

Report on an unannounced inspection of

HMP Erlestoke

by HM Chief Inspector of Prisons

30 September – 11 October 2013

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Introduction

Erlestoke is a category C prison for adult male prisoners located near Devizes in Wiltshire. Holding up to 488 prisoners, the establishment's capacity had increased since we last visited, with the addition of some new accommodation. At our last inspection we identified an improving prison. This inspection found those improvements had been sustained and built on, with Erlestoke ensuring reasonably good outcomes across the full range of our healthy prison tests.

Erlestoke fulfilled a national responsibility, delivering a number of important, high intensity offending behaviour programmes. This complemented its declared purpose as an establishment providing rehabilitative services to longer-term prisoners. The prison population profile reflected this function with, for example, nearly half of all prisoners subject to indeterminate sentences and three-quarters aged over 30. This brought advantages in terms of the stability and maturity of the population, but also the recognition that many of those held had been capable of serious offences and that there were significant risks still to be managed.

Erlestoke was, despite those risks, a safe place. There was little violence and most prisoners reported feeling safe. The atmosphere in the prison was mature and calm. Some bullying was evident but the prison was addressing this adequately, with the management of risk and security both proportionate to such challenges. There were good arrangements in place to support those at risk of self-harm and there were few incidents. Initiatives to support isolated prisoners were innovative and the prison was usefully engaging with local authorities to develop adult safeguarding structures.

However, not all prisoners were subject to an adequate risk assessment before co-location, and more needed to be done to improve induction of new arrivals. The segregation environment and regime were poor and arrangements to ensure accountability in segregation and reintegration of prisoners following segregation also required improvement. There was a vigorous approach to supply reduction and mandatory drug testing suggested that illicit drug usage was being tackled, despite nearly half of prisoners still thinking it was easy to get drugs in the prison.

The quality of respect at Erlestoke was good. Accommodation standards varied, however, with newer facilities impressive but older units more rundown. Cleanliness was satisfactory and the external grounds were very good, contributing to a calming atmosphere. Relationships between staff and prisoners were a key strength of the prison, with engagement both respectful and purposeful. Work to promote equality was generally good but negative perceptions from minority groups needed further scrutiny and action. Prisoner complaints were dealt with seriously and prisoners reported positively about their experience of health care provision.

Prisoners had a good amount of time unlocked and most had access to purposeful activity, although about a tenth were recorded as unemployed and some were underemployed. There was effective development of employability skills and some impressive vocational training; but teaching and achievements in education, and functional skills in particular, were not good enough. Only a third of the population overall were involved in learning.

Prisoners were appreciative of the generally good resettlement provision. However, some aspects of offender and sentence management needed improvement, including better assessment of individual risk and need and more consistent contact from offender supervisors. The range of offending behaviour programmes was impressive but too many indeterminate sentence prisoners could only access them post-tariff. The prison was seeking to improve the use of temporary release to support resettlement work and there was an innovative initiative to help prisoners prepare for the transition to open prison conditions, an important issue for longer-term prisoners.

Overall this is a good report about a well-led and effective prison. Erlestoke is a safe, respectful and purposeful place that is working toward meeting prisoner need. We have identified a number of issues that the prison needs to address but most are well within the grasp of the governor and his staff to put right.

Nick Hardwick
HM Chief Inspector of Prisons

March 2014

Fact page

Task of the establishment

HMP Erlestoke is a category C training prison for adult male sentenced prisoners. It has a focus on the rehabilitation of a longer-term population and is a national resource for high-intensity programmes on domestic violence, alcohol-related violence and substance abuse.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

South-west

Number held

488

Certified normal accommodation

488

Operational capacity

488

Date of last inspections (full and short follow-up)

Full inspection: 28 April – 2 May 2008

Unannounced short follow-up inspection: 23–25 August 2011

Brief history

HMP Erlestoke was built on the former grounds of Erlestoke Manor House. The site was taken over by the then Prison Commissioners in 1960 for use as a detention centre. In 1977 it became a young prisoners centre, and was converted to its current role as a category C adult male training prison in 1988. Life-sentenced prisoners were first received in the 1990s.

Short description of residential units

Marlborough unit	60-bed induction unit. All accommodation is in double cells.
Alfred unit	66-bed unit with standard and basic status prisoners and enhanced prisoners before successful progression to enhanced units.
Sarum unit	56-bed enhanced unit, which is the first progression unit for enhanced prisoners. All cells have courtesy locks and prisoners are locked behind end-of-landing doors, with a curfew compact.
Wessex unit	68-bed unit with standard and basic status prisoners and enhanced prisoners before successful progression to enhanced units.
Imber unit	40-bed enhanced unit, with similar arrangements to Sarum unit but with improved facilities, including integral sanitation and more association area and equipment.
Avebury unit	40-bed enhanced unit.
Kennet unit	40-bed enhanced unit, with similar arrangements to Sarum unit but with improved facilities, including integral sanitation and more association area and equipment.
Silbury unit	124-bed interventions unit.
Care & separation unit	eight single cells and one special accommodation cell

Name of governor/director

Andy Rogers

Escort contractor

GEOAmey

Health service provider

Great Western Hospital

Learning and skills providers

Weston College

Independent Monitoring Board chair

Nigel Williams

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

Purposeful activity prisoners are able, and expected, to engage in activity that is likely to benefit them

Resettlement prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

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

This report

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

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *There were weaknesses in reception and induction processes. There was little violence and most prisoners reported feeling safe. Violence reduction work was good. People at risk of self-harm were well cared for. Security was well managed and effective. There was a rigorous approach to drug use though prisoners reported high availability of drugs. The incentives and earned privileges scheme worked reasonably well. Adjudications were conducted fairly. There was little use of force but governance was weak. Segregation was not used excessively but the environment was inadequate and reintegration planning was underdeveloped. Substance use services were generally good.*
Outcomes for prisoners were reasonably good against this healthy prison test.

- S2** Most prisoners reported being treated well by escort staff, but some had to wait for long periods in escort vehicles outside the prison when reception was closed. The reception area was cramped but the process was swift. Prisoners did not receive a private interview with a member of staff, and risk assessments carried out before co-location did not always include an interview with the prisoner.
- S3** Most prisoners felt safe on their first night. Induction did not always start on the next working day after arrival. Too many prisoners spent long periods locked up on the induction unit waiting for allocation to work. Induction orderlies delivered a good presentation, but had little staff supervision of their work.
- S4** Most prisoners felt safe and recorded levels of violence were slightly lower than at similar prisons. The atmosphere in the prison was mature and calm, and there were fewer recorded bullying incidents than at similar prisons. In our survey, a number of prisoners said that they had been victimised by staff. There had been no recent prison violence reduction survey to help to explore and address such issues. Many bullying incidents related to debt problems associated with drugs and tobacco. The management of bullying and violence reduction was good. Investigations were thorough, perpetrators were appropriately challenged and victims were well supported. There was good peer support work with perpetrators and victims alike.
- S5** The number of self-harm incidents was low. The quality of most self-harm case management documents was good, and prisoners we spoke to felt supported. Efforts were made to involve families in the care of prisoners at risk of self-harm. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were well used and supported. The isolated prisoners scheme provided support to those who did not receive visits or have family support.
- S6** The prison was in the early stages of developing safeguarding procedures in conjunction with the local council safety partnership. Some good work had been done to provide individual support to some prisoners.
- S7** Procedural and dynamic security arrangements were effective. There was a good flow of intelligence into the security department. Security committee meetings were well attended and given a high profile, and there were strong links to the violence reduction and drug strategy committees. Risk management systems were good and security was proportionate. The mandatory drug testing positive rate was below the target. Our survey results pointed to perceptions of a high level of drug availability. There was a rigorous approach to supply

reduction, which included a multi-agency supply-reduction partnership board. Suspicion testing had recently improved and a tracker system ensured timely completion.

- S8 Most prisoners said that the incentives and earned privileges scheme was fair and encouraged them to change their behaviour. There was an appropriate difference between the incentive levels. Most prisoners were on the enhanced level of the scheme, and the basic regime was adequate. The enhanced units were popular with prisoners and were seen as an effective incentive.
- S9 The number of adjudications was comparatively high but charges appeared appropriate and hearings were conducted fairly. There were few incidents involving the use of force but management and quality assurance arrangements were underdeveloped and the analysis of information to help to identify trends and patterns was weak.
- S10 The number of prisoners requiring segregation was not excessive and lengths of stay were reasonably short, but the regime was limited. Communal areas on the unit were clean but some occupied cells were dirty and contained graffiti, most cells were poorly furnished and some toilets were stained. The exercise yard was stark. All residents were strip-searched on admission, regardless of the risk they presented. Relationships between staff and prisoners on the unit were good but reintegration planning was underdeveloped. Segregation monitoring systems were generally weak.
- S11 The substance misuse strategy was well managed and properly coordinated. Clinical treatment was flexible and controlled drug administration was safe and well supervised. Prisoners could access a wide range of interventions. The location of the substance dependency treatment programme was problematic as participants mixed with those still in treatment, and completion rates were low.

Respect

S12 *The residential units were generally clean but the standard of repair was variable and some were in poor condition. Staff–prisoner relationships were good. The strategic management of diversity was weak and there were some gaps in provision, but outcomes were reasonable for most. Faith provision was good. Complaints were well managed and legal services were adequate. Health services were good. Prisoners were critical of the food, and there were no opportunities for dining in association. Prisoners were negative about the range of goods available in the prison shop.*
Outcomes for prisoners were reasonably good against this healthy prison test.

- S13 External and internal areas were generally clean and the outside environment was well maintained. Cells were reasonably equipped but none had lockable cabinets. Despite substantial investment, some of the fabric of the older units was dilapidated, with many window grilles full of litter. Shower facilities on the older units were poor and lacked privacy. Access to laundry facilities was generally good when machines were working but some repairs took too long. Access to stored property was over-restrictive. The application system was effective. Mail and telephone access was generally good.
- S14 Prisoners generally reported being treated respectfully and the interactions we saw were friendly. Electronic case notes were thorough, and demonstrated a good knowledge of prisoners and an appropriate level of managerial oversight. Personal officers were not sufficiently involved in resettlement work. Consultation meetings were regular and held across the prison.

- S15 Equality policies were good. Trends were monitored appropriately but the strategic management of equality and diversity was undermined by a lack of engagement by the equality management team. Prisoner equality representatives provided valued support to other prisoners. Investigations of discrimination incidents were good.
- S16 Black and minority ethnic prisoners and those with disabilities reported negatively across a range of issues in our survey. The small number of foreign national prisoners were able to access regular immigration surgeries and could receive additional overseas calls if they did not receive visits. The needs of most identified prisoners with disabilities were met but not all those who needed them had multidisciplinary care plans. Personal emergency evacuation plans were in place and relevant staff were aware of them. There was reasonable provision for older prisoners, including tailored gym sessions and a well-advertised weekly support group. There was no specific support for prisoners who were gay or bisexual.
- S17 Faith provision was good and religious services were accessible. The multi-faith area was clean and well used and there was effective joint working between the chaplaincy and other parts of the prison. There was positive liaison with faith communities outside the prison.
- S18 Complaints procedures were good and about a third of complaints were upheld. Complaints were generally answered appropriately and promptly and there was a good tracking system.
- S19 There was no designated legal services officer, but prisoners could obtain help from unit offices to email solicitors. The provision of legal books in the library was adequate. Legal visits were not conducted in sufficient privacy.
- S20 The clinical governance of health care was well managed. The health services team was well qualified and delivered an appropriate range of clinics. Most prisoners reported positively on the quality of the service they received. There was good access to the GP. There were too many cancellations of hospital appointments as a result of escort staff being unavailable.
- S21 Pharmacy services were adequate. Most medication was given in-possession but there was a high level of opiate prescribing, with evidence of medicines being traded. Access to dental care was good and the waiting times were short. There was sufficient mental health provision and discipline staff received mental health awareness training.
- S22 Prisoners were negative about the quality of the food. Portions were small and, although we considered the quality of meals to be reasonable, the variety was limited. There were no opportunities for prisoners to dine out of their cells.
- S23 Shop processes were efficient. Prisoners, especially those from a black and minority ethnic background, were negative about the range of goods available. Prisoners could wait too long for their first shop order.

Purposeful activity

- S24** *The amount of time out of cell was good and association and exercise took place as advertised. The leadership and management of activities were reasonably good and focused on employability. There was some good vocational training and most prisoners could obtain relevant qualifications. Education provision was inconsistent and required significant improvement. The quality of teaching was variable. The library and PE provision were both generally good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S25 The amount of time out of cell was relatively good, at between 4.5 and 12.5 hours per day for those prisoners who were not permanently unlocked. Roll checks showed that around 18% of prisoners were locked up during the core day. Nearly 70% were in purposeful activity but too many were underemployed as wing cleaners and orderlies. Exercise and association were regular and most units had a reasonable amount of association equipment.
- S26 The prison had a clear focus on providing employability skills and meeting prisoners' resettlement needs. There were good and improving partnerships with external organisations to provide relevant employment-related work skills. The day-to-day management of vocational training and work was good. However, Offender Learning and Skills Service (OLASS) provision had suffered from major operational difficulties, and showed little sign of improvement. There were insufficient English and mathematics teaching sessions and far too many prisoners currently at or below entry level were not having their needs met. Attendance and punctuality were reasonable but too many learning sessions were cancelled.
- S27 There were sufficient activity places for most of the population and, on average, about 80% were filled. Approximately 10% were classed as unemployed. A wide range of vocational training was offered and much of it was accredited to national standards. The quality and quantity of work contracted from external organisations were good. Several prisoners benefited from distance learning opportunities. The allocation process was equitable and thorough but prisoners were not paid when work or education sessions were cancelled as a result of a lack of staff availability.
- S28 The teaching, training and coaching in vocational programmes were effective, but less so in education sessions. There was effective use of peer mentors. Prisoners' attention to health and safety in some areas was not sufficiently reinforced.
- S29 Achievement rates on most programmes were generally high, with the exception of English and mathematics qualifications. Prisoners developed good practical skills. There had been delays in the accreditation of National Vocational Qualifications in the kitchens as a result of OLASS staff shortages.
- S30 The library provided an appropriate and wide range of materials. All prisoners had timetabled access and made regular use of the facility. Data were used appropriately to measure impact and performance.
- S31 PE was well managed and a wide range of accredited programmes was offered. PE staff had good links with health services staff and there was specific provision for over-40s and over-50s, and for those needing rehabilitation. Links with community groups were good.

