

Bullying and violence reduction

- 5.6 All incidents of violence should be reported to the safer custody team, which should check an appropriate response has been made. (I.23)
- 5.7 All records and management of safety information relating to the TC should routinely be disaggregated from those of the main prison so managers are able to get a more accurate picture of performance and any problematic issues. (I.24)

Safeguarding

- 5.8** 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. (1.37)

Security

- 5.9** There should be TC-specific intelligence collation and analysis. (1.46)
- 5.10** Efforts should be made to explore prisoners' perceptions of drug use and compliance-based drug testing should be reintroduced. (1.47)

Incentives and earned privileges

- 5.11** The effectiveness of the alternative to the IEP scheme on the Camelot TC should be evaluated. (1.51)

Discipline

- 5.12** Adjudications should be conducted in the TC. (1.57)
- 5.13** Data on adjudications, use of force and segregation for TC prisoners should be routinely analysed separately from the main prison, in order to promote learning and positive outcomes. (1.64)

Substance misuse

- 5.14** TC prisoners should have access to the range of group work courses provided by the substance misuse team. (1.71)
- 5.15** The substance misuse team should assess the specific needs of prisoners located in the TC and develop interventions in consultation with service users. (1.72)

Equality and diversity

- 5.16** Monitoring data should include all the protected characteristics. (2.17)
- 5.17** Prisoners with disabilities and older prisoners with identified needs should have a care plan informed by health care and residential staff, and about which they should be consulted. (2.29)
- 5.18** Personal evacuation plans should be in place as appropriate. Staff should be aware of prisoners requiring assistance in the event of an emergency. (2.30)

Complaints

- 5.19** Responses to complaints should be timely, polite and address the concern raised. (2.43)

Health services

- 5.20** SystmOne should be available to clinicians wherever it is required to offer efficient clinical services. (2.61)

- 5.21** There should be a protocol for information sharing between TC therapists, Serco Health and Staffordshire and Shropshire NHS Mental Health Foundation Trust. (2.62)
- 5.22** Wing-based health services should be available in the TC. (2.63)
- 5.23** Health care rooms should be rationalised to ensure optimal use, comply with relevant infection control standards and be clean; cleanliness should be subject to documented checking. (2.64)
- 5.24** Automated external defibrillators should be accessible where they are most likely to be used. (2.65)
- 5.25** The partnership board should implement strategies to reduce the waiting time for the smoking cessation programme. (2.75)
- 5.26** The partnership board should take steps to reduce failure-to-attend rates for internal and external health care appointments. (2.76)
- 5.27** The partnership board should ensure that Dovegate patients are able to see a qualified pharmacist for medication use reviews and that the pharmacy assistant undergoes an accredited pharmacy training course. (2.83)
- 5.28** An out-of-hours policy should be introduced. The list of approved medicines that can be supplied out of hours should be clearly displayed where the medicines are stored. (2.84)
- 5.29** The in-possession medication policy should cover any approved exceptions. Prescribing and recording practices should adhere to the policy. (2.85)
- 5.30** Supervised medications should be administered at the prescribed times. (2.86)
- 5.31** The partnership board should consider the provision of a TC for prisoners with stable long-term mental illnesses who might benefit from the approach. (2.98)

Catering

- 5.32** Lunch should not be served before 12 noon. (2.104)
- 5.33** There should be a thorough analysis of this year's food survey, with an action plan to improve prisoners' perceptions about food, monitored for completion by the senior management team. (2.105)
- 5.34** Staff supervision and management oversight of wing serveries should be improved to prevent poor practices and ensure that daily checks, including management checks, are completed. (2.106)

Learning and skills and work activities

- 5.35** Objectives in the strategic plan should be precise to enable managers to set clear and measurable targets in action plans. (3.12)
- 5.36** Quality improvement processes, including self-assessment, should be applied consistently across all provision. (3.13)
- 5.37** The data project should be completed swiftly to ensure it provides sufficient data on course performance, enabling managers to analyse them and set improvement targets. (3.14)

- 5.38** Attendance should be monitored and poor attendance appropriately challenged. (3.20)
- 5.39** Specific provision, particularly in English and mathematics, should be provided for learners with learning disabilities or difficulties. (3.21)
- 5.40** Teachers should build into their lessons activities that develop learners' English and mathematics skills in the context of the lesson. (3.28)
- 5.41** Teachers should regularly complete learners' individual learning plans reflecting on the progress they have made in lessons and setting clear and measurable targets so that prisoners know what to do to improve. (3.29)
- 5.42** Managers should ensure that learning sessions are not too long, so that prisoners with learning disabilities or difficulties are able to maintain their concentration. (3.30)
- 5.43** The range of activities to promote literacy should be increased. (3.34)

Physical education and healthy living

- 5.44** A focused promotion strategy to increase participation in PE should be put in place. (3.37)
- 5.45** A broader range of vocational and practical courses should be developed. (3.38)

Strategic management of resettlement

- 5.46** The reducing reoffending strategy should be specific to the TC and based on a needs analysis; a specific TC governance meeting should be held. (4.8)

Offender management and planning

- 5.47** Prisoners subject to mail and telephone monitoring should be informed. (4.23)

Reintegration planning

- 5.48** Prisoners should receive help to manage the transition to non-TC environments. (4.34)
- 5.49** Managers should ensure that end of therapy reports are completed within the expected timescale. (4.35)
- 5.50** The work of orderlies in resettlement should be monitored to ensure compliance and confidentiality. (4.36)
- 5.51** The links between sentence planning and education should be further developed to ensure that the OMU receives accurate and timely education progress reports to inform prisoners' sentence plan targets. (4.40)
- 5.52** Prisoners on the standard regime should not be excluded from children's visits. (4.52)
- 5.53** Prisoners should be able to use the vending machines and access the toilet during their visit. (4.53)
- 5.54** Prisoners should not be strip-searched unless specific intelligence suggests this is necessary. (4.54)

Housekeeping points

Bullying and violence reduction

- 5.55** Prisoners should be assured of their safety when mixing with prisoners from the main prison. (1.25)
- 5.56** Director's Rule 29 should make some specific reference to the management of violence reduction in the therapeutic communities. (1.26)

Self-harm and suicide

- 5.57** Director's Rule 40 should include some specific reference to the management of self-harm in the TCs, including provision for those out of therapy. (1.33)

Discipline

- 5.58** Prisoners who do not require a strip-search on arrival in segregation should be allowed to change into clean prison clothing in privacy. (1.65)
- 5.59** Segregation safety algorithms should only be signed by directors after the necessary health care assessments have taken place. (1.66)

