

Report on an unannounced full follow-up
inspection of

HMYOI Brinsford

1 – 11 November 2011

by HM Chief Inspector of Prisons

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Introduction

This unannounced inspection followed up our inspection of late 2009. At that time Brinsford was a multi-functional establishment holding children and young adults. The juvenile function ended in January 2010 leaving the establishment as a young offender and remand facility for young adult prisoners. Located near Wolverhampton, 562 young men were held at the time of our inspection, originating predominantly from the West Midlands.

When we last visited we had concerns that Brinsford was unable to provide a sufficiently safe environment for those it held. Despite some evident improvements, this remained the case. Reception procedures were satisfactory but induction arrangements were weak and even allowing for the context of a local prison, we were concerned that some prisoners did not receive an effective induction. First night cells and accommodation for those on induction was also poor and urgently needed to be improved. It was easy to see why many new arrivals felt unsafe on their first night.

It was concerning that despite some clear improvement in procedures to deal with violence and bullying the total number of anti-social, violent and use of force incidents remained high. Just under half of prisoners reported to us that they had felt unsafe in Brinsford at some time during their stay. We took some confidence that local managers were focusing on the issue and appeared to be active in addressing the problem. The generally good quality of suicide and self-harm prevention measures at Brinsford suggested that if the same consistency of approach was applied to anti-bullying and violence reduction, further improvements could be made. Although it impacted relatively few prisoners, the services offered to those requiring drug and alcohol treatment interventions were impressive.

Issues concerning safety were not helped by the very poor quality of most of the accommodation. Accommodation was not easy to supervise, although our observations suggested staff did their best, helped in part by the introduction of CCTV across the residential units. With the exception of the newest wing, most accommodation was often dirty, poorly painted and poorly equipped. Emblematic of these conditions was the unacceptable state of many cell windows. Many had been burnt leaving them opaque and charred. Worse, many had been in this condition for years and we had criticised this before. As a feature it undermined all efforts to improve the environment.

Evidence, particularly in our survey, concerning the quality of staff-prisoner relationships was mixed, although our own observations reassured us. Many prisoners we spoke to also saw staff as one of the best features of the establishment. The quality of personal officer work was, however, limited. The prison's approach to the promotion of diversity was, as we describe it in the body of this report, in a state of transition, although there was some cause for optimism. Work was in place to a varying degree to support the various strands of diversity, although the experiences and perceptions of prisoners from black and minority ethnic backgrounds needed to be addressed and improved. The environment in health care had been transformed, a factor that we believed had helped to support very good relationships in the department. Health care outcomes were also very good, with the department an exemplar of what might be achieved more broadly with a better quality of environment.

Time out of cell remained too limited and was fairly poor for most young men. Evening association was restricted to two evenings a week and over a third of prisoners remained locked in their cell during the working part of the day. The quality of learning and skills provision had improved since our last inspection and attendance was now better but still needed further improvement. There was some very good vocational training with high levels of

learner achievement but limited opportunities for progression. Achievements in basic skills were less impressive and too many prisoners were recorded as unemployed. Library and PE provision was generally good.

The prison's approach to resettlement was disappointing. Structures to steer strategy were not working and much in place across the resettlement pathways was underdeveloped and badly coordinated. There was no current needs analysis, basic custody screening on admission had stopped and pre-release coordination was limited. This lack of structure and coordination was mitigated in part by some reasonably good offender management work which was accessed by all, regardless of custodial status. There was some evidence that managers were beginning to get to grips with the frailties of the prison's approach to resettlement.

There are many challenges to be faced in making this establishment a success. It is a sprawling and difficult place to supervise and holds a challenging and potentially volatile population. Brinsford now has the advantage of being able to concentrate on its young adult population and, despite our criticisms, the gradual improvement we discerned at our last inspection continues. Much more, in almost all areas, however, remains to be done. The establishment has, in our view, three priorities: reducing levels of violence, creating a better environment and developing a coherent approach to resettlement.

Nick Hardwick
HM Chief Inspector of Prisons

January 2012

Fact page

Task of the establishment

Brinsford is a young offender institution and a remand centre for young adult prisoners aged between 18 and 21. Some people subject to immigration control are also detained.

Prison status

Public

Region

West Midlands

Number held

4.11.11:	530	18 – 21 year olds
	32	Over 21s

Certified normal accommodation (CNA)

545

Operational capacity

577

Date of last full inspection

30 November – 4 December 2009.

Brief history

Brinsford opened as a young offender institution and remand centre in November 1991 on the same site as HMP Featherstone. At the time of the last inspection, Brinsford was a split site caring for both young people aged 15-18 years and young adults aged 18-21. Following the decommissioning of places for young people by the Youth Justice Board in January 2010, Brinsford now holds solely young adults.

Short description of residential units

Residential 1 – first night and early days induction unit

Residential 2 – sentenced and remand young adults

Residential 3 – sentenced and remand young adults

Residential 4 – sentenced and remand young adults

Residential 5 – sentenced young adults; enhanced unit

Health care centre – 11 beds (not included on CNA)

Intervention and assessment unit (IAU) – 16 beds

Integrated drug treatment system (IDTS) – 12 beds

Escort contractor

GEOAmey

Health service commissioner and providers

Commissioner: South Staffordshire Primary Care Trust

Providers: South Staffordshire and Stoke-on-Trent Partnership NHS Trust

South Staffs and Shropshire Healthcare NHS Foundation Trust.

Learning and skills providers

Education: The Manchester College

Careers information and advice support: JHP

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison 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 helped to reduce the likelihood of reoffending.

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

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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

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

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

- outcomes for prisoners are poor against this healthy prison test.

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

- HP5 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.
- HP6 At the last inspection in 2009 we found that Brinsford was not performing sufficiently well against the healthy prison test of safety. We made 34 recommendations, of which 18 had been achieved, five partially achieved, seven not achieved and four were no longer relevant. We have made seven further recommendations.
- HP7 In 2009 we found that Brinsford was performing reasonably well against the healthy prison test of respect. We made 100 recommendations, of which 48 had been achieved, 15 partially achieved, 32 not achieved and five were no longer relevant. We have made 25 further recommendations.
- HP8 In 2009 we found that Brinsford was not performing sufficiently well against the healthy prison test of purposeful activity. We made 25 recommendations, of which 13 had been achieved, six partially achieved and six were not achieved. We have made five further recommendations.
- HP9 In 2009 we found that Brinsford was not performing sufficiently well against the healthy prison test of resettlement. We made 44 recommendations, of which 12 had been achieved, four partially achieved, 25 not achieved and three were no longer relevant. We have made 11 further recommendations.

Safety

- HP10 Some prisoners spent too long in court cells before transfer to Brinsford, but were generally treated courteously in reception when they arrived. First night cells were of a poor standard and almost a third of prisoners said they felt unsafe on their first night. The induction programme was reasonable although prisoners spent too long locked in their cells and not all received a full induction. The management of violence reduction was much improved, but there were still too many incidents and many prisoners said they felt unsafe. Arrangements for managing bullying had also improved, but bullying remained a significant problem. The most vulnerable individuals were particularly well managed through the multidisciplinary meeting. Suicide and self-harm reduction was also well managed. Security procedures were proportionate. Arrangements for prisoners subject to the integrated drug treatment system were very good, and the mandatory drug testing rate was low. On the basis of

this full follow-up inspection, we considered that outcomes for prisoners in this establishment were still not sufficiently good against this healthy prison test.

- HP11 Prisoners spent a long time in court cells waiting to be transported to the prison. Most journey times were under two hours and we observed little escort staff interaction with prisoners. New arrivals had not been given any prior information about the prison. Mechanical restraints were not routinely used for moving prisoners between the escort van and the reception building.
- HP12 The reception communal areas were bright and clean but the holding rooms were unwelcoming. Most prisoners arrived before 7pm and the reception process was swift for most. All new arrivals were offered a shower in reception. Reception staff were polite and courteous to prisoners and searching was carried out respectfully and in private. Reception and health care staff also interviewed prisoners confidentially in private rooms. A Listener attended reception to offer support to new arrivals. Information on the early days process was available in 14 languages.
- HP13 Most new arrivals were located on to A2 landing, although a few had been located straight on to the integrated drug treatment system (IDTS) unit and did not have a first night interview. The A2 landing and cells were poor, and almost a third of prisoners in our survey¹ said they did not feel safe on their first night. The early days risk assessment book was a positive initiative, although a few prisoners did not complete the first night interview on their day of arrival. New arrivals were locked in their cells until the next morning. A Listener (peer supporter) resided on A wing and there was a Listener cell on the first night landing.
- HP14 Prisoners went on to A1 landing for their induction, which lasted approximately one week. The landing and cells were dirty and inhospitable. Prisoners on induction spent too long locked in their cell with little to occupy them, and many said that induction did not cover everything they needed to know about the prison. The prison had no effective tracking system to ensure that prisoners completed all modules of the induction programme, and we were not assured that all prisoners completed all modules of the programme.
- HP15 Arrangements to deal with violence had improved considerably. The collection of data on the number and nature of violent incidents was consistent, and there were recently introduced structures, such as the safer custody strategy group, to monitor the progress of violence reduction measures. There was a casework approach to address

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

a range of antisocial behaviour, which coordinated several structured interventions. Many staff, however, remained unaware of these interventions. The published violence reduction policy document was also out of date, not based on a proper analysis of patterns of violence in the prison, and did not reflect many of the recently introduced interventions and structures. Prisoner consultation had begun but was not yet consistent. Overall, the number of violent incidents remained too high, bullying was evident and too many prisoners continued to feel unsafe. In our survey, one in five respondents said that they felt unsafe currently, and 45% said that they had felt unsafe at some time at Brinsford. The quality of investigations into incidents remained inconsistent. Vulnerable prisoners were generally managed effectively on mainstream residential units, and the weekly multidisciplinary meeting to help coordinate their care was particularly effective.

- HP16 The suicide prevention policy had recently been reviewed and was properly focused on the specific risks and needs of young prisoners. It was generally well promoted and, on the whole, understood by staff and prisoners. There had been improvements in the analysis of data to provide information about patterns and trends of self-harming behaviour, and management checks had improved the quality of entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents, particularly in the health care centre. The Listener scheme was well supported and properly advertised, with good prisoner access. The quality of individual plans and care mapping had also improved and was better than we often see. The number of ACCT documents was quite high but there was little evidence of risk averse practice. The level of self-harm was also high, but a few prolific self-harmers accounted for nearly 30% of all cases.
- HP17 Relationships between the security committee and other key areas, particularly the safer custody team, had improved, although links with the drug strategy group remained poor. The principles of dynamic security were in place and underpinned by good staff-prisoner relationships. There was good use of data to inform intelligence-based risk management systems. Security systems and protocols were generally proportionate and did not needlessly impede prisoner participation in a full regime.
- HP18 Given the size and nature of the prison, the number of formal adjudications was not excessive, at about 114 a month. Records showed that hearings were conducted fairly and that punishments were appropriate and consistent. Charges were fully explained and prisoners were given enough time to prepare their case. The minor report system we previously criticised no longer operated. There was no evidence of unofficial sanctions or group punishments.
- HP19 The use of force was high at 245 incidents in 2011 to date, which was comparable to the level at our last inspection. There had, however, been a significant increase in reported incidents that did not involve the full use of control and restraint – to nearly 70% of all incidents – and improved use of de-escalation techniques. The relevant documentation was generally correct, and written accounts from officers gave assurance that force was used as a last resort. Governance through the safer custody team had greatly improved and was better than we usually see.
- HP20 Communal areas and cells in the segregation unit were grubby and worn. Unit staff were respectful to prisoners and there was evidence that they knew and cared about their personal circumstances. Reintegration planning was developing and reviews of longer stay prisoners were comprehensive and timely. However, staff entries in

prisoner files were generally poor and did not reflect the good standards of prisoner care we observed in the unit.

- HP21 The introduction of IDTS had seen a significant improvement in drug and alcohol treatment at Brinsford. While it involved relatively few patients, it delivered high quality care. Each prisoner was allocated a named nurse and a named health care assistant key worker. Prisoners housed on the 12-bed IDTS unit received regular reviews, and were very positive about the staff and the support offered. The positive random mandatory drug testing rate was relatively low at 2.1%, but suspicion testing needed to be applied more rigorously.

Respect

HP22 The older residential accommodation was in a poor condition. Despite some negative views in our survey, staff-prisoner relationships were generally good, although wing files indicated variable engagement by wing staff. Prisoners expressed mixed views about personal officers. Food was of a good standard. Provision under diversity was developing. Ethnic monitoring indicated that black and minority ethnic prisoners were over-represented in the segregation unit, which had yet to be fully investigated. Foreign national prisoners had reasonable access to the UK Border Agency and immigration advice but there was little individual support. Health care provision had much improved. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment remained reasonably good against this healthy prison test.

- HP23 The quality of accommodation on most house blocks was extremely poor. Many of the older wings were dirty with damaged floors, burnt windows and high levels of graffiti. Access to cell cleaning materials was inconsistent. Showers offered privacy but many were dirty and smelly, and many prisoners said that it was difficult to shower daily. Bedding was exchanged weekly but the condition of many sheets was poor. Standards on the new unit were reasonably good. Only remand and enhanced-level prisoners could wear their own clothes, but they had to buy these through the prison shop, which was restrictive. Prison clothing was old and required replacing.
- HP24 Fewer prisoners than at the last inspection felt there was a member of staff that they could turn to if they had a problem, and more than at comparator establishments said that they felt threatened or intimidated by staff. We saw a few incidents that supported this perception, but most of our observations were very positive and in our prisoner focus groups many cited the staff as the most positive aspect of the establishment. Staff almost always used prisoners' first names or preferred titles in files and formal documentation.
- HP25 Prisoners had mixed views about their personal officer: some said they did not know who their personal officer was, but others were more positive. Case history notes from unit 5 indicated a good level of interaction, but those on units 1-4 were limited. Quality assurance by managers was perfunctory.
- HP26 The kitchen was well managed and offered a reasonable range of food. Although prisoners were negative about the quality of food, our observations were that quantities were reasonable and that the quality was good. There were appropriate

checks on servery hygiene, although wing staff did not consistently act on identified concerns.

- HP27 Diversity provision and promotion were in a state of transition, and the comprehensive equality policy had yet to be finalised and published. The frequency of, and attendance at, equality committee meetings were variable. Provision for foreign national prisoners and those with disabilities was generally good. There was no support for gay prisoners or Travellers.
- HP28 Ethnic monitoring indicated that black prisoners were more likely to be segregated than white prisoners, and there had been no satisfactory explanation for this anomaly. Incidents of discrimination were investigated reasonably well, although replies were often formulaic and lacked detail. We found racist graffiti in some cells.
- HP29 Outcomes for black and minority ethnic prisoners were poor. There was no individual assessment of foreign national prisoners' need, and professional telephone interpreting was underused, despite some cases of obvious need. There was little support for remanded foreign nationals and they had no contact with the foreign national manager. The monthly immigration advice surgery was a welcome development, as was the regular attendance by the UK Border Agency. Foreign nationals were given little notice when they were to be continued to be held under immigration powers. Ten immigration detainees were held beyond their sentence, one for more than six months.
- HP30 There was good identification of prisoners with disabilities, nearly all of whom had learning or mental disabilities. Individual support was available for some prisoners with disabilities.
- HP31 Faith provision was good, although the multi-faith room was too small to accommodate Friday prayers comfortably. The chaplaincy was well integrated into the life of the prison.
- HP32 In our survey, fewer prisoners than the comparator said that applications were dealt with fairly and promptly. We counted 13 different application forms, which was confusing. The number of complaints was high, at approximately 220 a month, and there were indications that the complaints system was used as an alternative to routine applications. Replies were timely and generally polite but often lacked detail or explanation. Legal services support was basic.
- HP33 Integration between health care and the prison had improved markedly, and prisoners were positive about health care staff. The health care environment had been transformed since the last inspection, which had led to a dramatic improvement in the behaviour of young men waiting for appointments, with politeness to health care staff the norm and no violent incidents. The range of primary care services was appropriate. There was daily access to nurses on all residential units and access to general practitioners was good. The dental service was at least equivalent to that in the community. Risk assessments for in-possession medication were not carried out consistently. Sexual health clinics had been introduced. The inpatient unit was well managed with clear clinical admission criteria. The dedicated primary mental health service provided appropriate mental health interventions and was well integrated with the secondary mental health in-reach team. However, the overall capacity to meet the mental health needs of young men with increasingly complex and challenging needs remained low.

Purposeful activity

- HP34 We were concerned about slippage in the daily routine, and on two occasions we found over a third of prisoners locked in their cells. Learning and skills provision had improved, but while fewer sessions were now lost due to cancellations and non-attendance, the number still remained high. Prisoner allocation to education and training was reasonable, although there were long waits for some courses. There was too little vocational training provision at level 2. Most prisoners stayed for the duration of their courses and the attainment of qualifications was high in many subjects. Library provision was reasonable and PE services extensive. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.
- HP35 The core day suggested that a fully engaged prisoner could access nine hours out of cell and an unemployed prisoner four hours. The reality was considerably less and depended on evening association, which prisoners had only twice a week. There was evidence of regime slippage in association start times and the morning domestic period. During two random roll checks, we found about 35% of prisoners locked in their cell. Association and exercise were rarely cancelled.
- HP36 The learning and skills provision had improved since the last inspection. There had been very good management attention to identifying and implementing a wide range of improvements, which had had a positive impact. A systematic and effective quality improvement system had been introduced and data had been used very well. However, there was room for further improvement and development. There were extremely long waiting lists for the popular vocational training options and insufficient activity places overall, but the education and training induction and allocations processes was effectively coordinated through a central database.
- HP37 The number of prisoners refusing to attend education or training sessions had reduced substantially but was still high. The number of classes cancelled due to a lack of teaching staff had also reduced, but again remained high. The previously very high sickness and absence rate among teaching staff had been reduced substantially. Teaching staff were keen to support prisoners achieve the highest standards, and had good working relations with them.
- HP38 Strategies to improve the overall quality of teaching and training, including a thorough system for observing teaching and learning linked to professional development, had been largely effective, but there was still room for improvement in teaching practice in literacy and numeracy sessions.
- HP39 There were currently too few level 2 national vocational qualification (NVQ) courses, although some additional ones had been recently introduced and others were planned. The quality of vocational lessons was good, and broadly satisfactory in literacy and numeracy. Prisoners' practical work in vocational sessions was frequently of a very high standard. Their behaviour was also generally good, poor behaviour was mostly managed well, and prisoners felt safe during their lessons.
- HP40 Learners who stayed for the duration of their courses, and most did, usually achieved their qualifications. In 2010/11, the achievement rates on many vocational courses were very high, including 100% pass rates in horticulture, carpentry, painting and

decorating, and plastering. The overall achievement rate of learners taking literacy and numeracy courses was low.

HP41 The library was a good resource, had been completely refurbished and the stock had increased. The staff had produced some striking visual displays on a variety of themes and run regular events to promote library use. The Toe-by-Toe reading mentoring programme had won national recognition.

HP42 The PE facilities were extensive, well maintained and met the needs of prisoners. The all-weather surface remained in poor repair although options for refurbishment were being considered. A range of accredited courses was offered, mostly at level 1 or below, but achievement rates were high. The department continued to have excellent links with other departments and outside organisations to enrich the PE programme.

Resettlement

HP43 Strategic work on resettlement remained underdeveloped, and there was no current strategy or up-to-date needs analysis. Basic custody screening had been suspended for a significant period in 2011 and many remand prisoners had no custody plan. Offender management work, however, had developed reasonably well. All prisoners were allocated an offender supervisor for the duration of their sentence, and assessment and contact were reasonable. Public protection arrangements were good. Reintegration planning was limited with no integrated pre-release assessment process. Pathway work was largely underdeveloped and pre-release arrangements for each were separately coordinated. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were not sufficiently good against this healthy prison test.

HP44 Although managers had a clear vision for reducing reoffending and resettlement, the lack of a current strategy meant that this had not been clearly communicated across the prison. The detailed reducing reoffending action plan had been developed without an up-to-date needs analysis. Management of resettlement pathways was underdeveloped. The reducing reoffending committee had not met for six months, which had stalled progress. A significant number of external organisations, however, provided a valuable range of resettlement services.

HP45 Although the basic custody screening tool was a positive initiative it had been suspended earlier in 2011 and only recently reintroduced, leading to a gap in provision for some prisoners. All new arrivals, regardless of status, were allocated an offender supervisor, which resulted in a well-coordinated approach. Offender supervisors were fully involved in most areas of the regime and records of contact showed reasonable levels of interaction with the prisoners on their caseload. Personal officers, however, had limited involvement with offender management processes. No OASys (offender assessment system) assessments had been missed, but over 60 had been completed late. Pre-release planning was not coordinated and relied on individual service providers and offender supervisors contacting prisoners on their caseload before release. We were not confident that all prisoners were seen before release, and some service providers confirmed this. Home detention curfew processes were carried out on time, but release on temporary licence was not widely used and had not been developed. Trailblazers, a charity using volunteers in a

mentoring role, provided a positive formal mentoring scheme with prisoners and offered support and advocacy for up to a year post-release in the community.

- HP46 Categorisation reviews were timely and prisoners moved quickly to open conditions. Prisoners categorised to closed conditions did not receive formal notification and were, therefore, not advised of their right to appeal.
- HP47 Public protection procedures were sound and managed effectively. There were good systems for identifying and assessing prisoners presenting a risk of serious harm, and child protection measures were effectively implemented.
- HP48 Few prisoners were released without accommodation. Nacro provided a comprehensive accommodation service for a difficult to house population, although the sustainability of much accommodation had not been ascertained. There was limited monitoring of accommodation outcomes to develop provision. Provision for both the accommodation and finance, benefit and debt pathways was stretched. Although Citizens Advice attended for 1.5 days a week, the lack of needs analysis meant that the need for this service was not clear.
- HP49 There was a range of activities to support prisoner progression into education, further training and/or employment on release. The half-day pre-release group session for prisoners had been replaced with one-to-one sessions, which were held to be a more effective use of the time available. Pre-release activity had doubled in the last two years. The number of training places had also increased significantly. However, education, training and employment links with local colleges and employers remained underdeveloped.
- HP50 Prisoners were seen by a nurse on the morning of their discharge and given a discharge information pack. Those with severe and enduring mental health needs were linked with the relevant community mental health team.
- HP51 The drug strategy required updating in line with the recent counselling, assessment, referral, advice and throughcare (CARAT) needs analysis, and the drug strategy meeting attendance was patchy. The introduction of COVAID (control of violence for angry impulsive drinkers) was a positive initiative, along with the education-based drug and alcohol awareness programme. There was some effective one-to-one work through the CARAT team, who were also able to work with prisoners with alcohol-only issues. There were appropriate links with West Midlands drug intervention programme.
- HP52 Provision for children and families was underdeveloped, with little beyond family visits and support and advice offered by visitors' centre staff, which was not integrated with other provision in the prison. Booking visits was problematic and visitors complained vociferously about the new call centre system, which was costly to use. When we called the centre, we were unable to get a response within a reasonable time. The visits hall was a reasonable environment and supervising staff were sensitive to the needs of prisoners and visitors, although the need for prisoners to wear high visibility jackets was disproportionate.
- HP53 The two offending behaviour courses provided, the thinking skills programme (TSP) and COVAID, were based on 80% of the population having convictions for violent offending and a significant number having alcohol problems. There were no waiting lists for TSP and there was a struggle to find enough prisoners with sufficient

educational ability and who fitted the criteria to undertake the course. No adapted courses were available. There was excellent post-course provision with involvement from families in most cases. Other approved programmes were currently suspended.

Main concerns and recommendations

- HP54 **Concern:** Some prisoners did not complete a full induction and many who did said that it did not cover all the issues they needed to know. There was no effective tracking system to ensure all modules were completed. Prisoners spent too much time during induction locked in their cells.
- Recommendation:** All prisoners should receive a full induction, should be kept active during the induction process and should not be locked in cells for protracted periods.
- HP55 **Concern:** Although there had been improvements in arrangements to deal with violence, levels continued to be too high. Too many prisoners said they felt unsafe, and investigations into incidents of bullying were inconsistent.
- Recommendation:** The prison should address those issues which were causing prisoners to feel unsafe. The quality of investigations into alleged bullying incidents should be improved and the number of violent incidents reduced.
- HP56 **Concern:** The communal areas and cells in the older accommodation were poorly maintained, dirty and had graffiti. Cell windows were often fire damaged, a condition they had been in for years, and a feature that characterised the poor conditions on these units.
- Recommendation:** The communal areas and cells in units 1, 2, 3 and 4 should be fully refurbished and maintained to a good standard. Cell windows should be replaced without any further delay.
- HP57 **Concern:** Too many prisoners were locked in their cell, and the amount of evening association and daily exercise was limited.
- Recommendation:** All prisoners should receive adequate time out of cell each day, and opportunities for daily exercise in the open air.
- HP58 **Concern:** There was no resettlement needs analysis, pre-release planning for prisoners or coordination of resettlement pathway work.
- Recommendation:** An up-to-date reducing reoffending strategy and accompanying action plan should be developed, based on a thorough needs analysis and including pre-release planning, and implemented and monitored through the reducing reoffending policy committee. Resettlement pathway work and pre-release planning should be better coordinated and routinely available to all prisoners.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report.)

Main recommendations

MR1 A Listener scheme should be introduced, and Listeners and peer support workers should be employed in reception. (HP49)

Achieved. The Listener scheme had been introduced shortly after our previous inspection. It was well established with 24-hour access for prisoners, with 12 Listeners at the time of our inspection. The scheme was explained to prisoners in reception and during their induction, and publicised around the prison on information notices. A Listener attended reception each afternoon and evening, and we observed him talking to new arrivals. Listeners and a Samaritans representative attended the safer custody meetings and gave a report of their work, including times and wings where their service had been provided. Listeners had been called out on about 100 occasions in 2011 to date. There was a free direct line telephone number for prisoners to contact the Samaritans during the day.

MR2 All prisoners should receive a full induction programme. (HP50)

Not achieved. In our survey, 87% of respondents, against the comparator of 90%, said that they had been on an induction course, of whom only 41%, against 60%, said that it covered everything they needed to know about the prison. Some prisoners said that they had not fully completed the induction programme. There was no formal tracking system that ensured all prisoners completed the relevant modules of the induction programme. When prisoners completed modules staff were meant to record this in their early day risk assessment induction book, but we found many books that indicated that prisoners had not completed either the induction or all the relevant modules.