Resettlement

- S32** *The strategic management of resettlement was good. The offender management unit appropriately prioritised work but needed more dedicated resource. Offender management was not yet sufficiently central to the work of the prison, although most prisoners were positive about resettlement provision. Too many indeterminate-sentenced prisoners (ISPs) did not progress through the system in a timely fashion. Public protection work was generally good. There was some effective resettlement pathway support. Work with families was good. An upgrade to the uncomfortable visits area was planned. There was good provision of accredited offending behaviour programmes but ISPs generally could not access them until they were past tariff. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S33 The resettlement strategy was well structured and informative. A needs analysis based on a prisoner survey had been completed but did not include information from risk and need assessments. The strategic development plan was overseen by regular resettlement and pathway leads meetings. A range of release on temporary licence (ROTL) opportunities had been developed but they were not used widely enough.
- S34 Most prisoners reported positively on the level of support they received from staff to achieve sentence planning targets. Offender assessment and planning did not sufficiently drive prisoners' experience at the establishment. The offender management unit (OMU) prioritised work appropriately but failed to provide prompt contact with prisoners on arrival, or sufficiently regular contact thereafter. Too few sentence planning reviews were completed on time. The situation was aggravated by the regular redeployment of OMU staff to other duties. There were too many prisoners without a current offender assessment system (OASys) assessment and sentence plan, often because it had not been completed at the sending establishment. Some prisoners were inappropriately located at the establishment as suitable programmes were not available there. Home detention curfew arrangements were sound and most assessments were completed on time.
- S35 There were robust procedures for identifying high-risk prisoners, and the restrictions imposed were appropriate. Reviews of such prisoners were held regularly but there was inconsistent input from the security department. Categorisation reviews were mostly held on time and progressive moves were effected promptly. The Providing Ex-Offenders Positive Learning Environments (PEOPLE) organisation provided good preparation for those moving to open conditions.
- S36 Too many indeterminate-sentenced prisoners (ISPs) were well past their tariff dates, and unable to progress because there were insufficient offending behaviour programme places for them. Parole reports were submitted on time. Sufficient staff were trained to work with ISPs but there was no formal consultation or specific support for them.
- S37 Prisoners were told about resettlement services during induction but there was no formal assessment planning and referral process. Accommodation help and advice was provided but the proportion of prisoners released without a permanent address was high.
- S38 There were good links with employers, and ROTL placements were used well to support progression into employment. In the previous six months, 36% of prisoners had progressed into employment and about 40% into further education and training, although this included some prisoners entering drug rehabilitation programmes, and 7% had become self-employed. There was a wide range of practical support sessions for prisoners before release. The National Careers Service, provided by Tribal, did not provide an adequate service.
- S39 Health care arrangements before release were good. There was effective inter-departmental working on substance misuse, and there were good links with community drug and alcohol service providers to facilitate support on release. Prisoners could access a wide range of help with benefits and debt issues from Jobcentre Plus and Citizens Advice, and staff from both organisations visited the prison regularly. There was a facility to open bank accounts and this was linked to a money advice course.
- S40 Prisoners reported positively on the level of support to maintain family ties. Visits provision was reasonable but weekend visits were too limited. The visits hall was clean and bright. The steel tables and bench seating were uncomfortable but a refurbishment was planned. The 'schools' prison champions' project provided support for the children of prisoners and raised awareness of their needs. Family-based services for prisoners and visitors were well developed.

- S41 The range of accredited offending behaviour courses met the needs of most prisoners. Others were swiftly transferred to complete appropriate programmes elsewhere. Waiting lists were managed fairly but could be long.

Main concerns and recommendations

- S42 Concern: Prisoners were not subject to an adequate risk assessment before co-location and risks may therefore have been unidentified.

Recommendation: All prisoners should have a first night risk assessment carried out in private by staff. Cell sharing risk assessments should include a conversation with the prisoner to discuss the current level of risk posed.

- S43 Concern: Major operational difficulties in the delivery of OLASS provision had significantly impacted learning outcomes for prisoners. Prisoners with a need to improve their skills in English and mathematics were not having their needs met and achievement rates were low. There were insufficient teaching staff and classes were regularly cancelled.

Recommendation: The Offender Learning and Skills Service (OLASS) provider should ensure that teaching sessions are delivered as scheduled and that provision of English and mathematics teaching is substantially increased and integrated into all aspects of education and work.

- S44 Concern: Prisoners serving indeterminate sentences could not complete required interventions before their tariff date because of the high demand from those who were past their tariff date.

Recommendation: There should be sufficient places on appropriate programmes to ensure that indeterminate-sentenced prisoners can complete all required interventions before their tariff date.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- 1.1** *Many prisoners had long journeys to the establishment but reported being treated well by escort staff. Vans often had to wait outside the prison for long periods when reception was closed over lunch.*
- 1.2** Most prisoners had journeys of over two hours to the prison. In our groups and survey, prisoners said that escort staff treated them well. Vans were often delayed on arrival at the prison, particularly during the lunch period, when reception was usually closed.
- 1.3** Many prisoners complained that not all their property arrived with them and reception staff confirmed that this was a problem. Reception staff made efforts to assist prisoners in retrieving their property from the sending prisons.

Housekeeping point

- 1.4** Reception should be open to receive and process prisoners over the lunch period.

Early days in custody

Expected outcomes:

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

- 1.5** *The reception area was cramped but adequate for the number of prisoners passing through. Reception processes were swift and staff treated prisoners well. Prisoner orderlies had inappropriate access to prisoners' property and valuables. Most prisoners said that they had felt safe on their first night, although those with disabilities were less positive. First night assessments were not always carried out and prisoners did not receive a private interview with a member of staff. The dedicated induction wing and cells for new prisoners were clean and prisoners were provided with sufficient bedding and furniture. Induction did not always start on the next working day after arrival. Following induction, many prisoners waited too long for allocation to work. There was good use of induction orderlies but insufficient staff oversight of their involvement.*
- 1.6** The reception area was small but clean and generally adequate for the number of prisoners passing through it. It was on the first floor and there were adequate arrangements for prisoners who were unable to climb stairs. Reception procedures were carried out swiftly. Staff were friendly and polite, and in our survey more prisoners than at comparator

establishments said that reception staff treated them well, although fewer black and minority ethnic than white prisoners said this. During the inspection, strip-searching was undertaken following a risk assessment but prisoners told us that it had been happening routinely to all new arrivals (see section on security). Reception orderlies had inappropriate access to prisoners' property and valuables, including opening sealed bags to retrieve items for new arrivals. Orderlies asked new arrivals about confidential matters, such as if they wanted to speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners).

- I.7** The health care assessment took place in a separate room but it was not appropriate for this use (see section on health services). We saw cell sharing risk assessments being carried out without speaking to the prisoner, and all the prisoners we saw going through the reception process were later placed in double cells. Prisoners were not assessed for first night risks or given the opportunity for a private interview with a member of staff (see main recommendation S42). These processes were carried out for new arrivals during the inspection as a result of our intervention.
- I.8** Newly arrived prisoners were located on Marlborough unit and were met by prisoner induction orderlies, one of whom was a Listener. Orderlies carried out interviews with prisoners in a communal area, and asked about confidential and sensitive issues such as disability and previous military service. There was insufficient staff oversight of the orderlies. Night staff introduced themselves to the new arrivals and made regular checks on them to ensure that they had settled.
- I.9** In our survey, more respondents than at comparator establishments said that they had felt safe on their first night (88% versus 83%), although prisoners with disabilities were more negative.
- I.10** First night cells were clean and prisoners were provided with sufficient bedding and furniture, although not all had lockable cabinets. Cells on this unit had integral showers. All prisoners were offered a free telephone call on their first night.
- I.11** In our survey, about two-thirds of prisoners said that induction covered everything they needed to know. Prisoners who arrived from mid-week onwards had to wait until the following week before starting induction. This was because education assessments were only carried out on Wednesdays and prisoners could not continue their induction until these were completed. We were not assured that all prisoners who required an induction programme received it, as no records had been kept since June 2013. Induction orderlies gave a short presentation, with no support from staff. Staff were largely unaware of what the induction orderlies were delivering. New arrivals were seen by staff from different departments within the prison, including the chaplaincy, resettlement, education and the gym. Induction took up to two weeks. We found many prisoners on the induction wing waiting for relocation up to nine weeks after completing their induction, with limited time out of cell.

Recommendations

- I.12** Reception orderlies should not have access to other prisoners' property or be required to gather confidential information.
- I.13** Staff should understand the induction process and provide sufficient and effective oversight of induction orderlies.

- I.14 Induction should start on the next working day after arrival and prisoners should be allocated quickly to work.**

Housekeeping point

- I.15** A full record should be kept of each prisoner's progress through induction.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.16 *Prisoners generally felt safe, although more prisoners than elsewhere reported victimisation by staff, and those with disabilities and older prisoners also reported more victimisation by prisoners. There were fewer recorded incidents of violence and of bullying than in similar prisons. The management of bullying and violence reduction was good. Investigations were thorough and prisoners were challenged about their behaviour. Support for victims was good and appropriate steps were taken to keep them safe. There was good peer support work with victims and perpetrators alike.*

- I.17** Most prisoners told us that they felt safe, and we noted a generally calm and mature atmosphere in the prison. More prisoners than at comparator establishments said that they had been victimised by staff, and more respondents over 50 or with disabilities said that they had been victimised both by staff and other prisoners. There was no current violence reduction survey of prisoners to help to explore such concerns. All new arrivals received information about safer custody during induction, and cell sharing risk assessments were reviewed by the safer custody team if a prisoner's circumstances changed or they had initially been assessed as high risk.
- I.18** The number of recorded violent incidents was slightly lower than at similar prisons, with six fights and seven assaults in the previous six months. There had been fewer bullying incidents than at similar prisons in the same period, many related to debt problems associated with drugs and tobacco, with 49 prisoners being monitored as perpetrators. Incidents were investigated thoroughly and perpetrators managed using daily monitoring. All perpetrators were challenged about their behaviour and encouraged to complete an anti-social behaviour workbook, which staff then discussed with them. The peer supporters helped prisoners to complete the workbooks, and Toe by Toe (a scheme to help prisoners learn to read) mentors offered additional support if prisoners had literacy difficulties.
- I.19** Victims were offered good support by staff, Listeners, peer supporters and the safer custody team, and given a useful victim support pack.
- I.20** The safer custody strategy gave concise guidance to staff and prisoners. Recommendations from a previous death in custody had been implemented and followed up. Information-sharing between the security and safer custody teams was good and prisoners were able to report safer custody concerns through a separate confidential reporting system. There was a dedicated telephone line and email address through which families and friends could report any concerns, and a log was kept of all calls received and the action that had been taken. Prisoner peer supporters and prisoner representatives for safer custody had been appointed.

- I.21** Monthly safer custody meetings, which included prisoners, were focused on relevant issues around violence and bullying. Data collection and analysis were undertaken but the low number of incidents made it difficult to identify any trends. Reports of injuries to prisoners were copied to the safer custody team and unexplained injuries were investigated.

Recommendation

- I.22** **Managers should investigate why prisoners, especially older prisoner and those with disabilities, report being victimised, using means such as a prisoner safety survey.**

Self-harm and suicide

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.23** *There was little self-harm and the number of assessment, care in custody and teamwork (ACCT) case management documents opened was low. ACCT documents were completed to a good standard and prisoners reported good care and support from staff. Listeners were used well and felt supported. The isolated prisoner scheme was a good initiative.*

- I.24** Arrangements for the management of self-harm and suicide were detailed in a local policy, which included a strategy for investigating near misses and serious incidents of self-harm. There had been only 26 incidents of self-harm, attributed to 14 prisoners, in the previous six months. A total of 44 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened in this period. The prison had celebrated 'suicide prevention week', with daily activities for staff and prisoners highlighting the support that was available, and money raised for appropriate charities. All incidents of serious self-harm and near misses were fully investigated for lessons to be learned.
- I.25** ACCT case management documents were completed fully and showed frequent interactions with prisoners. Reviews were carried out on time and involved staff from relevant departments in the prison. Prisoners' families were invited to ACCT reviews, although few wanted to be involved. All prisoners were reviewed seven days after the closure of a document. Prisoners we spoke to who had been on ACCT procedures confirmed that they had received good care and support from staff. Listeners had been given mental health guidance by staff from the charity MIND.
- I.26** The Listener scheme operated well and Listeners we spoke to felt well supported by staff and the Samaritans. The Listener suite on Alfred unit was well equipped and provided a suitable environment for offering support. Listeners told us that they were not always released from the suite during the night, when their duties were complete, and staff confirmed that this was a problem. The local Samaritans attended regularly and dedicated Samaritans telephones were available.

- I.27** There was a scheme to provide support to isolated prisoners who did not receive visits or have family support. Prisoners could be linked to prison visitors or referred to the Samaritans and Barnardo's for additional support.

Housekeeping point

- I.28** Listeners should be released from the Listener suite quickly, once their duties are complete.

Good practice

- I.29** *The isolated prisoner scheme offered a valuable source of independent support for prisoners who had no visits or family contact.*

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.30** *The prison was in the early stages of developing safeguarding procedures in conjunction with the local council safety partnership. Good individual support had been provided to some prisoners.*

- I.31** The head of health care had developed a safeguarding policy in conjunction with the local council safety partnership, which had responsibility for safeguarding vulnerable adults. Although the policy was not fully implemented, some good support had been provided to individual prisoners who had been identified as being vulnerable.

Recommendation

- I.32** **The safeguarding policy should be fully implemented as soon as possible.**

Security

Expected outcomes:

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

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

- I.33** *Procedural security was generally well managed and dynamic security arrangements were good. Security committee meetings were well attended and given a high profile, and there were strong links to the violence reduction and drug strategy committees. Risk management systems were generally effective and responses to security issues were proportionate. The mandatory drug testing programme was well managed. Suspicion drug testing had recently improved and a tracker system helped to ensure timely completion.*
- I.34** Dynamic security arrangements were good. Relationships between staff and prisoners were good and supervision of prisoners was effective.
- I.35** The security department received an average of more than 300 security information reports (SIRs) each month through the use of a prison computer-based intelligence-gathering and information-reporting system (Mercury). These were processed and categorised by a trained security analyst.
- I.36** Intelligence was communicated effectively to appropriate areas of the prison, particularly the safer custody team and the residential units, to allow them to make informed decisions about prisoners or to take necessary action. Links with other departments, such as the drug strategy committee and education department, were also good but communication with the offender management unit was inadequate.
- I.37** The security team also analysed common patterns in information and monitored the progress of actions generated by SIRs. Information from these and other incident reports, as well as that received across a number of areas, including violence reduction, disorder and control, and drug issues, was collated into a comprehensive intelligence report which was presented to a well-constructed security committee each month.
- I.38** Risk management systems were generally effective and we saw no evidence to suggest that the prison was risk averse in terms of allocating activity spaces to prisoners, although there were some rational movement restrictions in fenced-off areas near the prison perimeter.
- I.39** Procedural security was generally well managed but searching procedures were not understood by all staff and strip-searching was routine in some areas, including the segregation unit (also see sections on early days in custody and segregation).
- I.40** A free-flow system was operated to allow supervised prisoner movement at the beginning and end of planned regime activities. Prisoner movement was controlled effectively by officers at strategic points along the route to work and education classes. Outside main movement times, prisoners were escorted by prison officers.
- I.41** Relationships with local and regional police were good and the coordination of joint operations to provide deterrents to drug importation into the prison was excellent.
- I.42** The year-to-date random mandatory drug testing (MDT) positive rate of 8.87% was within the annual target of 12%. However, in our survey 50% of prisoners said that it was easy to get illicit drugs in the prison (against a comparator of 30%), 16% reported developing a drug problem while at the prison (against a comparator of 7%) and 10% said that they had developed a problem with diverted medication while at the prison (against a comparator of 6%).
- I.43** In the previous six months, 51 suspicion tests had been completed, with an average positive rate of only 24%; there had been considerable improvement in testing levels since the recent introduction of a tracker system which ensured timely completion.

- I.44** The main drugs of use were subutex and opiate-based medication, followed by cannabis. There had also been large finds of hooch (illicitly brewed alcohol). Intelligence reports and comments from prisoners also pointed to the availability of 'spice' (a synthetic form of cannabis). Spice was not detectable under MDT but testing had taken place under compact-based drug testing, with one out of five prisoners testing positive.
- I.45** The MDT programme was appropriately resourced and well managed, but the new testing suite waiting room was small and the lack of holding facilities meant that prisoners unable to provide a sample had to be searched each time they returned for testing.
- I.46** A detailed supply-reduction action plan was reviewed regularly, intelligence briefings took place weekly and there was good information sharing between security, health services and drug services staff. The prison had developed a range of proactive measures, which included an external supply-reduction partnership board attended by police and representatives from the local community.

Recommendations

- I.47 Strip-searching should be intelligence-led.**
- I.48 The mandatory drug testing suite should have adequate waiting and holding facilities.**

Housekeeping point

- I.49** The security department should ensure good communication and attendance at all relevant departmental meetings at which their contribution is required.