Residential units

- 5.60** Managers should investigate prisoners' dissatisfaction with access to clean sheets and cell cleaning material. (2.7)

Equality and diversity

- 5.61** DIRFs should be readily available on all wings. (2.18)

Faith and religious activity

- 5.62** The loudspeaker in the multi-faith centre should not be used during faith observance. (2.38)

Health services

- 5.63** Prisoners should be provided with clear information about the level and quality of health care they should expect. (2.66)
- 5.64** Serco Health should make the receipt of clinical supervision a requirement of its staff; supervision should be recorded in staff members' personal records. (2.67)
- 5.65** The health centre waiting rooms should have more appropriate seating and the space used to promote health and wellbeing. (2.68)
- 5.66** Health-related displays and posters in the TC should be kept up to date. (2.69)
- 5.67** The process for patients to make written complaints about health care services should preserve medical confidentiality. (2.70)

- 5.68** Standard operating procedures should be up to date with documented evidence that appropriate staff have been trained in them. (2.87)
- 5.69** SystmOne should be used for the administration of medicines. (2.88)
- 5.70** ATMs should be used to alert patients when to re-order their prescriptions and when to collect them. (2.89)
- 5.71** PGDs should include appropriate step-up medicines for pain management. (2.90)
- 5.72** Stock reconciliation procedures should include items supplied out of hours and through PGDs. (2.91)

Catering

- 5.73** The prison should consider allowing TC prisoners to use the TC kitchen more often to prepare their own meals. (2.107)

Offender management and planning

- 5.74** All offender supervisors should undertake TC awareness training. (4.18)
- 5.75** Health care should be represented at the high-risk meetings. (4.24)

Reintegration planning

- 5.76** Access to drinking water should be provided in the visits centre. (4.55)
- 5.77** The choice and quality of toys and books in the visits room should be improved. (4.56)

Examples of good practice

- 5.78** The use of care plans for prisoners with long-term or complex conditions enabled staff to monitor changes in a patient's condition and treatment in a consistent and effective way. (2.71)
- 5.79** The pharmacy assistant checked the risk assessment each time a prescription for in-possession medication was received, which regularly updated the risk profile. (2.92)
- 5.80** Prisoners could receive a first canteen order within three days of arrival and thereafter twice a week. (2.111)
- 5.81** The electronic transfer of money was swift and meant cheques or postal orders were not needed. (4.57)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Rosemary Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Ewan Kennedy	Research officer
Helen Ranns	Research officer
Lucy Higgins	Research trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Deborah Hylands	Pharmacist
Tim Inkson	Care Quality Commission
Sheila Willis	Ofsted inspector (lead)
Jai Sharda	Ofsted inspector
Jen Walters	Ofsted inspector

Appendix II: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		178	100
Recall		0	0
Convicted unsentenced		0	0
Remand		0	0
Civil prisoners		0	0
Detainees		0	0
Total		178	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced		0	0
Less than 6 months		0	0
6 months to less than 12 months		0	0
12 months to less than 2 years		0	0
2 years to less than 4 years		1	1
4 years to less than 10 years		21	12
10 years and over (not life)		15	8
ISPP (indeterminate sentence for public protection)		68	38
Life		73	41
Total		178	100

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0
21 years to 29 years	62	35
30 years to 39 years	57	32
40 years to 49 years	47	26
50 years to 59 years	11	6
60 years to 69 years	1	1
70 plus years	0	0
Please state maximum age here:	61	
Total	178	100

Nationality	18–20 yr olds	21 and over	%
British		175	98
Foreign nationals		3	2
Total		178	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		0	0
Uncategorised sentenced		0	0
Category A		0	0
Category B		96	54
Category C		82	46
Category D		0	0

Other		0	0
Total		178	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British		147	83
Irish		2	1
Gypsy/Irish Traveller		2	1
Other white			
Mixed			
White and black Caribbean		6	3
White and black African		0	0
White and Asian		0	0
Other mixed		2	1
Asian or Asian British			
Indian		2	1
Pakistani		1	2
Bangladeshi		0	0
Chinese		0	0
Other Asian		3	2
Black or black British			
Caribbean		9	5
African		1	1
Other black		2	1
Other ethnic group			
Arab		0	0
Other ethnic group		1	1
Not stated			
Total		178	100

Religion	18–20 yr olds	21 and over	%
Baptist		0	0
Church of England		36	20
Roman Catholic		35	20
Other Christian denominations		13	7
Muslim		14	8
Sikh		0	0
Hindu		0	0
Buddhist		7	4
Jewish		0	0
Other		13	7
No religion		61	34
Total		178	100

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

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			3	2
1 month to 3 months			42	24
3 months to 6 months			21	12
6 months to 1 year			40	22
1 year to 2 years			39	22
2 years to 4 years			26	15
4 years or more			7	4
Total			178	100

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry		0	
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		4	2
Total		4	2

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

Main offence	18–20 yr olds	21 and over	%
Violence against the person		116	65
Sexual offences		6	3
Burglary		9	5
Robbery		39	22
Theft and handling		1	1
Fraud and forgery		1	1
Drugs offences		2	1
Other offences		4	2
Civil offences		0	0
Offence not recorded/holding warrant		0	0
Total		178	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

Questionnaires were offered to all prisoners.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 23 September 2013 the prisoner population at HMP Dovegate Therapeutic Community (TC) was 177. Using the method described above, questionnaires were distributed to all 177 prisoners.

We received a total of 146 completed questionnaires, a response rate of 83%. This included two questionnaires completed via interview. Eighteen respondents refused to complete a questionnaire, 10 questionnaires were not returned and three were returned blank.