See main recommendation HP54.

MR3 The prison should provide more support for foreign national prisoners to address their negative perceptions and safety. (HP51)

Achieved. Foreign national prisoners in our groups said that they felt safe. Foreign nationals were no longer accommodated on a single unit but dispersed across the prison. There was greater use of telephone interpreting (see paragraph 4.28).

MR4 The prison should work with the primary care trust on a joint review of the integration of health services within the prison, and its impact on the health and well-being of prisoners. (HP52)

Achieved. There had been a marked improvement in the integration of health services within the prison, and they were well represented across wider prison meetings.

MR5 The learning and skills induction, planning and allocations process should be simplified and better coordinated to meet prisoners' needs. (HP53)

Achieved. Induction, planning and the allocations process were effectively organised through a central database. Prisoner induction to education was well coordinated, comprehensive and informative

MR6 **The standards of teaching and training should be improved, especially in literacy and numeracy. (HP54)**

Partially achieved. There had been good attention to improving the standards of teaching and learning. The teaching observation scheme was effective. The quality of lessons that we observed was good in all vocational lessons, but broadly satisfactory in literacy and numeracy.

MR7 **Prisoner attendance at education and training should be increased, and the number of sessions cancelled decreased. (HP55)**

Partially achieved. Attendance had improved. The number of prisoners refusing to attend activities had reduced significantly but was still high. The number of cancellations had also reduced but remained high (see also paragraph 6.9).

MR8 **All alleged bullying and reported violent incidents should be fully investigated and data collection improved and appropriate action taken. (HP56)**

Partially achieved. The systems for effectively recording and monitoring violent incidents, and analysing relevant data, had improved. Information-sharing arrangements between departments such as health care, the safer custody team and the residential units were better developed. Dynamic security arrangements had improved and helped to identify instances of bullying that had not been reported through security information report (SIRs) and anti-bullying reports. Residential staff regularly identified potential incidents and recorded concerns in wing observation books. There were regular checks of accident report forms by orderly officers and the safer custody team to identify any unexplained injuries, and SIRs were scrutinised for information about alleged or suspected bullying. There had also been improvements to formal information collection systems. Orderly officers were assigned from the security department each day to respond to incidents as they happened. They ensured that all known incidents were recorded on specific incident report forms and presented the following day to the senior management team and the safer custody team for information and analysis. The safer custody team had created a database of violent incidents, including their nature, location and the names of perpetrators, based on this wide range of information. The system was well developed, and information was properly analysed and presented to the safer custody committee to inform necessary responses to problem areas. However, the quality of investigations into incidents remained inconsistent. Many were perfunctory and did not address the issues. There continued to be an over-reliance on the safer custody team to ensure that investigations had taken place and required action followed up.

See main recommendation HP55.

MR9 **The resettlement group should meet bimonthly and should ensure strategic development across all aspects of resettlement and reducing reoffending. (HP57)**

Not achieved. The resettlement group – now the reducing reoffending policy committee – had not met during the previous six months.

See main recommendation HP58.

MR10 **Custody planning should be introduced for prisoners on remand, and young adults should be involved in the creation of their plans. (HP58)**

Partially achieved. The basic custody screening tool had been introduced in April 2011 and was used to assess all new arrivals. The assessments involved the individual prisoner, and led to their allocation to offender supervisors and the formation of initial custody plans. Use of the screening tool had been suspended in August 2011 and was reintroduced in November, just before our inspection. This had resulted in 266 prisoners not receiving an assessment on their reception. In our survey, only 37% of respondents, against the comparator of 62%, said that they had a sentence plan, although 63%, similar to the comparator, said they had been involved in the development of their plans.
See recommendation 9.30.

MR11 **A full range of offending behaviour programmes should be delivered to meet the assessed needs of the population. (HP59)**

Not achieved. The provision of offending behaviour programmes was based on a limited needs analysis that was out of date.
See main recommendation HP58.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners should receive information about where they are going from court and what is about to happen to them. (1.5)

Not achieved. In our survey, only 17% of respondents against the comparator of 25% said that they received written information before they arrived about what would happen to them, and 77% against 84% said they knew where they going when they had left court or on transfer from another prison. The prison had produced an information booklet in response to our last inspection, but none of the new arrivals we spoke to had been given any prior information and the escort contractor staff were unaware of the booklet.

We repeat the recommendation.

Additional information

- 1.2 In our survey, only 1% of respondents, against the comparator of 7%, said that they had spent more than four hours in the van during escort. For most prisoners, journey times were less than two hours.
- 1.3 In our survey, only 8% of respondents said the comfort of the van was good, against the comparator of 11%. GEOAmev had recently taken over the contract and had introduced new vehicles, which were clean and adequately equipped.
- 1.4 Prisoners told us that they spent excessive time in court cells before they were transported to the prison. In the records we examined, we found that many prisoners spent over three hours in court cells – in one case, a prisoner was in court cells for over six hours before taking the two-hour journey to the prison.
- 1.5 Prisoners said that escort staff treated them satisfactorily, although we observed little escort staff interaction with prisoners. Mechanical restraints were not used when prisoners were disembarked from vehicles into reception, which was proportionate, and arrivals were taken off the escort vans quickly.

Further recommendation

- 1.6 Prisoners should be escorted to the prison more quickly after they are dealt with by the courts.

First days in custody

Expected outcomes:

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

Reception

1.7 There should be facilities for reception staff to interview new arrivals in private. (1.23)

Achieved. Reception staff interviewed new arrivals and started an early days risk assessment induction book for each one. This recorded the reception, first night and day one interviews. Reception staff completed the first interview and the cell sharing risk assessment in a private interview room. Prisoners we spoke to and our own observations assured us that this took place consistently.

1.8 Reception holding rooms and toilets should be kept clean. (1.25)

Not achieved. The two large holding rooms and two smaller ones were unkempt and had graffiti. The toilets required a deep clean and the sinks were dirty. The holding rooms had hard wooden benches and limited written information. They had a television, which was turned on while prisoners occupied the rooms, but there was no general reading material.

Further recommendation

1.9 Reception holding rooms should be refurbished and maintained to a clean and hygienic standard, and contain reading materials to occupy prisoners.

1.10 Normalising features, such as pictures or paintings, should be displayed in the reception communal areas and holding rooms. (1.26)

Achieved. The reception communal area was bright and clean, with pictures and paintings on the walls, including the holding rooms, and also a large fish tank surrounded with seating.

Additional information

1.11 Reception was busy with over 700 movements through it each month, including approximately 100 new arrivals. It was open from 7am and remained open over lunch to accept prisoners. In the prisoner records we looked at, most had arrived before 7pm.

1.12 Reception staff were courteous in their dealings with prisoners. Prisoners told us that reception staff treated them well, and this was confirmed by 61% of respondents in our survey.

1.13 Most prisoners told us that they did not spend long in reception. We observed an efficient process with arrivals located on to the wings quickly. In our survey, 54% of respondents, against the comparator of 40%, said that they were offered a shower in reception, and many prisoners told us that they had taken this opportunity.

- 1.14 In our survey, 83% of respondents, against the comparator of 78%, said that they had the opportunity to eat in reception. Meals were available, although some prisoners said the quality was poor. Our observations were that the food was satisfactory.
- 1.15 New arrivals were searched in a private room and we observed staff carry this out sensitively. Health care staff had a private room for the initial health screening interview. In our survey, 95% of respondents said that they had been seen by health services in reception.

First night

- 1.16 **New arrivals should receive written information about the rules, routines, and services of the prison, including information about the induction programme. (1.24)**

Achieved. There was a two-page quick guide to the early days process for prisoners in reception, which was available in 14 languages, including English. This was supplemented by a basic induction booklet that explained what would happen during the first night and induction process. This was only available in English, although the prison had translated some key information into a further five languages.

Additional information

- 1.17 Most new arrivals were located on to A2 landing, the designated first night accommodation, although the integrated drug treatment system (IDTS) wing had been used for non-detoxifying prisoners on 19 occasions in the previous seven months due to capacity issues. We examined the records of 11 of these and found that two had not had the first night interview on the day they arrived and three had not fully completed the induction programme.
- 1.18 A2 landing and first night cells were unwelcoming, the landing and communal areas were dirty, cells were stark and unkempt, and many had burnt windows and graffiti on walls and doors (see main recommendation HP56). In our survey, 30% of respondents said that they felt unsafe on their first night. A Listener resided on A wing, and there was a Listener suite on A2.
- 1.19 On arrival to the first night wing, prisoners were given a first night interview, which was recorded in the early days risk assessment induction book. A further interview took place the following morning. We reviewed 70 early days books and found three prisoners who received their first night risk interview the day after arrival and one who was interviewed six days after arrival.
- 1.20 New arrivals were given £2 telephone credit, a smoker's or non-smoker's pack and basic toiletries. Although in our survey only 44% of respondents said that they had seen a chaplain within their first 24 hours, the records we reviewed showed that a chaplain saw most prisoners within 24 hours.
- 1.21 Evening association was available for new arrivals twice a week, which meant that some new arrivals went 48 hours without association and spent too long locked in their cells.

Further recommendation

- 1.22 All new arrivals should go to the dedicated first night wing and all should receive the first night risk assessment on the day they arrive.

Induction

- 1.23 The roles of peer supporters should be clearly defined, a training programme should be introduced, and they should contribute to delivering the formal induction programme. (1.27)

Partially achieved. The prison had previously used adult peer supporters from HMP Featherstone as part of the reception and induction programme but this had ceased as the peer supporters were no longer available. There was currently no formal peer supporter scheme but there were plans to reintroduce it.

We repeat the recommendation.

Additional information

- 1.24 The day after arrival, prisoners were relocated on to A1, which was the induction landing. The landing and cells were in a similar condition to those on the first night landing and were unwelcoming (see main recommendation HP56).
- 1.25 Induction lasted approximately one week and usually started the day after arrival. However, prisoners spent protracted amounts of time locked in cells with little to occupy them between sessions.
- 1.26 Induction consisted of one-to-one interviews with staff from individual departments and two interactive presentations. Any prisoner who had been at the establishment recently was fast-tracked through induction and on to the wings. Induction took place in a dedicated and suitable induction room. The education department had a separate room in the induction unit, which staff attended daily to carry out the education assessment.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

Accommodation and facilities

- 2.1 The painting programme should be checked to ensure high standards are maintained. (2.15)

Not achieved. There was a painting programme that employed prisoners on each wing. Prisoners were also allowed to paint their own cells. We observed three prisoner wing painters undertaking the work unsupervised, and the quality of the work was poor. On the older accommodation, there was old paint stains on the floors of the communal areas and in cells. The quality of the painting was poor.
We repeat the recommendation.

- 2.2 Toilets should be deep cleaned on a regular basis, and should be sufficiently well screened to maintain privacy. (2.16)

Not achieved. Although we observed that some toilets had been deep cleaned, many still required this work to be carried out, and toilets were insufficiently screened in cells on the older wings.
We repeat the recommendation.

- 2.3 Single cells should not be used for double occupancy. (2.17)

Not achieved. The 45 cells across the prison designed for single occupancy were still used to hold two prisoners.
We repeat the recommendation.

- 2.4 Damaged flooring should be replaced. (2.18)

Not achieved. We saw many cells in the older accommodation with damaged floors, especially around the toilet and sink areas, including the exposure of bare concrete. We found similar examples in the communal landings on wing spurs (see main recommendation HP56).

- 2.5 Fire damaged windows should be replaced. (2.19)

Not achieved. Many cells in the older accommodation had fire-damaged windows that were unsightly and required replacing (see main recommendation HP56).

- 2.6 The method for distributing mail should be standardised across the units. (2.20)

Achieved. A dedicated censoring department dealt with all incoming and outgoing mail. Incoming mail usually arrived mid-morning and was checked for enclosures. The censors took

the mail to individual wings at the same time each afternoon. Outgoing mail was collected by night staff and distributed to the censors department who collated it for Royal Mail to collect.

2.7 Prisoners subject to mail monitoring should receive their mail without undue delay. (2.21)

Achieved. The censors department processed mail and parcels efficiently. Mail for prisoners subject to mail monitoring was prioritised to minimise delays. In our survey, 48% of respondents, against 55% at the last inspection, said that they had problems sending or receiving mail.

2.8 The prison should address issues raised in prisoner consultation groups at the earliest opportunity. (2.22)

Achieved. The prison had introduced a prisoner council meeting that met every month, comprising prisoner representatives from each wing and staff from relevant departments. Each residential unit also held a monthly forum for prisoners. The meetings were well attended and the minutes indicated positive engagement. Issues raised at previous meetings were actioned, and the prison displayed information on each wing about the actions carried out in response to issues raised.

Additional information

2.9 The quality of residential units varied across the prison. Unit 5, the newest unit was clean with well-equipped cells that each contained an en-suite shower and toilet. Units 1, 2, 3 and 4 were older and were dirty and unkempt in the communal areas and cells (see main recommendation HP56).

2.10 Many cells did not contain a chair and there were no lockable cupboards for prisoner's personal belongings. The prison had a comprehensive offensive display policy, which was adhered to.

2.11 In our survey, only 34% of respondents, against the comparator of 41%, said that cell call bells were answered within five minutes. Many prisoners said that staff took a long time to answer cell call bells, and our own observations confirmed this.

2.12 Notice boards throughout the wings were well laid out with relevant up-to-date information. Recreational equipment was of an adequate quality, and the number of telephones was satisfactory.

Further recommendation

2.13 All cells should be adequately furnished and contain a lockable cupboard for each prisoner.

Housekeeping point

2.14 Cell call bells should be answered promptly and always within five minutes.

Clothing and possessions

No recommendations were made under this heading at the last inspection.

Additional information

- 2.15 Only remand prisoners and those on enhanced could wear their own clothes and they had to purchase them through the prison shop, which was disproportionate – many prisoners felt this was unfair.
- 2.16 In our survey, only 41% of respondents, against the comparator of 53% said that they were offered clean and suitable clothes for the week. Many prisoners complained about the quality of prison clothing, and what we saw was of poor quality.
- 2.17 Each wing had its own laundry, which prisoners appreciated.

Further recommendation

- 2.18 All prisoners should be allowed to wear their own clothes and prison clothing should be of an acceptable quality.

Hygiene

- 2.19 **Showers should be maintained to a high standard. (2.23)**

Not achieved. On the older accommodation, there was a shower room with four showers on each landing. Many shower rooms were dirty and some had flaking paint on the ceilings. Ventilation was a problem and prisoners had to keep the door open to prevent the room steaming up. Drainage was slow and many prisoners had to stand in the previous occupant's dirty water. Unit 5 had en-suite showers in cells.

We repeat the recommendation.

Additional information

- 2.20 In our survey, only 48% of respondents, against the comparator of 60%, said that they normally got cell cleaning materials weekly, and many prisoners said that they could not easily access them. We saw locked cleaning cupboards during domestic time.
- 2.21 There was weekly bedding exchange but the sheets given to prisoners were old and damaged. In our survey, only 60% of respondents, against the comparator of 78%, said that they received clean sheets weekly.
- 2.22 Access to a daily shower was limited due to the restrictions on association and the lack of full domestic time in the morning. In our survey, 41% of respondents said that they were not able to shower every day.

Further recommendations

- 2.23 Prisoners should be given regular access to cell cleaning materials.
- 2.24 Prisoners should receive clean and suitable bedding weekly.

2.25 Prisoners should be able to shower every day.

Staff-prisoner relationships

Expected outcomes:

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

2.26 The installation of CCTV on residential units should be accompanied by specific plans to use this opportunity to improve and develop staff-prisoner relationships. (2.31)

Achieved. Since the last inspection the prison had installed CCTV on all residential units, as well as on the corridors across the establishment. This development had not been supported by a specific plan to link it with improving staff-prisoner relationships, but CCTV footage was reviewed following incidents on wings, during adjudications and to follow up specific concerns. The extent to which these improvements had increased prisoner confidence in staff was unclear, although many prisoners told us that they had helped.

Additional information

2.27 In our survey, more respondents than the comparator (23% against 19%) said that they felt threatened or intimidated by staff, and only 69%, against 76% at the last inspection, said there was a member of staff they could turn to if they had a problem.

2.28 Our observations were that interaction between prisoners and staff across all residential areas were generally positive, courteous and appropriate. In files, prisoners were invariably referred to by their first names or titles and, although this was not always the case on a face-to-face basis, it was common. In two of our four focus groups, prisoners identified relationships with staff as one of the three most positive aspects of the prison.

2.29 Prisoners told us of concerns about a few staff who were disrespectful, rude or unhelpful, and we found an example of an inappropriate staff comment in a prisoner file.

Further recommendation

2.30 Prison managers should ensure consistent courteous and appropriate engagement between staff and prisoners.

Personal officers

Expected outcomes:

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

- 2.31 **Personal officers should retain responsibility for individual prisoners as long as they are on the unit, rather than by allocation to cells. (2.39)**

Not achieved. Personal officers were still allocated by cell location rather than to individual prisoners.

- 2.32 **Personal officer entries in wing files should consistently reflect regular interaction with prisoners, rather than just record observations. (2.40)**

Partially achieved. We reviewed 25 prisoner case history notes and found a mixed quality of entries by staff. Some entries, usually on unit 5, showed that there had been good interaction, but in too many cases entries were missing from personal officers or they were brief and did not evidence sufficient interaction with the prisoner.

We repeat the recommendation.

- 2.33 **The published personal officer policy should include reference to the offender bilateral system and its role in offender management and sentence planning work. (2.41)**

No longer relevant. The prison no longer operated a bilateral system for personal officers and prisoners.

- 2.34 **There should be ongoing evaluation and monitoring of the personal officer scheme and its effectiveness in supporting offender management and resettlement work. (2.42)**

Partially achieved. Residential governors carried out a walk-and-talk approach to quality assurance, asking prisoners if they knew their personal officer and if that officer had spoken with them. Senior officers carried out quality assurance of written entries but this was often perfunctory, with some quality assurance recorded where there had been no personal officer entries for the previous few months and no record of any follow-up action with the personal officer.

We repeat the recommendation.

- 2.35 **Information obtained during offender bilateral meetings should be shared with offender supervisors. (2.43)**

No longer relevant. See paragraph 2.33.

Additional information

- 2.36 In our survey, 62% of respondents, against the comparator of 73%, said that they had a personal officer, of whom fewer than two-thirds said that they were helpful. Prisoners we spoke with gave mixed views of their personal officer. Personal officers we spoke to knew the custodial circumstances of their prisoners. Personal officers attended incentives and earned privileges (IEP) reviews and had some involvement in assessment, care in custody and teamwork (ACCT) self-harm monitoring reviews. They had little engagement with sentence planning and assessment (see paragraph 9.3).

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

3.1 The restorative justice programme should be evaluated. (3.11)

Not achieved. The formal restorative justice scheme in place at the last inspection had mostly been replaced by less formal mediation, usually conducted by personal officers or other residential officers who knew the prisoner following an assessment of risk. There were early signs that this intervention might have reduced the number of violent incidents, and some evidence that prisoners had responded to the positive attention from staff. Nevertheless, no restorative justice or formal mediation was carried out.

We repeat the recommendation.

3.2 There should be a prisoner survey about their experience of violence to help inform the anti-bullying strategy. (3.12)

Partially achieved. There had been two prisoner forums on prisoner safety. A safety questionnaire had also been distributed to a cross-section of prisoners in the week before the inspection. There was no evidence, however, that either approach had been used to influence the prison's violence reduction strategy.

We repeat the recommendation.

3.3 Victim support plans should be in place. (3.13)

Partially achieved. Some individual support plans had been drawn up, usually where the victim of bullying was already known to be vulnerable. These cases were reviewed in the weekly multidisciplinary team meeting, which included representatives such as health care, residential managers and education staff. The meeting monitored the progress of the more vulnerable prisoners, such as complicated self-harming cases or those who had general difficulties in coping with normal prison life. There was evidence that the number of victims of bullying supported through formal plans was not proportionate to those on formal anti-bullying measures. Only six prisoners were receiving formal support at the time of the inspection. In our survey, almost a quarter of respondents said that they had been victimised by another prisoner. The prison did not keep records of the number of prisoners receiving formal victim support.

Further recommendation

3.4 Support plans should be drawn up for all prisoners who are victims of bullying.

Additional information

- 3.5 There had been a considerable improvement in the prioritisation given to dealing with the overall level of violence and improving prisoner safety. The safer custody team had been restructured and expanded to include broader responsibilities. As well as having overarching responsibility for violence reduction and suicide prevention measures, it was also responsible for the management of the segregation unit and monitoring use of force. There were separate monthly meetings for each component group to discuss and monitor relevant issues, which fed into an overarching safer custody strategic committee that also met monthly to monitor the implementation of action and update the strategy as required. Attendance at all these meetings was consistently high and always included representation from relevant areas, including residential staff and health care. Good representation from senior managers and the security department helped to maintain a high profile.
- 3.6 Anti-bullying measures had also improved. The three-stage system had been reviewed and included a 'traffic light' system aimed at identifying and challenging a range of antisocial behaviour and addressing persistent perpetrators. The green, amber and red stages had their own monitoring and review arrangements as well as sanctions and targets. The use of mediation and one-to-one work with personal officers was included at all stages.
- 3.7 The number of prisoners on formal arrangements was high at about 260 from January 2011 to date. The quality of the anti-bullying documents was mixed. Although some staff entries showed that they were supporting positive changes, many were observational and focused on applying sanctions. Quality checks by managers appeared ineffective.
- 3.8 The published violence reduction policy document had not been reviewed since the previous inspection. It was out of date, not based on a proper analysis of the pattern of violence in the prison, and did not reflect many of the positive interventions and structures recently introduced.
- 3.9 Despite improving systems, the number of violent incidents remained too high. Between January and October 2011, there had been 355 fights and assaults and a further 68 threats of violence to staff and prisoners. There had also been about 12 unexplained injuries to prisoners. Too many prisoners reported that they felt unsafe and that bullying from other prisoners was common at Brinsford. In our survey, 21% of respondents said that they felt unsafe at the time of inspection, against the comparator of 15% and the response of 14% at the previous inspection. It was also concerning that 45% of respondents said that they had felt unsafe at sometime during their stay at the prison (see main recommendation HP55).

Further recommendation

- 3.10 The violence reduction policy document should be updated and based on an analysis of patterns of violence in the prison.

Vulnerable prisoners

- 3.11 The role of the induction, throughcare and support unit (ITSU) in caring for vulnerable prisoners should be clarified and published. (3.19)

No longer relevant. The ITSU was no longer used to accommodate vulnerable prisoners, who were now integrated on mainstream residential units. Staff were aware of the vulnerability of their prisoners, with individual care plans for the more complicated cases.

3.12 There should be a full regime for all prisoners on the ITSU. (3.20)

No longer relevant See above.

3.13 There should be reintegration planning for vulnerable prisoners on the ITSU and in the health care centre. (3.21)

Achieved. Plans to reintegrate non-clinical patients into the main residential areas were well established. Case management systems were effective and ensured that the needs of vulnerable prisoners were identified and addressed through multidisciplinary teamwork (see also paragraph 3.3).

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

3.14 The standard of documentation in support plans should be of a consistently high quality. (3.32)

Achieved. The quality of staff entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents had greatly improved. Most demonstrated an appropriate depth of understanding of the individual circumstances and feelings of prisoners, and there was regular involvement from the mental health in-reach team in the more complicated cases. Detailed support plans, prepared through consultation with the prisoner, identified specific needs and apportioned responsibility to a nominated key worker. Care mapping was particularly good and reflected initial and further needs assessments. Quality checks by the full-time suicide prevention coordinator had improved the standard of written documentation.

3.15 Case reviews of prisoners on open assessment, care in custody and teamwork (ACCT) documents should be attended by representatives from all departments that have regular dealings with the prisoner. (3.33)

Achieved. Case reviews were regular and timely, with good attendance by a range of staff who knew the prisoner, such as the personal officer and work or education staff. The prisoner was always present and there was evidence that he was involved in the process. All cases were further reviewed at the weekly multidisciplinary meeting (see paragraph 3.3) to ensure that the ongoing needs of prisoners in crisis were met and agreed actions carried out. Prisoners did not attend these meetings.

Additional information

- 3.16 The suicide and self-harm prevention policy document had recently been reviewed, based on an examination of the prison's practices. It was comprehensive, with a particular focus on the needs of young adults. We found copies on all residential units and communal areas, it was well promoted, and staff and prisoners were aware of its content.
- 3.17 Strategic protocols described in the document were managed directly by a competent full-time coordinator supported by the safer custody team (see also paragraph 3.5). The coordinator was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, and was also a central point for advice and guidance for staff.
- 3.18 Suicide prevention meetings were given a high priority and minutes indicated a consistently good standard of debate about relevant issues. Items were also raised consistently at the safer custody strategy meeting. Individual cases were discussed appropriately, and the specific needs of prisoners were met consistently. Suicide prevention meetings used a wide range of information, provided by the safer custody team, to help identify trends and patterns of behaviour by location, type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy and update the continuous improvement action plan.
- 3.19 Tragically, there had been two deaths in custody in 2009, just before our previous inspection. The cases had been fully considered by the governor with the safer custody committee, and action plans had been implemented following the completion of full investigations by the Prisons and Probation Ombudsman. These plans had been used to inform permanent changes to the way in which the prison reacted to prisoners in crisis, including some new initiatives, such as the multidisciplinary team meeting (see paragraph 3.3).

Applications and complaints

Expected outcomes:

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

- 3.20 **Residential staff should help prisoners pursue simple requests and applications. (3.40)**

Not achieved. In our survey, fewer respondents than at our last inspection, 69% against 76%, said that there was a member of staff they could turn to if they had a problem. Many complaints were actually applications, and in half the cases we examined prisoners had gone straight to the complaints system without speaking to a member of staff.

We repeat the recommendation.

Additional information

- 3.21 Applications submitted by prisoners were recorded in a log book in unit offices. The date that the response was received was not recorded, so timeliness could not be monitored. There were too many application forms – we counted 13 different forms – which could have been confusing for both staff and prisoners. In our survey, 54% of respondents, against the comparator of 61%, said that applications were dealt with fairly, and only 40%, against 47%, said they were dealt with promptly.