Incentives and earned privileges

Expected outcomes:

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

I.50 *There was a reasonable difference between the incentive levels, and the regime for prisoners on basic was adequate. The enhanced residential units were well equipped and seen by prisoners as a meaningful incentive. Most prisoners said that the scheme was fair and encouraged them to change their behaviour.*

- I.51** A current incentives and earned privileges policy document described how the system worked, how prisoners could progress through the three incentive levels, and the standards of expected behaviour. Copies of the document were available to prisoners during their induction programme and on all residential wings. At the time of the inspection, most prisoners (74%) were on the enhanced level of the scheme and only two prisoners were on basic.
- I.52** Prisoners on the basic level received a case review every seven days. They could attend purposeful activity and visits, and access the telephone during the evening.

- I.53** The scheme offered appropriate differentials between the standard and enhanced levels in access to private cash, computer games and visits. Prisoners on the enhanced and standard levels were able to wear their own clothing. The three enhanced residential units were well equipped and were seen by prisoners as a meaningful incentive (see also section on residential units).
- I.54** Written documentation we examined showed that the scheme was usually implemented consistently across the residential units, although we considered that a few of the behaviour warning notices that had been issued to prisoners were petty.
- I.55** In our survey, 63% of respondents said that they had been treated fairly by the scheme and 52% that it had encouraged them to change their behaviour, both of which were better than the comparators of 54% and 48%, respectively.

Discipline

Expected outcomes:

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

- I.56** *The number of adjudications was comparatively high but charges appeared appropriate and hearings were conducted fairly. There were few incidents involving the use of force but management and quality assurance arrangements were limited and the analysis of information to help to identify trends and patterns was weak. Communal areas in the segregation unit were clean but many cells were dirty and contained graffiti. Relationships between staff and prisoners on the unit were good but reintegration planning was underdeveloped and the regime was poor. Segregation monitoring systems and the analysis of information about the reasons for segregation were weak.*

Disciplinary procedures

- I.57** The number of formal adjudications was comparatively high, at about 81 per month. This represented a rate of 99 adjudications per 100 of the population, which was higher than the comparator of about 81 per 100.
- I.58** Records of hearings showed that they were conducted fairly and that prisoners were given the opportunity to present their case fully. Charges were reasonable, the most common being disobeying lawful orders, possession of unauthorised articles and positive mandatory drug tests.
- I.59** Punishments were generally fair, and adjudicating governors dismissed cases when there was a lack of evidence or anomalies in process.
- I.60** The appeals process was explained to all prisoners by the adjudicating governor directly after the formal hearing, and again by segregation unit officers on leaving the adjudication room.
- I.61** Monthly statistics on the number and nature of adjudications were presented to the senior management team. The results of proven offences were noted, categorised and communicated to managers to identify trends. Adjudication standardisation meetings took place quarterly and were well attended by adjudicating governors. The minutes reflected good standards of discussion concerning appropriate issues, including prisoner feedback. Punishment tariffs had been published and were used consistently at formal hearings.

- I.62** There was no evidence that unofficial or collective punishments were used either individually or systematically.

The use of force

- I.63** The number of incidents involving the use of force was comparatively low, at about 18 in the previous six months. This represented a rate of about 3.7 incidents per 100 of the prison population, which was considerably lower than the comparator rate of 6.2 per 100. About 20% of all incidents were planned.
- I.64** Although some incidents requiring the use of force were discussed at the monthly security committee meetings, at the time of the inspection the designated use of force committee had not met for several months to review individual incidents and quality assure paperwork. This meant that information about the nature of incidents, their location, and the ethnicity and age of the prisoner concerned was not being analysed to identify and deal with any emerging patterns and trends.
- I.65** Planned incidents were well organised and properly carried out, and documentation was generally completed correctly. Appropriate authority was recorded and senior staff supervised most incidents.
- I.66** There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. An examination of documentation showed that use of force was authorised only when it was reasonable in the circumstances, and was proportionate.

Recommendation

- I.67** **Data related to the use of force, such as ethnicity, location, reasons for use and the staff involved, should be monitored for emerging patterns and trends, and appropriate action taken to address identified issues.**

Segregation

- I.68** Segregation unit accommodation comprised 10 single cells located across a single landing and included a special cell and two holding rooms for prisoners awaiting adjudication. There was also a staff office, an adjudication room and prisoner showers. Communal areas in the segregation unit were clean but some occupied cells were dirty, toilets were stained, and there was graffiti on walls and etched into plastic windows. Apart from a raised concrete plinth, the special cell was bare. All cells were poorly furnished. The exercise yard was stark.
- I.69** The number of prisoners segregated was relatively low, at an average of 12 per month, and the length of time they remained there was comparatively short, at about seven days, with some notable exceptions.
- I.70** The overall governance of segregation was underdeveloped and a distinct strategy, setting out the expected working practices and aims of the unit, had not been published. Monthly segregation management meetings were poorly attended and there was little discussion of issues relating to segregation. Information about the number of prisoners segregated and their length of stay was not analysed properly, and links with other relevant areas of the prison, such as violence reduction, suicide prevention and offender management, were poor.

- I.71** The regime on the unit was poor. Although the basic daily routine included daily showers, a 30-minute exercise period and access to a telephone, all prisoners spent nearly all of their day locked in their cells without company or anything meaningful to do.
- I.72** Planning systems to allow segregated prisoners to return to normal prison location were weak. Segregation reviews were completed on time but there was little information available to assure us that changes in behaviour or circumstances were monitored or acted on. Individual care plans were not raised, behaviour targets were not set and staff were not engaged in formal planning processes.
- I.73** On the whole, relationships between staff and prisoners on the unit were good. Officers generally treated prisoners respectfully and were clearly aware of their personal circumstances. However, they strip-searched all new arrivals to the unit, regardless of the risk they presented (see also section on security).
- I.74** In the previous six months, just over a third of all segregated prisoners had been transferred to other establishments following their segregation. During the inspection there were six prisoners in segregation – five for good order or discipline and one waiting for an adjudication. All but one were waiting for transfers to other establishments.

Recommendations

- I.75** **All segregation unit cells should be clean and properly furnished, and conditions in the exercise yard should be improved.**
- I.76** **There should be a clear strategy for the management of the segregation unit, overseen by an active management group which monitors the use of segregation and has links with other relevant areas of the prison.**
- I.77** **Prisoners should have a purposeful daily regime while in the segregation unit.**
- I.78** **Planning to return segregated prisoners to normal location should be developed.**

Substance misuse

Expected outcomes:

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

I.79 *A new provider had taken over both clinical and psychosocial support services six months earlier, and the team was not yet fully staffed. However, treatment was flexible and a wide range of interventions had been introduced. The substance misuse strategy was well managed.*

I.80 In April 2013, a new provider, the Rehabilitation of Addicted Prisoners trust (RAPt), had taken over both clinical and psychosocial support services, in partnership with Broadway Lodge, but the team was not yet fully staffed. Since then, 132 prisoners had received opiate substitute treatment, with 90% reducing their dosage. During October 2013, 28 prisoners had been prescribed either methadone or buprenorphine, and two lofexidine. The new service model was nurse led, with substance misuse consultant input when necessary. Prescribing regimes were flexible and included reinitiation for prisoners who had relapsed while in prison. Treatment reviews took place regularly but did not involve psychosocial

support workers, and record-keeping was not combined. However, the co-location of staff facilitated good information sharing and joint working, and patient care was well coordinated with primary and mental health teams. Controlled drug administration took place on the interventions unit, and was safe and well supervised.

- I.81** The substance misuse strategy document was up to date and included a detailed supply-reduction action plan. A drug demand-reduction action plan was due to be implemented, informed by the current needs analysis. There was good leadership and coordination, and multi-agency meetings took place monthly.
- I.82** In October 2013, 130 prisoners were engaging with RAPt. Interventions included structured one-to-one work; 'Living Safely' group work sessions, which were co-facilitated by substance misuse nurses and focused on harm reduction; 'Stepping Stones' (motivational groups running over five weeks); self-management and recovery training (SMART) sessions and the substance dependency treatment programme (SDTP), which was based on the 12-steps model (a well-established model that sets out 12 steps to recovery from addiction). Peer facilitators, Alcoholics Anonymous and Narcotics Anonymous self-help groups and a service-user consultation forum had also been introduced.
- I.83** The SDTP was based on the interventions unit, where prisoners on the programme mixed with those receiving opiate substitutes, which was far from ideal. Since April 2013, 33 had started on the programme but only nine had managed to complete; 19 participants had been de-selected and in August the programme had been suspended for two weeks owing to drug use by several of the programme participants. Some prisoners started the SDTP simply to meet a sentence planning target, and clearly lacked commitment and motivation.

Recommendation

- I.84** **The substance dependency treatment programme should be relocated to a self-contained and dedicated drug recovery unit.**

Housekeeping point

- I.85** Clinical and psychosocial support staff should provide a fully integrated service.

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *The type and quality of accommodation varied widely across the site. Some of the older units were run down. Our survey results on residential matters were considerably better than at similar prisons. External and internal areas were clean and tidy. Most prisoners wore their own clothes for some of the time. Access to stored property was over-restrictive. Applications were well managed.*
- 2.2** Our survey results were considerably better than at similar prisons across the range of residential issues. There was a wide variety of accommodation, reflecting the development of the site across recent decades. Prisoners in our groups were positive about the residential units, with the exception of the two oldest units (Alfred and Wessex). Despite some investment, Alfred, Wessex and Avebury units were shabby and poorly maintained.
- 2.3** The quality of in-cell sanitation varied. The modern facilities in the Silbury unit contrasted starkly with those in the older Alfred and Wessex units, which had in-cell toilets adjacent to the beds (see Appendix IV). Access to showers was good and most were in good condition. However, communal showers on Sarum, Alfred and Wessex units were damp, mouldy and lacked privacy (see Appendix IV).
- 2.4** External areas were well maintained and contributed to the relaxed atmosphere of the prison. Most of the internal areas we saw were also clean, although the older units were dilapidated. On Sarum unit, communal areas were dirty and untidy, with a filthy refrigerator which was not cleaned once during the inspection, even though we raised this as an issue early on. Some window grilles on Alfred and Wessex units were full of litter and rotting fruit but in general communal areas were cleaned regularly and were reasonably well maintained. Cells were well equipped but there were no lockable lockers for personal items and medications.
- 2.5** Most prisoners wore their own clothes for some of the time. There had been an increase in requests for prison clothing and the kit store was only just meeting demand. Prisoners could have clothes sent in during a 28-week window after arrival at the prison, and then every six months thereafter. Access to stored property was over-restrictive, with applications usually granted only every six months, except to meet seasonal clothing requests and access to legal documents.
- 2.6** Laundry facilities were reasonable but regular breakdowns of equipment resulted in conflict between prisoners and wing staff due to the length of time it took for repairs to be carried out and a lack of access to equipment on the other wings.
- 2.7** Applications were well managed and prisoners were positive about the process. The (triplicate) applications were logged out as they were dealt with but not always logged back in on completion, so we were unable to monitor completions.

- 2.8** The opportunity to use telephones had improved. In our survey, fewer prisoners than at comparator prisons said that they had had difficulty in accessing the telephones, although they were located in the kitchen areas on Sarum unit, which afforded no privacy.
- 2.9** Incoming mail was processed and handed out on the day of arrival and outgoing mail was despatched on the same day, provided that it was received in the mail room by lunchtime. Rule 39 mail (legal and confidential access correspondence) was managed appropriately; whenever it became apparent that privileged mail had been opened (usually owing to a lack of appropriate marking by the sender), a photocopy was taken, and the incident was logged and signed off by the duty governor.

Recommendations

- 2.10 Residential units should be maintained in a good state of repair.**
- 2.11 All communal shower areas should be clean, well ventilated and provide a decent level of privacy.**
- 2.12 Prisoners should have access to lockable cabinets for valuable items and medication.**
- 2.13 Prisoners should have weekly access to laundry facilities.**
- 2.14 The telephones on Sarum unit should be relocated, to afford a reasonable level of privacy.**

Housekeeping points

- 2.15** Window grilles should be regularly cleaned out.
- 2.16** Prisoners should be able to access stored property reasonably frequently.
- 2.17** Applications should be logged in and out of the residential units.

Staff-prisoner relationships

Expected outcomes:

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

2.18 *Interactions between staff and prisoners were respectful, friendly and supportive, and case notes were comprehensive. Consultation arrangements were good.*

- 2.19** Prisoners in our groups were positive about the support they received from staff and about the personal officer scheme, which operated well across the site. Prisoners knew their personal officers, and in our survey more respondents than at comparator prisons said that they checked regularly on their well-being. Our survey results were also positive in relation to respectful treatment by staff (although not for black and minority ethnic prisoners or those with disabilities; see also section on equality and diversity) and support by personal officers.

- 2.20** The interactions we saw were friendly and respectful, with the use of preferred names common between prisoners and staff. We saw a range of managers on most units and prisoners told us that this was not unusual. During association periods, staff supervision was good without being obtrusive, and interactions during mass movement were appropriate to ensure the safety and security of all involved.
- 2.21** Electronic case notes were regular and reflected the high level of contact between staff and prisoners. There was evidence of a good level of managerial oversight and contributions from offender supervisors but personal officers had little input into resettlement work (see also section on offender management and planning).
- 2.22** Consultation arrangements were good, with regular unit meetings held across the prison to discuss emerging issues and to inform prisoners of impending regime changes.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.23** *There were good equality policies and trends were monitored but there was little analysis of this information by the equality management team. There was an active prisoner equality representative group. Discrimination incidents were investigated appropriately. Prisoners from minority groups reported negatively across a range of issues in our survey. There were no formal forums for them. The needs of foreign national prisoners were generally met. Information about disability was not collated centrally, although the needs of most such prisoners were met. There was some tailored support for older prisoners.*

Strategic management

- 2.24** An overarching equality policy and policies for relevant protected characteristics were in place, and there was a regularly updated equality action plan. Attendance at equality management team meetings was variable but included the chair of the prisoner equality representatives. The equality officer compiled data, and trends were monitored appropriately. However, there was little discussion about or engagement with the substantive reports by the equality management team, and there was an over-reliance on the equality officer to flag emerging issues.
- 2.25** During induction, prisoners were given a diversity questionnaire, which was returned confidentially to the equality officer; however, we were not assured that all prisoners received this questionnaire. Immediate issues were followed up, and additional support offered where necessary. Identification of most protected characteristics was reasonable. There were no regular forums for prisoners with any protected characteristics.

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

- 2.26** An active prisoner equality representative group met monthly. There were two representatives on each unit, covering all protected characteristics between them. Applications to see these representatives could be made to the equality officer, and their roles were well advertised throughout the prison. Two representatives were also peer supporters to those with mobility issues.
- 2.27** Discrimination incident report forms were easily available and there was good investigation of incidents. Those we reviewed had been dealt with appropriately and promptly. External quality assurance procedures were in place but reviews were not shared with relevant managers.
- 2.28** Staff training was limited to the 'Challenge it Change it' programme. There was no routine wider diversity training for staff, although online training opportunities in diversity issues were promoted.

Recommendations

- 2.29** **The equality management team should be actively engaged in the strategic oversight of diversity, and information on protected characteristics should be reviewed at equality management team meetings.**
- 2.30** **There should be regular forums for prisoners with protected characteristics.**
- 2.31** **Staff should receive training in all aspects of diversity.**

Housekeeping point

- 2.32** Quality assurance procedures for investigations of discrimination incidents should be shared with the relevant senior manager.

Protected characteristics

- 2.33** Approximately 23% of prisoners were from a black and minority ethnic background. We found little evidence of discrimination. However, in our survey this group reported more negatively than their white counterparts across a range of areas; 75% (versus 87%) said that they were treated courteously by staff and 20% (versus 10%) that they currently felt unsafe.
- 2.34** In our survey, 7% of prisoners identified themselves as Gypsy, Romany or Travellers. Some visits and talks by a community Chaplain had been arranged for this group. Some prisoners we spoke to said that they had been victimised by staff and prisoners because they were from a Traveller community.
- 2.35** There were 11 foreign nationals at the prison at the time of the inspection, making up around 2% of the population. The equality officer maintained regular contact with the Home Office, and an immigration officer attended when requested. Foreign nationals we spoke to knew how to arrange to see immigration staff and were aware of the provision for additional free telephone calls if they did not receive visits. There was some translated material available from the library on request. Information was available about how to access immigration legal advice but most foreign nationals we spoke to said that they would not be able to afford this.