Wing/Unit	Number of completed survey returns
A 'Avalon'	36
B 'Endeavour'	30
C 'Camelot'	30
D 'Assessment'	16
E 'Venture'	15
F 'Genesis'	19

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Dovegate TC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁶ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Dovegate TC in 2013 compared with responses from prisoners surveyed in all category B training prisons. This comparator is based on all responses from prisoner surveys carried out in nine category B training prisons since April 2008.
- The current survey responses from HMP Dovegate TC in 2013 compared with the responses of prisoners surveyed at HMP Dovegate TC in 2008.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

⁶ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section 1: About You

Q1.2	How old are you?		
	<i>Under 21</i>	2	(1%)
	<i>21 - 29</i>	47	(33%)
	<i>30 - 39</i>	48	(33%)
	<i>40 - 49</i>	38	(26%)
	<i>50 - 59</i>	8	(6%)
	<i>60 - 69</i>	1	(1%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	141	(99%)
	<i>Yes - on recall</i>	1	(1%)
	<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?		
	<i>Not sentenced</i>	0	(0%)
	<i>Less than 6 months</i>	0	(0%)
	<i>6 months to less than 1 year</i>	0	(0%)
	<i>1 year to less than 2 years</i>	0	(0%)
	<i>2 years to less than 4 years</i>	0	(0%)
	<i>4 years to less than 10 years</i>	14	(10%)
	<i>10 years or more</i>	14	(10%)
	<i>IPP (indeterminate sentence for public protection)</i>	49	(35%)
	<i>Life</i>	64	(45%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	10	(7%)
	<i>No</i>	135	(93%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	144	(99%)
	<i>No</i>	1	(1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	144	(99%)
	<i>No</i>	1	(1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	105 (74%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	8 (6%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	6 (4%)	<i>Mixed race - white and black Caribbean</i>
	<i>Black or black British - Caribbean</i>	4 (3%)	<i>Mixed race - white and black African</i>
	<i>Black or black British - African</i>	0 (0%)	<i>Mixed race - white and Asian</i> 2 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 2 (1%)

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

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

Yes.....	6 (4%)
No.....	134 (96%)

Q1.10 What is your religion?

<i>None.....</i>	41 (29%)	<i>Hindu.....</i>	0 (0%)
<i>Church of England.....</i>	33 (23%)	<i>Jewish.....</i>	0 (0%)
<i>Catholic.....</i>	33 (23%)	<i>Muslim.....</i>	10 (7%)
<i>Protestant.....</i>	0 (0%)	<i>Sikh.....</i>	0 (0%)
<i>Other Christian denomination.....</i>	8 (6%)	<i>Other.....</i>	9 (6%)
<i>Buddhist.....</i>	7 (5%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight.....</i>	131 (92%)
<i>Homosexual/Gay.....</i>	7 (5%)
<i>Bisexual.....</i>	5 (3%)

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.....	27 (19%)
No.....	116 (81%)

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

Yes.....	6 (4%)
No.....	138 (96%)

Q1.14 Is this your first time in prison?

Yes.....	41 (28%)
No.....	103 (72%)

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

Yes.....	72 (50%)
No.....	71 (50%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	50 (34%)
<i>2 hours or longer</i>	85 (59%)
<i>Don't remember</i>	10 (7%)

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

<i>My journey was less than two hours</i>	50 (35%)
Yes.....	52 (36%)
No.....	34 (24%)
<i>Don't remember</i>	8 (6%)

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

<i>My journey was less than two hours</i>	50 (35%)
Yes.....	10 (7%)
No.....	76 (54%)

	<i>Don't remember</i>	6 (4%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes.....	83 (57%)
	No.....	44 (30%)
	<i>Don't remember</i>	18 (12%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes.....	125 (86%)
	No.....	17 (12%)
	<i>Don't remember</i>	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	58 (40%)
	<i>Well</i>	51 (35%)
	<i>Neither</i>	28 (19%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	6 (4%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	<i>Yes, someone told me</i>	112 (77%)
	<i>Yes, I received written information</i>	35 (24%)
	<i>No, I was not told anything</i>	7 (5%)
	<i>Don't remember</i>	1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes.....	131 (92%)
	No.....	10 (7%)
	<i>Don't remember</i>	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	58 (41%)
	<i>2 hours or longer</i>	66 (47%)
	<i>Don't remember</i>	16 (11%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes.....	127 (91%)
	No	9 (6%)
	<i>Don't remember</i>	4 (3%)
Q3.3	Overall, how were you treated in reception?	
	<i>Very well</i>	44 (31%)
	<i>Well</i>	77 (55%)
	<i>Neither</i>	16 (11%)
	<i>Badly</i>	2 (1%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	0 (0%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Loss of property</i> 14 (10%)	<i>Physical health</i>
	<i>Housing problems</i> 3 (2%)	<i>Mental health</i> 14 (10%)

<i>Contacting employers</i>	1 (1%)	<i>Needing protection from other prisoners</i>	5 (4%)
<i>Contacting family</i>	14 (10%)	<i>Getting phone numbers</i>	28 (21%)
<i>Childcare</i>	1 (1%)	<i>Other</i>	5 (4%)
<i>Money worries</i>	15 (11%)	<i>Did not have any problems</i>	69 (51%)
<i>Feeling depressed or suicidal</i>	7 (5%)		

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

<i>Yes</i>	32 (23%)
<i>No</i>	36 (26%)
<i>Did not have any problems</i>	69 (50%)

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

<i>Tobacco</i>	99 (70%)
<i>A shower</i>	50 (35%)
<i>A free telephone call</i>	115 (82%)
<i>Something to eat</i>	92 (65%)
<i>PIN phone credit</i>	94 (67%)
<i>Toiletries/ basic items</i>	80 (57%)
<i>Did not receive anything</i>	4 (3%)

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

<i>Chaplain</i>	55 (39%)
<i>Someone from health services</i>	101 (72%)
<i>A Listener/Samaritans</i>	26 (19%)
<i>Prison shop/ canteen</i>	43 (31%)
<i>Did not have access to any of these</i>	22 (16%)

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

<i>What was going to happen to you</i>	92 (66%)
<i>What support was available for people feeling depressed or suicidal</i>	51 (37%)
<i>How to make routine requests (applications)</i>	48 (35%)
<i>Your entitlement to visits</i>	43 (31%)
<i>Health services</i>	69 (50%)
<i>Chaplaincy</i>	47 (34%)
<i>Not offered any information</i>	27 (19%)

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

<i>Yes</i>	132 (95%)
<i>No</i>	6 (4%)
<i>Don't remember</i>	1 (1%)

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

<i>Have not been on an induction course</i>	28 (20%)
<i>Within the first week</i>	64 (46%)
<i>More than a week</i>	29 (21%)
<i>Don't remember</i>	18 (13%)

