

Report on an unannounced inspection of

HMP Birmingham

by HM Chief Inspector of Prisons

24 February – 7 March 2014

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	31
Section 3. Purposeful activity	45
Section 4. Resettlement	51
Section 5. Summary of recommendations and housekeeping points	61
Section 6. Appendices	69
Appendix I: Inspection team	69
Appendix II: Progress on recommendations from the last report	71
Appendix III: Prison population profile	77
Appendix IV: Summary of prisoner questionnaires and interviews	81

Introduction

When we last visited HMP Birmingham in late 2011 its management had recently transferred from the public sector to G4S following a competitive process. This occurred amid some controversy and was fraught with risk. Birmingham is a very large inner city local prison serving the local courts, and holding an unusually complex and challenging population. The prison is overcrowded and manages a significant throughput of prisoners, with over 100 passing through reception each day. The operational challenges the prison faced in providing a safe and decent environment were not to be underestimated.

In 2011 we recognised that Birmingham had been a failing prison over many years. At the time it was too early to assess how the transition to the private sector was proceeding, although there were some encouraging early signs. At this inspection we found a prison that, despite undergoing a significant change, was making good progress. Against three of our four healthy prison tests, including the test of safety, outcomes for detainees were reasonably good.

The huge turnover of prisoners managed by the establishment was not helped by the long wait in court cells experienced by many prisoners prior to being moved to HMP Birmingham. This and the regular overcrowding drafts meant that they often arrived at reception late in the evening. Given the number of prisoners involved this put first night and induction procedures under great strain with some important action missed. We found that first night staff were caring and generally did a good job of keeping prisoners safe, with most feeling safe on their first night. Nevertheless and tragically, there had been four self-inflicted deaths since our last inspection, with recent arrival at the prison a common feature. The safety of newly-arrived prisoners was a significant risk that required ongoing and heightened attention. Given the high levels of mental health problems in the population, it was notable that levels of self-harm had reduced over successive years. There was reasonable case management and good care provided to those deemed at risk.

The prison was calm and ordered and most prisoners generally felt safe. The number of violent incidents was not high and while some violence reduction initiatives required more rigour, the safer custody team was well motivated, proactive and known around the prison. Sex offenders were now safely accommodated on G wing, although overspill arrangements were less satisfactory.

Despite some good supply reduction work the prevalence of illicit drugs remained stubbornly high. We were persuaded that this in part reflected wider issues in the West Midlands, particularly surrounding more organised criminality. The prison was proactive in trying to combat this challenge. Substance misuse services to try to tackle demand had improved since the last inspection and ensured a useful range of interventions.

The number of prisoners being segregated was commendably low and there was some good support on offer in segregation including some one-to-one work and some reintegration planning. This was better than we normally see although the segregation unit environment itself remained poor. Use of force was also low and management of the process was very good.

We found Birmingham to be a more respectful institution than we have seen in previous inspections. Living conditions however, were mixed, ranging from old and tired Victorian wings to a significant amount of newer and better quality accommodation. Cleanliness and access to amenities was good but many cells were doubled up with unscreened toilets. Relationships between staff and prisoners were good and much improved from previous inspections. The quality of formal prisoner consultation, some of it engaging with outside organisations and former prisoners, was a new strength of the prison. The management of diversity was generally good but support for minority groups remained mixed. Men with high care needs were looked after well, but the needs of some other disabled men were not met consistently. Black and minority ethnic prisoners were generally concerned with the same issues as white prisoners, although some Muslim prisoners felt less positive

that their concerns were being listened to. Foreign nationals were particularly negative about their experiences at Birmingham.

Complaints were poorly managed and prisoners had little faith in the process, although legal services were better than we normally see. Health care provision was generally good and valued by most prisoners. Mental health care support for the relatively high number of prisoners needing it was very good. The quality of food provided was reasonable although many prisoners still complained about its quality.

Most prisoners had a reasonable amount of time out of cell, and the regime was predictable and rarely curtailed. Leadership and management of learning and skills provision was improving and the number of education and work places had increased since the last inspection, although there was still not enough. A move to offer more activities on a part-time basis would help improve engagement, as would improving punctuality and attendance. Too much wing work was also mundane and did not help develop employability skills. Success rates in education achievements had improved but not sufficiently in the important area of functional skills, notably English. Access to the library was particularly poor and just a third of prisoners regularly used what was otherwise a good PE provision.