- 2.36** In our survey, 23% of respondents identified themselves as having a disability. More prisoners with a disability than their able-bodied counterparts reported having felt unsafe at the prison at some time (41% versus 22%), and fewer said that they had a member of staff they could turn to for help (58% versus 79%). Only 3% of survey respondents with disabilities were participating in education classes, compared with 11% of those without a disability.
- 2.37** Information about disability was not collated centrally. When prisoners declared a disability to health services staff or during induction, this was logged but they were not all contacted subsequently by the equality officer. Despite this, the needs of most prisoners with identified disabilities were met; applications for additional adjustments were followed up, and there was good liaison between health services staff and the equality officer when practical adjustments were needed. Not all prisoners with disabilities had multidisciplinary care plans, although most residential staff had a good knowledge of the needs of prisoners on their units. Personal emergency evacuation plans were in place and relevant staff were aware of them, although some were out of date.
- 2.38** Not all prisoners who needed occasional access to a wheelchair were able to arrange this easily, which caused some anxiety. The shortage of wheelchairs on site had been repeatedly raised by prisoner equality representatives but not addressed.
- 2.39** There were 77 prisoners over the age of 50 (the oldest being 78), making up around 15% of the population. Two tailored and varied exercise sessions were timetabled for this group, although they were not always well attended. A weekly support group was well advertised and a number of outside speakers had come to address these prisoners.
- 2.40** In our survey, 4% of respondents identified themselves as gay or bisexual. Apart from a designated prisoner equality representative for sexual orientation, there was no specific support available for such prisoners. Plans to set up a support group had been discussed but repeatedly delayed.
- 2.41** There were no transgender prisoners at the prison during the inspection but appropriate policy documents were in place to meet the needs of such prisoners.

Recommendations

- 2.42** **The negative perceptions of specific groups, including prisoners from black and minority ethnic and Gypsy/Roma/Traveller backgrounds and those with disabilities, should be explored and addressed by the prison.**
- 2.43** **Information about levels and types of disability should be centrally collated and reviewed by the equality management team.**

Housekeeping points

- 2.44** All new prisoners should be given the equality questionnaire.
- 2.45** Personal emergency evacuation plans should be routinely reviewed and updated.
- 2.46** There should be sufficient wheelchairs on site.
- 2.47** Plans for a gay prisoner support group should be implemented.

Faith and religious activity

Expected outcomes:

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

2.48 *Faith provision was good, and most prisoners were positive about their access to services. The chaplaincy was well integrated in the life of the prison. There were good links with faith communities outside the prison.*

2.49 In our survey, most respondents said that it was easy to attend religious services and to speak to a chaplain of their faith in private. There was good monitoring of religious needs, and corporate services were regular and well advertised, for a wide range of faiths. No pagan chaplain had been available for several months but efforts were being made to address this.

2.50 The chaplaincy was well integrated into the life of the prison, and we saw evidence of good joint working with other parts of the prison; for example, attendance at assessment, care in custody and teamwork (ACCT) case management reviews, development of a shared 'sensory garden' project and coordination of a range of events to mark religious festivals. The multi-faith area was clean and well used. Study classes were held regularly and had been scheduled to take account of work and education times.

2.51 There was positive liaison with faith communities outside the prison – for example, visits to mosques and cathedrals for prison managers, and links to Swindon Islamic Association.

Complaints

Expected outcomes:

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

2.52 *Relatively few complaints were submitted. Most prisoners said that it was easy to make a complaint. Complaints were mostly answered fairly and promptly, and overall patterns were monitored. Quality assurance was in place but underdeveloped.*

2.53 The number of complaints submitted was slightly lower than at comparator prisons, with 687 in the previous six months, of which 36% had been upheld.

2.54 In our survey, most respondents said that it was easy to make a complaint. Thirty-five per cent of respondents said that their complaint had been dealt with fairly, 40% that it had been dealt with promptly and 20% that they had been prevented from making a complaint when they wanted to, all of which were in line with the comparators.

2.55 We found that responses to complaints were mostly answered appropriately and promptly, and addressed the underlying issue. Out-of-date complaints were tracked and followed up effectively. Reports on complaints were discussed at senior management meetings.

- 2.56** Quality assurance procedures were in place but did not show that follow-up actions had been completed.

Housekeeping point

- 2.57** Quality assurance procedures should track whether required follow-up actions have taken place.

Legal rights

Expected outcomes:

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

- 2.58** *Access to legal visits, communication with legal representatives and access to legal books was good. Immigration legal information was out of date and some solicitors experienced delays using the email-only booking system. Legal visits did not take place in private. The availability of 'Access to Justice' equipment was not well advertised.*

- 2.59** There was no designated legal services officer; the previous post-holder was used on an ad hoc basis to assist with legal rights issues, although this was not widely known by prisoners. In our survey, more respondents than at comparator establishments said that they could communicate easily with their legal representatives (66% versus 48%) and could easily attend legal visits (62% versus 52%). There was a good stock of legal texts available in the library, and 58% of survey respondents said that it was easy to access legal books, but immigration legal information was out of date.
- 2.60** Legal visits took place twice a week and could only be booked via email. Some solicitors described delays in booking visits. Visits took place in the domestic visits area, which afforded insufficient privacy.
- 2.61** 'Access to Justice' equipment to allow prisoners to exercise their legal rights and pursue cases, was not kept on site but could be requested from elsewhere in the region. This was not widely known among staff or prisoners, and was not well advertised.

Recommendation

- 2.62** **Legal visits should be easy to book and take place in private.**

Housekeeping points

- 2.63** The library should contain up-to-date legal information on immigration.
- 2.64** Staff and prisoners should be made aware of the availability of 'Access to Justice' equipment.

Health services

Expected outcomes:

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

2.65 *The level and quality of health services provided were good and prisoners were satisfied with their care. All services on site were accessed quickly but there were too many cancellations of outside hospital appointments because of a lack of escorts. Pharmacy services were adequate but there was a high level of opiate prescribing, with evidence of medicines being traded, and there was no pharmacist involvement in the management of the service. Dental services were good and the waiting times were short. There was good provision of mental health care.*

Governance arrangements

- 2.66** Clinical governance arrangements were well managed by the health care manager. The deputy governor chaired the partnership board. The health care manager was an active member of the prison senior management team. The health care centre provided good access for patients and shared the location with the substance misuse services. All clinical rooms were well maintained and suitable for the care and treatment of patients.
- 2.67** A health needs assessment was carried out annually and in the current year had focused on mental health provision. The assessment was used to inform the health care delivery plan and this was reviewed each year. The health care manager was enthusiastic and led a small team of health services staff. She was supported by a senior nurse and there were no vacancies in the department. The team included nurses with a good mix of specialist skills, enabling the delivery of a suitable range of services.
- 2.68** Health services were available each weekday, with the local out-of-hours service available at night and over the weekend. Nurses had specialised in the management of chronic diseases and there was a named nurse for the care of older prisoners. The health care manager ensured that both the mandatory and professional development needs of the staff were met. All staff had access to appropriate policies and new information was regularly discussed at the weekly staff meeting. All staff took part in one-to-one clinical supervision, and additional group supervision was provided at team meetings when appropriate.
- 2.69** Three GPs from a local practice provided a daily clinic each weekday. Pharmacy services were provided by a local supplier; the pharmacy was run by nurses and medicines were issued appropriately. There was no pharmacist input into clinics or substance misuse services, and prisoners were unable to consult the pharmacist on a one-to-one basis. Dental services were included in the main provider contract. Three dental sessions were delivered each week, with adequate cover included for holidays. Prisoners we spoke to, and in our survey, were positive about the quality of the service they received.
- 2.70** Clinical records were maintained electronically using SystmOne, and those that we saw were good and demonstrated that patients were involved in the management of their care. Paper records were stored and archived appropriately.

- 2.71** Emergency resuscitation equipment was located in the health care centre and included an automated external defibrillator (AED). Records of equipment checks were well maintained. Two additional AEDs for discipline staff were located on Silbury unit and in the communications centre. These were not checked daily and the pads were out of date. It was positive that five of the prison staff had been trained in the use of AEDs.
- 2.72** A number of prisoners had been trained as health care trainers for each unit and they met monthly to discuss health care issues and health promotion. There were only around three health care complaints monthly and these were dealt with thoroughly and with appropriate sensitivity. Health promotion and screening activities took place and there was an adequate amount of information available to patients in the health care centre, in a range of languages. Health care information was not available throughout the prison.

Recommendations

- 2.73** **The pharmacist should conduct medication use reviews, provide one-to-one counselling and oversee the supply of medicines.**
- 2.74** **Prisoners should have wider access to health care information and health promotion material, and this should also be available in a range of languages.**

Housekeeping point

- 2.75** Automated external defibrillators maintained by discipline staff should be checked daily.

Delivery of care (physical health)

- 2.76** All prisoners received an initial screen on arrival but there was no dedicated health care room in reception. A comprehensive screen was carried out in the health care centre on the following day. Health care information was provided, with signposting in a range of languages. Prisoners were able to see a nurse at the fresh case clinic each day or by using the health care application system. Patients were triaged using appropriate algorithms and either treated or allocated an appointment at one of the specialist or GP clinics. Prisoners could usually access the GP within two days. The care of patients with chronic diseases was good, with some staff specialised to deliver clinics in addition to a range of visiting specialists.
- 2.77** Prisoners located in the care and separation unit were seen routinely by a nurse each weekday and by a GP on three days a week. Health promotion services were satisfactory. Screening and vaccination services were good. Well-man clinics were provided, including the monitoring of those aged over 40. Condoms were available to prisoners on request. One of the health care administrators arranged outside hospital appointments and the system was well organised. There were two escort opportunities to attend such appointments each weekday but up to 50% were cancelled owing to a lack of discipline staff, resulting in unacceptable delays for some patients.

Recommendations

- 2.78** **A dedicated room in reception should be available for the primary health care screening of prisoners.**
- 2.79** **Outside hospital appointments should not be cancelled for non-medical reasons.**

Housekeeping point

- 2.80** Prisoners should be able to obtain condoms as needed, without having to request them.

Pharmacy

- 2.81** The pharmacy had standard operating procedures, and there was an in-possession policy and a limited number of patient group directions. There was no 'special sick' (immediate health treatment without an appointment) or out-of-hours medicines policies. All out-of-hours medication was obtained from a local provider. Risk assessments and signed compacts for in-possession medication were carried out on arrival at the prison and all those we examined had been entered onto SystmOne. The risk assessments were not reviewed by the pharmacy before the medicines were given to prisoners because of time constraints. There was no formulary (a list of medications used to inform prescribing) in use. There was no dedicated medicines and therapeutics committee for the prison.
- 2.82** SystmOne was used to record the medicines prescribed but not their administration. Over 98% of prescribed medicines were held in-possession. At the time of the inspection, 23 prisoners had been prescribed seven days' in-possession gabapentin or pregabalin (highly tradeable medicines) and 25 prisoners had been prescribed seven days' in-possession opiate medication, including tramadol and dihydrocodeine; this was contrary to the guidelines set out in the 'Safer Prescribing in Prisons' document. Nurses said that, despite regular compliance checks, there was a problem with the trading of medicines in the prison. The pharmacy supplier told us that occasionally there were problems with the supply of methadone at the weekend. The substance misuse nurses told us that they sometimes had problems obtaining prescriptions at the weekend when prisoners had been referred from other establishments.
- 2.83** Some of the cupboards and drawers in the pharmacy used for storing medicines could not be locked. The controlled drugs registers in the pharmacy in the health care centre and the substance misuse unit were not legally compliant and the controlled drugs cabinets in both of these locations were not secured in accordance with the regulations. There was no clear audit trail of those who had accessed the controlled drugs cabinets. Requisitions from substance misuse staff to the pharmacy provider were not signed by doctors in accordance with best practice.

Recommendations

- 2.84** There should be a 'special sick' policy pertinent to the prison population which allows the legal provision of medicines to all prisoners in a safe and appropriate manner.
- 2.85** A prescribing formulary should be introduced.
- 2.86** There should be a dedicated medicines and therapeutics committee for the prison which is attended by representatives from the health care centre, the pharmacy provider and the substance misuse unit, and all procedures adopted by the prison should be ratified by this committee.
- 2.87** The in-possession policy should be reviewed after consultation with the 'Safer Prescribing in Prisons' document, and the amount of tradeable medicines prescribed in the prison should be reduced.

- 2.88** Legally compliant controlled drugs registers, recording all supplies received by the prison, should be used and the controlled drugs cabinets should be secured according to the regulations.

Housekeeping points

- 2.89** The patient group directions should be reviewed to ensure that they are appropriate for all situations.
- 2.90** Risk assessments should be reviewed by the pharmacy before medicines are given to patients.
- 2.91** SystemOne should be used for recording the administration of medicines.
- 2.92** Pharmacy procedures at the weekend and on unplanned release should be reviewed, to ensure that there is no disruption in the supply of medicines to the prisoners in these circumstances.
- 2.93** The broken locks on all the cupboards and drawers in the pharmacy should be repaired.
- 2.94** There should be a clear audit trail for those who have accessed the controlled drugs cabinets.
- 2.95** All requisitions for controlled drugs should be signed by a doctor.

Dentistry

- 2.96** The dental suite comprised a small surgery with a separate room for the cleaning of instruments and processing X-rays. The surgery was clean and well equipped and a new dental chair was due to be delivered.
- 2.97** There had been some long waits for treatment in the past but the list was currently well managed and able to cope with fluctuations in the attendance rate. At the time of the inspection, there were only 32 patients waiting for an initial appointment, with the longest wait being eight weeks. Patients were satisfied with the quality of care provided. We saw patients being treated well and respectfully, with consideration for their privacy.
- 2.98** Emergency resuscitation equipment was shared with the health care centre, and dental emergency drugs and oxygen were located in the surgery. Dental health records were well maintained electronically.

Delivery of care (mental health)

- 2.99** Mental health services were provided by one mental health nurse, employed by the Avon and Wiltshire Partnership Trust. There was also access to learning disability staff, and the Pathfinder Service was used to treat some prisoners with personality disorders. At the time of the inspection, the primary and secondary care caseload was just over 20 patients and there were up to five new referrals each week. Patients were satisfied with the quality of care delivered, and the mental health nurse was well respected by prison staff.

2.100 A range of meetings with other departments ensured that mental health care was managed in a multidisciplinary manner. Patients also had access to a part-time psychologist, who provided a range of therapies in addition to a professional counselling service. A visiting forensic psychiatrist saw an average of six patients once a month. Transfers to secure mental health units were rare and patients were moved swiftly when required. A programme of mental health awareness training had been delivered to discipline staff in 2012 but there was no access to further regular training and development.

Recommendation

2.101 Mental health awareness training should be available to all prison staff.

Catering

Expected outcomes:

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

2.102 *Food portions were too small and, although the quality of meals was usually reasonable, variety was limited. There was insufficient provision of fruit and fresh vegetables each day.*

2.103 The kitchen was clean and well maintained. There were adequate chilled and frozen food storage facilities, with a separate area for halal products. A kitchen journal recorded the dates, times and food temperatures from delivery to placement on food trolleys to be taken to the residential units.

2.104 Serveries on the residential units were clean but there were no facilities to allow prisoners to dine out of their cells.

2.105 Lunch and dinner were selected from a four-week rolling menu but there was limited variety, and insufficient healthy foods, such as fresh fruit and vegetables, were provided each day.

2.106 The lunch menu was sometimes repetitive. Many we spoke to said that portions sizes were too small and that they were often hungry. In our survey, only 18% of respondents said that the food was good, which was worse than an already low comparator of 26%. The quality of the food we tasted was reasonable and at the correct temperature but we agreed with prisoners that portions were small.