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

<i>Have not been on an induction course</i>	28 (21%)
<i>Yes</i>	59 (44%)
<i>No</i>	29 (22%)
<i>Don't remember</i>	18 (13%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?						
	<i>Did not receive an assessment</i>					29 (21%)	
	<i>Within the first week</i>					19 (14%)	
	<i>More than a week</i>					60 (44%)	
	<i>Don't remember</i>					27 (20%)	
Section 4: Legal rights and respectful custody							
Q4.1	How easy is it to.....	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	56 (42%)	53 (40%)	10 (8%)	3 (2%)	2 (2%)	9 (7%)
	<i>Attend legal visits?</i>	40 (32%)	33 (27%)	16 (13%)	11 (9%)	2 (2%)	22 (18%)
	<i>Get bail information?</i>	10 (8%)	8 (7%)	10 (8%)	2 (2%)	1 (1%)	88 (74%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						22 (16%)
	<i>Yes</i>						48 (35%)
	<i>No</i>						67 (49%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						85 (62%)
	<i>No</i>						8 (6%)
	<i>Don't know</i>						44 (32%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:				<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	<i>Do you normally have enough clean, suitable clothes for the week?</i>				115 (85%)	16 (12%)	5 (4%)
	<i>Are you normally able to have a shower every day?</i>				137 (100%)	0 (0%)	0 (0%)
	<i>Do you normally receive clean sheets every week?</i>				80 (59%)	55 (41%)	0 (0%)
	<i>Do you normally get cell cleaning materials every week?</i>				87 (64%)	48 (36%)	0 (0%)
	<i>Is your cell call bell normally answered within five minutes?</i>				47 (35%)	52 (39%)	36 (27%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>				103 (76%)	29 (21%)	3 (2%)
	<i>If you need to, can you normally get your stored property?</i>				63 (47%)	35 (26%)	37 (27%)
Q4.5	What is the food like here?						
	<i>Very good</i>						3 (2%)
	<i>Good</i>						26 (19%)
	<i>Neither</i>						25 (19%)
	<i>Bad</i>						43 (32%)
	<i>Very bad</i>						37 (28%)
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>						1 (1%)
	<i>Yes</i>						81 (58%)
	<i>No</i>						57 (41%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes</i>						42 (30%)
	<i>No</i>						34 (25%)

	<i>Don't know</i>	62 (45%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	76 (55%)
	No.....	16 (12%)
	<i>Don't know/ N/A</i>	46 (33%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	74 (53%)
	No.....	6 (4%)
	<i>Don't know/ N/A</i>	59 (42%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	38 (28%)
	<i>Very easy</i>	37 (27%)
	<i>Easy</i>	20 (15%)
	<i>Neither</i>	15 (11%)
	<i>Difficult</i>	11 (8%)
	<i>Very difficult</i>	1 (1%)
	<i>Don't know</i>	15 (11%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	129 (93%)		
	No	8 (6%)		
	<i>Don't know</i>	2 (1%)		
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>).			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are <i>applications</i> dealt with fairly?	3 (2%)	83 (65%)	42 (33%)
	Are <i>applications</i> dealt with quickly (within seven days)?	3 (3%)	59 (52%)	51 (45%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	95 (74%)		
	No	13 (10%)		
	<i>Don't know</i>	20 (16%)		
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>).			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are <i>complaints</i> dealt with fairly?	30 (24%)	45 (35%)	52 (41%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	30 (25%)	36 (30%)	54 (45%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes.....	19 (15%)		
	No.....	108 (85%)		
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>	23 (18%)		
	<i>Very easy</i>	19 (15%)		
	<i>Easy</i>	23 (18%)		
	<i>Neither</i>	43 (33%)		
	<i>Difficult</i>	18 (14%)		
	<i>Very difficult</i>	4 (3%)		

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	1 (1%)
	<i>Yes</i>	109 (82%)
	<i>No</i>	12 (9%)
	<i>Don't know</i>	11 (8%)
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>	1 (1%)
	<i>Yes</i>	87 (66%)
	<i>No</i>	33 (25%)
	<i>Don't know</i>	10 (8%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	1 (1%)
	<i>No</i>	132 (99%)
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>	111 (87%)
	<i>Very well</i>	3 (2%)
	<i>Well</i>	2 (2%)
	<i>Neither</i>	5 (4%)
	<i>Badly</i>	4 (3%)
	<i>Very badly</i>	2 (2%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	119 (89%)
	<i>No</i>	14 (11%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	127 (95%)
	<i>No</i>	7 (5%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	88 (66%)
	<i>No</i>	46 (34%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	0 (0%)
	<i>Never</i>	7 (5%)
	<i>Rarely</i>	15 (11%)
	<i>Some of the time</i>	61 (45%)
	<i>Most of the time</i>	35 (26%)
	<i>All of the time</i>	18 (13%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	5 (4%)
	<i>In the first week</i>	108 (81%)
	<i>More than a week</i>	13 (10%)

Don't remember 8 (6%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her 5 (4%)
Very helpful..... 55 (42%)
Helpful..... 40 (31%)
Neither..... 22 (17%)
Not very helpful..... 8 (6%)
Not at all helpful..... 0 (0%)

Section 8: Safety

Q8.1 Have you ever felt unsafe here?

Yes..... 50 (37%)
No..... 84 (63%)

Q8.2 Do you feel unsafe now?

Yes..... 11 (8%)
No..... 121 (92%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	84 (65%)	<i>At meal times</i>	6 (5%)
<i>Everywhere</i>	2 (2%)	<i>At health services</i>	20 (16%)
<i>Segregation unit</i>	2 (2%)	<i>Visits area</i>	14 (11%)
<i>Association areas</i>	9 (7%)	<i>In wing showers</i>	1 (1%)
<i>Reception area</i>	5 (4%)	<i>In gym showers</i>	0 (0%)
<i>At the gym</i>	10 (8%)	<i>In corridors/stairwells</i>	0 (0%)
<i>In an exercise yard</i>	5 (4%)	<i>On your landing/wing</i>	15 (12%)
<i>At work</i>	3 (2%)	<i>In your cell</i>	6 (5%)
<i>During movement</i>	8 (6%)	<i>At religious services</i>	2 (2%)
<i>At education</i>	5 (4%)		

Q8.4 Have you been victimised by other prisoners here?