- 3.22 The number of complaints had increased to 220 a month from 60 a month at our last inspection. Replies to complaints were timely and generally polite but sometimes lacked detail. In our survey, 48% of respondents, against the comparator of 40%, said that complaints were dealt with quickly. In the previous three months, the most complaints were about residential issues, followed by prisoner money and the regime. A complaints report was submit monthly to the senior management team. Complaints were monitored by accommodation unit, ethnicity and topic.

Recommendation

- 3.23 The applications system should be simplified and the large number of application forms consolidated.

Legal rights

Expected outcomes:

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

- 3.24 **Legal services staff should be trained and the service provided better defined. (3.45)**

Not achieved. Legal service officers had not received training. Offender supervisors acted as legal service officers on a rota. Prisoners contacted the legal service by application. The duty legal service officer was allocated two and half hours a day to deal with the applications, of which there were approximately 45 a month. Nearly all were requests by prisoners for an extra telephone call to their solicitor.

We repeat the recommendation.

- 3.25 **Legal services provision should be promoted more effectively and the quality and quantity of delivery monitored. (3.46)**

Partially achieved. Legal services were promoted during induction and advertised on notices on the wings. A log book recorded the date an application for legal services was submitted, when it was responded to and the action the legal service team took. Most applications were dealt with in a timely manner. However, there was no monitoring of the quality of the advice.

Further recommendation

- 3.26 Quality assurance arrangements should be introduced for legal services provision.

- 3.27 **Legal and bail information services should be integrated and better coordinated. (3.47)**

Achieved. Bail services had improved since our last inspection. In our survey, more respondents than at our last inspection, 22% against 17%, said that it was easy to obtain bail information. Legal service officers were still not involved in bail issues, which were dealt with by bail administration services. The bail team of directly employed civilian staff comprised 1.2 full-time equivalents who saw all newly arrived remand prisoners, usually the day after their arrival, and liaised with solicitors in the preparation of bail applications. They ensured accommodation and support arrangements were in place by making applications, where

necessary, to the Bail Accommodation and Support Service (BASS). The team also supported home detention curfew applications by ensuring accommodation arrangements were in place. In the previous three months, the team made 37 BASS applications and five for home detention curfew accommodation.

Additional information

- 3.28 Legal services were basic. In our survey, fewer respondents than the comparator, 29% against 39%, said it was easy to communicate with their solicitor, and 47% against 38% said that their legal mail had been opened before it reached them. There were 12 interview rooms for legal visits, one of which contained a video and DVD player for watching CCTV evidence. There were no waiting rooms for prisoners who had finished their interviews, and they had to wait in the same rooms for up to half an hour. The rooms were difficult to monitor, poorly ventilated and did not contain panic alarms.

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.

- 3.29 Chaplaincy staff should be able to escort prisoners around the establishment. (3.54)

Achieved. Chaplaincy staff carried radios and were able to escort prisoners.

Additional information

- 3.30 Faith provision was good. In our focus groups, prisoners spoke positively of the services provided by the chaplaincy. The team provided services for all the main religious groups and had connections with 20 churches. The coordinating chaplain was well integrated into the life of the prison and attended functional meetings. The multi-faith room was too small to accommodate Friday prayers comfortably.

Further recommendation

- 3.31 Friday prayers should take place in accommodation suitable for the numbers attending.

Substance use

Expected outcomes:

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

Clinical management

- 3.32 **Primary care nurses should undertake training in the clinical management of substance misuse. (3.66)**

No longer relevant. This was no longer necessary following the establishment of the integrated drug treatment system (IDTS) clinical team to deliver drugs services. All IDTS nurses had completed the Royal College of General Practitioners certificate in the management of drug misuse (RCGP1), and both the clinical lead and IDTS project lead had completed the second level (RCGP2).

- 3.33 **There should be protocols to ensure that alcohol detoxification commences without delay. (3.67)**

Achieved. A patient group direction (PGD) detailed clinical responsibilities and procedures for the administration of alcohol detoxification. New arrivals were screened for alcohol problems. Those with alcohol detoxification needs were taken directly to the IDTS unit, where treatment commenced immediately after comprehensive assessment and a consultation with a GP.

- 3.34 **Care plans should be in place for prisoners undergoing alcohol detoxification. (3.68)**

Achieved. Alcohol detoxification care plans were drawn up by the IDTS nurses with patient involvement and stored on the SystemOne clinical database.

- 3.35 **A dedicated stabilisation/detoxification unit with a supportive regime and structured psychosocial support should be established. (3.69)**

Achieved. The IDTS had gone live in April 2011, offering a full range of clinical treatment integrated with the counselling, assessment, referral, advice and throughcare (CARAT) service. The standard IDTS 28-day psychosocial programme was used with individuals or in groups, with co-facilitation by CARAT and IDTS staff.

- 3.36 **The integrated drug treatment system (IDTS) needs analysis should be amended in light of the population changes. (3.70)**

Achieved. Up-to-date needs analyses had been completed in September 2011, examining both the clinical and the psychosocial needs of the population.

Additional information

- 3.37 Since the last inspection and with the introduction of IDTS, there had been significant improvements in drug and alcohol treatment at Brinsford. The IDTS, while involving relatively few patients, delivered a high quality of care. Each prisoner was allocated a named nurse and a named health care assistant (HCA) clinical key worker. Prisoners housed on the 12-bed IDTS unit received regular nurse reviews – sometimes weekly – in addition to the more formal 13-week reviews, which included the prisoner's CARAT worker, the IDTS nurse and HCA plus the GP. One prisoner spoke of his feelings of 'extreme gratitude' towards IDTS nursing staff for what they had done for him, while another said that he had been 'offered an amazing opportunity' to turn his life around. On a less positive note, we were told that prisoners housed on the IDTS unit did not always receive all areas of induction (see paragraph MR2).

Good practice

- 3.38 *The allocation of both a named integrated drug treatment system (IDTS) nurse and a named health care assistant key worker to each prisoner undergoing clinical interventions under IDTS ensured high standards of care with regular informal and formal scheduled reviews.*

Drug testing

No recommendations were made under this heading at the last inspection.

Additional information

- 3.39 The mandatory drug testing (MDT) random positive rate was relatively low, with a year-to-date figure of 2.1% against a target of 5.1%. The range was from zero in April, June and July 2011 to 7.4% in May. There had been eight drug finds in the six months to October 2011. In our survey, 19% of respondents said it was easy to get drugs at Brinsford, which was the same as the comparator.
- 3.40 MDT was staffed by officers from the often busy segregation unit, which caused problems with their time allocated to performing MDT. There was also no MDT coordinator, which appeared to have contributed to slippage in the overall delivery of the testing programme. In May 2011, for instance, the random testing target of 5% of the population had not been achieved. The holding cells in the MDT suite were dirty, although the testing room was clean, tidy and appropriately equipped.
- 3.41 Suspicion testing was also not used effectively to detect drug users. Only two tests had been completed in the six months to September 2011, both of which were negative. By contrast, there had been 111 drug suspicion related security information reports in the same period. There was no monitoring of the number of suspicion test requests issued by the security department, or the number of tests that fell outside the 72-hour time frame allowed for suspicion tests. As with the random testing, managers cited staff shortages as the main reason for the failure of the suspicion testing programme.

Further recommendation

- 3.42 The prison should ensure that the random drug testing target is achieved monthly and that necessary suspicion tests are completed.

Housekeeping point

- 3.43 The holding cells in the mandatory drug testing suite should be kept clean.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

Diversity

4.1 A comprehensive diversity policy should be published. (4.5)

Not achieved. A revised 'equality policy for staff, prisoners and visitors' had been drafted but not published. The policy was comprehensive and covered all the requirements of the Equality Act 2010, but was not written in plain English. For example, it stated: 'Equality in the prison context is in reference to the legislation that underpins and drives our own approach giving us guidance and principles to comply with in order to demonstrate our commitment and adherence to the law' [sic]. Like us, foreign nationals and those with poor literacy would have found this difficult to understand.

Further recommendation

4.2 A comprehensive equality policy should be published in plain English.

4.3 Foreign national issues should be a standing item on the diversity and race equality committee agenda. (4.6)

Partially achieved. Although foreign national issues were not a standing item on the equality committee meetings, the foreign national manager and prisoner representatives attended the meetings.

4.4 Prisoner diversity representatives should receive appropriate training. (4.18)

Not achieved. Prisoner equality representatives were not given formal training or paid for their role. However, the scope of the Equality Act had been discussed at the equality meetings. There was a job description for the equality representatives, although many said they had not received a copy.

Further recommendation

4.5 Prisoner equality representatives should receive appropriate training and clear guidance on the role.

Additional information

4.6 The equality team was in a state of transition. At the time of our inspection, it comprised a new equality manager and an equality officer. The foreign national manager was moving from the equality team to the offender management unit. The equality officer acted as the disability

liaison officer and handled the team's administration. A second equality officer had been temporarily transferred to another part of the prison. Shortly before our inspection, members of the senior management team had been allocated as lead officers for each of the diversity strands.

- 4.7 The equality committee was scheduled to meet monthly, but in practice met every other month. Attendance was variable, with only six staff at the October 2011 meeting. The chair of the committee had not attended the last three meetings. The standing agenda items included ethnic monitoring data, feedback from prisoner forums, and a themed discussion on one of the diversity strands. The committee meetings were preceded by equality forums attended by members of the equality team and prisoner representatives. There was a draft equality action plan but deadlines and responsibility for action had not been allocated.
- 4.8 A notice to staff had been issued in May 2011 reminding them of their duty to eliminate discrimination, harassment and victimisation, provide equal opportunities and foster good relations. At the start of our inspection, 55% of staff had completed the 'challenge it, change it' diversity training package; a further 20 completed it during our inspection.

Race equality

- 4.9 **The prison should hold regular consultations with black and minority ethnic prisoners to address any negative perceptions. (4.19)**

Not achieved. There were no regular consultations with black and minority ethnic prisoners. **We repeat the recommendation.**

Additional information

- 4.10 Outcomes for black and minority ethnic prisoners were poor. SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data were reviewed at the monthly equality meetings. The data covered adjudications, complaints, home detention curfew, incentives and earned privileges, categorisations, release on temporary licence, segregation and use of force. The data provided a snapshot of a particular month but did not display trends over time. The information was not displayed for prisoners to see it easily.
- 4.11 Black prisoners were more likely to be segregated under cellular confinement, good order or discipline than white prisoners. SMART data showed that in the previous six months, black prisoners were above range in these categories (apart from one month). The safety manager had been asked to provide feedback to the equality committee about why the figures were out of range, but this had failed to explain adequately why so many black prisoners had been segregated. We were informed that an equality officer was working with the safer custody team to clarify these concerns. A similar trend had occurred in mid-2010 and an investigation launched, but no satisfactory explanations had been found.
- 4.12 In our survey, fewer black and minority ethnic than white respondents, 50% against 77%, said that most staff treated them with respect. Black and minority ethnic respondents were also more negative than white prisoners about escort staff, help and treatment on arrival, the prison shop, access to Listeners, victimisation by staff, access to offending behaviour programmes, interaction with staff, and access to mail and telephones. However, they were more positive about the effectiveness of the incentives and earned privileges (IEP) scheme, respect for religious beliefs, access to a religious leader, victimisation or bullying by other prisoners, mental health services, and access to education and the gym. Black and minority ethnic

prisoners were more likely to make a complaint, reported by 63% of respondents compared with only 42% of white prisoners. This trend was reflected in SMART data monitoring.

- 4.13 A successful black history day had been held to mark black history month in October 2011. The event involved performance workshops and a Q&A with a former black footballer who had played for England.
- 4.14 Racist incidents were reported on discrimination incident reporting forms (DIRFS). In the previous six months, 53 discrimination incidents had been reported, all in relation to race and none to the other diversity strands. The incidents were treated seriously and well investigated: those involved and witnesses were interviewed, and notes of the interviews typed up. However, replies to DIRFs used standard paragraphs and bullet points with little information about how the investigation was concluded. Many replies were very similar - for example, many stated: 'no evidence of any discrimination took place; all members have been informed of Prison Service equality policy; security and wing managers are informed; conclusion is that no further action is to be taken at this stage but your complaint will be kept on record for future reference.' All the DIRFs we looked at had been reviewed by the deputy governor or governing governor, except for one reviewed by a developing prison service manager. The management reviews were of a good standard and often led to further investigations. The regional deputy director of custody and an external scrutiny panel, which included a magistrate and an academic, also reviewed DIRFs.
- 4.15 We found racist graffiti in two cells. On both occasions, prison staff appeared unaware of it as it was hidden under beds. Once we drew it drew it to their attention appropriate action was taken, but we were concerned that it had not been spotted by staff during normal fabric checks.
- 4.16 There was no support group for Gypsies or Travellers. Gypsies and Travellers could declare their ethnicity on the education department's enrolment form, a copy of which was passed to the equality team. We spoke with two Travellers who were brothers, neither of whom could read or write. They confirmed that there was little provision for them. Officers often wrote applications and letters on their behalf, but not all staff understood that they were illiterate. One officer recorded on the prisoner's computer record that he had 'attempted to condition staff by asking them to contact his girlfriend or write letters for him', and had consequently submitted a security information report.

Further recommendations

- 4.17 SMART (systematic monitoring and analysing of race equality treatment) data should record trends over time and be displayed so that prisoners can easily view the information.
- 4.18 Out-of-range SMART data, including segregation and complaints, should be investigated and the findings acted on to ensure that the regime does not disproportionately impact on black and minority ethnic prisoners.
- 4.19 Racist graffiti should be removed.
- 4.20 There should be support and, where necessary, specific provision for prisoners from a Travellers and Gypsy background.

Religion

- 4.21 The prison should monitor access to the regime by different faith groups to ensure equality of access. (4.22)

Not achieved. Access to the regime was not monitored by prisoners' religion. We repeat the recommendation.

Additional information

- 4.22 Muslim prisoners' responses to our survey were mixed. They were more positive than non-Muslims about respect for their religious beliefs, access to a religious leader, having staff they could turn to for help, victimisation by other prisoners, access to nurses and the gym. However they were less positive about induction, access to showers, resorting to the complaints system, access to Listeners, respect from staff, access to a pharmacist, gym and telephones, and interaction with staff. There was no monitoring, surveys or focus groups for Muslim prisoners.

Further recommendation

- 4.23 The prison should investigate the reasons for Muslim prisoners' negative perceptions and act on the findings.

Foreign nationals

- 4.24 The foreign national policy should be revised. (4.31)

Achieved. A revised foreign national policy had been published in May 2011. The policy was useful overall but some details in the deportation section were incorrect – for example, it stated that appeal papers should be lodged within 14 days of receipt of a notice to make a deportation order, rather than five working days.

Housekeeping point

- 4.25 Information included in the foreign national policy should be accurate.

- 4.26 The prison should adhere to the published terms of reference for the foreign national committee. (4.32)

No longer relevant. The foreign national committee no longer met. The foreign national manager, who was part time, dealt with foreign national issues. There were three foreign national equality representatives who were not trained or provided with job descriptions.

- 4.27 Staff working with foreign national prisoners on unit 3 should have specific training for this. (4.33)

No longer relevant. Foreign national prisoners were no longer concentrated on unit 3 but were dispersed throughout the prison. Staff had not received training in foreign national issues. The foreign national manager was producing a handbook on foreign national issues. An

assistant director from UK Border Agency (UKBA) was scheduled to give a presentation at the next staff training day.

4.28 There should be more use of the professional interpreting and translation service. (4.34)

Achieved. The use of professional telephone interpreting had improved. It had been used 63 times in the previous three months, compared with only seven times in 2009. Nearly all use was by the foreign national manager or reception. Wing staff had only used telephone interpreting on five occasions. Vietnamese was the most commonly interpreted language. We spoke with two Vietnamese prisoners using a telephone interpreter. They confirmed that other than reception staff and the foreign national manager, staff did not speak to them. The foreign national manager did not have a budget for translating material and there was little translated material in the prison.

Further recommendation

4.29 All staff should use translation services to communicate with prisoners who cannot speak English.

4.30 Library staff should inform foreign national prisoners of the resources available to support them. (4.35)

Achieved. All foreign nationals were taken to the library during their induction and were shown the racks of foreign language books. The foreign national manager regularly updated the library supervisor about the prison's nationality breakdown. There was a range of foreign language books in the library, but few magazines and newspapers, and most of these were in French. The one Vietnamese newspaper was in English only.

Housekeeping point

4.31 There should be a range of appropriate foreign language newspapers and magazines in the library.

4.32 The prison should negotiate more frequent attendance from UK Border Agency representatives. (4.36)

Achieved. An immigration officer from UKBA attended the centre monthly. Prisoners who wished to return to their country of origin could apply through the foreign national manager to meet the immigration officer. The immigration officer also interviewed prisoners of interest to UKBA, and could access prisoners' immigration records through his portable computer.

4.33 Prisoners should have access to independent immigration advice. (4.37)

Achieved. A firm of local solicitors provided a monthly surgery in the education department.

Additional information

4.34 Ten per cent of the prison's population were foreign nationals. Ten immigration detainees were held post sentence, one of whom had been held for more than six months under immigration powers.

- 4.35 The foreign national manager worked part-time and focused on sentenced prisoners. There was little support for remand foreign nationals. Services for foreign nationals predominately focused on deportation or access to the early release and facilitated returns schemes. The foreign national manager did not see foreign prisoners on induction and they received no individual needs assessment. The manager worked with the kitchen staff to ensure culturally appropriate meals.
- 4.36 Foreign nationals in our groups were aware of the foreign national manager but not of the prisoner representatives. The most recent foreign national forum had been held in July 2011 and was attended by three prisoner representatives, two from the same residential unit. Many of the agenda items did not relate specifically to foreign national issues but to general concerns. Some of the information given out at the meeting was inaccurate – for example, prisoners were advised that immigration detainees on an open ACCT or on MAPPA (multi-agency public protection arrangements) would not be able to transfer to an immigration removal centre (IRC).
- 4.37 The foreign national manager had copies of bail application forms for immigration detainees and helped them complete the forms. Bail hearings were heard in person in Stoke-on-Trent. Copies of the Bail for Immigration Detainees handbook on bail were not, however, available.
- 4.38 The foreign national manager was not aware of the national referral mechanism, the system for identifying and protecting victims of trafficking, despite the high number of Vietnamese and Chinese remand prisoners.
- 4.39 Prisoners were often not given enough notice that they would be held on completion of their sentence. In once instance, the parents of a young Polish man had travelled to the prison to take him home. UKBA served the authority to detain notice on the morning he was to be released, which meant that he continued to be detained.

Further recommendations

- 4.40 The foreign national manager should receive training on the national referral mechanism.
- 4.41 The prison should work with the UK Border Agency to ensure that foreign nationals are given sufficient notice that they will be held under immigration powers following completion of their sentence.

Housekeeping point

- 4.42 The Bail for Immigration Detainees' handbook should be available to prisoners in a range of languages.

Disability

- 4.43 The disability liaison officer should be given sufficient time to carry out their duties. (4.42)

Achieved. An equality officer was responsible for disability matters and the equality team's administration, and split her time evenly between the two roles. The equality head confirmed that her team had enough capacity to meet the needs of prisoners with disabilities.

- 4.44 **The prison should decide how the learning disabilities screening should be taken forward, in conjunction with the primary care trust. (4.43)**

Not achieved. A disability liaison officer had attended a training session on the learning disability screening questionnaire – a joint project between the Department of Health and the Prison Service. It had been decided not to implement learning disabilities screening.

- 4.45 **Personal emergency and evacuation plans [PEEPs] should be maintained for prisoners with conditions that would affect their safe evacuation from the prison. (4.44)**

Achieved. The equality team sent regular lists of prisoners with disabilities to unit offices, including the prisoner's name and type of disability. During the inspection, there were no prisoners with mobility issues or who required assistance in an emergency, so there were no PEEPs in the unit offices.

Additional information

- 4.46 There was good identification of prisoners with disabilities by the disability team, although links from health care were inconsistent (see paragraph 5.27). The prison's disability database had records of 98 prisoners, nearly all related to learning or mental disabilities. Some individual support was available for prisoners with disabilities. There were no regular meetings for disabled prisoners.
- 4.47 In our survey, responses from prisoners with disabilities were less positive than those without disabilities in relation to communicating with their lawyer, access to clothing and showers, reaching the enhanced level of the IEP scheme, victimisation by other prisoners, vocational skills and training, access to the gym, association and telephones. Importantly, more respondents with disabilities than those without, 36% against 19%, said that they currently felt unsafe.

Sexual orientation

- 4.48 **The prison should make appropriate provision for prisoners who are gay, bisexual or transgender, including advice, information and awareness raising. (4.47)**

Not achieved. There was no monitoring of prisoners' sexual orientation, and the equality team did not know how many gay prisoners there were in the prison, although our survey suggested around 2% (12). There were no notices displayed offering support to gay prisoners. A transgendered prisoner had been held for a couple of weeks before our inspection. Although he was generally well managed, the equality team was not involved in assisting the prisoner, whose care was managed by members of the senior management team.

We repeat the recommendation.

Section 5: Health services

Expected outcomes:

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

General

- 5.1 The prison should work with the primary care trust to create one senior health care manager lead for the prison. (5.71)

Achieved. There was one health care manager at band 8a with responsibility across primary care, inpatients and the IDTS (integrated drug treatment system) unit, and who was supported by a deputy. We noted significantly improved leadership and joint working within the health care department.

- 5.2 Health services should be regularly represented at all relevant prison-wide meetings, such as ACCT reviews, sentence planning, discharge board, safeguarding and safer custody. (5.72)

Achieved. There was regular representation by health care staff in all relevant prison forums, such as safer custody, multidisciplinary meetings (for case management), security and ACCT reviews.

- 5.3 The stable door to the treatment room where controlled drugs are administered should be replaced with a secure hatch. (5.74)

Achieved. A secure steel gated door has been placed in front of the stable door, and controlled drugs were administered through this.

- 5.4 There should be appropriate and clean toilet provision for prisoners in the health care centre. (5.76)

Achieved. The refurbished toilet provision was clean, functional and enabled privacy and appropriate management of risk.

- 5.5 There should be routine monitoring of equity of access to health care. (5.83)

Not achieved. Health care staff recorded ethnicity during the reception screen, but there was no link made between this and access to health care.
We repeat the recommendation.

- 5.6 There should be regular recorded checks of resuscitation kits, and out-of-date items replaced immediately. (5.103)

Achieved. Resuscitation kits were kept in main health care and treatment rooms on units 1, 3 and 5. The kits were properly stocked and daily checks against a list were completed and recorded.

Additional information

- 5.7 Health care was commissioned by South Staffordshire Primary Care Trust (PCT) and provided by South Staffordshire and Stoke-on-Trent Partnership NHS Trust. Mental health in-reach was provided by South Staffs and Shropshire Healthcare NHS Foundation Trust. The health needs analysis had been updated in 2010 and there was a health delivery plan for 2011/12, which included the key health priorities. A prison partnership board covering the Staffordshire prisons met quarterly and included representation from prison governors, commissioners and providers.
- 5.8 The health care centre had been transformed since our last visit through a joint King's Fund and prison-funded project. The primary care environment was pleasing and practical. The behaviour of young men attending for appointments had improved dramatically since this refurbishment, with polite approaches to health care staff and no violent incidents.

Clinical governance

- 5.9 **All clinical records should be locked in cabinets when not in use by health care staff. (5.75)**

Achieved. SystemOne was fully used and staff demonstrated good awareness of the need for confidentiality and patient privacy – in particular, closing computer screens, putting sensitive documentation away and closing doors when sensitive discussions took place. Paper medical records were kept in cabinets in a locked room.

- 5.10 **All health care staff should be able to access the PCT intranet, including policies and protocols. (5.77)**

Achieved. All health care staff had access to the PCT intranet where all policies were stored. In addition, copies of relevant paper policies were kept in policy folders in the residential treatment rooms.

- 5.11 **The non-medical prescribing policy should be reviewed and updated. (5.78)**

Not achieved. The policy had been due for review in February 2010. There were two non-medical prescribers in the prison.

We repeat the recommendation

- 5.12 **There should be a health care complaints process supported by confidential boxes on the units. Responses should use a consistent format and be managed by a senior member of staff. (5.80)**

Achieved. Prisoners could post complaints about health care in the health care boxes (see paragraph 5.16). They were dealt with by the health care manager or a senior member of the health care team. Responses were polite and appropriate, and generally addressed the prisoners' complaint. Patient advice and liaison services (PALS) were available through the PCT and had been used by prisoners on a few occasions. We also noted some compliments and letters of thanks from prisoners.

- 5.13 **Learning points from clinical incidents and complaints should be disseminated. (5.81)**

Partially achieved. Incidents and complaints were dealt with through the quarterly clinical governance and pharmacy contract review meetings and PCT meetings. There was also a regular monthly operational staff meeting where incidents and complaints were discussed and lessons disseminated at monthly staff meetings. There had been no serious untoward incidents in the last year.

5.14 A prisoner health care forum should be developed. (5.88)

Partially achieved. There was no designated forum but health care staff attended the wider monthly prisoner forum. A specific monthly forum for inpatients had started recently.

Additional information

- 5.15** There was a satisfactory skill mix of general and mental health nurses, and a more integrated team approach across primary care, inpatients and the new IDTS unit was being developed. A few staff were out of date with cardiopulmonary resuscitation (CPR) and defibrillator training. There was a clinical supervision policy and group sessions attached to regular staff meetings. Some mental health trained nurses also used external clinical supervisors.

Primary care

5.16 Confidential health care application boxes should be installed on the units and emptied daily. (5.79)

Achieved. There were designated health care application boxes outside each residential treatment room. Prisoners completed a care pathway (application) form to request health care appointments. Nurses collected the applications every day during medication rounds, and a paper triage was undertaken to ensure appointments with the appropriate health care professional. Nurses saw prisoners before GP appointments.

5.17 Prisoners on medical hold should not be transferred without reference to and advice from the relevant health care staff. (5.82)

Not achieved. There had been one isolated occasion in September 2011 where a prisoner on medical hold had been transferred without health care being told or asked. We were assured that the way this was dealt with by the prison should not have happened, and we accept that this was an exception to an otherwise appropriate approach.