2.107 Consultation with prisoners about the food provided was inconsistent. There had not been a survey conducted since 2008, although we saw plans to do this soon after the inspection. The catering manager had recently met groups of prisoners on Wessex and Alfred units and planned to see prisoners on the other units as part of a regular programme of catering and prison shop consultation meetings.

Recommendations

- 2.108 Prisoners should be able to dine together out of their cells.**
- 2.109 Prisoners should be offered a varied menu which includes sufficient fruit and vegetables, and portion sizes should be adequate.**
- 2.110 Prisoner consultation about food should be meaningful and take place consistently.**

Purchases

Expected outcomes:

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

2.111 *Shop processes were efficient. Consultation processes were good but prisoners could wait too long for their first shop order.*

- 2.112** In our survey, fewer respondents than at comparator establishments and than at the time of the previous inspection (37% versus 44% and 50%, respectively), and fewer black and minority ethnic than white prisoners (27% versus 40%) said that the shop sold a wide enough range of goods to meet their needs.
- 2.113** Newly arrived prisoners could apply for either a smoker's or non-smoker's pack, but not both, despite a potential wait of up to 10 days to receive their first full shop order. Shop order forms were issued on Tuesday evenings and collected the next morning. This gave no opportunity for prisoners to query any errors in available funds. Advances of pay could be authorised by the duty governor for those with no funds.
- 2.114** There was access to a range of catalogues and prisoners were not charged an administration fee for the orders they placed. Newspapers could be ordered by prisoners (and their families) from a nearby newsagent for delivery to the prison. Shop consultation arrangements were good and there were regular meetings to discuss shop issues and amend the goods list.

Recommendation

- 2.115 Prisoners should be able to place their first shop order on the day after arrival.**

Housekeeping point

- 2.116** There should be sufficient time between the issue and collection of shop order forms to rectify any errors.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁴

- 3.1** *The amount of time out of cell was good. Exercise and association periods were regular and rarely cancelled.*
- 3.2** The amount of time out of cell was good for most prisoners. Unemployed prisoners had around 4.5 hours and those in full employment up to 12.5 hours a day out of their cells. For prisoners located on the enhanced units, there were no lock-up periods, the only restriction being the requirement to remain on the landings between 9pm and 8am.
- 3.3** Our survey results for access to exercise and association, and length of time unlocked were positive. Exercise yards were clean but bare, with no activity equipment. Exercise and association periods were regular and rarely cancelled, and association equipment was in reasonable condition. Prisoners on Imber, Kennet and Sarum units had free access around the grounds during exercise periods during daylight hours. Staff supervision was proportionate and we saw friendly interactions during association periods.
- 3.4** In our roll checks, around 18% of prisoners were locked up during the core day. Almost 70% were engaged in purposeful activity, although too many were underemployed in wing cleaning work (see section on learning and skills and work activities).

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.5 *The range of vocational training and work was good, focused on improving prisoners' employability skills for resettlement, and based on an informed needs analysis. Arrangements to assure and evaluate the provision were effective and action plans for improvement were robust, with realistic timescales for implementation. Partnerships with external organisations and employers were effective. The management of vocational training was good but education provision required improvement. There had been delays in recruiting experienced and qualified staff to deliver English and mathematics tuition. Provision of work was generally good but too many prisoners were underemployed on the units. Training in vocational sessions was generally good but teaching and learning in education classes were less effective. Most prisoners achieved well and developed good skills but achievements in English and mathematics were too low and too few prisoners were engaged in learning. Too many learning sessions were cancelled. The library was well managed and well used.*

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

Achievements of prisoners engaged in learning and skills and work: requires improvement

Quality of learning and skills and work provision: requires improvement

Leadership and management of learning and skills and work: requires improvement

Management of learning and skills and work

3.7 The prison had a clear focus on providing employability skills and meeting prisoners' resettlement needs. The provision of work and accredited training was based on an informed needs analysis and labour market information in the main areas to which prisoners were released. There were good and improving partnerships with external organisations and employers, and plans for additional contracts to increase the range of work and training available were well advanced – for example, call centre work, car valeting and social enterprise opportunities.

3.8 The day-to-day management of work and vocational training was effective but the management of the education provision had suffered from major operational difficulties since the start of the current contract, in August 2012. At the time of the inspection, the Offender Learning and Skills Service (OLASS) provision required improvement. Insufficient staff had been recruited to offer adequate English and mathematics provision to meet prisoners' support needs; Weston College had recently recruited staff to rectify this but at the time of the inspection they were waiting for security clearance. Too many learning sessions were

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

cancelled because of OLASS staff shortages (see main recommendation S43). The prison had a robust action plan to address these problems, with realistic timescales for implementation.

- 3.9** Attendance and punctuality were reasonable. Prisoners attending appointments elsewhere in the prison were escorted to activities immediately afterwards. Pay rates were equitable, with all prisoners receiving the basic £4 per week. Extra payments were made for contract piece work and a variety of roles with additional responsibilities. However, prisoners were not paid above the basic pay rate when work or education sessions were cancelled as a result of a lack of staff availability.

Housekeeping point

- 3.10** Prisoners should not be penalised financially when work, training or education sessions are cancelled by the prison.

Provision of activities

- 3.11** There were sufficient activity places to occupy most of the population. At the time of the inspection, around 18% of the population did not have an allocated activity. On average, about 10% of these were classed as unemployed, the remainder being on induction, incapacitated or waiting for places on accredited programmes. However, too many prisoners (around 80) were underemployed as unit cleaners or servery workers. Approximately 33% of the population was involved in formal education and training, although this figure fluctuated owing to insufficient cover for staff absences. The quantity and quality of work contracted from external organisations were generally good. They provided a wide range of activities and enabled prisoners to gain a useful range of skills and qualifications – for example, in quality control, warehousing and distribution, portable appliance testing, tractor driving, and electrical repair and maintenance. Some small contracts were allocated to residential units. This work was repetitive and mundane and some prisoners were occupied in it for up to four or five weeks.
- 3.12** A wide range of vocational training was offered – for example, in construction multi-skills, painting and decorating, brickwork, plastering and horticultural skills. There were plans to include the construction skills certification scheme (CSCS) card and lift truck operations. Prisoners were able to develop carpentry skills in farms and gardens work, use them to manufacture goods, such as picnic furniture and planters, and sell them through the prison social enterprise initiative. Some construction qualifications were offered at diploma level and provided progression opportunities to higher-level programmes on release. There had been delays in assessing and verifying prisoners' catering National Vocational Qualifications because of staff shortages.
- 3.13** Provision of Toe by Toe (a mentoring scheme to help prisoners learn to read) was in its early stages of implementation but, although there were about 20 mentors, participation levels were low.
- 3.14** The allocation of prisoners to activity places was generally fair and equitable, and usually informed by sentence planning and induction assessment results, including the standard of prisoners' literacy, numeracy and language ability. Prisoners were required to have level 1 qualifications in English and mathematics, but in the absence of suitable provision they were often allocated to work without appropriate support to meet their needs. The support provided was often unstructured and reliant on inexperienced staff and peer mentors identifying needs. Waiting lists were generally managed well.

Recommendations

- 3.15** There should be enough purposeful activity to occupy prisoners fully.
- 3.16** Prisoners' National Vocational Qualifications in catering should be assessed and verified before they leave the prison.

Quality of provision

- 3.17** Induction into education and training was well planned and informative, with an emphasis on vocational training and the development of employability skills to meet prisoners' resettlement needs. The use of prisoners as learning mentors was effective and mentors were highly respected by other prisoners. The use of individual learning plans was underdeveloped, and this had been recognised by the prison. At the time of the inspection, approximately 25 prisoners were engaged in distance learning, which was well supported by Weston College staff. There was insufficient English and mathematics provision for those assessed at below level 1 to improve their skill levels (see main recommendation S43).
- 3.18** In vocational training areas, the quality of teaching and individual coaching was mostly good, and in some practical sessions outstanding. Sessions presented prisoners with high levels of challenge. For example, in farms and gardens work, prisoners created detailed drawings and costings for picnic furniture. In the workshops, prisoners' attention to health and safety was not sufficiently reinforced, particularly in the safe use of hand tools, and prisoners did not use protective gloves when handling plants and insects.
- 3.19** Teaching, learning and assessment in education sessions had been recognised by the OLASS contractor as a key area for improvement. In the better sessions, learning was well managed, well planned and included a wide range of teaching and learning methods which stimulated prisoners' interest and motivated them. In the less effective sessions, planning failed to recognise individual needs. There was an overuse of workbooks and prisoners soon became bored and lost interest. During the inspection, teaching staff were brought in from nearby prisons to cover sessions but the teaching we observed was not of a sufficiently high standard.

Recommendations

- 3.20** The prison should make more effective use of individual learning plans that clearly state individual personal, educational and training needs, and systematically monitor progress and achievements.
- 3.21** The quality of teaching and learning should be improved.

Housekeeping point

- 3.22** Health and safety in work and training areas should be reinforced to ensure that working practices are safe.

Education and vocational achievements

- 3.23** Most prisoners remained in the prison long enough to complete their individual learning aims and qualifications. Achievement rates for accredited vocational programmes and education programmes were high, at over 90%. However, achievement rates for English and mathematics programmes were low, with less than 50% gaining a qualification in these subjects in 2012/13. This had been due, in part, to delays in certification and the availability of examination dates set by external validating boards.
- 3.24** High standards of work and skills were demonstrated in vocational training areas and many prisoners made good progress in developing their creative and communication skills. This was particularly noticeable in joint stage shows developed and presented in conjunction with an external organisation. The excellent garden water features, mosaics and sensory garden were designed and created by prisoners and reflected high levels of skill.

Library

- 3.25** The library service was provided by Wiltshire County Council and managed by one librarian and two other staff, and supported by two trained prison orderlies. The library was located in the education block and offered a welcoming environment. Prisoners had timetabled sessions, but those with severe mobility difficulties had poor access as it was not on the ground floor. In our survey, more respondents than at comparator establishments said that they used the library at least once a week. Links were developing between library and education and training staff.
- 3.26** The range of library materials was reasonable, including Prison Service Orders and Instructions, and met the needs of most of the population well. A small resource was available for the few foreign national prisoners and was supported by a good inter-library loan facility. The Storybook Dads programme (in which prisoners record stories for their children) was well established, and visiting authors and book clubs were regular features. Data were used well to monitor usage and performance.

Physical education and healthy living

Expected outcomes:

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

3.27 *PE was well managed and the staff offered a wide range of well-promoted and supported recreational PE, which was scheduled appropriately so that it did not interfere with other activities. A wide range of accredited PE courses was offered and achievements were high. The fitness suite was well used but the building was dilapidated and some areas were in need of repair. Some of the fitness areas on the units had poor ventilation. Staff were sometimes redeployed to other prison duties, resulting in the curtailment of some PE activities.*

- 3.28** Vocational PE and recreational PE were well managed, and the resources were reasonable. There was a large sports hall, which was regularly used for team games and programmes, and a well-used fitness suite housing a range of fitness equipment. However, the building was dilapidated and the tiling around the shower area was damaged. There were fitness areas on four of the units but some had inadequate ventilation and there was insufficient recording of prisoners' use of the facilities to determine their value.

- 3.29** Recreational PE activities were scheduled appropriately to ensure that they did not coincide with other core day activities. Induction into PE was thorough and well managed. There were good links between PE and health services staff, and activities for the over-40s and over-50s, and rehabilitation programmes were provided.
- 3.30** Staff coaching was excellent and they provided a wide range of courses supporting good employment opportunities for prisoners on release. Prisoners were trained to provide advice to others on subjects such as smoking cessation, general fitness, and diet and nutrition. Achievements were high on all programmes. People from a local adult education centre visited the prison weekly, and staff and orderlies provided a range of minor sports and recreation activities for them, and worked effectively with them to develop their literacy and numeracy skills. PE staff were sometimes redeployed to other duties, which led to activities being cancelled.

Recommendations

- 3.31** The ventilation in some of the fitness areas on the units should be improved.
- 3.32** PE staff should not be deployed to other regime activities.

Housekeeping points

- 3.33** The tiling around the shower area in the fitness building should be refurbished.
- 3.34** Detailed records should be kept of the number of prisoners using the fitness areas on the units, to ensure that they are used effectively.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *There was a good resettlement strategy and management of its delivery was sound. Release on temporary licence was used for category D prisoners only but was developing further.*

4.2 There was a good resettlement strategy document, which covered the resettlement pathways and offender management. It clearly stated the prison's strategic aims and set out how they would be achieved. The strategy was not based on a formal needs assessment but it reflected the immediately apparent priorities of the prison population. A needs analysis based on a prisoner survey, but not including offender assessment system (OASys) data, had been completed shortly before the inspection.

4.3 There were good mechanisms for overseeing the delivery of resettlement. There was an action plan which identified appropriate key priorities, and these were monitored through separate but related meetings of senior managers and lead members of staff for the pathways, which included external providers. The action plan reflected the progress with each action, and emerging priorities were added as required.

4.4 The measurement of resettlement outcomes had been partially developed but some outcomes were difficult to assess and the monitoring of employment, education and training had been affected by a change of provider. A post-release questionnaire had been attempted but few returns had been received.

4.5 Release on temporary licence (ROTL) was part of the strategy and was being developed for category D prisoners, with work opportunities in the external prison grounds and volunteering placements with local community groups, charities and businesses. In the strategy there was an aspiration for this opportunity to be extended to category C prisoners but this had not been realised at the time of the inspection.

Recommendations

4.6 **Offender assessment system (OASys) information about offending and risk should be incorporated into the resettlement needs analysis.**

4.7 **Monitoring of resettlement outcomes should be developed further.**

4.8 **Release on temporary licence opportunities should be extended to suitable category C prisoners.**

Offender management and planning

Expected outcomes:

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

4.9 *Prisoners in our survey were positive about offender management but we found some significant deficits related to staff turnover and the demands on the offender management unit. Home detention curfew assessments were delivered on time and decisions were reasonable. Public protection arrangements were sound, with good links to community public protection bodies. Categorisation reviews were held on time and category D prisoners were provided with some appropriate facilities. The prison held a large number of indeterminate-sentenced prisoners, many of whom were past their tariff expiry date. Facilities for these prisoners were underdeveloped but preparation for parole reviews was good.*

- 4.10** The offender management unit (OMU) was staffed by a mixture of prison officers and seconded probation staff. They had all been fully trained in risk assessment and offender management, and most in working with indeterminate-sentenced prisoners, but they had large caseloads of high-risk prisoners.
- 4.11** In our survey, prisoners were more positive than in comparator establishments about many aspects of offender management. Nearly all (91%) said that they had an offender manager and more than at comparator establishments said that they were in contact with them. Although most said that they had a sentence plan, fewer than at the time of the previous inspection (51% versus 71%) said that they had been involved in its development. More than at comparator establishments said that they had a named offender supervisor (87% versus 67%), that he or she was working with them to achieve their sentence plan targets (61% versus 35%) and that they could achieve their sentence plan targets at the establishment (73% versus 65%). More than at comparator prisons knew that there were plans for them to achieve their targets at other prisons or in the community.
- 4.12** In spite of the positive survey results, we found some significant deficits in the delivery of offender management. The national reorganisation of staff had led to the loss of experienced offender supervisors, and the new officers who replaced them were regularly redeployed elsewhere, which interrupted the development of their skills. There was also a high demand to meet the immediate needs of prisoners, especially with the increasing number of indeterminate prisoners requiring parole reports and related work. These difficulties were compounded by the reception of large numbers of prisoners without an up-to-date OASys assessment (see below). This had also led to some prisoners being located at the establishment who required an intervention which was not available; however, we found examples of such prisoners being swiftly transferred once the need had been identified.
- 4.13** Although immediate needs for reports and assessments were met, too many prisoners were not contacted by offender supervisors within 10 days of arrival. We met one prisoner who had not met his offender supervisor after nine weeks at the prison.