Yes 40 (30%)
No..... 95 (70%)

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>	20 (15%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (4%)
<i>Sexual abuse</i>	2 (2%)
<i>Feeling threatened or intimidated</i>	25 (19%)
<i>Having your canteen/property taken</i>	8 (6%)
<i>Medication</i>	3 (2%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	4 (3%)
<i>Your race or ethnic origin</i>	3 (2%)
<i>Your religion/religious beliefs</i>	5 (4%)
<i>Your nationality</i>	2 (2%)
<i>You are from a different part of the country than others</i>	5 (4%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	5 (4%)
<i>Your age</i>	2 (2%)
<i>You have a disability</i>	1 (1%)
<i>You were new here</i>	3 (2%)
<i>Your offence/ crime</i>	17 (13%)
<i>Gang related issues</i>	3 (2%)

Q8.6	Have you been victimised by staff here?	
	Yes	27 (20%)
	No.....	107 (80%)
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>	7 (5%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (1%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	9 (7%)
	<i>Medication</i>	4 (3%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	4 (3%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	3 (2%)
	<i>Your nationality</i>	2 (2%)
	<i>You are from a different part of the country than others</i>	2 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	0 (0%)
	<i>You have a disability</i>	0 (0%)
	<i>You were new here</i>	2 (2%)
	<i>Your offence/ crime</i>	10 (8%)
	<i>Gang related issues</i>	6 (5%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	84 (69%)
	Yes.....	23 (19%)
	No.....	15 (12%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	12 (9%)	7 (5%)	15 (11%)	14 (11%)	52 (40%)	31 (24%)
	The nurse	9 (7%)	16 (13%)	42 (33%)	19 (15%)	31 (24%)	10 (8%)
	The dentist	13 (10%)	9 (7%)	21 (16%)	16 (12%)	40 (31%)	30 (23%)
Q9.2	What do you think of the quality of the health service from the following people:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	17 (13%)	3 (2%)	31 (24%)	16 (12%)	28 (22%)	34 (26%)
	The nurse	7 (6%)	5 (4%)	39 (31%)	23 (18%)	28 (22%)	23 (18%)
	The dentist	20 (16%)	9 (7%)	33 (27%)	23 (19%)	16 (13%)	23 (19%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>	6 (5%)					
	<i>Very good</i>	5 (4%)					
	<i>Good</i>	21 (16%)					
	<i>Neither</i>	16 (12%)					
	<i>Bad</i>	39 (30%)					
	<i>Very bad</i>	43 (33%)					
Q9.4	Are you currently taking medication?						
	Yes.....	39 (29%)					
	No.....	94 (71%)					

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>	94 (71%)
	<i>Yes, all my meds</i>	27 (20%)
	<i>Yes, some of my meds</i>	9 (7%)
	<i>No</i>	2 (2%)

Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	33 (25%)
	<i>No</i>	97 (75%)

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>	97 (78%)
	<i>Yes</i>	19 (15%)
	<i>No</i>	9 (7%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	32 (24%)
	<i>No</i>	99 (76%)

Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	37 (29%)
	<i>No</i>	92 (71%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	37 (28%)
	<i>Easy</i>	24 (18%)
	<i>Neither</i>	10 (8%)
	<i>Difficult</i>	3 (2%)
	<i>Very difficult</i>	6 (5%)
	<i>Don't know</i>	51 (39%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	6 (5%)
	<i>Easy</i>	17 (13%)
	<i>Neither</i>	16 (12%)
	<i>Difficult</i>	14 (11%)
	<i>Very difficult</i>	13 (10%)
	<i>Don't know</i>	65 (50%)

Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	5 (4%)
	<i>No</i>	126 (96%)

Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	6 (5%)
	<i>No</i>	125 (95%)

Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	94 (72%)
	<i>Yes</i>	28 (22%)
	<i>No</i>	8 (6%)

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

<i>Did not / do not have an alcohol problem</i>	92 (71%)
Yes.....	30 (23%)
No.....	7 (5%)

10.9 Was the support or help you received, whilst in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	88 (69%)
Yes.....	35 (28%)
No.....	4 (3%)

Section 11: Activities**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	12 (9%)	13 (10%)	46 (36%)	22 (17%)	22 (17%)	13 (10%)
Vocational or skills training	16 (13%)	10 (8%)	32 (25%)	13 (10%)	33 (26%)	23 (18%)
Education (including basic skills)	10 (8%)	14 (11%)	53 (43%)	17 (14%)	22 (18%)	8 (6%)
Offending behaviour programmes	29 (23%)	8 (6%)	12 (9%)	16 (13%)	34 (27%)	28 (22%)

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

<i>Not involved in any of these</i>	10 (8%)
Prison job.....	71 (57%)
Vocational or skills training.....	26 (21%)
Education (including basic skills).....	56 (45%)
Offending behaviour programmes.....	45 (36%)

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?

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	14 (14%)	53 (51%)	31 (30%)	5 (5%)
Vocational or skills training	23 (25%)	48 (52%)	15 (16%)	7 (8%)
Education (including basic skills)	16 (16%)	59 (61%)	17 (18%)	5 (5%)
Offending behaviour programmes	14 (14%)	72 (73%)	9 (9%)	4 (4%)

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

<i>Don't want to go</i>	11 (9%)
<i>Never</i>	11 (9%)
<i>Less than once a week</i>	35 (27%)
<i>About once a week</i>	49 (38%)
<i>More than once a week</i>	22 (17%)

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

<i>Don't use it</i>	13 (10%)
Yes.....	63 (50%)
No.....	50 (40%)

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

<i>Don't want to go</i>	29 (22%)
0.....	15 (12%)
1 to 2.....	11 (8%)
3 to 5.....	68 (52%)
<i>More than 5</i>	7 (5%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	24 (19%)
	<i>0</i>	13 (10%)
	<i>1 to 2</i>	32 (25%)
	<i>3 to 5</i>	22 (17%)
	<i>More than 5</i>	38 (29%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	1 (1%)
	<i>0</i>	0 (0%)
	<i>1 to 2</i>	2 (2%)
	<i>3 to 5</i>	5 (4%)
	<i>More than 5</i>	121 (94%)
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>	2 (2%)
	<i>2 to less than 4 hours</i>	5 (4%)
	<i>4 to less than 6 hours</i>	11 (9%)
	<i>6 to less than 8 hours</i>	12 (9%)
	<i>8 to less than 10 hours</i>	39 (30%)
	<i>10 hours or more</i>	55 (43%)
	<i>Don't know</i>	5 (4%)

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?	
	<i>Yes</i>	80 (64%)
	<i>No</i>	45 (36%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	38 (29%)
	<i>No</i>	93 (71%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	4 (3%)
	<i>No</i>	124 (97%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	20 (16%)
	<i>Very easy</i>	15 (12%)
	<i>Easy</i>	20 (16%)
	<i>Neither</i>	17 (13%)
	<i>Difficult</i>	32 (25%)
	<i>Very difficult</i>	21 (16%)
	<i>Don't know</i>	4 (3%)