5.18 A health promotion strategy should be developed. (5.84)

Achieved. Although there was no formal health promotion strategy, there was evidence of health promoting activities. These included discussions about immunisation, smoking cessation sessions and five prisoners who acted as 'health champions' in promoting health among the prison population.

5.19 Chronic disease registers should be developed and used. (5.85)

Not achieved. There was no formal system to enable appropriate review and follow up. The small number of asthmatics did not always have a recorded peak flow reading.
We repeat the recommendation.

5.20 There should be nurse-led clinics for chronic disease management. (5.86)

Not achieved. There were no designated clinics for the few prisoners with chronic diseases.

5.21 New arrivals should be given appropriate and accurate written information about health care during their induction. (5.87)

Achieved. All new arrivals were given an information leaflet explaining how to use health care. We noted one record for a foreign national prisoner that logged use of interpreting services.

5.22 Health care staff should make daily visits to the intervention and assessment unit, and the doctor should visit at least three times a week. (5.89)

Not achieved. IAU staff told us that nurses visited every day but records showed some gaps. The records suggested that the GP had visited every three days, but we noted incidents logged earlier in 2011 when there had been some problems getting the out-of-hours service to cover the unit over Bank Holidays. We were told that these problems had been resolved. **We repeat the recommendation.**

5.23 The clinical decisions of health care professionals should not be challenged by non-health care staff, unless they have strong evidence of a real and immediate risk to the prisoner's well-being. (5.90)

Achieved. We were told there were now very occasional challenges to staff but that health care staff were robust in rebutting inappropriate challenges, and generally this was accepted.

5.24 Sexual health and genito-urinary medicine services should be provided for prisoners. (5.91)

Achieved. There was a weekly sexual health clinic provided by the PCT, which was well attended, and there was good uptake of chlamydia screening.

5.25 Discipline officers should supervise prisoners during unit medication rounds. (5.92)

Achieved. We observed two medication rounds on a residential wing and in IDTS where discipline staff supervised prisoners appropriately. There had been no incidents formally reported during medication rounds

5.26 All medicines transported around the prison should be in lockable hard containers. (5.93)

Achieved. Medicines were now transported in locked hard containers. There was limited free flow around the prison, and nurses could move the boxes safely between health care and the residential units.

5.27 Information about prisoners with disability needs should be given to unit staff as soon as possible after reception screening. (5.94)

Not achieved. Although new arrivals were asked about whether they were registered disabled during the reception screen by health care staff, it was not clear how or when this information was communicated to wider prison staff or the equality team (see paragraph 4.46).

Further recommendation

5.28 Information about prisoners with disability needs, identified by health care staff, should be shared with the equality team to ensure consistent liaison with unit staff.

5.29 All primary care contractors should be required to meet their contractual clinic and sessional obligations. (5.118)

Achieved. All regular health care contractors fulfilled their sessions as contracted.

5.30 Injury notification forms (F213s) should be completed fully and accurately, including legible signatures. (5.117)

Achieved. The small number of F213s we saw scanned on to SystemOne carried legible signatures and were completed appropriately.

Additional information

5.31 There was an appropriate range of primary care services with good access to nurses and GPs. Nurses visited the residential units daily to administer medications and provide special sick advice.

5.32 All new arrivals were seen on arrival for a reception screen and appropriate referrals made. There was a secondary assessment the following day on the induction unit or IDTS, as appropriate.

5.33 Most routine waits for the GP were one day, and prisoners could often be seen on the same day as their nurse triage; the longest wait currently was seven days. There were GP clinics every weekday, and on Sundays a session for urgent appointments and new arrivals. There was effective monitoring and management of appointments, including waiting times and non-attendance, by the provider. However, there remained a significant but reducing problem with non-attendance by prisoners. Rates of immunisation for hepatitis B were increasing. There were plans to provide a needle phobia session to address young men's fears related to immunisation.

5.34 An optician visited monthly and there were 29 prisoners on the waiting list, with the longest wait being eight weeks; an additional session had been booked to reduce the list. A physiotherapist visited fortnightly and the longest wait was three weeks.

Further recommendation

5.35 There should be a review of appointment non-attendance, and prisoners should be educated in effective use of clinical time.

Good practice

5.36 *The planned needle phobia sessions to address young men's fears related to immunisation should increase the number immunised against childhood diseases and sexually transmitted diseases.*

Pharmacy

- 5.37 There should be more pharmacy time to enable pharmacy advice to patients, pharmacist-led clinics and regular medicines use reviews. (5.95)

Partially achieved. A pharmacist was available for four hours a month and a pharmacy technician for three hours a week. Medicine use reviews had been introduced, and approximately two to three appointments were made each month and usually attended. There were no pharmacy-led clinics but the pharmacist was available for telephone consultation. **We repeat the recommendation.**

- 5.38 The locking arrangements between the access gate and door to the pharmacy room should be changed to ensure that they can be locked consistently. (5.96)

Partially achieved. Although space was limited, the gate could be locked from the inside of the treatment room. Staff reported that the security gate was always locked.

- 5.39 Pharmacy staff should audit pharmacy stocks regularly. (5.97)

Partially achieved. Most medication was for named patients. The PCT pharmacy adviser had set up a new procedure to ensure each item ordered was checked against the individual patient and medication, but this was not being adhered to. General stock items were only auditable against individual patients through SystemOne, which did not enable the pharmacy to monitor their use easily. All stock, including out-of-hours, patient group direction (PGD) supplies and over-the-counter remedies, was stored together, which increased the risk of error. Staff were unsure about the system for accessing out-of-hours medication.

Further recommendation

- 5.40 Medication stock should be fully reconcilable by the supplier by patient and individual item, and the different stock items should be stored separately.

- 5.41 Faxed prescriptions should always be followed up by the completion of a formal written prescriptions chart. (5.98)

Achieved. Prescribing was electronic and some out-of-hours GPs could access the system remotely. When faxed prescriptions were used, the records were updated the next day.

- 5.42 There should be a policy for access to out-of-hours medication. (5.99)

Not achieved. There was no policy for accessing out of hours medication and no clear arrangements for safe and auditable access to stock medication out of hours. **We repeat the recommendation.**

- 5.43 All prescriptions for in-possession medications should state the frequency (daily, weekly or monthly). (5.100)

Achieved. SystemOne use ensured that frequency of administration was recorded on the prescription.

- 5.44 Prescription charts should include diagnoses. (5.101)

Not achieved. Not all paper copies of prescription charts faxed to the pharmacy provider had diagnoses. However, diagnoses were available on SystemOne, although not on the administration record.

- 5.45 **Controlled drugs should always be delivered directly to an appropriate named recipient, and a registered nurse should collect and sign for them at the gate. (5.102)**

Achieved. A registered nurse collected controlled drugs from the supplier at the gate and they were properly recorded and signed for.

- 5.46 **A medicines and therapeutics committee should be convened at least quarterly with appropriate stakeholders. (5.104)**

Achieved. Medicines issues were included in the quarterly clinical governance meetings and there was twice yearly representation from the pharmacy provider. There was also a quarterly pharmacy contract review meeting that included the PCT and provider. These two meetings fulfilled the usual role of a medicines and therapeutics committee.

Additional information

- 5.47 Prescribing levels were generally appropriate for the population, although we noted a few instances of dual prescribing of anti-depressants, which was not usual practice. There was inconsistent use of the in-possession risk assessment by prescribers, and prisoners had no lockable containers for their medicines in their cells (see further recommendation 2.13).

Further recommendation

- 5.48 In-possession risk assessments for medication should be used and referred to consistently by all prescribers and for administration of medication.

Dentistry

- 5.49 **The dental decontamination room should be installed without delay. (5.105)**

Not achieved. Arrangements for separation of clean and dirty processes were reasonable given the room layout but did not meet good practice requirements. There were plans to make a separate decontamination room within the dental room but this had not yet been done.

We repeat the recommendation.

- 5.50 **Dentist cover should be provided for annual and sick leave. (5.106)**

Achieved. There was dentist and dental nurse cover for annual and sick leave.

Additional information

- 5.51 Access to dental care was good and the range and quality of service at least equivalent to a standard NHS practice. Prisoners waited for a maximum of five weeks for a routine appointment, and urgent needs were prioritised for the next available weekly session. There was excellent joint working between the dental nurse and primary care nurses to ensure that dental triage addressed clinical need.

Inpatient care

- 5.52 **The use of camera cells in the inpatient unit should be selective and governed by a written policy and regular audit, and their monitoring from the outpatients office should stop immediately. (5.73)**

No longer relevant. There were no longer cells with cameras.

- 5.53 **The inpatient cells should not be part of the certified normal accommodation. (5.107)**

Achieved. The inpatient cells were no longer on the CNA.

- 5.54 **The use of the gated cell in the inpatient unit should be governed by a written policy and regular audit. (5.108)**

Partially achieved. A written policy governed constant observations and clearly identified the provisions required and criteria and support arrangements relating to clinical and non-clinical needs. The policy made no specific reference to use of the gated cell and there had been no audits.

We repeat the recommendation.

- 5.55 **Admission to the inpatient unit should be based solely on clinical criteria and decided by the clinical team. (5.109)**

Partially achieved. Admission to the inpatient unit was now based on defined clinical criteria. During our visit there were seven inpatients, including one young man on constant watch but with no immediate clinical need. Health care staff told us that they made the final decision about admission, except sometimes at night when prison staff occasionally pressed them to admit someone they deemed to be at risk – we were told that a case review always followed within 24 hours to assess appropriateness and arrange return to residential units where necessary. There had been 156 admissions in the last year and the average length of stay was approximately 13 days, although one admission had lasted for 205 days and we understood that many of the longest staying prisoners were there due to their vulnerability or profile rather than clinical need.

- 5.56 **Inpatients should have daily access to exercise and fresh air, and access to time unlocked, equivalent to that on the residential units. (5.110)**

Partially achieved. Inpatients usually had daily access to fresh air and time unlocked, although the time varied. There was some dedicated discipline officer presence during the day but often this was shared with primary care, which limited the opportunities for inpatients to be out of their cells. Inpatients were only unlocked in the evening individually and where the risk was deemed to align to staffing levels.

We repeat the recommendation.

- 5.57 **Inpatients should have greater access to meaningful activities and groupwork. (5.111)**

Partially achieved. Inpatients had access to individual education and one prisoner was able to work as a library orderly while remaining on the unit. There was limited access to games and activities for some young men, but no structured therapeutic group work (see also paragraph 5.62).

We repeat the recommendation.

- 5.58 **There should be a formal risk assessment to support inpatient nurses in unlocking prisoners without discipline staff present. (5.112)**

Not achieved. We were shown a draft risk assessment, not yet ratified. This did not address individual patient risk assessment but focused on the numbers of inpatient, staffing levels and thresholds for unlock.

We repeat the recommendation.

- 5.59 **Inpatient nurses should have restraint training to enable them to deal with the challenges of this population and provide young men with greater access to time unlocked. (5.113)**

Partially achieved. Some nurses had completed control and restraint training to deal with spontaneous incidents, and a few had also undertaken conflict resolution training. There were still unresolved challenges to nurses' confidence in dealing with violent and aggressive behaviour, and many young men were still locked up for too long.

Secondary care

No recommendations were made under this heading at the last inspection.

Additional information

- 5.60 The number of prisoners requiring planned secondary care appointments was in line with the age profile, with a few security cancellations, often due to the prisoner becoming aware of the appointment date, which was a security risk.

Mental health

- 5.61 **Primary mental health staffing should be adequate to meet prisoner mental health needs. (5.114)**

Achieved. There were two designated primary mental health nurses with a total caseload of approximately 25 to 35 at a time. Primary mental health staff acted as the gateway to secondary mental health services and worked well with the in-reach team, but the two services were still provided separately, which limited flexibility and did not mirror community provision.

- 5.62 **Day care services should be provided. (5.115)**

Not achieved. There was no designated therapeutic day service for vulnerable prisoners with mental health problems, and sometimes learning disabilities, who were not inpatients (see also paragraph 5.57).

We repeat the recommendation.

- 5.63 **The transfer of patients to secure settings under the Mental Health Act should be reviewed to identify where the blockages are. (5.116)**

Not achieved. There had been nine Mental Health Act transfers to secure placements since October 2010. In four of these cases, the prisoner had waited more than 13 weeks for transfer, due to lack of sufficient suitable secure placements. At the time of our visit, one young man had been waiting confirmation of a placement for more than three weeks. There had been a review of transfer times at a regional level, and thresholds for acceptable times had been set

alongside an escalation process.
We repeat the recommendation.

Additional information

- 5.64 The mental health in-reach team (MHIRT) comprised three community psychiatric nurses (CPNs), a CPN team leader, a mental health social worker and an occupational therapist. Members of the team attended the prison daily, and there was a weekly consultant psychiatrist session complemented by a non-commissioned specialist training grade session.
- 5.65 There were 22 prisoners on the team caseload at the time of our visit and the average team caseload was 28. During the last year, those identified as needing a non-urgent first assessment by the team were usually seen within three weeks, with a maximum wait of 50 days, which had happened during the third quarter of the year. There was no dedicated counselling capacity for vulnerable prisoners.
- 5.66 MHIRT staff made records on SystemOne, including care programme approach (CPA) assessments and care plans. There had been a CPA audit but we did not see the results. There was effective joint working between the in-reach team and the inpatient unit, with evidence of an effective case management approach to inpatients.

Further recommendation

- 5.67 There should be a counselling service to meet the mental health needs of the population.

Section 6: Activities

Time out of cell

Expected outcomes:

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

6.1 All prisoners should have access to evening association every evening. (6.77)

Not achieved. In our survey, only 12% of respondents, against the comparator of 56%, said that they had association more than five times a week. Prisoners could only have evening association on two weekday evenings a week, with a rota to determine the wings unlocked and locked up each evening.

We repeat the recommendation.

6.2 More time unlocked and domestic time should be permitted in the morning and at meal times. (6.78)

Not achieved. Prisoners told us that they were consistently unlocked late in the morning leaving them little domestic time. We observed an unlock at 8.15am although the core day stated that this should be at 7.55am, with prisoners locked back in cell within 10 minutes. Meal times afforded little unlock time, with staff eager to lock prisoners away as soon as they received their meal.

We repeat the recommendation.

Additional information

6.3 The published core day suggested that fully engaged prisoners could access nine hours out of their cell and unemployed prisoners four hours. In practice, there was considerably less with seven hours for a fully engaged prisoner and two hours for an unemployed prisoner. There was regime slippage during the morning domestic time, and evening association often started late due to issues reconciling the roll. We carried out two random roll checks and found an average of 35% of prisoners locked in their cells during the core day (see main recommendation HP57).

6.4 In our survey, only 31% of respondents, against the comparator of 44%, said that they got outside exercise three or more times a week. Exercise was available for prisoners not at work on the days when they were not scheduled for association. Prisoners who worked and were not due association got no exercise. The exercise yards were open during association, and exercise was rarely cancelled.

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors).

Prisoners are encouraged and enabled to learn both during and after sentence, as part of

sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

Leadership and management

- 6.5 Quality assurance arrangements should be implemented to identify and share good practice, and identify areas of concern that require support. (6.41)

Achieved. A systematic, comprehensive and effective quality system had been introduced and worked well to improve performance.

- 6.6 There should be systematic data and information collection, analysis and evaluation in the learning and skills provision to enable management decisions to be well informed. (6.42)

Achieved. A wide range of informative data were collected and analysed regularly. They were used well to inform management decision making, performance review and progress monitoring.

- 6.7 There should be a needs analysis to ensure that the learning and skills provision meets the needs and interests of the young adults. (6.47)

Partially achieved. A needs analysis had produced some useful data, but it had mainly served to highlight the need for a further needs analysis asking more targeted questions. A new survey was being planned.

Additional information

- 6.8 The quality of learning and skills provision had improved and progress had been good. However, the prison regime and the education provider, The Manchester College (TMC), recognised that there was still room for further improvement and development.
- 6.9 Good management attention to identifying and implementing a wide range of improvement actions had had some positive impact. This included an increase in attendance from a poor 53% at the last inspection to a satisfactory 75% at this one, and a halving of the number of refusals to attend education between October 2010 and October 2011. However, refusals were still high. Significantly fewer classes were cancelled due to staff shortages, although the number of cancellations was still high. In some cases, insufficient additional learning time was scheduled subsequently for learners to recoup the time lost.
- 6.10 A very effective strategy had reduced the previously very high sickness and absence rate among TMC teaching staff down to a negligible level. Teaching staff were very positive about their roles and demonstrably keen to support prisoners to achieve the highest standards they could. Working relationships between teaching staff and prisoners were good.
- 6.11 Overall, there were insufficient activity places for the prisoner population, with around 70 prisoners unemployed on any weekday. The prior achievements and qualifications of higher achieving prisoners were not sufficiently extended. Most literacy and numeracy courses were offered at entry levels and level 1 only, even though 64% of prisoners already had literacy skills at level 1 and above, and 55% in numeracy, and could not extend their skills further. The virtual campus (a quasi-internet system for course and job search) had been disconnected.

- 6.12 Pay was equitable and was not used as a disincentive to participation in accredited learning. Prisoners were told during induction that bonuses were paid for the achievement of qualifications. All activities and sites had been risk assessed, and any area graded higher than low risk required a security clearance for each prisoner before he was allocated.
- 6.13 Strategies to improve the overall quality of teaching and training, including a thorough system for observing teaching and learning linked to professional development, had been largely effective. The quality of vocational training and learning that we observed was good. It was broadly satisfactory in literacy and numeracy classes, where there was room for greater improvement in the range and variety of teaching techniques.
- 6.14 Prisoners' behaviour was generally good, and any poor behaviour was mostly managed well. Very few prisoners were permanently excluded from training or classes or returned to the residential units. Prisoners felt safe during their lessons.

Further recommendations

- 6.15 Training sessions missed because of cancellations should be reinstated in full.
- 6.16 The virtual campus should be reinstated.

Induction

- 6.17 **Prisoners should be offered the choice of completing initial literacy and numeracy assessment tests electronically or on paper. (6.43)**

Achieved. Prisoners were given the option of online or paper tests.

Additional information

- 6.18 Prisoner assessment and allocation to education and vocational training were fair and appropriate, although there were long waiting lists for the popular vocational training options. Prisoners had a structured four-day induction programme that catered for the needs of first-time and returning prisoners. It was made clear to prisoners that they were unlikely to be allocated to their preferred activity due to pressure on spaces for the most popular programmes. The induction, planning and allocations processes were now effectively coordinated and all relevant information gained on prisoners was collated in a central database, including the outcomes of their literacy and numeracy tests. All decisions on allocations were made by the allocations manager using information on the central database.

Work

- 6.19 **All prison work should provide opportunity for prisoners to undertake relevant accreditation and qualifications. (6.45)**

Partially achieved. All education and vocational training courses were now accredited. However, there were still insufficient opportunities to accredit orderly work in wing cleaning and some other orderly roles, such as in the library.

Vocational training

- 6.20 There should be sufficient clients for the barbering course to provide adequate practice opportunities for learners to gain qualifications. (6.44)

Achieved. The barbering client base had recently been expanded to include prisoners from most of the wings and staff from across the prison. The salon accepted four clients at a time, which allowed level 1 and 2 learners to learn and practise their skills and complete their assessments.

- 6.21 Skills relevant to employment that prisoners gain and which are not accredited should be recognised and recorded. (6.46)

Achieved. Learners' skills developments across all aspects of vocational training were well recorded. Learners understood what they had to do to improve their skills and behaviour.

- 6.22 There should be opportunities for vocational training at national vocational qualification level 2 in some subjects. (6.48)

Partially achieved. The prison had originally rejected this recommendation, but there had been an increase in the number of vocational courses at level 2, and others were planned to start in 2012.

- 6.23 The construction skills certificate scheme (CSCS) award should be introduced for prisoners taking construction trade qualifications, to enable them to be eligible for employment on construction sites. (6.49)

Not achieved. There were no opportunities for prisoners to gain a CSCS card. CSCS was no longer classed as an award by awarding bodies, and funding had been withdrawn. As an alternative, TMC offered the British Safety Council health and safety award at level 1, which did not qualify learners for entry into construction employment.

Further recommendation

- 6.24 The prison should seek funding to reinstate the construction skills certificate scheme (CSCS) to enable all construction learners to be eligible for employment across the construction industry.

Additional information

- 6.25 Prisoners' development of knowledge and skills in vocational courses was good. Tutors maintained learners' interest during theoretical and practical work, which reduced the potential for disruptive behaviour and helped prisoners to understand what they had to do to improve their work. Prisoners were fully engaged with their learning. Learning was well planned and took full account of the wide range of prisoners' abilities.
- 6.26 In the best sessions, tutors constantly encouraged learners to reflect on their previous knowledge and skills, regularly asking and answering questions and engaging each prisoner in discussion about different approaches to particular work. Tutors were supportive and gave regular positive feedback. Literacy and numeracy support tutors regularly visited the

workshops to identify prisoners' literacy and numeracy support needs. Class tutors had not received any formal training to assist in this task.

- 6.27 Prisoners' workbooks were generally neat and tidy and illustrated their knowledge and skills development well. Prisoners were proud of the practical skills they were developing, and appreciated the feedback from tutors during and after each training session. Tutors' written feedback was constructive. Group work areas were generally well equipped, although some catering equipment was old and needed replacement. Overall, learning resources met prisoners' needs satisfactorily.
- 6.28 Learners who stayed for the duration of their courses, and most did, usually achieved their qualifications. In 2010/11 the achievement rates on many vocational courses were very high, with 100% pass rates in horticulture, carpentry, painting and decorating, and plastering, and very high rates in drawing skills, radio presentation and audio editing.

Further recommendation

- 6.29 Vocational tutors in all workshops should receive appropriate training to enable them to identify prisoners' literacy and numeracy needs so that they can provide appropriate support or referral.

Education

- 6.30 **Individual learning plans should include both short-term targets and long-term aims with clear links to resettlement and sentence planning needs. (6.50)**

Not achieved. Although individual learning plans were increasingly used well to record incremental achievements, short-term target setting was too generic and longer-term goals unclear. The plans were not clearly linked to resettlement and sentence plans.

We repeat the recommendation.

- 6.31 **Discipline officers should conduct regular patrols of education facilities and ensure a visible presence is maintained. (6.51)**

Achieved. Discipline officers were on duty in the education facilities and many of the vocational training rooms during teaching hours.

Additional information

- 6.32 Achievement rates on personal and social development courses were satisfactory overall. The overall achievement rate for learners taking literacy and numeracy courses was low. There were, however, indications that better success rates were being achieved in 2011/12, suggesting that literacy and numeracy achievements had the potential to improve over the year.

Library

- 6.33 **The library should provide more access for prisoners in the evenings and at weekends. (6.52)**

Not achieved. Although access had been increased from one evening to two, there had been only one evening session since March 2011. The removal of the library officer post in November 2010 had further restricted access.

We repeat the recommendation.

- 6.34 **The library should be able to accommodate prisoners for longer periods to use the study facilities. (6.53)**

Achieved. Longer study periods were now provided by appointment, although there had only been one request to do so to date.

- 6.35 **Prisoners should not be allowed to leave education, training and/or work to visit the library, unless it is an integral part of their learning session. (6.54)**

Achieved. There was an effective system to prevent prisoners leaving their activities to make unscheduled library visits.

- 6.36 **Library stock should be increased to the recommended minimum level. (6.55)**

Achieved. Over 1,000 additional books had been added to the stock and the library had achieved the minimum required level, with a stock of 5,728 items in September 2011.

- 6.37 **The library should stock more books related to specific occupations and careers and the development of employment skills. (6.56)**

Achieved. An adequate number of books related to careers, occupations and the development of employment skills had been available for some time.

Additional information

- 6.38 The library had recently been refurbished and had adequate staffing. It was well lit and spacious with new shelving, travelling displays, encyclopaedias and four computers featuring driving and hazard perception test software.

- 6.39 In our survey, 19% of respondents said that they visited the library at least once a week, compared with only 10% at the previous inspection, although this was below the comparator of 34%. The library was supposed to be open 25.5 hours a week, but in practice this had been less.

- 6.40 Stock losses were 12%, a 2% reduction since the previous inspection. The library had all the required legal texts and Prison Service Orders. The stock of foreign language books and dictionaries was adequate. Daily newspapers, including those in foreign languages, were available. Interlibrary loans were available on request.

- 6.41 The library had some striking visual displays on various themes, including recent ones to celebrate black history month and the second anniversary of the prison. Library staff ran regular events to promote use of the library, and had been promoting awareness of the library through the general staff induction. Staff engaged well with readers to guide them to suitable reading material, especially readers with low literacy levels who were helped to find easy reader books. Although prisoners could not be left unattended in the library, this did not seem to affect their visit and they had sufficient time to access the resources.

- 6.42 The prison's Toe-by-Toe reading mentoring programme had won national recognition, and the library actively promoted a range of activities, such as 'six book challenge' and Storybook Dad.

Physical education and health promotion

Expected outcomes:

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

- 6.43 The external all-weather sports surface should be replaced. (6.67)

Not achieved. Although the cost of a new all-weather sports surface was prohibitive for the prison, it was exploring the cost of machines to clean the surface and prolong its working life.

- 6.44 All prisoners should attend a PE induction and should not be able to use the PE facilities without doing so. (6.68)

Achieved. All prisoners completed a full induction before they could use the gym. Formal induction to the gym took place each weekday afternoon, and included a well-designed booklet outlining what was offered in the PE department. Each prisoner completed an assessment to ensure that they were able and suited to participate in gym activities, and were issued with a gym photocard on completion of the induction.

- 6.45 The quality of the teaching in PE should continue to improve. (6.69)

Achieved. All PE staff had achieved basic teaching qualifications, and one had a more advanced award. Observations of teaching and learning were now in place and the findings were moderated.

- 6.46 Level 2 PE courses should be introduced to provide opportunities for prisoners of higher ability to participate and progress. (6.70)

Partially achieved. A programme of courses had been researched and was due to be offered when finalised with the new awarding body.

Additional information

- 6.47 The extensive PE facilities were well maintained. They included a large sports hall, climbing wall, large weights room, and cardiovascular exercise room, which met the needs of prisoners well. The Rowan Centre education block had a large room equipped with weights and cardiovascular equipment, mostly used by prisoners on enhanced status. The classroom in the Rowan centre had been taken over for use by another department. There was a well-maintained outdoor grass pitch for rugby and football, as well as the poor quality all-weather sports surface. The fitness rooms on the residential units were no longer in use.