- 4.14** The resettlement strategy set a target for offender supervisors to contact the prisoners in their care every six weeks but this had been met in only 30–61% of cases in the previous five months. The proportion of sentence plan reviews completed on time in the same period ranged from 19% to 32%, and at the time of the inspection there were 138 prisoners without an up-to-date OASys assessment. Seventy of the overdue assessments were the responsibility of the Probation Trust and the other 68 the responsibility of the prison.
- 4.15** The OMU was not sufficiently central to the progress of the prisoner. For example, initial induction meetings did not always lead to referrals for resettlement help, some prisoners accessed programmes or activities which were not a sentence plan priority, and risk information was not always fully shared with offender supervisors.
- 4.16** Home detention curfew assessment procedures were sound. They were mostly completed within the prisoner's eligibility date and decisions were reasonable, with more than 50% approved in the previous five months.

Recommendations

- 4.17** **Every prisoner should be contacted by his offender supervisor within 10 days of arrival and should have regular planned contact thereafter with a member of staff who can motivate him and monitor his progress.**
- 4.18** **All prisoners requiring one should have an up-to-date OASys assessment and sentence plan.**
- 4.19** **The offender management unit should direct each prisoner's progress and be fully informed of important developments.**

Public protection

- 4.20** At the time of the inspection, the prison held more than 250 high-risk prisoners, representing 52% of the population. All new prisoners should have had their risk levels reviewed during their initial meeting with their offender supervisor and a referral made to the interdepartmental risk management team (IRMT), which met monthly. However, we found that the initial meeting did not happen sufficiently early, which in many cases delayed referral to the IRMT. As a result of the large number of high-risk prisoners held, managers had to prioritise cases, applying the criteria of victim information and the chances of imminent release.
- 4.21** The IRMT included relevant prison departments, and the minutes of meetings showed that there was good assessment and clear planning for risk management. There had been poor attendance by representatives from the security department (although this had improved in recent months) and this department contributed limited information.
- 4.22** There were good links with multi-agency public protection arrangements (MAPPA), and eight months before release the offender manager was contacted to facilitate a referral. At the time of the inspection, the prison held nine prisoners assessed as being in the highest risk category.
- 4.23** Prisoners with domestic violence convictions underwent child protection screening. All prisoners subject to restrictions were informed of them, and the reasons. They could apply for restrictions about contact with children to be amended.

Categorisation

- 4.24** At the time of the inspection, the prison held 453 category C and 31 category D prisoners. Categorisation reviews were mostly held on time and prisoners were fully involved in the process, and were given the opportunity to make written representations and attend the categorisation board. In the sample we saw, decisions to reject applications for recategorisation had been justifiable, usually because of outstanding sentence plan requirements or poor behaviour. Prisoners were told of the reasons for refusal but the required changes in behaviour or progress were not made clear in all cases.
- 4.25** Of the 31 retained category D prisoners, almost half were indeterminate-sentenced prisoners (ISPs) waiting for central allocation. Of the remaining determinate-sentenced prisoners, the reasons for retention were defensible, such as wishing to remain close to home, medical issues or imminent release.
- 4.26** Those suitable for transfers to open conditions were moved promptly and there was an innovative course provided by the Providing Ex-Offenders Positive Learning Environments (PEOPLE) organisation to help to prepare them for open conditions.
- 4.27** The prison had developed some good opportunities with eight organisations for category D prisoners to work outside the prison in a voluntary capacity, and 14 prisoners had been granted temporary release for family and resettlement purposes in the previous six months.

Housekeeping point

- 4.28** Prisoners who do not succeed in applications for category D status should be provided with clear and explicit expectations of what they should do to achieve success at a future review.

Good practice

- 4.29** *The PEOPLE course was a helpful preparation for prisoners moving to open conditions and contributed to their chances of successful progression.*

Indeterminate sentence prisoners

- 4.30** At the time of the inspection, the prison held 235 ISPs, split almost equally between life-sentenced prisoners and those serving indeterminate sentences for public protection (IPP). Most of these had come to the establishment to complete a specific intervention for progressing in their sentence. However, although the prison delivered the interventions required for these prisoners, the demand for places meant that they were unable to start a programme until after their tariff expiry (see section on attitudes, thinking and behaviour and main recommendation S44). There were 149 ISPs whose tariff date had passed. The most extreme example we found was a prisoner who had an IPP tariff of seven months but had been in prison for more than seven years. Prison staff had deselected him from a substance misuse course at Erlestoke and had identified a more suitable intervention at another establishment, to which he was soon to be transferred.
- 4.31** In addition to programmes, the prison provided a range of facilities to assist the progress of ISPs, such as accompanied town visits and individual sessions. Parole reports were prepared on time and fully discussed with prisoners before their hearing. However, there were no specific consultation arrangements or opportunities to develop life skills such as cooking and budgeting.

Recommendation

- 4.32 Facilities for indeterminate-sentenced prisoners should be developed, including consultation and the opportunity to develop independent living skills.**

Reintegration planning

Expected outcomes:

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

4.33 *Prisoners were told about resettlement services during induction but there was no formal assessment and referral process for those requiring assistance. Accommodation help and advice were provided but the proportion of prisoners released without a permanent address was high. Health care arrangements before release were good. There was effective inter-departmental working on substance misuse and there were good links with community support for those with drug and alcohol problems. Benefits and debt support for prisoners was good and they could open bank accounts. A suitable range of accredited programmes was provided and delivered to a good standard.*

4.34 All prisoners were seen during induction, told about the range of resettlement services and provided with a helpful booklet. In our survey, a similar number to the comparator said that they knew where to go to for resettlement help. Prisoners had to apply for resettlement help and there was no process for assessment, referral or monitoring to ensure that all those requiring help received it. Although prisoners were due to be seen by an offender supervisor during induction, this process was not reliable and did not consistently lead to an assessment of resettlement needs (see section on offender management and planning).

4.35 Arrangements for the discharge of prisoners were good. Prisoners due for release could have stored clothing washed and were provided with clothing if they had none of their own, and suitable bags were provided for their possessions. Most prisoners were released on licence, and the conditions were explained to them by their offender supervisor on the day before release and checked in reception with them before departure.

Recommendation

- 4.36 Newly arrived prisoners should have a prompt assessment of their resettlement needs, and referrals to relevant services should be made where appropriate and the outcomes monitored.**

Accommodation

4.37 An accommodation advice service was funded by the Friends of Erlestoke charity, and during their induction a prisoner orderly told all new prisoners about the service and took applications for an appointment.

4.38 The service was provided by a trained worker and two volunteers. They helped with sustaining accommodation, dealing with rent arrears and finding accommodation for those without a release address. In the previous six months, they had secured accommodation for 11 prisoners but the homelessness rate on release in the same period remained high, at 10%.

Recommendation

- 4.39** The prison should take action to reduce the high rate of prisoners released without a settled address.

Education, training and employment

- 4.40** There were good links with external organisations, such as 'New Futures', banks and employers, which offered pre-release support for self-employment, opening bank accounts and developing presentation skills. Good use was made of ROTL and about 10 prisoners went out on placements each day.
- 4.41** In the previous six months, 36% of released prisoners had gone into employment, 40% into education and training (some into drugs-related programmes) and 7% into self-employment (self-declared).
- 4.42** The National Careers Service, provided by Tribal, was inadequate. Prisoners received appropriate advice and guidance throughout their time in the prison and many received additional interventions to help them plan and improve their resettlement opportunities. However, the service had been under-resourced for too long and this had had an impact on the level of support. There were insufficient staff to provide the service, and links with education staff and the planning of training were not sufficiently well established. Management information to assess the performance of the service was in the process of being improved.

Recommendation

- 4.43** The Tribal service should be adequately staffed and effective measures should be introduced to monitor and improve its quality and impact. Any deficiencies should be swiftly addressed.

Health care

- 4.44** Health care arrangements before release were good. The care programme approach was used for prisoners with enduring mental health problems. Palliative care and end-of-life programmes were available but rarely required. Prisoners were provided with information about access to NHS services and given a letter outlining their care and treatment while in custody.

Drugs and alcohol

- 4.45** The substance misuse team was represented at relevant multi-agency meetings such as the integrated risk management and health care team meetings and there was good joint working between services. Prisoners were provided with harm reduction information before release, and local drug intervention programme teams held monthly clinics at the prison. Links had also been developed with the community alcohol service to ensure post-release support.

Finance, benefit and debt

- 4.46** New prisoners were told about the financial help available, and this was also advertised on the residential units. In our survey, the proportion of prisoners who knew where to get help with finance and benefits was in line with the comparator.
- 4.47** Citizens Advice staff visited the prison twice a month, seeing 15 prisoners at each session, to provide debt advice. They maintained a small caseload when required.
- 4.48** Jobcentre Plus attended weekly to deal with benefits claims and to set up appointments for prisoners due for release. They had access to the Jobcentre Plus information network to facilitate their work.
- 4.49** Prisoners were able to open bank accounts, and in the previous six months 61 had been opened. A course on money management was provided for those opening accounts, which provided attendees with information about running an account, responsible use of credit, and financial planning.

Children, families and contact with the outside world

- 4.50** Visits were available only on Thursday and Friday afternoons, and Saturday mornings and afternoons. This disadvantaged prisoners whose visitors worked during the week and only had the option of Saturday visits. Access to the prison via public transport was available from nearby towns, with bus services to the prison having been negotiated by the prison to meet the needs of visitors.
- 4.51** The excellent visitors centre was open from 9am until 5.15pm on Thursdays and Fridays, and until 3.30pm on Saturdays, and provided a relaxing and supportive environment for families before visits. The centre included a supervised play area and an outside play area.
- 4.52** The visits hall was clean and bright but steel tables and bench seating were uncomfortable and austere. A major upgrade of the visits hall was due to start after the inspection, which would address this issue, although some of the old benches were to be retained for prisoners (and their visitors) who wished to eat during the visit.
- 4.53** Staff interaction with prisoners and their families during visits was informal, friendly and respectful. Prisoners were allowed to wear their own clothing, with the addition of a thin yellow sash for identification purposes. Hot and cold food options were provided, and also a selection of drinks and confectionary.
- 4.54** Visits could be booked via telephone or email and there were spaces available at all sessions when we checked on the Wednesday of the pre-inspection week. At the time of the inspection, there were two prisoners on closed visits following security concerns around drug trafficking.
- 4.55** The prison had forged excellent links with Barnardo's and had also seconded a manager to develop family services, including one-to-one support for prisoners with domestic issues, support services for visitors and an innovative scheme to create a network of 'schools prison champions' within Wiltshire, in recognition of the discrete needs of children with parents/carers in custody. Wing-based Barnardo's orderlies had been appointed to help to signpost prisoners to services.

- 4.56** Family days were run throughout the year, linked to the Barnardo's 'Dads Playday' course. A prison visitor scheme was operated by the chaplaincy for those with no outside contacts. In our survey, more prisoners than at comparator prisons said that they felt supported in maintaining family ties.

Good practice

- 4.57** *The 'schools champion' project provided valuable support for the children of prisoners and raised awareness of their needs.*

Attitudes, thinking and behaviour

- 4.58** The prison was a national centre for accredited programmes and prisoners were transferred there to undertake specific offending behaviour courses. The programme delivery team held a national waiting list for each programme and prisoners were recruited according to their release or tariff date. At the time of the inspection, this was being reviewed in response to prisoners' concerns, to allocate places more fairly to those who had been on the waiting list for a long time and those who had imminent parole hearings.
- 4.59** The range of programmes provided included the healthy relationships programme (HRP) for men convicted of violence in relationships, the self-change programme (SCP) for those with serious violence convictions, and the alcohol-related violence programme. Programmes were delivered to a good standard and the contracted number of completions was delivered.
- 4.60** In our survey, more prisoners than at comparator prisons said that it was easy to access offending behaviour programmes (29% versus 20%), that they had attended a programme (79% versus 71%) and that the programme would help them on release (66% versus 53%).
- 4.61** Prisoners often waited too long for transfer to the establishment to undertake a programme. Nationally, there were 100 waiting for a place on the HRP and up to 96 for the SCP, with 49 and 13 completions, respectively, scheduled at Erlestoke. However, waiting lists at the establishment were managed well, so that prisoners started programmes after an appropriate settling in period. The demand for places on programmes was so great that indeterminate-sentenced prisoners could not start a programme before their tariff date, delaying their suitability for release because significant identified risk factors had not been addressed (see also section on offender management and planning and main recommendation S44).
- 4.62** All prisoners undertaking programmes were required to live on Silbury unit, which provided a good standard of accommodation. The rationale for group participants living together was to create a supportive environment, with residential staff who were aware of the programme aims. In practice, some prisoners we spoke to found the environment too intense, and it was not always possible to maintain a consistent staff group who were sufficiently attuned to the support and challenge of group members.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendation

To NOMS

- 5.1** There should be sufficient places on appropriate programmes to ensure that indeterminate-sentenced prisoners can complete all required interventions before their tariff date. (S44)

Main recommendations

To the governor

- 5.2** All prisoners should have a first night risk assessment carried out in private by staff. Cell sharing risk assessments should include a conversation with the prisoner to discuss the current level of risk posed. (S42)
- 5.3** The Offender Learning and Skills Service (OLASS) provider should ensure that teaching sessions are delivered as scheduled and that provision of English and mathematics teaching is substantially increased and integrated into all aspects of education and work. (S43)

Recommendation

To Tribal and the governor

Reintegration planning

- 5.4** The Tribal service should be adequately staffed and effective measures should be introduced to monitor and improve its quality and impact. Any deficiencies should be swiftly addressed. (4.43)

Recommendations

To the governor

Early days in custody

- 5.5** Reception orderlies should not have access to other prisoners' property or be required to gather confidential information. (1.12)
- 5.6** Staff should understand the induction process and provide sufficient and effective oversight of induction orderlies. (1.13)
- 5.7** Induction should start on the next working day after arrival and prisoners should be allocated quickly to work. (1.14)

Bullying and violence reduction

- 5.8** Managers should investigate why prisoners, especially older prisoner and those with disabilities, report being victimised, using means such as a prisoner safety survey. (1.22)

Safeguarding

- 5.9** The safeguarding policy should be fully implemented as soon as possible. (1.32)

Security

- 5.10** Strip-searching should be intelligence-led (1.47)
- 5.11** The mandatory drug testing suite should have adequate waiting and holding facilities. (1.48)

Discipline

- 5.12** Data related to the use of force, such as ethnicity, location, reasons for use and the staff involved, should be monitored for emerging patterns and trends, and appropriate action taken to address identified issues. (1.67)
- 5.13** All segregation unit cells should be clean and properly furnished, and conditions in the exercise yard should be improved. (1.75)
- 5.14** There should be a clear strategy for the management of the segregation unit, overseen by an active management group which monitors the use of segregation and has links with other relevant areas of the prison. (1.76)
- 5.15** Prisoners should have a purposeful daily regime while in the segregation unit. (1.77)
- 5.16** Planning to return segregated prisoners to normal location should be developed. (1.78)

Substance misuse

- 5.17** The substance dependency treatment programme should be relocated to a self-contained and dedicated drug recovery unit. (1.84)

Residential units

- 5.18** Residential units should be maintained in a good state of repair. (2.10)
- 5.19** All communal shower areas should be clean, well ventilated and provide a decent level of privacy. (2.11)
- 5.20** Prisoners should have access to lockable cabinets for valuable items and medication. (2.12)
- 5.21** Prisoners should have weekly access to laundry facilities. (2.13)
- 5.22** The telephones on Sarum unit should be relocated, to afford a reasonable level of privacy. (2.14)

Equality and diversity

- 5.23** The equality management team should be actively engaged in the strategic oversight of diversity, and information on protected characteristics should be reviewed at equality management team meetings. (2.29)
- 5.24** There should be regular forums for prisoners with protected characteristics. (2.30)