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%)
	<i>Yes</i>	126 (98%)
	<i>No</i>	3 (2%)

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>	3 (2%)
	<i>No contact</i>	20 (16%)
	<i>Letter</i>	65 (52%)
	<i>Phone</i>	68 (54%)
	<i>Visit</i>	64 (51%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	118 (94%)
	<i>No</i>	7 (6%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	113 (88%)
	<i>No</i>	16 (12%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	16 (13%)
	<i>Very involved</i>	44 (34%)
	<i>Involved</i>	46 (36%)
	<i>Neither</i>	11 (9%)
	<i>Not very involved</i>	7 (5%)
	<i>Not at all involved</i>	4 (3%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	16 (13%)
	<i>Nobody</i>	18 (14%)
	<i>Offender supervisor</i>	73 (58%)
	<i>Offender manager</i>	64 (51%)
	<i>Named/ personal officer</i>	65 (52%)
	<i>Staff from other departments</i>	36 (29%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	16 (13%)
	<i>Yes</i>	86 (69%)
	<i>No</i>	16 (13%)
	<i>Don't know</i>	6 (5%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	16 (13%)
	<i>Yes</i>	39 (31%)
	<i>No</i>	43 (35%)
	<i>Don't know</i>	26 (21%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	16 (13%)
	<i>Yes</i>	36 (29%)
	<i>No</i>	33 (27%)
	<i>Don't know</i>	38 (31%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	13 (10%)
	<i>No</i>	44 (35%)
	<i>Don't know</i>	70 (55%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 55 (45%)
 No..... 68 (55%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	24 (21%)	42 (36%)	51 (44%)
Accommodation	28 (24%)	31 (27%)	56 (49%)
Benefits	25 (22%)	40 (35%)	50 (43%)
Finances	28 (25%)	33 (29%)	52 (46%)
Education	27 (24%)	41 (36%)	46 (40%)
Drugs and alcohol	26 (22%)	54 (47%)	36 (31%)

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

Not sentenced..... 0 (0%)
 Yes..... 107 (85%)
 No..... 19 (15%)

Main comparator and comparator to last time



Prisoner survey responses HMP Dovegate TC 2013

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 Dovegate TC 2013	Category B training prisons comparator	HMP Dovegate TC 2013	HMP Dovegate TC 2008
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		146	1,329	146	93
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	0%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	1%	3%	1%	8%
1.4	Is your sentence less than 12 months?	0%	2%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	35%	26%	35%	11%
1.5	Are you a foreign national?	7%	13%	7%	4%
1.6	Do you understand spoken English?	99%	98%	99%	
1.7	Do you understand written English?	99%	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.)	16%	31%	16%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	
1.1	Are you Muslim?	7%	14%	7%	10%
1.11	Are you homosexual/gay or bisexual?	9%	3%	9%	8%
1.12	Do you consider yourself to have a disability?	19%	21%	19%	14%
1.13	Are you a veteran (ex-armed services)?	4%	13%	4%	
1.14	Is this your first time in prison?	29%	40%	29%	21%
1.15	Do you have any children under the age of 18?	50%	49%	50%	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%	63%	59%	61%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	55%	77%	55%	
2.3	Were you offered a toilet break?	11%	12%	11%	
2.4	Was the van clean?	57%	71%	57%	
2.5	Did you feel safe?	86%	71%	86%	
2.6	Were you treated well/very well by the escort staff?	75%	66%	75%	70%
2.7	Before you arrived here were you told that you were coming here?	77%	58%	77%	
2.7	Before you arrived here did you receive any written information about coming here?	24%	19%	24%	
2.8	When you first arrived here did your property arrive at the same time as you?	91%	87%	91%	90%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	41%	72%	41%	
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	79%	91%	67%
3.3	Were you treated well/very well in reception?	86%	72%	86%	74%
	When you first arrived:				
3.4	Did you have any problems?	49%	59%	49%	48%
3.4	Did you have any problems with loss of property?	11%	20%	11%	17%
3.4	Did you have any housing problems?	3%	7%	3%	8%
3.4	Did you have any problems contacting employers?	1%	3%	1%	2%
3.4	Did you have any problems contacting family?	11%	20%	11%	14%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	4%	1%	5%
3.4	Did you have any money worries?	11%	13%	11%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	5%	13%	5%	7%
3.4	Did you have any physical health problems?	4%	19%	4%	
3.4	Did you have any mental health problems?	11%	17%	11%	
3.4	Did you have any problems with needing protection from other prisoners?	4%	6%	4%	2%
3.4	Did you have problems accessing phone numbers?	21%	20%	21%	
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	47%	41%	47%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	70%	54%	70%	53%
3.6	A shower?	36%	41%	36%	50%
3.6	A free telephone call?	82%	46%	82%	51%
3.6	Something to eat?	65%	67%	65%	61%
3.6	PIN phone credit?	67%	14%	67%	
3.6	Toiletries/ basic items?	57%	49%	57%	
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?	39%	38%	39%	
3.7	Someone from health services?	72%	59%	72%	
3.7	A Listener/Samaritans?	18%	30%	18%	
3.7	Prison shop/ canteen?	31%	20%	31%	40%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	66%	47%	66%	49%
3.8	Support was available for people feeling depressed or suicidal?	37%	41%	37%	32%
3.8	How to make routine requests?	35%	38%	35%	28%
3.8	Your entitlement to visits?	31%	38%	31%	32%
3.8	Health services?	49%	49%	49%	

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3.8	The chaplaincy?	34%	42%	34%	
3.9	Did you feel safe on your first night here?	95%	82%	95%	89%
3.10	Have you been on an induction course?	80%	91%	80%	71%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	56%	65%	56%	65%
3.12	Did you receive an education (skills for life) assessment?	79%	83%	79%	
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?	82%	60%	82%	65%
4.1	Attend legal visits?	59%	61%	59%	54%
4.1	Get bail information?	15%	11%	15%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	46%	35%	59%
4.3	Can you get legal books in the library?	62%	56%	62%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	85%	68%	85%	72%
4.4	Are you normally able to have a shower every day?	100%	98%	100%	98%
4.4	Do you normally receive clean sheets every week?	59%	74%	59%	66%
4.4	Do you normally get cell cleaning materials every week?	64%	80%	64%	84%
4.4	Is your cell call bell normally answered within five minutes?	35%	47%	35%	51%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	76%	73%	76%	73%
4.4	Can you normally get your stored property, if you need to?	47%	35%	47%	18%
4.5	Is the food in this prison good/very good?	22%	36%	22%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	49%	58%	56%
4.7	Are you able to speak to a Listener at any time, if you want to?	31%	63%	31%	22%
4.8	Are your religious beliefs are respected?	55%	57%	55%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	64%	53%	59%
4.10	Is it easy/very easy to attend religious services?	42%	47%	42%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	93%	86%	93%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	66%	55%	66%	28%
5.2	Do you feel applications are dealt with quickly (within seven days)?	53%	51%	53%	26%
5.3	Is it easy to make a complaint?	74%	68%	74%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	46%	33%	46%	34%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	40%	33%	40%	21%
5.5	Have you ever been prevented from making a complaint when you wanted to?	15%	17%	15%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	33%	35%	33%	46%