- 6.48 All prisoners could attend recreational PE for a minimum of two sessions a week. The programme had been changed several times to ensure that attendance at education did not prevent attendance at PE sessions. Prisoners who attended work or education had programmed gym sessions. The new programme included a session to encourage non-

attendees to use the gym. At the time of inspection, the percentage of the population using the gym had increased slightly from 61% at the last inspection to 64%. Prisoners' use of the gym was monitored carefully and data used to inform the PE manager of who used the gym, how frequently, and by wing and ethnic group.

- 6.49 A range of accredited courses was offered, although most were at level 1 or below. Achievement rates were high. The range of provision had been maintained even though the staffing level had been reduced by two full-time staff and despite the loss of staff time when instructors were deployed to other duties.
- 6.50 The PE department continued to have excellent links with other departments and with outside organisations to enrich the curriculum. It ran a course linked with offending behaviour programmes, drug rehabilitation and healthy living. The department contributed to a variety of local charity events and activities to celebrate black history month. The football and rugby teams competed successfully in local leagues.
- 6.51 Prisoners were issued with adequate clean gym kit and towels. Shower facilities were clean, well maintained and included privacy screens. Appropriate records of accidents and near-misses were kept.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

Security

- 7.1 All searching should be subject to ongoing quality checks, with feedback to the security department and staff to improve practice. (7.14)

Not achieved. We found no evidence of ongoing quality checks of searching procedures. We repeat the recommendation.

- 7.2 Residential managers should ensure staff understand and properly implement strategies to address gang-related issues. (7.15)

Achieved. Relationships between security, the residential units and the safer custody group had improved, as had information about current gang-related incidents and general activity. There were also good links with the local police, particularly on operations to deal with gang-related issues, which were communicated to all residential areas. Systems to track gang activity in the prison had recently been put into place and were proportionate for the extent of the problem.

- 7.3 The degree of control exercised in prison routines should be proportionate and not impact negatively on prisoner access to regime facilities. (7.16)

Achieved. The prison's attitude to implementing risk management was proportionate to the security concerns. We saw no evidence that the prison was risk averse in allocating activity spaces to prisoners, and security procedures overall did not hinder prisoner access to a full regime.

Additional information

- 7.4 The security committee was properly structured and meetings were well attended by managers and relevant staff. The monthly meetings were chaired by a senior manager, usually the head of security and operations. The standing agenda was comprehensive and included an analysis of security information reports (SIRs). Monthly security objectives were agreed through the appropriate consideration of intelligence. There were reports from other areas of the prison, such as residential and the safer custody group.

- 7.5 The important elements of dynamic security were in place. Relationships between staff and prisoners were positive, and supervision on residential units during association was good. The introduction of CCTV to most areas in the residential units had been positive. The security department received about 300 SIRs a month. They were processed and categorised by full-time security collators and a security analyst. Intelligence was effectively communicated to

other areas of the prison, particularly the safer custody team and the residential areas, to allow them to make informed decisions about prisoners or take necessary action. Relationships with many other departments were also well developed, but links with the drug strategy group were poor (see further recommendation 9.60)

- 7.6 There were seven prisoners on closed visits during the week of the inspection. They were subject to monthly reviews, informed by contributions from various departments

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.

Disciplinary procedures

- 7.7 **The use of minor reports should be operated more consistently across residential units. (7.39)**

No longer relevant. The minor report system found at the previous inspection was no longer used.

- 7.8 **Adjudication records should reflect a thorough examination of all circumstances relating to the charge. (7.40)**

Achieved. The records of adjudications that we examined showed that hearings were generally conducted fairly with full investigations of charges. Punishments were fair and there were examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process.

- 7.9 **The data reviewed by the adjudication standardisation meeting should be developed to enable comprehensive monitoring and analysis of trends. (7.41)**

Achieved. Quarterly adjudication standardisation meetings were chaired by the governor or deputy governor and well attended by adjudicating governors. The minutes showed good standards of discussion. Monthly statistics on the number and nature of adjudications were presented to the senior management team and the violence reduction committee. Results of proven offences were noted, categorised and communicated to managers to identify trends and deal with problem areas as they arose. Punishment tariffs had been published and were used consistently at formal hearings.

- 7.10 **Residential managers should ensure that there is no use of unofficial punishments on their wings. (7.42)**

Achieved. There was no evidence that unofficial or collective punishments were used either against individuals or systematically.

Additional information

- 7.11 There had been an average of about 114 governors' adjudications a month from January 2011 to date. Although high, this number was not excessive for an average population of over 500 young adult prisoners in a reasonably busy local prison. Over 100 cases had been referred to the independent adjudicator in the previous six months. Although high, again numbers seemed proportionate given that nearly all these cases related to violent incidents, such as fights and assaults (see also paragraph 3.9).
- 7.12 Before a hearing, prisoners were given written information that explained the process and emphasised what to expect from the experience. When staff issued the notice of reports, they further explained the process to the prisoner and always checked that he understood it.
- 7.13 There was evidence that governors took time to ensure that the prisoner fully understood each stage of the process before moving on. All prisoners were offered the opportunity to seek legal advice, and to challenge the evidence, put across their version of events and call witnesses in their defence.

The use of force

- 7.14 **All planned removals should be videoed and reviewed by the use of force committee to monitor the practice of staff and identify areas for improvement. (7.43)**

Achieved. All planned incidents were video recorded and each case was reviewed by the use of force committee at its monthly meeting (see also paragraph 7.17).

Additional information

- 7.15 The use of force was high, with 245 incidents between January 2011 and the time of inspection. Although the number was high, it was a slight reduction of about 7% compared with the same period in 2010, but about the same as we found at the previous inspection. About 72% of all incidents did not involve the use of full control and restraint techniques, which was a significant increase and showed improved use of de-escalation techniques.
- 7.16 There had also been improved priority to governance of the use of force. Rigorous monitoring arrangements had been put in place with strong links to violence reduction, the security committee and the senior management team. Incidents were discussed at the daily management meeting, the monthly security and violence reduction committee meetings and the monthly safer custody strategy meeting. The safer custody team further checked all associated use of force documentation. Information, including the nature of the incident, its location, the ethnicity and age of the young adult, was collated each month and presented for analysis to identify and deal with any emerging patterns and trends
- 7.17 Spontaneous and planned interventions were well organised, properly carried out and, on the whole, documentation was completed correctly. Proper authority was recorded, senior staff appropriately supervised all incidents, and interventions were often video recorded by managers, who usually carried small portable video recorders.
- 7.18 There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. Our examination of documentation showed that force was only

used when it was justified and reasonable in the circumstances and was proportionate to the incident.

- 7.19 There were strict protocols to govern the use of special accommodation, including levels of observation. Special accommodation had been used only once for a short period in 2011 to date, and had not been used at all in 2010.

Segregation unit

- 7.20 **Intervention and assessment unit (IAU) record entries should be sufficiently detailed to reflect qualitative engagement between staff and prisoners. (7.44)**

Not achieved. Entries in prisoner's records were generally poor and did not reflect the high standards of care prisoners received in segregation.

We repeat the recommendation.

- 7.21 **Targets set in care plans and as a result of segregation review boards should reflect individual prisoners' circumstances. (7.45)**

Not achieved. Although all prisoners in segregation had formal care plans, most had not been completed. In most cases agreed targets had not been recorded, care mapping requirements had been ignored and none of the plans we examined indicated high standards of prisoner care.

We repeat the recommendation.

- 7.22 **Personal officers should visit their prisoners while they are in IAU, and these visits should be recorded in their IAU file. (7.46)**

Achieved. Personal officers regularly visited their prisoners in segregation.

- 7.23 **Detailed records of the use of the IAU should be collated, monitored and analysed by the segregation monitoring and review group. (7.47)**

Partially achieved. The segregation monitoring and review group (SMARG) met quarterly and was chaired by the safer custody manager. There had been improved use of data to monitor segregation by the number of prisoners segregated and the time they remained on the unit. However, monitoring by ethnicity was poorly developed, and we were not assured that the prison was aware of all the issues affecting black and minority ethnic prisoners (see also paragraph 4.10).

Additional information

- 7.24 Segregation unit accommodation was provided over two galleried landings, with eight single cells and one special accommodation cell on each floor. Living conditions were reasonable but some communal corridors were grubby and flooring was cracked and worn. Cells were generally clean but some were dirty and had graffiti on windows. Showers were reasonably clean and adequately screened.

- 7.25 Given the nature of the population, the use of segregation was not excessive at an average of about nine cases a week. About a quarter were segregated as punishment following adjudication, and the rest were held in the unit for good order or discipline. The number of prisoners seeking sanctuary from residential units was low at about four a month.

- 7.26 Governance and management of segregation had improved. The unit was administered on a day-to-day basis by one of two nominated senior officers supported by trained officers, who all reported to the safer custody manager. A strategy document had been published setting out the management arrangements and expected working practices of the unit, and there was a staff selection policy with published criteria.
- 7.27 Prisoner safety had a high priority, and staff interviewed all newly arriving prisoners in private to identify immediate needs. Prisoners arriving on to the unit were searched thoroughly and respectfully. They were rarely strip searched and only following an assessment of risk, authorised by the senior officer in charge. The basic regime programme included daily showers, exercise, access to telephones and some in-cell education if requested. Prisoners could receive in-cell education work from education staff who visited the unit every week.
- 7.28 Relationships between staff and prisoners were very good. Officers dealt with difficult individuals courteously, using high levels of care, and were clearly comfortable when dealing with them. We observed a high level of staff engagement, and it was clear that they had an in-depth knowledge of the personal circumstances of their prisoners. There was extensive use of prisoners' preferred names and titles, and all residents we spoke to said that staff were kind and helpful. Reviews of longer stay prisoners were timely and well attended. Planning to return them to normal location was well developed but the associated documentation was poor (see paragraph 7.21).

Incentives and earned privileges

Expected outcomes:

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

- 7.29 **Personal officers should be active in putting prisoners forward for progression to level one at the first opportunity. (7.66)**

Achieved. Many personal officers understood the incentives and earned privileges (IEP) scheme, and the files we saw showed that some recognised the good behaviour of their prisoners and actively put them forward for the enhanced level. Some prisoners on enhanced said that they been recommended for that level by their personal officer.

- 7.30 **Prisoners should not receive different levels of pay for the same job. (7.67)**

Not achieved. Prisoner pay was still differentiated inappropriately by their IEP status, with enhanced prisoners able to earn up to £5 a week more than a standard prisoner for the same role.

We repeat the recommendation

- 7.31 **Review paperwork should include comments from personal officers and the prisoner, and should indicate who was present at the review. (7.68)**

Achieved. Documentation showed that personal officers and prisoners were present at review boards, which were chaired by a senior officer, and the views of both were taken into consideration.

- 7.32 **A senior manager should routinely monitor the operation of the incentives and earned privileges scheme across the prison for consistency and fairness. (7.69)**

Achieved. A residential manager quality checked the IEP paperwork weekly, including any reviews in the previous seven days. This check was documented with feedback to the head of decent custody. Prisoners who had been on the basic level for more than seven days were discussed in depth at the weekly multidisciplinary meeting.

- 7.33 **The strategy for managing prisoners who refuse to attend activities should be revised to ensure fairness and focus on encouragement and motivational work. (7.70)**

Not achieved. Staff still gave warnings to prisoners who refused to go to activities. This often led to three warnings followed by a review board and a period on basic. We found evidence that one prisoner had been placed on basic on three separate occasions as a result of consistently refusing to attend activities.

We repeat the recommendation.

Additional information

- 7.34 The prison had a comprehensive IEP policy document, which was understood by staff and summarised during the induction process and publicised on notice boards. At the time of the inspection, 20% of prisoners were on enhanced level and 2.5% on basic. In our survey, 60% of respondents, against the comparator of 54%, said that the different levels of the IEP scheme had encouraged them to change their behaviour. There were good differentials between the three levels of the scheme, and prisoners said that the facilities at each level encouraged them to attain the higher level. Prisoners who transferred in on enhanced could keep on that level. Demotion was through a warnings and merits system. Review boards were chaired by the wing manager, and there was a fair and consistent appeal procedure.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 Ovens designated for halal meat and vegetables should not be used to cook non-halal dishes. (8.10)

Achieved. Cooking facilities, including the ovens designated for halal meat, were no longer used to cook non-halal meat. This was regularly monitored by kitchen staff.

- 8.2 All prisoners should have the opportunity to dine in association. (8.11)

Not achieved. Only prisoners on house block 5 and the IDTS unit were able to dine out. Prisoners on all other units still ate in their cells.

We repeat the recommendation.

- 8.3 Halal meat options should be available every lunchtime. (8.12)

Achieved. The availability of halal meat at lunch had increased significantly, with an option available at most lunch meals. In a typical four-week cycle, this option was available for 25 out of 28 meals (90%). Vegetarian options were provided at every meal.

- 8.4 Serveries should be used to serve breakfast packs. (8.13)

Not achieved. Although breakfast packs were not distributed until the morning they were to be eaten, house block 5 was still the only unit where they were served from the servery.

- 8.5 Serveries should be thoroughly cleaned after each meal has been served. (8.14)

Partially achieved. There were monthly hygiene inspections of all serveries with a report sent to wings. Although the serveries we saw were reasonably clean, hygiene reports indicated problems in some areas in most months. Some issues, in particular the cleanliness of dishwashers and the trolleys returned to the kitchens, were raised most months. The kitchen manager told us that reports brought about change for a while but this was not consistently maintained.

Further recommendation

- 8.6 Wing staff should ensure that standards of hygiene and servery management are consistently maintained.

- 8.7 Food comments books should be freely available for prisoners. (8.15)

Achieved. Food comments books, in the form of dated sheets, were freely available on all serveries. Prisoners used them and staff also wrote comments about issues raised with them. Comments books were returned to catering staff weekly.

Additional information

- 8.8 There was a four-week menu cycle that offered a reasonable range and variety of food, including healthy options. A significant amount of the food served was made at the prison rather than bought in. There was provision to manage prisoners with medical and religious dietary needs. There were also good links with the foreign national coordinator and food issues were discussed at the foreign national forum.
- 8.9 In our survey, only 16% of respondents said that the food was good, against the comparator of 26%. The responses of black and minority ethnic prisoners were even worse with only 10%, against 20% of white prisoners, indicating the food was good. We received frequent complaints from prisoners about the size of portions, and this issue had been reflected in the last food survey in May 2011. Despite this, the portions we saw were reasonable and the food we tried was of a good standard.
- 8.10 The kitchen employed up to 20 prisoners with around nine to 10 on duty at a time. Recent changes meant that all prisoners had the opportunity of gaining qualifications up to NVQ level 2, including even those working in the kitchen for a relatively short time. NVQ assessment and training was managed within the kitchen, so prisoners developed skills on the job. This training complemented that in food hygiene and specific training in key functions in the kitchen.
- 8.11 A model of quality assurance introduced since the last inspection meant that kitchen staff attended wings at least once a week to check food comments books, servery supervision and cleanliness, and ensure appropriate adherence to food management and temperature control.

Prison shop

Expected outcomes:

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

- 8.12 **All new arrivals should have access to the prison shop within their first 24 hours. (8.23)**

Not achieved. In our survey, only 6% of respondents said that they could access the prison shop within their first 24 hours, against the comparator of 10%, although this was better than the response of only 3% at the last inspection. Shop order sheets were distributed on Friday for completion by Sunday with orders delivered on the following Friday. Although some prisoners who were at court on Thursday could be missed off the initial list, the prison rectified this the following day. However, prisoners arriving at the prison on a Monday could wait as long as 11 days for their first order. In such circumstances, they could buy additional reception packs along with telephone credit.

We repeat the recommendation.

- 8.13 **Prisoners should be notified promptly when their catalogue orders are received, and should not have to submit applications to collect them. (8.24)**

Achieved. Prisoners could make orders from a number of different catalogues, with no administration fee charged. Once their orders were received by the prison, prisoners were informed and could collect them promptly. There was no evidence of delays, although electrical goods had to be tested before they were distributed.

8.14 The shop forum should be attended by prisoner representatives from all residential units, and minutes published throughout the prison. (8.25)

Achieved. Shop matters were regularly discussed in wing consultation forums, and the shop manager attended when necessary. There was also a specific quarterly forum on the shop, with representation from every residential unit.

Additional information

8.15 The prison provided the standard national DHL shop service, with 366 items available. In our survey, only 36% of respondents said the shop provided a sufficient range of goods to meet their needs, against the comparator of 42% and 49% at the last inspection. Responses from black and minority ethnic prisoners were poorer than those from white respondents.

8.16 Consultation minutes showed that there had been considerable efforts to meet the needs of prisoners, and we saw examples where certain items were sourced to achieve this. Although prisoners had consistently requested whey and protein products for body building, the senior management team had decided that such goods were not appropriate for this age group.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 Resettlement objectives under each resettlement pathway should clearly identify timescales for achievement, and progress should be reviewed regularly. (9.6)

Partially achieved. The reducing reoffending action plan included objectives under each pathway with clear timescales for achievement. However, due to the lack of policy committee, meetings, regular reviews had not taken place in recent months.

- 9.2 The annual needs analysis should include an evaluation of the needs of minority groups. (9.7)

Achieved. The last needs analysis, undertaken in 2010, had included an evaluation of the needs of minority ethnic prisoners.

Additional information

- 9.3 The management team for reducing reoffending had changed just before the inspection. Although the new managers had a clear vision for reducing reoffending and resettlement, there was no current strategy and this vision had not been clearly communicated across the prison. Management of individual resettlement pathways was underdeveloped and relied too much on the head of offender management taking responsibility for many areas.
- 9.4 The reducing reoffending policy committee had been suspended due to problems over attendance and a lack of direction for the meeting. This had stalled progress in resettlement work. There was no current needs analysis of the population, and the previous analysis had been limited to data retrieved from OASys (offender assessment system) assessments, with no direct involvement of prisoners.
- 9.5 The reducing reoffending action plan had been formulated with input from external agencies providing resettlement services to prisoners. The action plan was detailed and included some innovative plans, but the lack of a needs analysis did not give us confidence that provision would meet the needs of prisoners.
- 9.6 Offending behaviour work was limited and not informed by an analysis of offending-related needs. Gaps in provision had not been identified. Provision of non-accredited programmes had been suspended, leaving many prisoners unable to access useful interventions and support in addressing their offending behaviour.
- 9.7 A range of external agencies provided services for resettlement, and partnership meetings showed that this provision was well coordinated with good support to staff providing the services.

- 9.8 Trailblazers, a charity using volunteers in a mentoring role, provided a valued mentoring service with a structured programme covering a range of topics to assist young prisoners reintegrate into the community. Volunteer mentors from the community were matched with prisoners before their release, and support continued for up to a year following release with mentors providing mainly an advocacy service.
- 9.9 SOVA (supporting others through volunteer action) was also involved in mentoring and assisted prisoners with gaining employment on release. The service was due to be assigned to a new provider, Pertemps, and the caseload at the time of our inspection had reduced to seven prisoners.

Offender management and planning

Expected outcomes:

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

Sentence planning and offender management

- 9.10 Initial sentence plans for sentenced prisoners should include information on identified needs from all pathways. (9.28)

Achieved. Initial sentence plans included information on prisoners' needs under each resettlement pathway.

- 9.11 All prisoners should have pre-release planning to review custody/sentence plan objectives and arrange post-release progress to meet resettlement and offending behaviour needs. (9.29)

Not achieved. There was no formal pre-release event to ensure that all prisoners underwent pre-release planning. Any pre-release planning that took place depended on offender supervisors carrying out reviews with individual prisoners on their caseload. Our examination of offender management files did not assure us that all prisoners were seen before release, and with the suspension of basic custody screening for three months, we were not confident, and staff could not reassure us, that all prisoners were seen before release. In our survey, only 15% of respondents, against the comparator of 20%, said that a member of staff had helped them in preparing for their release. Respondents were also negative about knowing who to contact to access services relating to most of the resettlement pathways (see also paragraphs 9.44 and 9.46).

Further recommendation

- 9.12 All prisoners should have pre-release planning to review their custody/sentence plan objectives and ascertain their needs under the resettlement pathways. They should be given appropriate support and specialist interventions to meet identified resettlement and offending behaviour needs.

- 9.13 The offender management unit should be allocated the agreed staffing resources to meet its work objectives. (9.30)

Achieved. The number of staff allocated to the offender management unit (OMU) had increased significantly, and staff and managers reported that staff were rarely diverted to other duties.

- 9.14 **The reducing reoffending and resettlement group should develop and monitor a clear development plan for the progression of the new wing-based offender supervisor offender management model. (9.31)**

No longer relevant. The OMU had been reorganised and all offender management staff were now located in it.

- 9.15 **There should be clarification of the role of offender supervisors and the level and frequency of their contact with prisoners. (9.32)**

Achieved. With the introduction of layered offender management in April 2011, a strategy document had been published that clearly defined the role of the offender supervisor and set out the level and frequency of their contact with prisoners.

- 9.16 **OASys assessments should be completed within agreed timescales. (9.33)**

Not achieved. Offender management staff told us that 64 OASys reviews had been carried out late in the last four months, 15 for in-scope and 49 for out-of-scope prisoners. **We repeat the recommendation.**

- 9.17 **Offender managers should consistently attend sentence planning meetings for in-scope prisoners, who should be actively involved in drawing up and agreeing their plans. (9.34)**

Achieved. Offender supervisors informed us that offender managers generally attended sentence planning meetings. Those unable to attend used video or teleconferencing facilities to contribute to sentence planning procedures. Prisoners were always involved in sentence planning boards, and staff could not recall an instance when a prisoner did not attend his board.

- 9.18 **There should be a quality assurance scheme to cover all aspects of offender management work along with OASys. (9.35)**

Achieved. There were sound quality assurance processes for OASys, and managers checked a sample of offender supervisor work through random checks on prisoner offender management files.

- 9.19 **All sentenced prisoners, whether or not they are in scope, should be offered support and guidance beyond the completion of OASys. (9.36)**

Achieved. All prisoners, sentenced and unsentenced and those in and out of scope, were allocated to an offender supervisor. Contact logs showed that the majority of prisoners had the prescribed level of contact with their offender supervisors.

- 9.20 **Release on temporary licence (ROTL) should be used more widely to support resettlement and return to the community. (9.37)**

Not achieved. There was little use of ROTL for resettlement purposes (see further recommendation 9.22).

9.21 The range of work placements available through ROTL should be extended. (9.38)

Not achieved. There were few opportunities for prisoners to access work placements through ROTL.

Further recommendation

9.22 Release on temporary licence (ROTL) should be used more widely to support resettlement and return to the community, and the range of work placements available through ROTL should be extended.

9.23 Arrangements under home detention curfew should be monitored and progress consistently tracked, and there should be agreed systems for following up report requests. (9.39)

Achieved. Home detention curfew (HDC) arrangements had improved. The processes were carried out on time, and report requests were followed up. Most eligible prisoners assessed as suitable were released within the prescribed timescales. Staff made every effort to complete the procedures for those who arrived at Brinsford with less than three months to serve to enable their release on time.

Additional information

9.24 The OMU had been reorganised and the number of case administrators and offender supervisors had been increased. A mix of prison officers and probation staff acted as offender supervisors, and all were suitably trained. All prisoners were allocated an offender supervisor and had some form of custody planning. All new arrivals were now assessed using the basic custody screening tool (although it had been suspended for a period earlier in the year), which covered the resettlement pathways. Those serving over 56 days also received an OASys assessment. Offender supervisors were responsible for all processes relating to individual prisoners on their caseload, including HDC, categorisation, ROTL and labour allocation. The result had been a well-coordinated approach to custody planning and assessment of individual prisoners.

9.25 At the time of our inspection, there were 338 convicted prisoners, of whom 63 (12%) were in scope for offender management. Offender managers completed OASys assessments for in-scope prisoners, while offender supervisors in the prison completed the rest. Sentence plans were developed from the OASys assessments. In our survey, only 34% of respondents, against the comparator of 62%, said that they had a sentence plan. This reflected the lack of use of the basic custody screening tool for several months and late completions of OASys reviews for some prisoners. Records showed that 266 prisoners had been affected by the suspension of the basic custody screening tool, of whom 107 were on remand and had not yet had their initial assessment. Of the survey respondents who had sentence plans, 63% said they had been involved in its development and 83% that they could achieve some or all of their targets at Brinsford. Offender supervisors were clear about involving prisoners in the development of sentence plans.

9.26 We reviewed several custody plans for both in-and out-of-scope prisoners and they generally took account of the risks of reoffending and harm to the public. Prisoners were involved in the development of plans, and were referred to appropriate interventions and support to address their offending behaviour and reduce identified risks. We saw evidence that prisoners'

individual abilities were taken into account in formulating sentence plans. In one case, attention had been paid to a prisoner with specific learning disabilities to ensure he understood his sentence plan and that it met his needs.

- 9.27 Sentence plans were reviewed at boards held at appropriate intervals with the prisoner and key staff, including offender supervisors and managers. Personal officers did not always attend. Sentence plans were kept in files in the OMU and were accessible to all staff through the computer system.
- 9.28 The level of contact between offender supervisors and prisoners was clearly defined in the offender management strategy. The minimum requirement was for an initial introduction within 72 hours of reception and then contact between two and three months thereafter depending on the prisoner's sentence length. Prisoners could also make applications to see their offender supervisor at any time, and offender supervisors said, and contact logs showed, that this often happened.
- 9.29 Personal officers had a lack of involvement with offender management processes. Although some prisoner records showed personal officer knowledge of sentence planning and offending behaviour matters, most completely disregarded offender management processes when writing about their prisoners.

Further recommendations

- 9.30 Custody planning for all prisoners should be provided consistently and all prisoners should be involved in the creation of their sentence plans.
- 9.31 The backlog of initial basic custody screening assessments should be cleared within a reasonable time.
- 9.32 Personal officers should be more involved in custody and sentence planning.

Categorisation

No recommendations were made under this heading at the last inspection.

Additional information

- 9.33 Initial categorisation was carried out by five staff from the residential units working on a rota, but they did not see all prisoners during the process. Prisoners were only informed of the outcome if they were categorised to open conditions, which meant that those categorised to closed conditions were not informed of the prison they were allocated to and their right to appeal. Most prisoners at Brinsford were local and there were great efforts to sustain this local population.
- 9.34 Reviews of categorisation were carried out at appropriate intervals and offender supervisors were closely involved. Prisoners who were not local and those wishing to move to carry out courses could apply to move to prisons closer to home, and these moves were facilitated where possible. Prisoners did not wait for long to move open conditions.