- 5.25** Staff should receive training in all aspects of diversity. (2.31)
- 5.26** The negative perceptions of specific groups, including prisoners from black and minority ethnic and Gypsy/Roma/Traveller backgrounds and those with disabilities, should be explored and addressed by the prison. (2.42)
- 5.27** Information about levels and types of disability should be centrally collated and reviewed by the equality management team. (2.43)

Legal rights

- 5.28** Legal visits should be easy to book and take place in private. (2.62)

Health services

- 5.29** The pharmacist should conduct medication use reviews, provide one-to-one counselling and oversee the supply of medicines. (2.73)
- 5.30** Prisoners should have wider access to health care information and health promotion material, and this should also be available in a range of languages. (2.74)
- 5.31** A dedicated room in reception should be available for the primary health care screening of prisoners. (2.78)
- 5.32** Outside hospital appointments should not be cancelled for non-medical reasons. (2.79)
- 5.33** There should be a 'special sick' policy pertinent to the prison population which allows the legal provision of medicines to all prisoners in a safe and appropriate manner. (2.84)
- 5.34** A prescribing formulary should be introduced. (2.85)
- 5.35** There should be a dedicated medicines and therapeutics committee for the prison which is attended by representatives from the health care centre, the pharmacy provider and the substance misuse unit, and all procedures adopted by the prison should be ratified by this committee. (2.86)
- 5.36** The in-possession policy should be reviewed after consultation with the 'Safer Prescribing in Prisons' document, and the amount of tradeable medicines prescribed in the prison should be reduced. (2.87)
- 5.37** Legally compliant controlled drugs registers, recording all supplies received by the prison, should be used and the controlled drugs cabinets should be secured according to the regulations. (2.88)
- 5.38** Mental health awareness training should be available to all prison staff. (2.101)

Catering

- 5.39** Prisoners should be able to dine together out of their cells. (2.108)
- 5.40** Prisoners should be offered a varied menu which includes sufficient fruit and vegetables, and portion sizes should be adequate. (2.109)
- 5.41** Prisoner consultation about food should be meaningful and take place consistently. (2.110)

Purchases

5.42 Prisoners should be able to place their first shop order on the day after arrival. (2.115)

Learning and skills and work activities

5.43 There should be enough purposeful activity to occupy prisoners fully. (3.15)

5.44 Prisoners' National Vocational Qualifications in catering should be assessed and verified before they leave the prison. (3.16)

5.45 The prison should make more effective use of individual learning plans that clearly state individual personal, educational and training needs, and systematically monitor progress and achievements. (3.20)

5.46 The quality of teaching and learning should be improved. (3.21)

Physical education and healthy living

5.47 The ventilation in some of the fitness areas on the units should be improved. (3.31)

5.48 PE staff should not be deployed to other regime activities. (3.32)

Strategic management of resettlement

5.49 Offender assessment system (OASys) information about offending and risk should be incorporated into the resettlement needs analysis. (4.6)

5.50 Monitoring of resettlement outcomes should be developed further. (4.7)

5.51 Release on temporary licence opportunities should be extended to suitable category C prisoners. (4.8)

Offender management and planning

5.52 Every prisoner should be contacted by his offender supervisor within 10 days of arrival and should have regular planned contact thereafter with a member of staff who can motivate him and monitor his progress. (4.17)

5.53 All prisoners requiring one should have an up-to-date OASys assessment and sentence plan. (4.18)

5.54 The offender management unit should direct each prisoner's progress and be fully informed of important developments. (4.19)

5.55 Facilities for indeterminate-sentenced prisoners should be developed, including consultation and the opportunity to develop independent living skills. (4.32)

Reintegration planning

5.56 Newly arrived prisoners should have a prompt assessment of their resettlement needs, and referrals to relevant services should be made where appropriate and the outcomes monitored. (4.36)

- 5.57** The prison should take action to reduce the high rate of prisoners released without a settled address. (4.39)

Housekeeping points

Courts, escort and transfers

- 5.58** Reception should be open to receive and process prisoners over the lunch period. (1.4)

Early days in custody

- 5.59** A full record should be kept of each prisoner's progress through induction. (1.15)

Self-harm and suicide

- 5.60** Listeners should be released from the Listener suite quickly, once their duties are complete. (1.28)

Security

- 5.61** The security department should ensure good communication and attendance at all relevant departmental meetings at which their contribution is required. (1.49)

Substance misuse

- 5.62** Clinical and psychosocial support staff should provide a fully integrated service. (1.85)

Residential units

- 5.63** Window grilles should be regularly cleaned out. (2.15)
- 5.64** Prisoners should be able to access stored property reasonably frequently. (2.16)
- 5.65** Applications should be logged in and out of the residential units. (2.17)

Equality and diversity

- 5.66** Quality assurance procedures for investigations of discrimination incidents should be shared with the relevant senior manager. (2.32)
- 5.67** All new prisoners should be given the equality questionnaire. (2.44)
- 5.68** Personal emergency evacuation plans should be routinely reviewed and updated. (2.45)
- 5.69** There should be sufficient wheelchairs on site. (2.46)
- 5.70** Plans for a gay prisoner support group should be implemented. (2.47)

Complaints

- 5.71** Quality assurance procedures should track whether required follow-up actions have taken place. (2.57)

Legal rights

- 5.72** The library should contain up-to-date legal information on immigration. (2.63)
- 5.73** Staff and prisoners should be made aware of the availability of access to justice equipment. (2.64)

Health services

- 5.74** Automated external defibrillators maintained by discipline staff should be checked daily. (2.75)
- 5.75** Prisoners should be able to obtain condoms as needed, without having to request them. (2.80)
- 5.76** The patient group directions should be reviewed to ensure that they are appropriate for all situations. (2.89)
- 5.77** Risk assessments should be reviewed by the pharmacy before medicines are given to patients. (2.90)
- 5.78** SystemOne should be used for recording the administration of medicines. (2.91)
- 5.79** Pharmacy procedures at the weekend and on unplanned release should be reviewed, to ensure that there is no disruption in the supply of medicines to the prisoners in these circumstances. (2.92)
- 5.80** The broken locks on all the cupboards and drawers in the pharmacy should be repaired. (2.93)
- 5.81** There should be a clear audit trail for those who have accessed the controlled drugs cabinets. (2.94)
- 5.82** All requisitions for controlled drugs should be signed by a doctor. (2.95)

Purchases

- 5.83** There should be sufficient time between the issue and collection of shop order forms to rectify any errors. (2.116)

Learning and skills and work activities

- 5.84** Prisoners should not be penalised financially when work, training or education sessions are cancelled by the prison. (3.10)
- 5.85** Health and safety in work and training areas should be reinforced to ensure that working practices are safe. (3.22)

Physical education and healthy living

- 5.86** The tiling around the shower area in the fitness building should be refurbished. (3.33)
- 5.87** Detailed records should be kept of the number of prisoners using the fitness areas on the units, to ensure that they are used effectively. (3.34)

Offender management and planning

- 5.88** Prisoners who do not succeed in applications for category D status should be provided with clear and explicit expectations of what they should do to achieve success at a future review. (4.28)

Examples of good practice

Self-harm and suicide

- 5.89** The isolated prisoner scheme offered a valuable source of independent support for prisoners who had no visits or family contact. (1.29)

Offender management and planning

- 5.90** The PEOPLE course was a helpful preparation for prisoners moving to open conditions and contributed to their chances of successful progression. (4.29)

Reintegration planning

- 5.91** The 'schools champion' project provided valuable support for the children of prisoners and raised awareness of their needs. (4.57)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Hindpal Singh Bhui	Team leader
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Karen Dillon	Inspector
Gordon Riach	Inspector
Sarah Cutler	Inspector
Louise Finer	Senior policy officer
Helen Ranns	Research Officer
Alissa Redmond	Research Officer
Gemma Quayle	Research Trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Michael Bowen	Health services inspector
Deborah Hyland	Pharmacist
Bob Cowdrey	Ofsted inspector
Richard Beaumont	Ofsted inspector
Vivienne Clark	Offender management inspector
Mike Lane	Offender management inspector
Martyn Griffiths	Offender management inspector

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	-	460	95.0
Recall	-	21	4.3
Convicted unsentenced	-	-	
Remand	-	-	
Civil prisoners	-	-	
Detainees	-	3	0.6
Total		484	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	-	1	0.2
Less than six months	-	1	0.2
six months to less than 12 months	-	3	0.6
12 months to less than 2 years	-	9	1.9
2 years to less than 4 years	-	68	14.0
4 years to less than 10 years	-	142	29.3
10 years and over (not life)	-	25	5.2
ISPP (indeterminate sentence for public protection)	-	117	24.3
Life	-	118	24.3
Total		484	100

Age	Number of prisoners	%
Please state minimum age here: 21	-	-
Under 21 years	-	-
21 years to 29 years	118	24.4
30 years to 39 years	156	32.2
40 years to 49 years	134	27.7
50 years to 59 years	53	11.0
60 years to 69 years	20	4.1
70 plus years	3	0.6
Please state maximum age here: 76	-	-
Total	484	100

Nationality	18–20-year-olds	21 and over	%
British	-	472	97.5
Foreign nationals	-	11	2.3
Not Stated		1	0.2
Total		484	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	-	-	-
Uncategorised sentenced	-	-	-
Category A	-	-	-
Category B	-	-	-

Category C	-	453	93.6
Category D	-	31	6.4
Other	-	-	-
Total		484	100

Ethnicity	18–20-year-olds	21 and over	%
White	-	385	79.5
British	-	359	74.2
Irish	-	2	0.4
Gypsy/Irish Traveller	-	16	3.3
Other white	-	8	1.7
	-	-	-
Mixed	-	22	4.5
White and black Caribbean	-	15	3.1
White and black African	-	-	-
White and Asian	-	-	-
Other mixed	-	7	1.4
	-	-	-
Asian or Asian British	-	17	3.5
Indian	-	8	1.7
Pakistani	-	2	0.4
Bangladeshi	-	2	0.4
Chinese	-	1	0.2
Other Asian	-	4	0.8
	-	-	-
Black or black British	-	53	11.0
Caribbean	-	36	7.4
African	-	3	0.6
Other black	-	14	2.9
	-	-	-
Other ethnic group	-	-	-
Arab	-	-	-
Other ethnic group	-	-	-
	-	-	-
Not stated	-	7	1.4
Total		484	100

Religion	18–20-year-olds	21 and over	%
Baptist	-	3	0.6
Church of England	-	110	22.7
Roman Catholic	-	81	16.7
Other Christian denominations	-	52	10.7
Muslim	-	41	8.5
Sikh	-	4	0.8
Hindu	-	1	0.2
Buddhist	-	24	5.0
Jewish	-	3	0.6
Other	-	10	2.1
No religion or not stated	-	155	32.0
Total		484	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		6	1.24
Total		6	1.24

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			45	9.3
1 month to 3 months			83	17.1
3 months to six months			100	20.7
six months to 1 year			113	23.3
1 year to 2 years			93	19.2
2 years to 4 years			42	8.7
4 years or more			6	1.2
Total			483	99.5

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to six months				
six months to 1 year			1	100
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total			1	0.2

Main offence	18–20-year-olds	21 and over	%
Violence against the person		270	56.4
Sexual offences		11	2.3
Burglary		134	27.9
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences		55	11.5
Other offences		9	1.9
Civil offences			
Offence not recorded /holding warrant			
Total		479	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁶. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 30 September 2013 the prisoner population at HMP Erlestoke was 487. Using the method described above, questionnaires were distributed to a sample of 183 prisoners.

We received a total of 140 completed questionnaires, a response rate of 77%. This included two questionnaires completed via interview. Twenty-one respondents refused to complete a questionnaire, seventeen questionnaires were not returned and five were returned blank.

⁶ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
Alfred	21
Imber	8
Kennett	10
Marlborough	17
Sarum	14
Silbury A	19
Silbury B	17
Avebury	15
Wessex	16
Segregation unit	3

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Erlestoke.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁷ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Erlestoke in 2013 compared with responses from prisoners surveyed in all other Category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 39 Category C trainer prisons since April 2008.
- The current survey responses from HMP Erlestoke in 2013 compared with the responses of prisoners surveyed at HMP Erlestoke in 2008.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.

⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?		
	<i>Under 21</i>		0 (0%)
	<i>21 - 29</i>		36 (26%)
	<i>30 - 39</i>		41 (30%)
	<i>40 - 49</i>		42 (30%)
	<i>50 - 59</i>		13 (9%)
	<i>60 - 69</i>		5 (4%)
	<i>70 and over</i>		1 (1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		122 (89%)
	<i>Yes - on recall</i>		15 (11%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		0 (0%)
	<i>6 months to less than 1 year</i>		3 (2%)
	<i>1 year to less than 2 years</i>		5 (4%)
	<i>2 years to less than 4 years</i>		15 (11%)
	<i>4 years to less than 10 years</i>		34 (25%)
	<i>10 years or more</i>		10 (7%)
	<i>IPP (indeterminate sentence for public protection)</i>		33 (24%)
	<i>Life</i>		35 (26%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>		5 (4%)
	<i>No</i>		131 (96%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		134 (100%)
	<i>No</i>		0 (0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		135 (99%)
	<i>No</i>		2 (1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	96 (70%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	4 (3%)	<i>Mixed race - white and black Caribbean</i> 6 (4%)
	<i>Black or black British - Caribbean</i>	15 (11%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	3 (2%)	<i>Mixed race - other</i> 2 (1%)
	<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i> 0 (0%)

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

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

Yes	9 (7%)
No	128 (93%)

Q1.10 What is your religion?

<i>None</i>	47 (35%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	41 (30%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	23 (17%)	<i>Muslim</i>	8 (6%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	3 (2%)	<i>Other</i>	7 (5%)
<i>Buddhist</i>	4 (3%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	134 (96%)
<i>Homosexual/Gay</i>	2 (1%)
<i>Bisexual</i>	3 (2%)

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

Yes	32 (23%)
No	107 (77%)

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

Yes	7 (5%)
No	133 (95%)

Q1.14 Is this your first time in prison?