Resettlement services were useful and effective but would be further enhanced and more focused if underpinned by a needs analysis of the population. Prisoner perceptions of resettlement opportunities were improving and outcomes across the various resettlement pathways were reasonable. The prison had a well motivated offender management unit and there was a good focus on seeking to ensure offender assessments were mostly up to date. However, public protection work was much weaker and required attention.

Overall and in the context of the risks and challenges faced by this prison, this is an encouraging report. Birmingham is well led and we found a much improved staff culture. Improvement is broadly based and a commitment to meaningful consultation with prisoners seems to be a new found strength of the prison. There is much more to do and Birmingham will always have pressures and risks to face. But the Director and his staff deserved credit for their achievements so far.

Nick Hardwick
HM Chief Inspector of Prisons

July 2014

Fact page

Task of the establishment

HMP Birmingham holds adult male convicted and unconvicted prisoners. The prison serves the Birmingham court circuit and its primary role is to hold remand and trial prisoners. The prison holds category B and C prisoners as well as a small population of retained category D prisoners.

Prison status

Private: contractor – G4S Care & Justice Services

Region

West Midlands

Number held

1,443

Certified normal accommodation

1,093

Operational capacity

1,450

Date of last full inspection

9–13 January 2012

Brief history

Birmingham prison is a Victorian local prison that has been extended following the addition of modern units – K wing opened in 1992 and L, M, N, P wings and the health care, gym and education and work units opened in 2003. Housing adult male prisoners, the prison serves the Crown and Magistrates' Courts of Birmingham, Shrewsbury and Telford, along with the Magistrates' Courts of Burton, Cannock, Lichfield, Rugeley, Sutton Coldfield and Tamworth.

In 2004, a multi-million pound investment programme led to 450 additional prisoner places as well as new workshops and educational facilities and a new health care centre and gym. Existing facilities were also extended and improved.

G4S took over the prison on 1 October 2011. New initiatives since then have included reopening J wing as a social inclusion unit for older prisoners and those with similar needs.

Short description of residential units

A wing: Residential unit also holding a small population of prisoners at risk on the A1 landing and a mix of vulnerable and at-risk prisoners on the A2 landing

B wing: Detoxification unit, also housing the segregation unit on the B1 landing

C wing: Residential unit holding remand and non-sentenced prisoners

D wing: First night centre

G wing: Vulnerable prisoner unit holding sex offenders

HCC: Health care unit, with two inpatient wards: ward 1 for physical health and ward 2 for mental health

J wing: Social care unit

K wing: Residential unit holding category C prisoners and enhanced regime category B prisoners

L wing: Residential unit holding a mix of prisoners

M wing: Residential unit holding a mix of prisoners

N wing: Residential unit holding a mix of prisoners

P wing: Residential unit holding a mix of prisoners

Name of director

Pete Small

Escort contractor

GeoAmey

Health service provider

Birmingham and Solihull Mental Health Foundation Trust

Learning and skills providers

Milton Keynes College

South and City College, Birmingham

N-ergy

Independent Monitoring Board chair

Roger Lawrence

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 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*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV 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 some long delays in court cells before prisoners were transferred to the prison and a high turnover in the population. Too many prisoners arrived too late in the day and we were concerned about the lack of a full first night assessment for some of them. Induction procedures needed improvement. Most prisoners felt safe and the number of violent incidents was not excessive. Levels of self-harm were low and support for those at risk of self-harm was good. Formal safeguarding processes needed development. The positive mandatory drug testing rate was too high, despite some good supply reduction work. The incentives and earned privileges scheme was used effectively to address poor behaviour. Use of force was well managed. Segregation staff worked well with the small number of men who were segregated. Substance misuse support had improved and was now good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in 2012 we found that outcomes for prisoners in Birmingham were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, six had been partially achieved, one had not been achieved and one was no longer relevant.*

S3 Although most prisoners had relatively short journeys to the prison, for some they were long. Many waited several hours in local court cells before being transferred to the prison.

S4 The prison managed an extremely high population turnover, and received many men with substantial problems. Many arrived in reception late in the day. Reception was clean, staff were professional and processes were efficient. Greater privacy was required during cell-sharing risk assessments. Arrangements for sex offenders ensured they were kept safe. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) was available but little information was available in languages other than English.