Housekeeping point

- 9.35 All prisoners should be advised of their initial categorisation and allocation, and informed of their avenues of appeal.

Public protection

- 9.36 Offender supervisors should be more actively involved with cases subject to public protection and should attend review meetings relating to prisoners they are responsible for. (9.40)

Achieved. We were assured, and found evidence, that offender supervisors were fully involved in public protection procedures for prisoners on their caseload, and attended or provided appropriate contributions to public protection meetings.

Additional information

- 9.37 Public protection procedures were sound and managed effectively. Overall management fell to a senior probation officer and there was a detailed policy. An officer support grade provided administrative support.
- 9.38 Prisoners with public protection issues were identified on reception by a team of case administrators. They started the process of risk management by referring prisoners to the next monthly risk management meeting for risks to be fully identified and assessed, and appropriate management undertaken. Minutes of these meetings were comprehensive and gave assurance that individual risks were appropriately identified, assessed and managed. The meetings were well attended and included relevant staff. At the time of our inspection, 21 prisoners were undergoing monitoring of their mail and telephone calls under harassment procedures, and 43 had been identified as a risk to children with appropriate measures in place.
- 9.39 There were 64 multi-agency public protection arrangements (MAPPA) level one prisoners and six at level two. Offender supervisors attended all MAPPA review meetings. Reviews were carried out at prescribed intervals and post-release, with sufficient time to ensure that all necessary arrangements had been made.

Indeterminate-sentenced prisoners

- 9.40 Potential life-sentenced prisoners should be monitored and their needs reviewed during their period of remand. (9.41)

Not achieved. Potential life-sentenced prisoners were not identified and monitored, or their needs reviewed before their court appearance.

- 9.41 Facilities for indeterminate-sentenced prisoners should be extended to include regular forums and information specific to such sentences. (9.42)

Not achieved. There was no specific provision for the few indeterminate-sentenced prisoners and no forums for them.

Further recommendation

- 9.42 Potential indeterminate-sentenced prisoners should be monitored and their needs reviewed during remand, and there should be regular forums for these prisoners during their remand and after sentencing.

Additional information

- 9.43 There were no life-sentenced prisoners at the time of our inspection, and 15 prisoners sentenced to indeterminate sentences for public protection. Management of these prisoners was spread across the team of offender supervisors. Initial assessments were carried out at Brinsford before prisoners were transferred on to other establishments.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

Accommodation

- 9.44 All prisoners should have their housing needs assessed before their release to ensure that they have accommodation in the community or are given specialist help and support if they do not. (9.53)

Not achieved. We were not assured that all prisoners were seen before release to assess their housing needs. Service providers confirmed that they did not have sufficient resources to see all prisoners, and there was no formal pre-release event to ensure this happened (see further recommendation 9.12).

- 9.45 The system for allocation to the pre-release course should be reviewed to improve attendance. (9.54)

No longer relevant. The pre-release course had been suspended and there was no formal pre-release event for prisoners.

- 9.46 There should be a better system to identify the pre-release needs of individual prisoners. (9.55)

Not achieved. The identification of pre-release needs depended on individual service providers and offender supervisors meeting prisoners to discuss and address needs (see further recommendation 9.12).

Additional information

- 9.47 Accommodation services were provided through Nacro, with two full-time posts covered by three staff. They saw prisoners referred through the basic custody screening tool – during the period of its suspension, they had seen all new arrivals to ascertain their accommodation needs. Prisoners were seen within five days of arrival and then between six and eight weeks before release. Prisoners could also make applications to see Nacro staff at any time. Staff stated that their services were stretched.
- 9.48 Prisoners on remand and serving short sentences were the most difficult group to support, and those who were released without accommodation tended to fall into this group. The prison claimed that 98% of prisoners had been released into accommodation in the last six months, but there was no monitoring of the sustainability of this accommodation. Nacro staff reported that they sometimes relied on services from organisations without the remit of supporting people, and there were some difficulties in placing the young adult age group into accommodation. The lack of a needs analysis meant that there was no clear understanding of the level and type of need or the future development of services under this pathway.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.49 **There should be more links with local colleges and employers, in particular relating to the range of vocational training offered, to increase the use of release on temporary licence and to identify progression opportunities on release. (9.56)**

Not achieved. Education, training and employment links with local colleges and employers were still underdeveloped. Very few prisoners had been able to undertake work outside the prison because they had not been granted release on temporary licence (ROTL). Two part-time community volunteers had been appointed to provide administrative support for partnership working and develop work experience opportunities in the community. The PE department had some good links for ROTL work experience in the community but these were not being exploited. Horticulture staff had dormant links with Staffordshire College. The prison was developing links with Dudley College to expand the prison curriculum.
We repeat the recommendation.

Additional information

- 9.50 There was a range of activities to support progression into education, further training and/or employment on release. JHP Training had ceased a half-day pre-release group session for prisoners due for release and replaced this with one-to-one sessions, which were a more effective use of the time available. Pre-release activity places had more than doubled since 2009/10 to 627 in 2010/11. The number of education, training and employment places secured on release had increased from 55 to 163 in the same period.

Mental and physical health

- 9.51 **Health care staff should see all prisoners before their discharge, and give them information about health services in the community. (9.57)**

Achieved. All prisoners were seen by a nurse in reception on the morning of their release or transfer. They were given NHS information packs containing a condom and information about how to access health services and register with a GP if required. The consultation was short and functional, and young vulnerable men could miss the opportunity to discuss their future health needs. Mental health staff liaised with community mental health teams before prisoners with severe and enduring mental health needs were discharged or transferred to ensure care continuity and an individualised approach.

9.52 Health care staff should attend discharge boards routinely. (9.58)

No longer relevant. The prison did not run formal discharge boards before release.

Finance, benefit and debt

9.53 Assessments of prisoners' needs for finance, benefit and debt services should be included in their induction and incorporated into sentence planning reports. (9.59)

Not achieved. The basic custody screening tool was used to assess prisoners' needs for finance, benefit and debt services and make appropriate referrals. However, as this screening had been suspended, we were not assured that all prisoners' needs had been identified. For those assessed as needing advice, appropriate targets had been set in their sentence plans. **We repeat the recommendation.**

9.54 Specialist provision for debt and money management issues should be increased to meet the needs of the population. (9.60)

Not achieved. Provision under this pathway remained underdeveloped. In addition to the basic service offered by Citizens Advice for 1.5 days a week, Jobcentre Plus provided benefits advice, although their hours of attendance had recently been reduced from five to 3.5 days a week. The education department also offered a money management course. Managers said that the current Citizens Advice and Jobcentre Plus provision was not sufficient to meet the needs of the population. The reducing reoffending action plan had identified several concerns, many of which had yet to be addressed. **We repeat the recommendation.**

9.55 Prisoners should be able to open bank accounts before their release. (9.61)

Not achieved. There was no facility for prisoners to open bank accounts before their release. **We repeat the recommendation.**

Drugs and alcohol

9.56 There should be an accredited drug and alcohol programme. (9.73)

Partially achieved. The first cohort of seven prisoners had just completed the accredited programme, control of violence for angry impulsive drinkers (COVAID). The target for completions was 16 a year. This programme specifically addressed the violence associated with binge drinking. There were no accredited programmes that addressed recovery from dependency on drugs or alcohol, although needs analyses generally showed minimal need for such programmes with this age group.

Additional information

- 9.57 There was a drug strategy with a recent counselling, assessment, referral, advice and throughcare (CARAT) needs analysis. The strategy was due to be updated to reflect the new needs analysis.
- 9.58 The drug strategy meeting was held monthly but attendance was patchy. For the last six months, the meeting had not received reports from mandatory drug testing, security or health care, despite repeated requests recorded in the minutes.
- 9.59 CARAT services were provided by Inclusion Drug and Alcohol Services, with a caseload of 182 at the time of the inspection. The service delivered effective one-to-one work, including for prisoners with alcohol-only issues. CARAT workers said there were good links with local drug intervention programmes (DIPs) in the West Midlands. The DIP teams worked with all drug users not just class A, as had been the case with many DIPs, and often visited prisoners before their release. In our survey, however, prisoners' knowledge of community drug or alcohol agencies was below the comparator, with only 42% against 54% of respondents knowing who to contact on release.

Further recommendation

- 9.60 Representatives from all relevant departments, such as security, and service providers should submit reports to and attend the monthly drug strategy meeting to improve communication and the coordination of services.

Children and families of offenders

- 9.61 There should be no upper limit on the number of visits a remand prisoner is entitled to. (9.88)

Not achieved. Remand prisoners were restricted to three visits a week.
We repeat the recommendation.

- 9.62 Prisoners should be able to exchange unused visiting orders for additional telephone credit. (9.89)

Partially achieved. Foreign national prisoners could exchange unused visiting orders for telephone credit if they had not had any visits, but other prisoners could not.
We repeat the recommendation.

- 9.63 There should be improved systems for booking visits by telephone or email. (9.90)

Not achieved. The visits booking system, which included the facility to book by email, had been moved to a central call centre serving several prisons in the Midlands. Visitors reported that the new arrangements were not working well and they found it difficult to book visits by telephone without substantial costs for telephone calls. The email booking system had deteriorated to the point that visitors waited several days for a response to their requests whereas previously they had received a response within 24 hours. Visitors' centre staff said that the majority of complaints they received related to difficulties in booking visits. We attempted to speak to booking line staff but abandoned several calls after being held in a

queue for over 10 minutes.
We repeat the recommendation.

9.64 Visits should start at the advertised time. (9.91)

Not achieved. While the first group of visitors sent to the visits hall started their visits on time at 2pm, we observed that some visitors, who had arrived at the prison significantly earlier than the visits starting time, did not gain entrance until approximately 2.25pm.
We repeat the recommendation.

9.65 Evening visits should be available. (9.92)

Not achieved. Visits were only available on weekday and weekend afternoons (except on Wednesday and Friday).
We repeat the recommendation.

9.66 The identification requirements for visitors with no photographic identification should be reduced. (9.93)

Achieved. The prison had adjusted the requirements for identification to reasonable requests for documentation, in line with the majority of other prisons.

9.67 Searching areas should have an appropriate degree of privacy to ensure that visitors' property is searched in a religiously and culturally sensitive way. (9.94)

Not achieved. Visitors were searched in an open area visible to staff, other visitors and passers by. We observed staff searching religious headwear in this area without offering an alternative location with appropriate privacy.
We repeat the recommendation.

9.68 Closed visits should be authorised only when there is a risk justified by security intelligence in addition to a drug dog indication. (9.95)

Not achieved. A single closed visit could be authorised when there was an indication by the drug dog without reference to any additional security information.
We repeat the recommendation.

9.69 Prisoners should not have to wear bibs in the visits room. (9.96)

Not achieved. Prisoners were no longer required to wear bibs but they had been replaced by high visibility waistcoats, despite the continued use of other security measures, such as ultraviolet hand stamps and restricted access measures.

Further recommendation

9.70 Prisoners should not have to wear bibs, high visibility clothes or other distinguishing garments during visits.

9.71 A children's play area should be available and supervised during all visits sessions. (9.97)

Not achieved. There was an unsupervised children's play area, but this had been out of use for several months awaiting a full health and safety assessment.
We repeat the recommendation.

9.72 There should be more privacy for those on closed visits and comfortable seating provided. (9.98)

Not achieved. The closed visits facility still had uncomfortable seating, little privacy and graffiti.
We repeat the recommendation.

9.73 Prisoners and visitors on closed visits should have access to refreshments. (9.99)

Achieved. Prisoners and visitors on closed visits were able to access the refreshment facility.

9.74 The prison should appoint a family support worker. (9.100)

Not achieved. No family support worker had been appointed due to a lack of funding. A new contract to provide visitors' centre facilities was under tender and included this provision as part of the bid.

9.75 The range of work undertaken on the children and families pathway should be increased, with a clear action plan to ensure a coordinated approach. (9.101)

Not achieved. Provision under the children and families pathway was limited with no clear strategic direction or vision for what was needed.
We repeat the recommendation.

Additional information

9.76 In our survey, respondents were positive about receiving visits during their first week at Brinsford and during the previous week. Provision remained the same as at our last inspection and visitors complained that it was difficult to book weekend visits, which were fully booked very quickly. We were unable to contact the visits booking line to ascertain how soon a weekend visit could be booked. There had been no needs analysis or visitor survey to inform visits provision.

9.77 Convicted prisoners on the standard level of the IEP scheme could have up to three visits a month while those on enhanced could have up to four. Prisoners on basic received the statutory requirement of two visits a month.

9.78 Transport to the prison was limited and a local bus service had been suspended. A well-advertised local community service offered a limited but reasonably priced minibus service from several pick-up points.

9.79 The visitors' centre, located outside the prison, was provided by a regional charity, HALOW. The centre opened at 12.30am and remained open until the last visitor had left. The environment was pleasant and staff welcoming. There were refreshment and toilet facilities and staff also offered advice on a range of topics, including prison matters. We observed courteous and helpful relationships between staff and visitors, with extra support offered to first-time visitors. Managers had not taken account of this provision in the resettlement pathway.

- 9.80 We observed good interaction between gate staff and visitors. We were impressed with the manner in which a particularly difficult and abusive visitor was dealt with. The visits hall was large and brightly decorated, although it had fixed furniture. Staff remained at a discreet distance but were quick to respond to visitors and prisoners when required. We observed staff checking all prisoners whose visits finished before the advertised time to ensure that there were no welfare issues to follow up. Similarly, when visitors failed to attend, staff spoke to the prisoners concerned and returned them to the wing swiftly so they could make necessary telephone calls. Prisoners were sent to visits during free flow and were admitted to the visits hall on arrival. The waiting rooms had been taken out of use to encourage a more relaxed atmosphere. The refreshment bar was staffed by HALOW but closed before the end of visits.
- 9.81 Family visits took place once a quarter and all prisoners were eligible to apply. HALOW staff provided support for the event and prison staff attended out of uniform.

Further recommendation

- 9.82 The advice services to visitors offered by HALOW staff should be incorporated within the general resettlement pathway provision.

Attitudes, thinking and behaviour

Additional information

- 9.83 The offending behaviour programmes on offer consisted of the thinking skills programme (TSP) and COVAID (see paragraph 9.56). This provision was based on 80% of the population having convictions for violent offending and a significant number having alcohol problems. CALM (controlling anger and learning to manage it) was due to commence in April 2012.
- 9.84 Four non-accredited programmes had previously been run at Brinsford, covering anger management, tackling problems, thinking skills, and alcohol and offending. These programmes had not run for some time and provision was currently suspended. There was preparatory work with prisoners assessed as suitable for the sex offender treatment programme before they were transferred to other establishments to undertake the course
- 9.85 There was no waiting list for TSP and there were some difficulties in providing sufficient prisoners for the course. The prison expected to meet its target of 49 by April 2012 but managers reported that many prisoners did not have the level of offending or educational ability to undertake the course. No adapted courses were provided. The lack of a needs analysis meant that gaps in provision had not been identified. There were dedicated rooms for the courses, which were appropriately located and furnished.
- 9.86 There was some excellent post-course provision for TSP and the treatment manager ensured that reviews took place even when the prisoner had been released or transferred to another prison. Families were invited to attend and did so in about two-thirds of cases. Some prisoners were tracked on release into the community to ascertain their progress. Prisoners who displayed a lack of motivation for the course were referred to their offender supervisors for support and advice. There was informal peer mentoring, and the treatment manager worked closely with offender supervisors to ensure appropriate sequencing of courses in sentence plans.

Further recommendation

9.87 The provision of peer mentoring for offending behaviour work should be formalised and offered to all prisoners on offending behaviour programmes.

Section 10: Summary of recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

-
- 10.1 All prisoners should receive a full induction, should be kept active during the induction process and should not be locked in cells for protracted periods. (HP54)
 - 10.2 The prison should address those issues which were causing prisoners to feel unsafe. The quality of investigations into alleged bullying incidents should be improved and the number of violent incidents reduced. (HP55)
 - 10.3 The communal areas and cells in units 1, 2, 3 and 4 should be fully refurbished and maintained to a good standard. Cell windows should be replaced without any further delay. (HP56)
 - 10.4 All prisoners should receive adequate time out of cell each day, and opportunities for daily exercise in the open air. (HP57)
 - 10.5 An up-to-date reducing reoffending strategy and accompanying action plan should be developed, based on a thorough needs analysis and including pre-release planning, and implemented and monitored through the reducing reoffending policy committee. Resettlement pathway work and pre-release planning should be better coordinated and routinely available to all prisoners. (HP58)

Recommendation

To Prisoner Escort and Custody Services

-
- 10.6 Prisoners should be escorted to the prison more quickly after they are dealt with by the courts. (1.6)

Recommendations

To the governor

Courts, escorts and transfers

-
- 10.7 Prisoners should receive information about where they are going from court and what is about to happen to them. (1.1)

First days in custody

-
- 10.8 Reception holding rooms should be refurbished and maintained to a clean and hygienic standard, and contain reading materials to occupy prisoners. (1.9)
 - 10.9 All new arrivals should go to the dedicated first night wing and all should receive the first night risk assessment on the day they arrive. (1.22)

- 10.10 The roles of peer supporters should be clearly defined, a training programme should be introduced, and they should contribute to delivering the formal induction programme. (1.23)

Residential units

- 10.11 The painting programme should be checked to ensure high standards are maintained. (2.1)
- 10.12 Toilets should be deep cleaned on a regular basis, and should be sufficiently well screened to maintain privacy. (2.2)
- 10.13 Single cells should not be used for double occupancy. (2.3)
- 10.14 All cells should be adequately furnished and contain a lockable cupboard for each prisoner. (2.13)
- 10.15 All prisoners should be allowed to wear their own clothes and prison clothing should be of an acceptable quality. (2.18)
- 10.16 Showers should be maintained to a high standard. (2.19)
- 10.17 Prisoners should be given regular access to cell cleaning materials. (2.23)
- 10.18 Prisoners should receive clean and suitable bedding weekly. (2.24)
- 10.19 Prisoners should be able to shower every day. (2.25)

Staff-prisoner relationships

- 10.20 Prison managers should ensure consistent courteous and appropriate engagement between staff and prisoners. (2.30)

Personal officers

- 10.21 Personal officer entries in wing files should consistently reflect regular interaction with prisoners, rather than just record observations. (2.32)
- 10.22 There should be ongoing evaluation and monitoring of the personal officer scheme and its effectiveness in supporting offender management and resettlement work. (2.34)

Bullying and violence reduction

- 10.23 The restorative justice programme should be evaluated. (3.1)
- 10.24 There should be a prisoner survey about their experience of violence to help inform the anti-bullying strategy. (3.2)
- 10.25 Support plans should be drawn up for all prisoners who are victims of bullying. (3.4)
- 10.26 The violence reduction policy document should be updated and based on an analysis of patterns of violence in the prison. (3.10)

Applications and complaints

- 10.27 Residential staff should help prisoners pursue simple requests and applications. (3.20)
- 10.28 The applications system should be simplified and the large number of application forms consolidated. (3.23)

Legal rights

- 10.29 Legal services staff should be trained and the service provided better defined. (3.24)
- 10.30 Quality assurance arrangements should be introduced for legal services provision. (3.26)

Faith and religious activity

- 10.31 Friday prayers should take place in accommodation suitable for the numbers attending. (3.31)

Substance use

- 10.32 The prison should ensure that the random drug testing target is achieved monthly and that necessary suspicion tests are completed. (3.42)

Diversity

- 10.33 A comprehensive equality policy should be published in plain English. (4.2)
- 10.34 Prisoner equality representatives should receive appropriate training and clear guidance on the role. (4.5)
- 10.35 The prison should hold regular consultations with black and minority ethnic prisoners to address any negative perceptions. (4.9)
- 10.36 SMART (systematic monitoring and analysing of race equality treatment) data should record trends over time and be displayed so that prisoners can easily view the information. (4.17)
- 10.37 Out-of-range SMART data, including segregation and complaints, should be investigated and the findings acted on to ensure that the regime does not disproportionately impact on black and minority ethnic prisoners. (4.18)
- 10.38 Racist graffiti should be removed. (4.19)
- 10.39 There should be support and, where necessary, specific provision for prisoners from a Travellers and Gypsy background. (4.20)
- 10.40 The prison should monitor access to the regime by different faith groups to ensure equality of access. (4.21)
- 10.41 The prison should investigate the reasons for Muslim prisoners' negative perceptions and act on the findings. (4.23)

- 10.42 All staff should use translation services to communicate with prisoners who cannot speak English. (4.29)
- 10.43 The foreign national manager should receive training on the national referral mechanism. (4.40)
- 10.44 The prison should work with the UK Border Agency to ensure that foreign nationals are given sufficient notice that they will be held under immigration powers following completion of their sentence. (4.41)
- 10.45 The prison should make appropriate provision for prisoners who are gay, bisexual or transgender, including advice, information and awareness raising. (4.48)

Health services

- 10.46 There should be routine monitoring of equity of access to health care. (5.5)
- 10.47 The non-medical prescribing policy should be reviewed and updated. (5.11)
- 10.48 Chronic disease registers should be developed and used. (5.19)
- 10.49 Health care staff should make daily visits to the intervention and assessment unit, and the doctor should visit at least three times a week. (5.22)
- 10.50 Information about prisoners with disability needs, identified by health care staff, should be shared with the equality team to ensure consistent liaison with unit staff. (5.28)
- 10.51 There should be a review of appointment non-attendance, and prisoners should be educated in effective use of clinical time. (5.35)
- 10.52 There should be more pharmacy time to enable pharmacy advice to patients, pharmacist-led clinics and regular medicines use reviews. (5.37)
- 10.53 Medication stock should be fully reconcilable by the supplier by patient and individual item, and the different stock items should be stored separately. (5.40)
- 10.54 There should be a policy for access to out-of-hours medication. (5.42)
- 10.55 In-possession risk assessments for medication should be used and referred to consistently by all prescribers and for administration of medication. (5.48)
- 10.56 The dental decontamination room should be installed without delay. (5.49)
- 10.57 The use of the gated cell in the inpatient unit should be governed by a written policy and regular audit. (5.54)
- 10.58 Inpatients should have daily access to exercise and fresh air, and access to time unlocked, equivalent to that on the residential units. (5.56)
- 10.59 Inpatients should have greater access to meaningful activities and groupwork. (5.57)
- 10.60 There should be a formal risk assessment to support inpatient nurses in unlocking prisoners without discipline staff present. (5.58)

- 10.61 Day care services should be provided. (5.62)
- 10.62 The transfer of patients to secure settings under the Mental Health Act should be reviewed to identify where the blockages are. (5.63)
- 10.63 There should be a counselling service to meet the mental health needs of the population. (5.67)

Time out of cell

- 10.64 All prisoners should have access to evening association every evening. (6.1)
- 10.65 More time unlocked and domestic time should be permitted in the morning and at meal times. (6.2)

Learning and skills and work activities

- 10.66 Training sessions missed because of cancellations should be reinstated in full. (6.15)
- 10.67 The virtual campus should be reinstated. (6.16)
- 10.68 The prison should seek funding to reinstate the construction skills certificate scheme (CSCS) to enable all construction learners to be eligible for employment across the construction industry. (6.24)
- 10.69 Vocational tutors in all workshops should receive appropriate training to enable them to identify prisoners' literacy and numeracy needs so that they can provide appropriate support or referral. (6.29)
- 10.70 Individual learning plans should include both short-term targets and long-term aims with clear links to resettlement and sentence planning needs. (6.30)
- 10.71 The library should provide more access for prisoners in the evenings and at weekends. (6.33)

Security and rules

- 10.72 All searching should be subject to ongoing quality checks, with feedback to the security department and staff to improve practice. (7.1)

Discipline

- 10.73 Intervention and assessment unit (IAU) record entries should be sufficiently detailed to reflect qualitative engagement between staff and prisoners. (7.20)
- 10.74 Targets set in care plans and as a result of segregation review boards should reflect individual prisoners' circumstances. (7.21)

Incentives and earned privileges

- 10.75 Prisoners should not receive different levels of pay for the same job. (7.30)

- 10.76 The strategy for managing prisoners who refuse to attend activities should be revised to ensure fairness and focus on encouragement and motivational work. (7.33)

Catering

- 10.77 All prisoners should have the opportunity to dine in association. (8.2)
- 10.78 Wing staff should ensure that standards of hygiene and servery management are consistently maintained. (8.6)

Prison shop

- 10.79 All new arrivals should have access to the prison shop within their first 24 hours. (8.12)

Offender management and planning

- 10.80 All prisoners should have pre-release planning to review their custody/sentence plan objectives and ascertain their needs under the resettlement pathways. They should be given appropriate support and specialist interventions to meet identified resettlement and offending behaviour needs. (9.12)
- 10.81 OASys assessments should be completed within agreed timescales. (9.16)
- 10.82 Release on temporary licence (ROTL) should be used more widely to support resettlement and return to the community, and the range of work placements available through ROTL should be extended. (9.22)
- 10.83 Custody planning for all prisoners should be provided consistently and all prisoners should be involved in the creation of their sentence plans. (9.30)
- 10.84 The backlog of initial basic custody screening assessments should be cleared within a reasonable time. (9.31)
- 10.85 Personal officers should be more involved in custody and sentence planning. (9.32)
- 10.86 Potential indeterminate-sentenced prisoners should be monitored and their needs reviewed during remand, and there should be regular forums for these prisoners during their remand and after sentencing. (9.42)

Resettlement pathways

- 10.87 There should be more links with local colleges and employers, in particular relating to the range of vocational training offered, to increase the use of release on temporary licence and to identify progression opportunities on release. (9.49)
- 10.88 Assessments of prisoners' needs for finance, benefit and debt services should be included in their induction and incorporated into sentence planning reports. (9.53)
- 10.89 Specialist provision for debt and money management issues should be increased to meet the needs of the population. (9.54)

- 10.90 Prisoners should be able to open bank accounts before their release. (9.55)
- 10.91 Representatives from all relevant departments, such as security, and service providers should submit reports to and attend the monthly drug strategy meeting to improve communication and the coordination of services. (9.60)
- 10.92 There should be no upper limit on the number of visits a remand prisoner is entitled to. (9.61)
- 10.93 Prisoners should be able to exchange unused visiting orders for additional telephone credit. (9.62)
- 10.94 There should be improved systems for booking visits by telephone or email. (9.63)
- 10.95 Visits should start at the advertised time. (9.64)
- 10.96 Evening visits should be available. (9.65)
- 10.97 Searching areas should have an appropriate degree of privacy to ensure that visitors' property is searched in a religiously and culturally sensitive way. (9.67)
- 10.98 Closed visits should be authorised only when there is a risk justified by security intelligence in addition to a drug dog indication. (9.68)
- 10.99 Prisoners should not have to wear bibs, high visibility clothes or other distinguishing garments during visits. (9.70)
- 10.100 A children's play area should be available and supervised during all visits sessions. (9.71)
- 10.101 There should be more privacy for those on closed visits and comfortable seating provided. (9.72)
- 10.102 The range of work undertaken on the children and families pathway should be increased, with a clear action plan to ensure a coordinated approach. (9.75)
- 10.103 The advice services to visitors offered by HALOW staff should be incorporated within the general resettlement pathway provision. (9.82)
- 10.104 The provision of peer mentoring for offending behaviour work should be formalised and offered to all prisoners on offending behaviour programmes. (9.87)

Housekeeping points

Residential units

- 10.105 Cell call bells should be answered promptly and always within five minutes. (2.14)

Substance use

- 10.106 The holding cells in the mandatory drug testing suite should be kept clean. (3.43)

Diversity

- 10.107 Information included in the foreign national policy should be accurate. (4.25)
- 10.108 There should be a range of appropriate foreign language newspapers and magazines in the library. (4.31)
- 10.109 The Bail for Immigration Detainees' handbook should be available to prisoners in a range of languages. (4.42)

Offender management and planning

- 10.110 All prisoners should be advised of their initial categorisation and allocation, and informed of their avenues of appeal. (9.35)

Examples of good practice

- 10.111 The allocation of both a named integrated drug treatment system (IDTS) nurse and a named health care assistant key worker to each prisoner undergoing clinical interventions under IDTS ensured high standards of care with regular informal and formal scheduled reviews. (3.38)
- 10.112 The planned needle phobia sessions to address young men's fears related to immunisation should increase the number immunised against childhood diseases and sexually transmitted diseases. (5.36)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Keith McInnis	Team leader
Colin Carroll	Inspector
Karen Dillon	Inspector
Kevin Parkinson	Inspector
Gordon Riach	Inspector
Samantha Booth	Researcher
Hayley Cripps	Researcher
Jessica Broughton	Researcher
Amy Summerfield	Researcher
Chloe Flint	Researcher

Specialist inspectors

Nicola Rabjohns	Health services inspector
Paul Roberts	Substance use inspector
Deborah Hylands	Pharmacist
Nick Crombie	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.