Yes	35 (25%)
No	105 (75%)

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

Yes	75 (54%)
No	65 (46%)

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

<i>Less than 2 hours</i>	49 (35%)
<i>2 hours or longer</i>	89 (64%)
<i>Don't remember</i>	2 (1%)

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

<i>My journey was less than two hours</i>	49 (35%)
Yes	68 (49%)
No	21 (15%)
<i>Don't remember</i>	2 (1%)

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

<i>My journey was less than two hours</i>	49 (35%)
Yes	12 (9%)
No	78 (56%)
<i>Don't remember</i>	1 (1%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		86 (62%)
	No		42 (30%)
	Don't remember		10 (7%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		110 (79%)
	No		29 (21%)
	Don't remember		0 (0%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		46 (33%)
	Well		57 (41%)
	Neither		26 (19%)
	Badly		4 (3%)
	Very badly		3 (2%)
	Don't remember		2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	Yes, someone told me		92 (67%)
	Yes, I received written information		20 (15%)
	No, I was not told anything		28 (20%)
	Don't remember		2 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		118 (86%)
	No		20 (14%)
	Don't remember		0 (0%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		98 (71%)	
	2 hours or longer		35 (25%)	
	Don't remember		6 (4%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		119 (87%)	
	No		17 (12%)	
	Don't remember		1 (1%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		56 (40%)	
	Well		54 (39%)	
	Neither		20 (14%)	
	Badly		5 (4%)	
	Very badly		3 (2%)	
	Don't remember		1 (1%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	34 (25%)	Physical health	16 (12%)
	Housing problems	10 (7%)	Mental health	21 (16%)
	Contacting employers	1 (1%)	Needing protection from other prisoners	4 (3%)

<i>Contacting family</i>	20 (15%)	<i>Getting phone numbers</i>	14 (10%)
<i>Childcare</i>	1 (1%)	<i>Other</i>	9 (7%)
<i>Money worries</i>	17 (13%)	<i>Did not have any problems</i>	54 (40%)
<i>Feeling depressed or suicidal</i>	15 (11%)		

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

<i>Yes</i>	36 (26%)
<i>No</i>	47 (34%)
<i>Did not have any problems</i>	54 (39%)

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

<i>Tobacco</i>	100 (72%)
<i>A shower</i>	48 (35%)
<i>A free telephone call</i>	63 (45%)
<i>Something to eat</i>	69 (50%)
<i>PIN phone credit</i>	42 (30%)
<i>Toiletries/ basic items</i>	56 (40%)
<i>Did not receive anything</i>	21 (15%)

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

<i>Chaplain</i>	69 (53%)
<i>Someone from health services</i>	91 (69%)
<i>A Listener/Samaritans</i>	53 (40%)
<i>Prison shop/ canteen</i>	27 (21%)
<i>Did not have access to any of these</i>	22 (17%)

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

<i>What was going to happen to you</i>	74 (56%)
<i>What support was available for people feeling depressed or suicidal</i>	58 (44%)
<i>How to make routine requests (applications)</i>	60 (45%)
<i>Your entitlement to visits</i>	58 (44%)
<i>Health services</i>	79 (60%)
<i>Chaplaincy</i>	73 (55%)
<i>Not offered any information</i>	26 (20%)

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

<i>Yes</i>	122 (88%)
<i>No</i>	15 (11%)
<i>Don't remember</i>	2 (1%)

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

<i>Have not been on an induction course</i>	15 (11%)
<i>Within the first week</i>	88 (65%)
<i>More than a week</i>	30 (22%)
<i>Don't remember</i>	3 (2%)

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

<i>Have not been on an induction course</i>	15 (11%)
<i>Yes</i>	75 (57%)
<i>No</i>	36 (27%)
<i>Don't remember</i>	6 (5%)

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

<i>Did not receive an assessment</i>	20 (15%)
<i>Within the first week</i>	45 (34%)
<i>More than a week</i>	51 (39%)
<i>Don't remember</i>	15 (11%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to.....**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	45 (34%)	43 (32%)	20 (15%)	16 (12%)	3 (2%)	6 (5%)
<i>Attend legal visits?</i>	33 (28%)	41 (34%)	18 (15%)	6 (5%)	2 (2%)	20 (17%)
<i>Get bail information?</i>	12 (12%)	8 (8%)	11 (11%)	7 (7%)	7 (7%)	57 (56%)

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

<i>Not had any letters</i>	17 (13%)
<i>Yes</i>	59 (43%)
<i>No</i>	60 (44%)

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

<i>Yes</i>	78 (58%)
<i>No</i>	8 (6%)
<i>Don't know</i>	49 (36%)

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

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	112 (83%)	19 (14%)	4 (3%)
<i>Are you normally able to have a shower every day?</i>	131 (98%)	2 (1%)	1 (1%)
<i>Do you normally receive clean sheets every week?</i>	110 (83%)	16 (12%)	6 (5%)
<i>Do you normally get cell cleaning materials every week?</i>	109 (82%)	24 (18%)	0 (0%)
<i>Is your cell call bell normally answered within five minutes?</i>	49 (40%)	33 (27%)	39 (32%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	96 (72%)	37 (28%)	1 (1%)
<i>If you need to, can you normally get your stored property?</i>	41 (30%)	54 (40%)	40 (30%)

Q4.5 What is the food like here?

<i>Very good</i>	4 (3%)
<i>Good</i>	21 (15%)
<i>Neither</i>	37 (27%)
<i>Bad</i>	33 (24%)
<i>Very bad</i>	41 (30%)

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

<i>Have not bought anything yet/ don't know</i>	4 (3%)
<i>Yes</i>	50 (37%)
<i>No</i>	82 (60%)

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

<i>Yes</i>	87 (64%)
<i>No</i>	8 (6%)
<i>Don't know</i>	41 (30%)

Q4.8 Are your religious beliefs respected?

<i>Yes</i>	59 (43%)
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No	22 (16%)
Don't know/ N/A	55 (40%)

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

Yes	80 (59%)
No	10 (7%)
Don't know/ N/A	45 (33%)

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

I don't want to attend	29 (21%)
Very easy	41 (30%)
Easy	24 (18%)
Neither	7 (5%)
Difficult	6 (4%)
Very difficult	6 (4%)
Don't know	23 (17%)

Section 5: Applications and complaints**Q5.1 Is it easy to make an application?**

Yes	122 (90%)
No	14 (10%)
Don't know	0 (0%)

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

	Not made one	Yes	No
Are applications dealt with fairly?	8 (6%)	82 (62%)	42 (32%)
Are applications dealt with quickly (within seven days)?	8 (7%)	55 (50%)	48 (43%)

Q5.3 Is it easy to make a complaint?

Yes	89 (70%)
No	19 (15%)
Don't know	19 (15%)

Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).

	Not made one	Yes	No
Are complaints dealt with fairly?	46 (35%)	29 (22%)	55 (42%)
Are complaints dealt with quickly (within seven days)?	46 (36%)	33 (26%)	50 (39%)

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

Yes	25 (20%)
No	102 (80%)

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

Don't know who they are	20 (15%)
Very easy	14 (11%)
Easy	26 (20%)
Neither	43 (33%)
Difficult	19 (15%)
Very difficult	8 (6%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	0 (0%)
	Yes	84 (63%)
	No	38 (28%)
	<i>Don't know</i>	12 (9%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	0 (0%)
	Yes	70 (52%)
	No	53 (40%)
	<i>Don't know</i>	11 (8%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	7 (5%)
	No	127 (95%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	101 (77%)
	Very well	7 (5%)
	Well	7 (5%)
	Neither	10 (8%)
	Badly	2 (2%)
	Very badly	4 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	114 (84%)
	No	22 (16%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	101 (74%)
	No	35 (26%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	60 (44%)
	No	75 (56%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	3 (2%)
	Never	13 (10%)
	Rarely	38 (28%)
	Some of the time	48 (35%)
	Most of the time	22 (16%)
	All of the time	12 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	31 (23%)
	<i>In the first week</i>	48 (35%)
	<i>More than a week</i>	40 (29%)

Don't remember 17 (13%)

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

Do not have a personal officer/ I have not met him/ her 31 (23%)
Very helpful 39 (29%)
Helpful 27 (20%)
Neither 18 (14%)
Not very helpful 13 (10%)
Not at all helpful 5 (4%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes 36 (26%)
No 101 (74%)

Q8.2 Do you feel unsafe now?

Yes 18 (13%)
No 116 (87%)

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

<i>Never felt unsafe</i>	101 (77%)	<i>At meal times</i>	3 (2%)
<i>Everywhere</i>	13 (10%)	<i>At health services</i>	9 (7%)
<i>Segregation unit</i>	4 (3%)	<i>Visits area</i>	4 (3%)
<i>Association areas</i>	15 (11%)	<i>In wing showers</i>	4 (3%)
<i>Reception area</i>	4 (3%)	<i>In gym showers</i>	8 (6%)
<i>At the gym</i>	10 (8%)	<i>In corridors/stairwells</i>	8 (6%)
<i>In an exercise yard</i>	10 (8%)	<i>On your landing/wing</i>	10 (8%)
<i>At work</i>	11 (8%)	<i>In your cell</i>	11 (8%)
<i>During movement</i>	14 (11%)	<i>At religious services</i>	3 (2%)
<i>At education</i>	7 (5%)		

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

Yes 35 (26%)
No 101 (74%)

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

<i>Insulting remarks (about you or your family or friends)</i>	14 (10%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	22 (16%)
<i>Having your canteen/property taken</i>	5 (4%)
<i>Medication</i>	5 (4%)
<i>Debt</i>	8 (6%)
<i>Drugs</i>	5 (4%)
<i>Your race or ethnic origin</i>	3 (2%)
<i>Your religion/religious beliefs</i>	1 (1%)
<i>Your nationality</i>	4 (3%)
<i>You are from a different part of the country than others</i>	5 (4%)
<i>You are from a traveller community</i>	5 (4%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	4 (3%)
<i>You have a disability</i>	6 (4%)
<i>You were new here</i>	2 (2%)
<i>Your offence/ crime</i>	7 (5%)
<i>Gang related issues</i>	2 (2%)

8.6	Have you been victimised by staff here?	
	Yes	44 (33%)
	No	89 (67%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	14 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (2%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	15 (11%)
	<i>Medication</i>	6 (5%)
	<i>Debt</i>	5 (4%)
	<i>Drugs</i>	6 (5%)
	<i>Your race or ethnic origin</i>	6 (5%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	5 (4%)
	<i>You are from a different part of the country than others</i>	6 (5%)
	<i>You are from a traveller community</i>	4 (3%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	6 (5%)
	<i>You were new here</i>	3 (2%)
	<i>Your offence/ crime</i>	6 (5%)
	<i>Gang related issues</i>	5 (4%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	80 (64%)
	Yes	18 (14%)
	No	27 (22%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	8 (6%)	18 (14%)	52 (39%)	21 (16%)	28 (21%)	5 (4%)
	The nurse	6 (5%)	32 (25%)	56 (44%)	22 (17%)	8 (6%)	4 (3%)
	The dentist	13 (10%)	8 (6%)	27 (21%)	17 (13%)	35 (27%)	28 (22%)
Q9.2	What do you think of the quality of the health service from the following people:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	16 (12%)	20 (15%)	42 (32%)	27 (21%)	14 (11%)	11 (8%)
	The nurse	12 (9%)	31 (24%)	45 (35%)	25 (19%)	6 (5%)	11 (8%)
	The dentist	32 (25%)	26 (20%)	33 (26%)	22 (17%)	6 (5%)	8 (6%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					9 (7%)	
	<i>Very good</i>					18 (14%)	
	<i>Good</i>					50 (38%)	
	<i>Neither</i>					30 (23%)	
	<i>Bad</i>					15 (11%)	
	<i>Very bad</i>					11 (8%)	
Q9.4	Are you currently taking medication?						
	Yes					65 (49%)	
	No					67 (51%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	67 (51%)
	<i>Yes, all my meds</i>	56 (42%)
	<i>Yes, some of my meds</i>	9 (7%)
	<i>No</i>	0 (0%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	49 (37%)
	<i>No</i>	83 (63%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	83 (66%)
	<i>Yes</i>	19 (15%)
	<i>No</i>	23 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	35 (27%)
	<i>No</i>	97 (73%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	23 (17%)
	<i>No</i>	109 (83%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	41 (32%)
	<i>Easy</i>	22 (17%)
	<i>Neither</i>	12 (9%)
	<i>Difficult</i>	4 (3%)
	<i>Very difficult</i>	3 (2%)
	<i>Don't know</i>	45 (35%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	17 (13%)
	<i>Easy</i>	14 (11%)
	<i>Neither</i>	20 (16%)
	<i>Difficult</i>	11 (9%)
	<i>Very difficult</i>	9 (7%)
	<i>Don't know</i>	58 (45%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	21 (16%)
	<i>No</i>	111 (84%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	13 (10%)
	<i>No</i>	119 (90%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	88 (70%)
	<i>Yes</i>	22 (18%)
	<i>No</i>	15 (12%)

Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	109 (86%)
	Yes	13 (10%)
	No	5 (4%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	92 (75%)
	Yes	23 (19%)
	No	7 (6%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	7 (6%)	14 (11%)	45 (36%)	19 (15%)	27 (21%)	14 (11%)
	Vocational or skills training	20 (16%)	12 (10%)	41 (34%)	23 (19%)	19 (16%)	7 (6%)
	Education (including basic skills)	17 (14%)	16 (13%)	47 (39%)	23 (19%)	14 (11%)	5 (4%)
	Offending behaviour programmes	19 (16%)	12 (10%)	23 (19%)	21 (17%)	23 (19%)	23 (19%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						28 (22%)
	Prison job						74 (59%)
	Vocational or skills training						15 (12%)
	Education (including basic skills)						12 (10%)
	Offending behaviour programmes						22 (17%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	16 (14%)	50 (45%)	39 (35%)	7 (6%)		
	Vocational or skills training	26 (27%)	49 (52%)	13 (14%)	7 (7%)		
	Education (including basic skills)	26 (27%)	41 (43%)	23 (24%)	6 (6%)		
	Offending behaviour programmes	22 (21%)	54 (52%)	20 (19%)	8 (8%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						14 (11%)
	Never						9 (7%)
	<i>Less than once a week</i>						27 (21%)
	<i>About once a week</i>						65 (51%)
	<i>More than once a week</i>						13 (10%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						17 (13%)
	Yes						76 (59%)
	No						35 (27%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						27 (21%)
	0						21 (17%)
	1 to 2						40 (32%)
	3 to 5						31 (25%)
	<i>More than 5</i>						7 (6%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	8 (6%)
	<i>0</i>	2 (2%)
	<i>1 to 2</i>	25 (20%)
	<i>3 to 5</i>	42 (33%)
	<i>More than 5</i>	50 (39%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	7 (6%)
	<i>0</i>	3 (2%)
	<i>1 to 2</i>	2 (2%)
	<i>3 to 5</i>	9 (7%)
	<i>More than 5</i>	106 (83%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	9 (7%)
	<i>2 to less than 4 hours</i>	26 (21%)
	<i>4 to less than 6 hours</i>	17 (13%)
	<i>6 to less than 8 hours</i>	19 (15%)
	<i>8 to less than 10 hours</i>	12 (10%)
	<i>10 hours or more</i>	32 (25%)
	<i>Don't know</i>	11 (9%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	58 (46%)
	<i>No</i>	69 (54%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	42 (33%)
	<i>No</i>	86 (67%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	19 (15%)
	<i>No</i>	109 (85%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	19 (15%)
	<i>Very easy</i>	15 (12%)
	<i>Easy</i>	23 (18%)
	<i>Neither</i>	13 (10%)
	<i>Difficult</i>	21 (17%)
	<i>Very difficult</i>	32 (26%)
	<i>Don't know</i>	2 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	116 (91%)
	<i>No</i>	11 (9%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	11 (9%)
	<i>No contact</i>	26 (21%)
	<i>Letter</i>	56 (45%)
	<i>Phone</i>	41 (33%)
	<i>Visit</i>	51 (41%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	110 (87%)
	<i>No</i>	16 (13%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	103 (80%)
	<i>No</i>	25 (20%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	25 (20%)
	<i>Very involved</i>	26 (20%)
	<i>Involved</i>	26 (20%)
	<i>Neither</i>	10 (8%)
	<i>Not very involved</i>	20 (16%)
	<i>Not at all involved</i>	20 (16%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	25 (20%)
	<i>Nobody</i>	26 (21%)
	<i>Offender supervisor</i>	61 (49%)
	<i>Offender manager</i>	48 (38%)
	<i>Named/ personal officer</i>	31 (25%)
	<i>Staff from other departments</i>	28 (22%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	25 (20%)
	<i>Yes</i>	71 (58%)
	<i>No</i>	19 (16%)
	<i>Don't know</i>	7 (6%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	25 (20%)
	<i>Yes</i>	32 (25%)
	<i>No</i>	58 (46%)
	<i>Don't know</i>	12 (9%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	25 (20%)
	<i>Yes</i>	43 (34%)
	<i>No</i>	35 (28%)
	<i>Don't know</i>	23 (18%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	19 (15%)
	<i>No</i>	56 (44%)
	<i>Don't know</i>	52 (41%)

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

Yes	21 (17%)
No	102 (83%)

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

	<i>Do not need help</i>	Yes	No
Employment	29 (24%)	35 (29%)	55 (46%)
Accommodation	28 (24%)	38 (32%)	52 (44%)
Benefits	27 (23%)	35 (30%)	55 (47%)
Finances	27 (24%)	26 (23%)	58 (52%)
Education	27 (24%)	35 (31%)	50 (45%)
Drugs and alcohol	29 (24%)	55 (46%)	36 (30%)

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

<i>Not sentenced</i>	0 (0%)
Yes	69 (55%)
No	56 (45%)

Appendix IV: Photographs

In-cell toilet on Wessex unit.



Poor shower units on Sarum unit.