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	82%	62%	82%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	67%	47%	67%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	1%	4%	1%	
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?	32%	51%	32%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	89%	78%	89%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	95%	77%	95%	84%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	65%	54%	65%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	39%	30%	39%	34%
7.5	Do you have a personal officer?	96%	85%	96%	97%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	76%	64%	76%	63%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	37%	39%	37%	38%
8.2	Do you feel unsafe now?	8%	16%	8%	19%
8.4	Have you been victimised by other prisoners here?	29%	25%	29%	34%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	13%	15%	21%
8.5	Hit, kicked or assaulted you?	4%	6%	4%	10%
8.5	Sexually abused you?	1%	1%	1%	0%
8.5	Threatened or intimidated you?	18%	25%	18%	
8.5	Taken your canteen/property?	6%	5%	6%	3%
8.5	Victimised you because of medication?	2%	6%	2%	
8.5	Victimised you because of debt?	1%	3%	1%	
8.5	Victimised you because of drugs?	3%	3%	3%	1%
8.5	Victimised you because of your race or ethnic origin?	2%	5%	2%	6%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%	4%	6%
8.5	Victimised you because of your nationality?	1%	4%	1%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	9%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	4%	1%	4%	5%
8.5	Victimised you because of your age?	1%	3%	1%	
8.5	Victimised you because you have a disability?	1%	3%	1%	2%
8.5	Victimised you because you were new here?	2%	3%	2%	2%
8.5	Victimised you because of your offence/crime?	13%	6%	13%	
8.5	Victimised you because of gang related issues?	2%	1%	2%	

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SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	20%	29%	20%	24%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	5%	12%	5%	11%
8.7	Hit, kicked or assaulted you?	1%	3%	1%	1%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	7%	19%	7%	
8.7	Victimised you because of medication?	3%	3%	3%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	3%	2%	3%	1%
8.7	Victimised you because of your race or ethnic origin?	3%	7%	3%	2%
8.7	Victimised you because of your religion/religious beliefs?	3%	4%	3%	4%
8.7	Victimised you because of your nationality?	1%	4%	1%	
8.7	Victimised you because you were from a different part of the country?	1%	5%	1%	5%
8.7	Victimised you because you are from a Traveller community?	1%	0%	1%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	0%	3%	0%	
8.7	Victimised you because you have a disability?	0%	3%	0%	1%
8.7	Victimised you because you were new here?	1%	5%	1%	4%
8.7	Victimised you because of your offence/crime?	7%	5%	7%	
8.7	Victimised you because of gang related issues?	4%	2%	4%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	61%	45%	61%	63%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	17%	32%	17%	
9.1	Is it easy/very easy to see the nurse?	46%	59%	46%	
9.1	Is it easy/very easy to see the dentist?	23%	12%	23%	
	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?	30%	40%	30%	57%
9.2	The nurse?	37%	54%	37%	57%
9.2	The dentist?	41%	42%	41%	66%
9.3	The overall quality of health services?	21%	34%	21%	42%
9.4	Are you currently taking medication?	29%	48%	29%	33%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	96%	94%	96%	
9.6	Do you have any emotional well being or mental health problems?	26%	27%	26%	
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	68%	53%	68%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	25%	13%	25%	19%
10.2	Did you have a problem with alcohol when you came into this prison?	29%	12%	29%	7%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	28%	47%	65%
10.4	Is it easy/very easy to get alcohol in this prison?	18%	15%	18%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	6%	4%	
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	8%	4%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	77%	64%	77%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	82%	58%	82%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	89%	77%	89%	
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	46%	60%	46%	
11.1	Vocational or skills training?	33%	39%	33%	
11.1	Education (including basic skills)?	54%	54%	54%	
11.1	Offending behaviour programmes?	16%	30%	16%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	57%	76%	57%	
11.2	Vocational or skills training?	21%	16%	21%	
11.2	Education (including basic skills)?	45%	35%	45%	
11.2	Offending behaviour programmes?	36%	22%	36%	
11.3	Have you had a job while in this prison?	86%	90%	86%	
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	59%	46%	59%	
11.3	Have you been involved in vocational or skills training while in this prison?	75%	77%	75%	
	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?	68%	60%	68%	
11.3	Have you been involved in education while in this prison?	84%	86%	84%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	72%	68%	72%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	86%	78%	86%	
	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?	85%	58%	85%	
11.4	Do you go to the library at least once a week?	56%	47%	56%	39%
11.5	Does the library have a wide enough range of materials to meet your needs?	50%	42%	50%	
11.6	Do you go to the gym three or more times a week?	58%	48%	58%	51%
11.7	Do you go outside for exercise three or more times a week?	47%	47%	47%	66%
11.8	Do you go on association more than five times each week?	94%	84%	94%	89%
11.9	Do you spend ten or more hours out of your cell on a weekday?	43%	17%	43%	29%