Status	18-20 yr olds	21 and over	%
Sentenced	338	16	63
Recall	32	3	6.2
Convicted unsentenced	58	6	11.4
Remand	93	7	17.8
Detainees	9	0	1.6
Total	530	32	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	165	13	31.7
Less than 6 months	41	0	7.3
6 months to less than 12 months	37	3	7.1
12 months to less than 2 years	102	3	18.8
2 years to less than 4 years	77	4	14.4
4 years to less than 10 years	60	3	11.2
10 years and over (not life)	35	3	6.6
ISPP			
Life	13	3	2.9
Total	530	32	100

Age	Number of prisoners	%
Under 21 years	530	94.3
21 years to 29 years	32	5.7
Total	562	100

Nationality	18-20 yr olds	21 and over	%
British	440	30	83.7
Foreign nationals	56	1	10.1
Not stated	34	1	6.2
Total	530	32	100

Security category	18-20 yr olds	21 and over	%
Uncategorised sentenced	1		0.2
Category B		1	0.2
Category C		9	1.6
Category D		1	0.2
Unclassified	209	12	
Unsentenced	6	1	
YOI closed	303	7	
YOI open	11	1	
Total	530	32	100

Ethnicity	18-20 yr olds	21 and over	%
<i>White</i>	313	16	58.5
British	298	16	55.9
Irish	3	0	0.5

Other white	12	0	2.1
<i>Mixed</i>	53	3	10
White and black Caribbean	35	1	6.4
White and black African	3	0	0.5
White and Asian	9	0	1.6
Other mixed	6	2	1.4
<i>Asian or Asian British</i>	65	10	13.3
Indian	20	3	4.1
Pakistani	26	5	5.5
Bangladeshi	3	0	0.5
Other Asian	16	2	3.2
<i>Black or black British</i>	83	3	15.3
Caribbean	59	1	10.7
African	17	2	3.4
Other black	7	0	1.2
<i>Chinese or other ethnic group</i>	13	0	2.3
Chinese	1	0	0.2
Other ethnic group	12	0	2.1
<i>Not stated</i>	3	0	0.5
Total	530	32	100

Religion	18–20 yr olds	21 and over	%
Baptist	1		0.2
Church of England	26	1	4.8
Roman Catholic	67	2	12.3
Other Christian denominations	134	8	25.3
Muslim	79	12	16.2
Sikh	8		1.4
Hindu	1		0.2
Buddhist	2		0.4
Other	5		0.8
No religion	146	8	27.4
Not stated	61	1	11
Total	530	32	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	72	12.8	0	0
1 month to 3 months	105	18.7	5	0.9
3 months to 6 months	97	17.3	6	1
6 months to 1 year	64	11.4	5	0.9
1 year to 2 years	25	4.5	2	0.4
2 years to 4 years	2	0.45	1	0.2
Total	365	64.9	19	3.4

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	64	36	0	0
1 month to 3 months	53	29.8	8	4.5
3 months to 6 months	32	18	2	1.1
6 months to 1 year	9	5.1	0	0

1 year to 2 years	7	3.9	3	1.7
Total	165	29.4	13	2.3

Main offence	18-20 yr olds	21 and over	%
Violence against the person	85	9	17
Sexual offences	15	2	3.2
Burglary	85	5	16.3
Robbery	162	7	30.7
Theft and handling	25	0	4.5
Fraud and forgery	2	0	0.1
Drugs offences	39	5	8
Other offences	99	4	18.6
Illegal immigrant/detainee	9	0	1.6
Total	521	32	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 1 November 2011, the young adult population at HMYOI Brinsford was 568. The sample size was 190. Overall, this represented 33% of the young adult population.

Selecting the sample

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

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

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

Methodology

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

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

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

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

Response rates

In total, 177 respondents completed and returned their questionnaires. This represented 31% of the young adult population. The response rate was 93%. In addition to the two respondents who refused to complete a questionnaire, seven questionnaires were not returned and four were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 15 young offender institutions since April 2005.
- The current survey responses in 2011 against the responses of young adults surveyed at HMYOI Brinsford in 2009.
- A comparison within the 2011 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of Muslim and non-Muslim young adults.
- A comparison within the 2011 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

Survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	166	(94%)
	<i>21 - 29</i>	11	(6%)
	<i>30 - 39</i>	0	(0%)
	<i>40 - 49</i>	0	(0%)
	<i>50 - 59</i>	0	(0%)
	<i>60 - 69</i>	0	(0%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	106	(60%)
	<i>Yes - on recall</i>	15	(8%)
	<i>No - awaiting trial</i>	26	(15%)
	<i>No - awaiting sentence</i>	30	(17%)
	<i>No - awaiting deportation</i>	0	(0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	56	(32%)
	<i>Less than 6 months</i>	16	(9%)
	<i>6 months to less than 1 year</i>	20	(12%)
	<i>1 year to less than 2 years</i>	31	(18%)
	<i>2 years to less than 4 years</i>	33	(19%)
	<i>4 years to less than 10 years</i>	12	(7%)
	<i>10 years or more</i>	0	(0%)
	<i>IPP (indeterminate sentence for public protection)</i>	4	(2%)
	<i>Life</i>	1	(1%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?		
	<i>Not sentenced</i>	56	(34%)
	<i>6 months or less</i>	58	(35%)
	<i>More than 6 months</i>	50	(30%)
Q1.6	How long have you been in this prison?		
	<i>Less than 1 month</i>	30	(17%)
	<i>1 to less than 3 months</i>	45	(26%)
	<i>3 to less than 6 months</i>	39	(23%)
	<i>6 to less than 12 months</i>	40	(23%)
	<i>12 months to less than 2 years</i>	11	(6%)
	<i>2 to less than 4 years</i>	8	(5%)
	<i>4 years or more</i>	0	(0%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)		
	<i>Yes</i>	16	(9%)
	<i>No</i>	155	(91%)
Q1.8	Is English your first language?		
	<i>Yes</i>	159	(92%)
	<i>No</i>	14	(8%)
Q1.9	What is your ethnic origin?		
	<i>White - British</i>	96	(55%)
	<i>White - Irish</i>	3	(2%)
	<i>Asian or Asian British - Bangladeshi ...</i>	2	(1%)
	<i>Asian or Asian British - other</i>	4	(2%)

White - other	4 (2%)	Mixed race - white and black Caribbean	15 (9%)
Black or black British - Caribbean	11 (6%)	Mixed race - white and black African... ..	1 (1%)
Black or black British - African	9 (5%)	Mixed race - white and Asian	6 (3%)
Black or black British - other.....	3 (2%)	Mixed race - other	1 (1%)
Asian or Asian British - Indian.....	5 (3%)	Chinese.....	0 (0%)
Asian or Asian British - Pakistani.....	15 (9%)	Other ethnic group	0 (0%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	3 (2%)
No.....	162 (98%)

Q1.11 What is your religion?

None.....	55 (32%)	Hindu.....	0 (0%)
Church of England.....	37 (21%)	Jewish.....	0 (0%)
Catholic.....	35 (20%)	Muslim.....	27 (16%)
Protestant.....	2 (1%)	Sikh.....	6 (3%)
Other Christian denomination	9 (5%)	Other	2 (1%)
Buddhist.....	1 (1%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight.....	169 (98%)
Homosexual/gay.....	3 (2%)
Bisexual	1 (1%)
Other	0 (0%)

Q1.13 Do you consider yourself to have a disability?

Yes	21 (12%)
No.....	154 (88%)

Q1.14 How many times have you been in prison before?

0	1	2 to 5	More than 5
70 (40%)	28 (16%)	65 (37%)	14 (8%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
125 (75%)	39 (23%)	3 (2%)

Q1.16 Do you have any children under the age of 18?

Yes.....	46 (26%)
No.....	131 (74%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	Very good	Good	Neither	Bad	Very bad	Don't remember	N/A
The cleanliness of the van?	12 (7%)	60 (35%)	26 (15%)	40 (23%)	24 (14%)	9 (5%)	2 (1%)
Your personal safety during the journey?	15 (9%)	72 (45%)	27 (17%)	29 (18%)	11 (7%)	3 (2%)	2 (1%)
The comfort of the van?	2 (1%)	12 (7%)	11 (6%)	50 (29%)	93 (54%)	2 (1%)	2 (1%)
The attention paid to your health needs?	6 (4%)	43 (26%)	45 (27%)	30 (18%)	27 (16%)	7 (4%)	6 (4%)
The frequency of toilet breaks?	6 (4%)	20 (12%)	20 (12%)	21 (12%)	74 (44%)	2 (1%)	26 (15%)

Q2.2	How long did you spend in the van?					
	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>	
	84 (48%)	66 (38%)	18 (10%)	2 (1%)	4 (2%)	
Q2.3	How did you feel you were treated by the escort staff?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	23 (13%)	80 (46%)	45 (26%)	13 (7%)	10 (6%)	3 (2%)
Q2.4	Please answer the following questions about when you first arrived here:					
			<i>Yes</i>	<i>No</i>	<i>Don't remember</i>	
	Did you know where you were going when you left court or when transferred from another prison?		132 (77%)	36 (21%)	3 (2%)	
	Before you arrived here did you receive any written information about what would happen to you?		29 (17%)	129 (76%)	11 (7%)	
	When you first arrived here did your property arrive at the same time as you?		149 (88%)	12 (7%)	9 (5%)	

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)					
	<i>Didn't ask about any of these....</i>	29 (18%)	<i>Money worries.....</i>	31 (19%)		
	<i>Loss of property.....</i>	25 (15%)	<i>Feeling depressed or suicidal.....</i>	86 (53%)		
	<i>Housing problems.....</i>	49 (30%)	<i>Health problems.....</i>	101 (62%)		
	<i>Contacting employers.....</i>	20 (12%)	<i>Needing protection from other prisoners.....</i>	47 (29%)		
	<i>Contacting family.....</i>	92 (56%)	<i>Accessing phone numbers.....</i>	67 (41%)		
	<i>Ensuring dependants were being looked after.....</i>	26 (16%)	<i>Other.....</i>	4 (2%)		
Q3.2	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)					
	<i>Didn't have any problems.....</i>	53 (37%)	<i>Money worries.....</i>	30 (21%)		
	<i>Loss of property.....</i>	15 (10%)	<i>Feeling depressed or suicidal.....</i>	18 (12%)		
	<i>Housing problems.....</i>	27 (19%)	<i>Health problems.....</i>	16 (11%)		
	<i>Contacting employers.....</i>	4 (3%)	<i>Needing protection from other prisoners.....</i>	13 (9%)		
	<i>Contacting family.....</i>	41 (28%)	<i>Accessing phone numbers.....</i>	35 (24%)		
	<i>Ensuring dependants were looked after.....</i>	6 (4%)	<i>Other.....</i>	0 (0%)		
Q3.3	Please answer the following questions about reception:					
			<i>Yes</i>	<i>No</i>	<i>Don't remember</i>	
	Were you seen by a member of health services?		167 (95%)	5 (3%)	3 (2%)	
	When you were searched, was this carried out in a respectful way?		130 (76%)	34 (20%)	7 (4%)	
Q3.4	Overall, how well did you feel you were treated in reception?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	21 (12%)	85 (49%)	49 (28%)	14 (8%)	4 (2%)	2 (1%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)					
	<i>Information about what was going to happen to you.....</i>	79 (49%)				
	<i>Information about what support was available for people feeling depressed or suicidal.....</i>	81 (50%)				
	<i>Information about how to make routine requests.....</i>	47 (29%)				
	<i>Information about your entitlement to visits.....</i>	98 (61%)				
	<i>Information about health services.....</i>	85 (53%)				
	<i>Information about the chaplaincy.....</i>	73 (45%)				

Not offered anything 31 (19%)

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

A smokers/non-smokers pack 158 (91%)
The opportunity to have a shower 94 (54%)
The opportunity to make a free telephone call 111 (64%)
Something to eat 144 (83%)
Did not receive anything 4 (2%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

Chaplain or religious leader 74 (44%)
Someone from health services 135 (79%)
A Listener/Samaritans 26 (15%)
Did not meet any of these people 24 (14%)

Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?

Yes 11 (6%)
No 162 (94%)

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

Yes 120 (70%)
No 38 (22%)
Don't remember 13 (8%)

Q3.10 How soon after your arrival did you go on an induction course?

Have not been on an induction course 23 (13%)
Within the first week 68 (39%)
More than a week 69 (40%)
Don't remember 14 (8%)

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

Have not been on an induction course 23 (14%)
Yes 60 (35%)
No 65 (38%)
Don't remember 22 (13%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	12 (7%)	38 (22%)	36 (21%)	47 (27%)	24 (14%)	16 (9%)
Attend legal visits?	21 (12%)	74 (43%)	38 (22%)	18 (11%)	4 (2%)	16 (9%)
Obtain bail information?	6 (4%)	30 (18%)	29 (18%)	42 (26%)	19 (12%)	37 (23%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

Not had any letters 22 (13%)
Yes 78 (47%)
No 67 (40%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
Are you normally offered enough clean, suitable clothes for the week?	71 (41%)	98 (56%)	1 (1%)	4 (2%)

Are you normally able to have a shower every day?	101 (59%)	68 (40%)	2 (1%)	1 (1%)
Do you normally receive clean sheets every week?	103 (60%)	57 (33%)	9 (5%)	3 (2%)
Do you normally get cell cleaning materials every week?	82 (48%)	84 (49%)	4 (2%)	1 (1%)
Is your cell call bell normally answered within five minutes?	58 (34%)	92 (53%)	16 (9%)	6 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	87 (51%)	78 (46%)	3 (2%)	1 (1%)
Can you normally get your stored property, if you need to?	62 (37%)	68 (40%)	33 (20%)	5 (3%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
3 (2%)	24 (14%)	38 (22%)	44 (26%)	63 (37%)

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

Have not bought anything yet	12 (7%)
Yes	62 (36%)
No	96 (56%)

Q4.6 Is it easy or difficult to get:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form?	72 (42%)	61 (36%)	12 (7%)	8 (5%)	3 (2%)	15 (9%)
An application form?	61 (36%)	67 (40%)	18 (11%)	8 (5%)	4 (2%)	11 (7%)

Q4.7 Have you made an application?

Yes	136 (79%)
No	36 (21%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	36 (21%)	72 (43%)	61 (36%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	36 (22%)	52 (31%)	79 (47%)

Q4.9 Have you made a complaint?

Yes	86 (50%)
No	85 (50%)

Q4.10 Please answer the following questions concerning complaints:

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	85 (50%)	29 (17%)	57 (33%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	85 (50%)	41 (24%)	44 (26%)
Were you given information about how to make an appeal?	61 (37%)	33 (20%)	70 (43%)

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

Not made a complaint	85 (50%)
Yes	21 (12%)
No	63 (37%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
94 (56%)	4 (2%)	16 (9%)	28 (17%)	14 (8%)	13 (8%)

Q4.13	What level of the IEP scheme are you on now?			
	<i>Don't know what the IEP scheme is</i>	6 (3%)		
	<i>Enhanced</i>	37 (22%)		
	<i>Standard</i>	122 (71%)		
	<i>Basic</i>	6 (3%)		
	<i>Don't know</i>	1 (1%)		
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?			
	<i>Don't know what the IEP scheme is</i>	6 (4%)		
	<i>Yes</i>	78 (47%)		
	<i>No</i>	67 (40%)		
	<i>Don't know</i>	15 (9%)		
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?			
	<i>Don't know what the IEP scheme is</i>	6 (4%)		
	<i>Yes</i>	100 (60%)		
	<i>No</i>	49 (30%)		
	<i>Don't know</i>	11 (7%)		
Q4.16	Please answer the following questions about this prison			
		Yes	No	
	In the last six months have any members of staff physically restrained you (C&R)?	29 (17%)	145 (83%)	
	In the last six months have you spent a night in the segregation/care and separation unit?	41 (24%)	130 (76%)	
Q4.17	Please answer the following questions about your religious beliefs			
		Yes	No	Don't know/ N/A
	Do you feel your religious beliefs are respected?	87 (51%)	28 (16%)	57 (33%)
	Are you able to speak to a religious leader of your faith in private if you want to?	97 (57%)	16 (9%)	58 (34%)
Q4.18	Can you speak to a Listener at any time if you want to?			
	Yes	No	Don't know	
	56 (33%)	38 (22%)	78 (45%)	
Q4.19	Please answer the following questions about staff in this prison			
		Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	117 (68%)	54 (32%)	
	Do most staff treat you with respect?	112 (65%)	59 (35%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	
	<i>Yes</i>	77 (45%)
	<i>No</i>	96 (55%)
Q5.2	Do you feel unsafe in this prison at the moment?	
	<i>Yes</i>	35 (21%)
	<i>No</i>	135 (79%)
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	96 (58%)
	<i>Everywhere</i>	16 (10%)
	<i>Segregation unit</i>	7 (4%)
	<i>Association areas</i>	23 (14%)
	<i>Reception area</i>	3 (2%)
	<i>At the gym</i>	13 (8%)
	<i>In an exercise yard</i>	20 (12%)
	<i>At meal times</i>	9 (5%)
	<i>At health services</i>	7 (4%)
	<i>Visits area</i>	12 (7%)
	<i>In wing showers</i>	23 (14%)
	<i>In gym showers</i>	10 (6%)
	<i>In corridors/stairwells</i>	18 (11%)
	<i>On your landing/wing</i>	14 (8%)

<i>At work</i>	7 (4%)	<i>In your cell</i>	8 (5%)
<i>During movement</i>	41 (25%)	<i>At religious services</i>	2 (1%)
<i>At education</i>	18 (11%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes.....	39 (23%)	If No, go to question 5.6
No.....	130 (77%)	

Q5.5 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>	21 (12%)	<i>Because of your sexuality</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (8%)	<i>Because you have a disability</i>	3 (2%)
<i>Sexual abuse</i>	3 (2%)	<i>Because of your religion/religious beliefs</i>	5 (3%)
<i>Because of your race or ethnic origin</i>	6 (4%)	<i>Because of your age</i>	2 (1%)
<i>Because of drugs</i>	3 (2%)	<i>Being from a different part of the country than others</i>	11 (7%)
<i>Having your canteen/property taken</i>	15 (9%)	<i>Because of your offence/ crime</i>	9 (5%)
<i>Because you were new here</i>	16 (9%)	<i>Because of gang related issues</i>	14 (8%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes.....	43 (26%)	If No, go to question 5.8
No.....	124 (74%)	

Q5.7 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>	21 (13%)	<i>Because you have a disability</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)	<i>Because of your religion/religious beliefs</i>	7 (4%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your age</i>	0 (0%)
<i>Because of your race or ethnic origin</i>	11 (7%)	<i>Being from a different part of the country than others</i>	2 (1%)
<i>Because of drugs</i>	6 (4%)	<i>Because of your offence/ crime</i>	7 (4%)
<i>Because you were new here</i>	7 (4%)	<i>Because of gang related issues</i>	4 (2%)
<i>Because of your sexuality</i>	2 (1%)		

Q5.8 If you have been victimised by prisoners or staff did you report it?

Not been victimised	103 (64%)
Yes.....	22 (14%)
No.....	36 (22%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes.....	44 (25%)
No.....	129 (75%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes.....	39 (23%)
No.....	130 (77%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
20 (12%)	12 (7%)	13 (8%)	8 (5%)	20 (12%)	99 (58%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people:

	Don't know	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	31 (18%)	12 (7%)	50 (29%)	25 (15%)	37 (22%)	16 (9%)

The nurse	21 (12%)	29 (17%)	72 (42%)	20 (12%)	21 (12%)	9 (5%)
The dentist	36 (21%)	10 (6%)	22 (13%)	25 (15%)	48 (28%)	29 (17%)
The optician	55 (33%)	11 (7%)	19 (11%)	24 (14%)	35 (21%)	25 (15%)

Q6.2 Are you able to see a pharmacist?

Yes.....	55 (37%)
No.....	94 (63%)

Q6.3 What do you think of the quality of the health service from the following people:

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	50 (30%)	19 (12%)	46 (28%)	18 (11%)	22 (13%)	10 (6%)
The nurse	17 (10%)	41 (25%)	64 (39%)	19 (12%)	17 (10%)	7 (4%)
The dentist	74 (46%)	13 (8%)	18 (11%)	27 (17%)	12 (8%)	16 (10%)
The optician	94 (59%)	10 (6%)	13 (8%)	24 (15%)	9 (6%)	10 (6%)

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
17 (10%)	15 (9%)	59 (36%)	35 (21%)	26 (16%)	14 (8%)

Q6.5 Are you currently taking medication?

Yes.....	32 (19%)
No.....	138 (81%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	138 (82%)
Yes.....	16 (9%)
No.....	15 (9%)

Q6.7 Do you feel you have any emotional wellbeing/mental health issues?

Yes.....	36 (22%)
No.....	131 (78%)

Q6.8 Are your emotional wellbeing/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<i>Do not have any issues/not receiving any help</i>	136 (84%)
<i>Doctor</i>	11 (7%)
<i>Nurse</i>	10 (6%)
<i>Psychiatrist</i>	11 (7%)
<i>Mental health in-reach team</i>	12 (7%)
<i>Counsellor</i>	4 (2%)
<i>Other</i>	3 (2%)

Q6.9 Did you have a problem with either of the following when you came into this prison?

	Yes	No
Drugs	50 (29%)	120 (71%)
Alcohol	27 (17%)	128 (83%)

Q6.10 Have you developed a problem with drugs since you have been in this prison?

Yes.....	5 (3%)
No.....	157 (97%)

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes.....	49 (29%)
No.....	10 (6%)
<i>Did not/do not have a drug or alcohol problem</i>	109 (65%)

Q6.12 Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?

Yes.....	50 (29%)
----------	----------

No..... 11 (6%)
Did not/do not have a drug or alcohol problem..... 109 (64%)

Q6.13 Was the intervention or help you received, whilst in this prison, helpful?
 Yes..... 38 (23%)
 No..... 10 (6%)
Did not have a problem/have not received help..... 120 (71%)

Q6.14 Do you think you will have a problem with either of the following when you leave this prison?

	Yes	No	Don't know
Drugs	11 (7%)	129 (77%)	27 (16%)
Alcohol	11 (7%)	127 (81%)	19 (12%)

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?
 Yes..... 16 (10%)
 No..... 22 (14%)
 N/A..... 122 (76%)

Section 7: Purposeful activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply to you.)

Prison job	37 (22%)
Vocational or skills training	12 (7%)
Education (including basic skills)	75 (44%)
Offending behaviour programmes	13 (8%)
Not involved in any of these	57 (34%)

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

	Not been involved	Yes	No	Don't know
Prison job	58 (46%)	40 (32%)	17 (13%)	11 (9%)
Vocational or skills training	57 (48%)	37 (31%)	14 (12%)	10 (8%)
Education (including basic skills)	31 (22%)	77 (55%)	18 (13%)	13 (9%)
Offending behaviour programmes	58 (53%)	25 (23%)	16 (15%)	11 (10%)

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

Don't want to go	20 (12%)
Never	37 (22%)
Less than once a week	65 (39%)
About once a week	24 (14%)
More than once a week	8 (5%)
Don't know	14 (8%)

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

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
15 (9%)	15 (9%)	35 (21%)	54 (32%)	35 (21%)	6 (4%)	10 (6%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
11 (7%)	13 (8%)	73 (45%)	35 (21%)	15 (9%)	17 (10%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	51 (30%)
2 to less than 4 hours	36 (21%)
4 to less than 6 hours	14 (8%)
6 to less than 8 hours	31 (18%)
8 to less than 10 hours	11 (7%)

10 hours or more..... 9 (5%)
 Don't know..... 17 (10%)

Q7.7 On average, how many times do you have association each week?
Don't want to go 0 1 to 2 3 to 5 More than 5 Don't know
 4 (2%) 0 (0%) 18 (11%) 118 (71%) 20 (12%) 6 (4%)

Q7.8 How often do staff normally speak to you during association time?
Do not go on association..... 7 (4%)
 Never..... 31 (19%)
 Rarely..... 43 (26%)
 Some of the time..... 52 (32%)
 Most of the time..... 24 (15%)
 All of the time..... 6 (4%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?
Still have not met him/her..... 64 (38%)
 In the first week..... 50 (30%)
 More than a week..... 26 (15%)
 Don't remember..... 29 (17%)

Q8.2 How helpful do you think your personal officer is?
Do not have a personal officer/ still have not met him/her Very helpful Helpful Neither Not very helpful Not at all helpful
 64 (38%) 29 (17%) 37 (22%) 9 (5%) 16 (10%) 13 (8%)

Q8.3 Do you have a sentence plan/OASys?
Not sentenced..... 56 (33%)
 Yes..... 42 (25%)
 No..... 71 (42%)

Q8.4 How involved were you in the development of your sentence plan?
Do not have a sentence plan/OASys..... 128 (76%)
 Very involved..... 15 (9%)
 Involved..... 11 (7%)
 Neither..... 5 (3%)
 Not very involved..... 5 (3%)
 Not at all involved..... 5 (3%)

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?
Do not have a sentence plan/OASys..... 128 (76%)
 Yes..... 34 (20%)
 No..... 7 (4%)

Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?
Do not have a sentence plan/OASys..... 128 (77%)
 Yes..... 13 (8%)
 No..... 26 (16%)

Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?
Not sentenced..... 56 (34%)
 Yes..... 37 (22%)
 No..... 73 (44%)

Q8.8 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 25 (15%)
 No..... 138 (85%)

Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....				80 (48%)
	No.....				64 (39%)
	Don't know.....				22 (13%)
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....				70 (43%)
	No.....				86 (52%)
	Don't know.....				8 (5%)
Q8.11	Did you have a visit in the first week that you were here?				
	Not been here a week yet				12 (7%)
	Yes.....				71 (43%)
	No.....				69 (42%)
	Don't remember.....				13 (8%)
Q8.12	How many visits did you receive in the last week?				
	Not been in a week	0	1 to 2	3 to 4	5 or more
	12 (8%)	78 (49%)	60 (38%)	8 (5%)	2 (1%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	Not had any visits				35 (21%)
	Very well.....				14 (9%)
	Well.....				38 (23%)
	Neither.....				40 (25%)
	Badly.....				14 (9%)
	Very badly.....				2 (1%)
	Don't know.....				20 (12%)
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	Yes.....				69 (44%)
	No.....				88 (56%)
Q8.15	Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)				
	Don't know who to contact	87 (57%)		<i>Help with your finances in preparation for release</i>	18 (12%)
	<i>Maintaining good relationships</i>	18 (12%)		<i>Claiming benefits on release</i>	49 (32%)
	<i>Avoiding bad relationships</i>	17 (11%)		<i>Arranging a place at college/continuing education on release</i>	28 (18%)
	<i>Finding a job on release</i>	37 (24%)		<i>Continuity of health services on release</i>	15 (10%)
	<i>Finding accommodation on release</i>	36 (24%)		<i>Opening a bank account</i>	17 (11%)
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)				
	No problems	60 (39%)		<i>Help with your finances in preparation for release</i>	34 (22%)
	<i>Maintaining good relationships</i>	13 (8%)		<i>Claiming benefits on release</i>	27 (18%)
	<i>Avoiding bad relationships</i>	18 (12%)		<i>Arranging a place at college/continuing education on release</i>	41 (27%)
	<i>Finding a job on release</i>	76 (49%)		<i>Continuity of health services on release</i>	17 (11%)
	<i>Finding accommodation on release</i>	40 (26%)		<i>Opening a bank account</i>	29 (19%)

Q8.17	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	
	<i>Not sentenced</i>	56 (34%)
	Yes.....	63 (39%)
	No.....	44 (27%)

Main comparator and comparator to last time



Prisoner survey responses HMYOI Brinsford 2011

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		177	2057	177	105
SECTION 1: General information					
2	Are you under 21 years of age?	94%	86%	94%	95%
3a	Are you sentenced?	68%	89%	68%	62%
3b	Are you on recall?	9%	7%	9%	9%
4a	Is your sentence less than 12 months?	21%	14%	21%	21%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	7%	2%	1%
5	Do you have six months or less to serve?	35%	39%	35%	30%
6	Have you been in this prison less than a month?	17%	13%	17%	17%
7	Are you a foreign national?	9%	12%	9%	10%
8	Is English your first language?	92%	91%	92%	92%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	41%	36%	41%	41%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	5%	2%	3%
11	Are you Muslim?	16%	17%	16%	15%
12	Are you homosexual/gay or bisexual?	2%	1%	2%	0%
13	Do you consider yourself to have a disability?	12%	11%	12%	10%
14	Is this your first time in prison?	40%	42%	40%	36%
15	Have you been in more than five prisons this time?	2%	4%	2%	1%
16	Do you have any children under the age of 18?	26%	23%	26%	25%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	42%	41%	42%	32%
1b	Was your personal safety during the journey good/very good?	55%	62%	55%	52%
1c	Was the comfort of the van good/very good?	8%	11%	8%	11%
1d	Was the attention paid to your health needs good/very good?	30%	34%	30%	27%
1e	Was the frequency of toilet breaks good/very good?	15%	13%	15%	14%
2	Did you spend more than four hours in the van?	1%	7%	1%	2%
3	Were you treated well/very well by the escort staff?	59%	63%	59%	56%
4a	Did you know where you were going when you left court or when transferred from another prison?	77%	84%	77%	77%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	25%	17%	15%
4c	When you first arrived here did your property arrive at the same time as you?	88%	86%	88%	84%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	15%	14%	15%	11%
1c	Housing problems?	30%	29%	30%	36%
1d	Problems contacting employers?	12%	12%	12%	13%
1e	Problems contacting family?	56%	56%	56%	60%
1f	Problems ensuring dependants were looked after?	16%	12%	16%	9%
1g	Money problems?	19%	16%	19%	9%
1h	Problems of feeling depressed/suicidal?	53%	46%	53%	59%
1i	Health problems?	62%	59%	62%	70%
1j	Problems in needing protection from other prisoners?	29%	18%	29%	22%
1k	Problems accessing phone numbers?	41%	43%	41%	48%
2	When you first arrived:				
2a	Did you have any problems?	63%	60%	63%	58%
2b	Did you have any problems with loss of property?	10%	16%	10%	13%
2c	Did you have any housing problems?	19%	20%	19%	22%
2d	Did you have any problems contacting employers?	3%	6%	3%	10%
2e	Did you have any problems contacting family?	28%	23%	28%	22%
2f	Did you have any problems ensuring dependants were being looked after?	4%	3%	4%	5%
2g	Did you have any money worries?	21%	19%	21%	20%
2h	Did you have any problems with feeling depressed or suicidal?	12%	12%	12%	18%
2i	Did you have any health problems?	11%	12%	11%	13%
2j	Did you have any problems with needing protection from other prisoners?	9%	8%	9%	11%
2k	Did you have problems accessing phone numbers?	24%	19%	24%	17%
3a	Were you seen by a member of health services in reception?	95%	90%	95%	90%
3b	When you were searched in reception, was this carried out in a respectful way?	76%	78%	76%	74%
4	Were you treated well/very well in reception?	61%	60%	61%	56%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	49%	52%	49%	48%
5b	Support was available for people feeling depressed or suicidal?	50%	51%	50%	60%
5c	How to make routine requests?	29%	44%	29%	38%
5d	Your entitlement to visits?	61%	53%	61%	58%
5e	Health services?	53%	61%	53%	60%
5f	The chaplaincy?	45%	53%	45%	64%

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	91%	90%	91%	91%
6b	The opportunity to have a shower?	54%	40%	54%	39%
6c	The opportunity to make a free telephone call?	64%	67%	64%	68%
6d	Something to eat?	83%	78%	83%	91%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	44%	42%	44%	52%
7b	Someone from health services?	79%	77%	79%	76%
7c	A Listener/Samaritans?	15%	14%	15%	9%
8	Did you have access to the prison shop/canteen within the first 24 hours?	6%	10%	6%	3%
9	Did you feel safe on your first night here?	70%	78%	70%	77%
10	Have you been on an induction course?	87%	90%	87%	67%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	41%	60%	41%	47%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	29%	39%	29%	39%
1b	Attend legal visits?	56%	50%	56%	58%
1c	Obtain bail information?	22%	20%	22%	17%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	38%	47%	40%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	41%	53%	41%	45%
3b	Are you normally able to have a shower every day?	59%	73%	59%	47%
3c	Do you normally receive clean sheets every week?	60%	78%	60%	72%
3d	Do you normally get cell cleaning materials every week?	48%	60%	48%	54%
3e	Is your cell call bell normally answered within five minutes?	34%	41%	34%	43%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	52%	58%	52%	57%
3g	Can you normally get your stored property, if you need to?	37%	35%	37%	49%
4	Is the food in this prison good/very good?	16%	26%	16%	17%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	42%	36%	49%
6a	Is it easy/very easy to get a complaints form?	78%	83%	78%	71%
6b	Is it easy/very easy to get an application form?	76%	86%	76%	86%
7	Have you made an application?	79%	85%	79%	80%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	54%	61%	54%	58%
8b	Do you feel applications are dealt with promptly (within seven days)?	40%	47%	40%	39%
9	Have you made a complaint?	50%	45%	50%	37%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	34%	34%	34%	27%
10b	Do you feel complaints are dealt with promptly (within seven days)?	48%	40%	48%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	25%	25%	23%
10c	Were you given information about how to make an appeal?	20%	29%	20%	9%
12	Is it easy/very easy to see the Independent Monitoring Board?	12%	25%	12%	18%
13	Are you on the enhanced (top) level of the IEP scheme?	22%	34%	22%	46%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	48%	47%	45%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	60%	54%	60%	61%
16a	In the last six months have any members of staff physically restrained you (C&R)?	17%	17%	17%	14%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	24%	18%	24%	14%
13a	Do you feel your religious beliefs are respected?	51%	52%	51%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	57%	58%	57%	53%
14	Are you able to speak to a Listener at any time if you want to?	33%	44%	33%	24%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	69%	71%	69%	76%
15b	Do most staff in this prison treat you with respect?	66%	67%	66%	66%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	45%	36%	45%	41%
2	Do you feel unsafe in this prison at the moment?	21%	15%	21%	14%
4	Have you been victimised by another prisoner?	23%	20%	23%	30%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	12%	11%	12%	21%
5b	Hit, kicked or assaulted you?	8%	8%	8%	14%
5c	Sexually abused you?	2%	1%	2%	2%
5d	Victimised you because of your race or ethnic origin?	4%	3%	4%	6%
5e	Victimised you because of drugs?	2%	2%	2%	0%
5f	Taken your canteen/property?	9%	6%	9%	9%
5g	Victimised you because you were new here?	9%	7%	9%	13%
5h	Victimised you because of your sexuality?	1%	1%	1%	0%
5i	Victimised you because you have a disability?	2%	1%	2%	2%
5j	Victimised you because of your religion/religious beliefs?	3%	2%	3%	2%
5k	Victimised you because of your age?	1%	2%	1%	0%
5l	Victimised you because you were from a different part of the country?	7%	6%	7%	5%
5m	Victimised you because of your offence/crime?	5%	4%	5%	0%
5n	Victimised you because of gang related issues?	8%	5%	8%	8%

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SECTION 5: Safety continued				
6 Have you been victimised by a member of staff?	26%	25%	26%	25%
7 Since you have been here, has a member of staff:				
7a Made insulting remarks about you, your family or friends?	13%	12%	13%	13%
7b Hit, kicked or assaulted you?	3%	5%	3%	6%
7c Sexually abused you?	1%	1%	1%	1%
7d Victimised you because of your race or ethnic origin?	7%	6%	7%	4%
7e Victimised you because of drugs?	4%	2%	4%	0%
7f Victimised you because you were new here?	4%	6%	4%	9%
7g Victimised you because of your sexuality?	1%	1%	1%	0%
7h Victimised you because you have a disability?	1%	2%	1%	1%
7i Victimised you because of your religion/religious beliefs?	4%	3%	4%	2%
7j Victimised you because of your age?	0%	2%	0%	1%
7k Victimised you because you were from a different part of the country?	1%	5%	1%	2%
7l Victimised you because of your offence/crime?	4%	4%	4%	2%
7m Victimised you because of gang related issues?	2%	4%	2%	4%
For those who have been victimised by staff or other prisoners:				
8 Did you report any victimisation that you have experienced?	38%	33%	38%	28%
9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	25%	26%	25%	29%
10 Have you ever felt threatened or intimidated by a member of staff in here?	23%	19%	23%	21%
11 Is it easy/very easy to get illegal drugs in this prison?	19%	19%	19%	16%
SECTION 6: Health services				
1a Is it easy/very easy to see the doctor?	36%	43%	36%	31%
1b Is it easy/very easy to see the nurse?	59%	61%	59%	54%
1c Is it easy/very easy to see the dentist?	19%	17%	19%	12%
1d Is it easy/very easy to see the optician?	18%	18%	18%	13%
2 Are you able to see a pharmacist?	37%	49%	37%	31%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
3a The doctor?	57%	62%	57%	46%
3b The nurse?	71%	65%	71%	57%
3c The dentist?	36%	46%	36%	38%
3d The optician?	35%	47%	35%	41%
4 The overall quality of health services?	50%	55%	50%	41%

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Health services continued					
5	Are you currently taking medication?	19%	23%	19%	17%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	52%	69%	52%	70%
7	Do you feel you have any emotional wellbeing/mental health issues?	22%	21%	22%	26%
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	16%	45%	16%	14%
8b	A doctor?	35%	23%	35%	42%
8c	A nurse?	32%	17%	32%	36%
8d	A psychiatrist?	35%	20%	35%	22%
8e	The mental health in-reach team?	39%	36%	39%	29%
8f	A counsellor?	13%	9%	13%	7%
9a	Did you have a drug problem when you came into this prison?	30%	30%	30%	29%
9b	Did you have an alcohol problem when you came into this prison?	18%	25%	18%	27%
10a	Have you developed a drug problem since you have been in this prison?	3%	5%	3%	5%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	83%	82%	83%	81%
12	Have you received any help or intervention while in this prison?	82%	79%	82%	83%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	79%	82%	79%	80%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	23%	24%	23%	22%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	19%	22%	19%	22%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	42%	54%	42%	37%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMPYOI Brinsford 2011	Young adult prisons comparator	HMPYOI Brinsford 2011	HMPYOI Brinsford 2009
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 7: Purposeful activity				
1 Are you currently involved in any of the following activities:				
1a A prison job?	22%	41%	22%	36%
1b Vocational or skills training?	7%	19%	7%	15%
1c Education (including basic skills)?	44%	36%	44%	56%
1d Offending Behaviour Programmes?	8%	10%	8%	8%
2ai Have you had a job while in this prison?	54%	77%	54%	59%
For those who have had a prison job while in this prison:				
2aii Do you feel the job will help you on release?	59%	50%	59%	49%
2bi Have you been involved in vocational or skills training while in this prison?	52%	71%	52%	51%
For those who have had vocational or skills training while in this prison:				
2bii Do you feel the vocational or skills training will help you on release?	61%	67%	61%	30%
2ci Have you been involved in education while in this prison?	78%	83%	78%	74%
For those who have been involved in education while in this prison:				
2cii Do you feel the education will help you on release?	71%	69%	71%	54%
2di Have you been involved in offending behaviour programmes while in this prison?	47%	66%	47%	41%
For those who have been involved in offending behaviour programmes while in this prison:				
2dii Do you feel the offending behaviour programme(s) will help you on release?	48%	55%	48%	42%
3 Do you go to the library at least once a week?	19%	34%	19%	10%
4 On average, do you go to the gym at least twice a week?	56%	51%	56%	60%
5 On average, do you go outside for exercise three or more times a week?	31%	44%	31%	52%
6 On average, do you spend ten or more hours out of your cell on a weekday?	5%	7%	5%	8%
7 On average, do you go on association more than five times each week?	12%	56%	12%	16%
8 Do staff normally speak to you most of the time/all of the time during association?	18%	24%	18%	23%
SECTION 8: Resettlement				
1 Do you have a personal officer?	62%	73%	62%	66%
For those with a personal officer:				
2 Do you think your personal officer is helpful/very helpful?	64%	59%	64%	60%
For those who are sentenced:				
3 Do you have a sentence plan?	37%	62%	37%	39%
For those with a sentence plan?				
4 Were you involved/very involved in the development of your plan?	63%	63%	63%	46%
5 Can you achieve some/all of your sentence plan targets in this prison?	83%	80%	83%	77%
6 Are there plans for you to achieve some/all your targets in another prison?	34%	46%	34%	29%
For those who are sentenced:				
7 Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	34%	38%	34%	31%
8 Do you feel that any member of staff has helped you to prepare for release?	15%	20%	15%	17%
9 Have you had any problems with sending or receiving mail?	48%	46%	48%	55%
10 Have you had any problems getting access to the telephones?	43%	32%	43%	42%
11 Did you have a visit in the first week that you were here?	43%	28%	43%	44%
12 Did you receive one or more visits in the last week?	44%	39%	44%	52%

Main comparator and comparator to last time

Key to tables

		HMPYOI Brinsford 2011	Young adult prisons comparator	HMPYOI Brinsford 2011	HMPYOI Brinsford 2009
	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				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	41%	52%	41%	50%
14	Have you been helped to maintain contact with family/friends while in this prison?	44%	42%	44%	44%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	12%	17%	12%	14%
15c	Avoiding bad relationships?	11%	12%	11%	11%
15d	Finding a job on release?	24%	32%	24%	21%
15e	Finding accommodation on release?	24%	34%	24%	26%
15f	With money/finances on release?	12%	21%	12%	18%
15g	Claiming benefits on release?	32%	27%	32%	33%
15h	Arranging a place at college/continuing education on release?	18%	24%	18%	24%
15i	Accessing health services on release?	10%	16%	10%	12%
15j	Opening a bank account on release?	11%	18%	11%	15%
16	Do you think you will have a problem with any of the following on release from prison:				
16b	Maintaining good relationships?	9%	14%	9%	13%
16c	Avoiding bad relationships?	12%	15%	12%	14%
16d	Finding a job?	49%	48%	49%	42%
16e	Finding accommodation?	26%	30%	26%	34%
16f	Money/finances?	22%	26%	22%	25%
16g	Claiming benefits?	18%	24%	18%	24%
16h	Arranging a place at college/continuing education?	27%	25%	27%	31%
16i	Accessing health services?	11%	12%	11%	7%
16j	Opening a bank account?	19%	18%	19%	15%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	59%	56%	59%	58%

Diversity analysis



Key question responses (ethnicity and religion) HMYOI Brinsford 2011

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	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		72	103	27	147
1.3	Are you sentenced?	58%	76%	52%	71%
1.7	Are you a foreign national?	13%	6%	4%	11%
1.8	Is English your first language?	86%	97%	82%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			93%	32%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	1%	2%	0%	2%
1.11	Are you Muslim?	35%	2%		
1.12	Do you consider yourself to have a disability?	8%	15%	4%	13%
1.13	Is this your first time in prison?	43%	37%	48%	39%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	26%	33%	21%	32%
2.3	Were you treated well/very well by the escort staff?	54%	63%	61%	59%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	72%	81%	67%	79%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	48%	63%	37%	61%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	48%	58%	48%	54%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	64%	63%	62%
3.2a	Did you have any problems when you first arrived?	67%	61%	64%	62%
3.3a	Were you seen by a member of health care staff in reception?	93%	97%	93%	96%
3.3b	When you were searched in reception, was this carried out in a respectful way?	70%	81%	69%	77%
3.4	Were you treated well/very well in reception?	62%	61%	55%	61%
3.7b	Did you have access to someone from health care within the first 24 hours?	84%	78%	74%	82%
3.9	Did you feel safe on your first night here?	70%	71%	64%	72%
3.10	Have you been on an induction course?	88%	85%	77%	89%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	32%	22%	31%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	40%	42%	45%	41%
4.3b	Are you normally able to have a shower every day?	54%	62%	48%	61%
4.3e	Is your cell call bell normally answered within five minutes?	32%	35%	33%	34%
4.4	Is the food in this prison good/very good?	10%	20%	12%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	22%	47%	27%	38%
4.6a	Is it easy/very easy to get a complaints form?	81%	76%	82%	78%
4.6b	Is it easy/very easy to get an application form?	79%	75%	74%	78%
4.9	Have you made a complaint?	63%	42%	67%	47%
4.13	Are you on the enhanced (top) level of the IEP scheme?	21%	22%	22%	22%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	51%	39%	49%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	67%	57%	67%	59%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	17%	17%	22%	16%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	24%	24%	26%	24%
4.17a	Do you feel your religious beliefs are respected?	62%	43%	63%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	65%	52%	78%	53%
4.18	Are you able to speak to a Listener at any time if you want to?	24%	40%	22%	34%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	69%	82%	66%
4.19b	Do most staff in this prison treat you with respect?	50%	77%	52%	69%
5.1	Have you ever felt unsafe in this prison?	40%	48%	48%	43%
5.2	Do you feel unsafe in this prison at the moment?	18%	22%	26%	19%
5.4	Have you been victimised by another prisoner?	12%	32%	12%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	2%	4%	4%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	3%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	2%	4%	3%
5.6	Have you been victimised by a member of staff?	30%	22%	31%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	1%	12%	5%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	1%	16%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	17%	32%	30%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	21%	22%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	10%	25%	22%	17%
6.1a	Is it easy/very easy to see the doctor?	34%	38%	45%	35%
6.1b	Is it easy/ very easy to see the nurse?	60%	57%	70%	56%
6.2	Are you able to see a pharmacist?	28%	43%	27%	40%
6.5	Are you currently taking medication?	10%	26%	12%	20%
6.7	Do you feel you have any emotional well being/mental health issues?	12%	30%	15%	23%
7.1a	Are you currently working in the prison?	13%	29%	15%	24%
7.1b	Are you currently undertaking vocational or skills training?	7%	7%	12%	6%
7.1c	Are you currently in education (including basic skills)?	52%	40%	45%	45%
7.1d	Are you currently taking part in an offending behaviour programme?	3%	11%	12%	7%
7.3	Do you go to the library at least once a week?	20%	18%	31%	17%
7.4	On average, do you go to the gym at least twice a week?	62%	51%	45%	57%
7.5	On average, do you go outside for exercise three or more times a week?	25%	34%	26%	32%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	4%	7%	5%
7.7	On average, do you go on association more than five times each week?	9%	15%	12%	12%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	9%	26%	7%	21%
8.1	Do you have a personal officer?	59%	65%	61%	62%
8.9	Have you had any problems sending or receiving mail?	53%	44%	42%	49%
8.10	Have you had any problems getting access to the telephones?	51%	37%	54%	40%

Diversity analysis - disability



Key questions (disability analysis) HMYOI Brinsford 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		21	154
1.3	Are you sentenced?	67%	68%
1.7	Are you a foreign national?	19%	7%
1.8	Is English your first language?	95%	92%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	28%	43%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	1%
1.11	Are you Muslim?	5%	17%
1.14	Is this your first time in prison?	24%	41%
2.1d	Was the attention paid to your health needs good/very good?	33%	29%
2.3	Were you treated well/very well by the escort staff?	67%	59%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	78%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	48%	58%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	57%	52%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	63%
3.2a	Did you have any problems when you first arrived?	76%	62%
3.3a	Were you seen by a member of health care staff in reception?	91%	96%
3.3b	When you were searched in reception was this carried out in a respectful way?	79%	76%
3.4	Were you treated well/very well in reception?	60%	61%
3.7b	Did you have access to someone from health care within the first 24 hours?	79%	79%
3.9	Did you feel safe on your first night here?	72%	70%
3.10	Have you been on an induction course?	85%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	10%	32%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	25%	42%
4.3b	Are you normally able to have a shower every day?	39%	61%
4.3e	Is your cell call bell normally answered within five minutes?	15%	37%
4.4	Is the food in this prison good/very good?	9%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	34%
4.6a	Is it easy/very easy to get a complaints form?	74%	78%
4.6b	Is it easy/very easy to get an application form?	69%	76%
4.9	Have you made a complaint?	30%	53%
4.13	Are you on the enhanced (top) level of the IEP scheme?	5%	23%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	47%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	59%	60%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	25%	16%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	31%	23%
4.17a	Do you feel your religious beliefs are respected?	48%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	57%
4.18	Are you able to speak to a Listener at any time if you want to?	48%	31%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	61%	70%
4.19b	Do most staff in this prison treat you with respect?	64%	66%
5.1	Have you ever felt unsafe in this prison?	53%	44%
5.2	Do you feel unsafe in this prison at the moment?	36%	19%
5.4	Have you been victimised by another prisoner?	55%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%
5.5i	Victimised you because you have a disability?	11%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	2%
5.6	Have you been victimised by a member of staff?	31%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	7%
5.7h	Victimised you because you have a disability?	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	5%

Diversity analysis - disability

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		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	31%	25%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	28%	18%
6.1a	Is it easy/very easy to see the doctor?	39%	37%
6.1b	Is it easy/ very easy to see the nurse?	57%	59%
6.2	Are you able to see a pharmacist?	62%	35%
6.5	Are you currently taking medication?	39%	17%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	63%	17%
7.1a	Are you currently working in the prison?	18%	22%
7.1b	Are you currently undertaking vocational or skills training?	0%	8%
7.1c	Are you currently in education (including basic skills)?	47%	44%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	8%
7.3	Do you go to the library at least once a week?	28%	18%
7.4	On average, do you go to the gym at least twice a week?	39%	57%
7.5	On average, do you go outside for exercise three or more times a week?	35%	30%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	5%
7.7	On average, do you go on association more than five times each week?	0%	13%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	40%	16%
8.1	Do you have a personal officer?	61%	62%
8.9	Have you had any problems sending or receiving mail?	53%	48%
8.10	Have you had any problems getting access to the telephones?	69%	40%