Main comparator and comparator to last time

Key to tables

		HMP Dovegate TC 2013	Category B training prisons comparator	HMP Dovegate TC 2013	HMP Dovegate TC 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	64%	39%	64%	
12.2	Have you had any problems with sending or receiving mail?	29%	39%	29%	60%
12.3	Have you had any problems getting access to the telephones?	3%	14%	3%	40%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	9%	27%	
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?	97%	92%	97%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	16%	28%	16%	
13.2	Contact by letter?	53%	39%	53%	
13.2	Contact by phone?	56%	40%	56%	
13.2	Contact by visit?	52%	31%	52%	
13.3	Do you have a named offender supervisor in this prison?	95%	84%	95%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	88%	86%	88%	75%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	80%	55%	80%	69%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	17%	41%	17%	
13.6	Offender supervisor?	67%	38%	67%	
13.6	Offender manager?	59%	34%	59%	
13.6	Named/ personal officer?	60%	28%	60%	
13.6	Staff from other departments?	33%	19%	33%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	79%	68%	79%	59%
13.8	Are there plans for you to achieve any of your targets in another prison?	36%	34%	36%	
13.9	Are there plans for you to achieve any of your targets in the community?	34%	18%	34%	
13.10	Do you have a needs based custody plan?	10%	6%	10%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	45%	15%	45%	35%
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?	45%	26%	45%	
13.12	Accommodation?	36%	28%	36%	
13.12	Benefits?	44%	31%	44%	
13.12	Finances?	39%	26%	39%	
13.12	Education?	47%	29%	47%	
13.12	Drugs and alcohol?	60%	28%	60%	
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?	85%	63%	85%	76%

Diversity analysis



Key question responses (ethnicity) HMP Dovegate TC 2013

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	119
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	7%	7%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1	Are you Muslim?	43%	0%
1.12	Do you consider yourself to have a disability?	18%	20%
1.13	Are you a veteran (ex-armed services)?	4%	4%
1.14	Is this your first time in prison?	36%	28%
2.6	Were you treated well/very well by the escort staff?	75%	76%
2.7	Before you arrived here were you told that you were coming here?	86%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	91%
3.3	Were you treated well/very well in reception?	93%	86%
3.4	Did you have any problems when you first arrived?	59%	47%
3.7	Did you have access to someone from health care when you first arrived here?	79%	72%
3.9	Did you feel safe on your first night here?	92%	96%
3.10	Have you been on an induction course?	82%	79%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	84%	81%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	78%	87%
4.4	Are you normally able to have a shower every day?	100%	100%
4.4	Is your cell call bell normally answered within five minutes?	37%	35%
4.5	Is the food in this prison good/very good?	19%	23%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	62%
4.7	Are you able to speak to a Listener at any time, if you want to?	22%	32%
4.8	Do you feel your religious beliefs are respected?	41%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	51%
5.1	Is it easy to make an application?	92%	93%
5.3	Is it easy to make a complaint?	71%	77%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	92%	81%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	67%	66%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	1%
7.1	Do most staff, in this prison, treat you with respect?	96%	88%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	100%	94%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	21%	42%
7.4	Do you have a personal officer?	100%	96%
8.1	Have you ever felt unsafe here?	29%	39%
8.2	Do you feel unsafe now?	4%	9%
8.3	Have you been victimised by other prisoners?	25%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	16%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	16%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	1%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	1%
8.6	Have you been victimised by a member of staff?	33%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	4%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	1%
8.7	Have you been victimised because of your nationality? (By staff)	8%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	0%
9.1	Is it easy/very easy to see the doctor?	9%	18%
9.1	Is it easy/ very easy to see the nurse?	57%	43%
9.4	Are you currently taking medication?	26%	30%
9.6	Do you feel you have any emotional well being/mental health issues?	22%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	50%
11.2	Are you currently working in the prison?	58%	58%
11.2	Are you currently undertaking vocational or skills training?	25%	21%
11.2	Are you currently in education (including basic skills)?	37%	46%
11.2	Are you currently taking part in an offending behaviour programme?	32%	37%
11.4	Do you go to the library at least once a week?	63%	53%
11.6	Do you go to the gym three or more times a week?	55%	57%
11.7	Do you go outside for exercise three or more times a week?	50%	46%
11.8	On average, do you go on association more than five times each week?	100%	93%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	48%	43%
12.2	Have you had any problems sending or receiving mail?	32%	28%
12.3	Have you had any problems getting access to the telephones?	10%	2%

Diversity Analysis



Key question responses (disability) HMP Dovegate TC 2013

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		27	116
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	13%	6%
1.6	Do you understand spoken English?	97%	100%
1.7	Do you understand written English?	97%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	15%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	4%
1.1	Are you Muslim?	12%	6%
1.13	Are you a veteran (ex-armed services)?	0%	5%
1.14	Is this your first time in prison?	22%	30%
2.6	Were you treated well/very well by the escort staff?	70%	76%
2.7	Before you arrived here were you told that you were coming here?	78%	79%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	91%
3.3	Were you treated well/very well in reception?	84%	87%
3.4	Did you have any problems when you first arrived?	50%	47%
3.7	Did you have access to someone from health care when you first arrived here?	66%	74%
3.9	Did you feel safe on your first night here?	94%	96%
3.10	Have you been on an induction course?	77%	80%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	87%	81%

Key to tables

Diversity Analysis

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	85%	84%
4.4	Are you normally able to have a shower every day?	100%	100%
4.4	Is your cell call bell normally answered within five minutes?	33%	35%
4.5	Is the food in this prison good/very good?	20%	23%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	55%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	30%
4.8	Do you feel your religious beliefs are respected?	64%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	53%
5.1	Is it easy to make an application?	88%	94%
5.3	Is it easy to make a complaint?	63%	78%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	80%	83%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	68%	66%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	1%
7.1	Do most staff, in this prison, treat you with respect?	93%	88%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	100%	94%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	47%	37%
7.4	Do you have a personal officer?	100%	95%
8.1	Have you ever felt unsafe here?	34%	38%
8.2	Do you feel unsafe now?	7%	9%
8.3	Have you been victimised by other prisoners?	31%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	26%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	0%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	1%
8.6	Have you been victimised by a member of staff?	23%	19%
8.7	Have you ever felt threatened or intimidated by staff here?	7%	6%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	0%
9.1	Is it easy/very easy to see the doctor?	20%	17%
9.1	Is it easy/ very easy to see the nurse?	48%	46%
9.4	Are you currently taking medication?	58%	23%
9.6	Do you feel you have any emotional well being/mental health issues?	48%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	47%
11.2	Are you currently working in the prison?	50%	58%
11.2	Are you currently undertaking vocational or skills training?	8%	24%
11.2	Are you currently in education (including basic skills)?	56%	43%
11.2	Are you currently taking part in an offending behaviour programme?	22%	39%
11.4	Do you go to the library at least once a week?	64%	54%
11.6	Do you go to the gym three or more times a week?	43%	62%
11.7	Do you go outside for exercise three or more times a week?	21%	52%
11.8	On average, do you go on association more than five times each week?	93%	94%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	32%	46%
12.2	Have you had any problems sending or receiving mail?	34%	28%
12.3	Have you had any problems getting access to the telephones?	4%	3%