S5 First night cells were clean but interviewing facilities were limited. Staff completed a comprehensive first night assessment for most prisoners and were aware of their needs. We observed that staff had a caring approach and in our survey most prisoners were positive about safety on their first night. However, we were concerned that not all late arrivals got a full first night interview or could make a telephone call. Not all prisoners received a complete induction.

S6 Most prisoners said they felt safe but those from some minority groups were less positive. Given the size of the population and the challenges they presented, the number of assaults and fights was not excessive and monthly safer custody meetings monitored a range of indicators. The safer custody team was motivated and addressed the issues presented proactively. Tackling antisocial behaviour monitoring booklets (TABS) were not all completed fully and too many comments failed to record interactions with prisoners. However, the incentives and earned privileges (IEP) scheme and adjudications process were used effectively to address antisocial behaviour.

- S7 Sex offenders were accommodated safely on G wing. However, many said they felt unsafe when they were away from the wing. Other at-risk prisoners were safely located on the A1 landing but they had a restricted regime. The use of the A2 landing as an overspill affected the management of vulnerable prisoners and at-risk prisoners.
- S8 The number of incidents of self-harm had reduced from the previous year and, given the size and complexity of the population, was not high. Serious incidents were investigated well. There had been four self-inflicted deaths since the previous inspection. Senior managers regularly monitored the prison's action plan on deaths in custody. There were no apparent recurring concerns although most had occurred shortly after the prisoner had arrived at Birmingham which called for determined vigilance. Around 57 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were established each month. Documents were generally completed to a good standard but some night-time observations were carried out at predictable times. Staff we spoke to knew the circumstances of prisoners on ACCTs and most prisoners involved felt well supported. Prisoners had good access to Listeners, who also generally felt well supported. Formal adult safeguarding arrangements were underdeveloped, although some good support was offered to men with high care needs on J wing.
- S9 Security was well managed and proportionate. Sophisticated intelligence-based risk management systems were effective, and communication within the prison and externally was good. The level of suspicion drug testing had improved and the positive rate was good. The prison had a detailed supply-reduction strategy and action plan, and proactive measures to tackle the drug problem. Despite this, the availability of drugs was too high, with the mandatory drug testing positive rate averaging 18.6% against a target of 12%.
- S10 The IEP scheme was well managed and monitoring was generally good. Reviews were prompt but some prisoners had been on entry level for more than two weeks.
- S11 The adjudications process was used appropriately to manage problematic behaviour. Quality assurance was effective. A large proportion of cases were referred to the independent adjudicator, but this appeared justified. The use of force had decreased since the previous inspection. Governance was very good and the video recordings that we saw of planned removals raised no concerns. Special accommodation was rarely used.
- S12 The environment in the segregation unit was bleak but segregation was seldom used. Reintegration planning was reasonable and the regime for longer-stay prisoners had improved. Relationships between staff and prisoners on the unit were very good.
- S13 It was positive that the clinical team and the drugs and alcohol recovery team (DART) were now co-located but care plans and clinical reviews were not yet carried out jointly. Support services for prisoners with drug and alcohol problems had improved substantially and were now good overall. Despite this there was no maintenance regime and many prisoners were unhappy with substance misuse prescribing.

Respect

S14 *Living conditions were mixed; older accommodation was relatively poor although communal areas were kept clean. Prisoner consultation arrangements were very good. Staff–prisoner relationships had improved and were now generally good. Diversity work was proactive but there were some gaps in the provision which needed attention. The standard of responses to complaints needed to be improved but legal services were generally good. Health care provision was very good and mental health services were impressive. The food was reasonable and the shop provided a good range of items. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S15 *At the last inspection in 2012 we found that outcomes for prisoners in Birmingham were reasonably good against this healthy prison test. We made 16 recommendations in the area of respect. At this follow-up inspection we found that six of the recommendations had been achieved, five had been partially achieved and five had not been achieved.*

S16 The external environment was clean and good efforts had been made to eradicate vermin and pests. The residential areas were generally clean but there were some deficiencies. The accommodation was a mixture of very old Victorian wings and some which were much newer builds. Some cells in the older wings were cramped, and some did not have enough furniture for two prisoners. Not all cells had toilet screens or curtains. The prison needed better arrangements to ensure prisoners could obtain cleaning materials easily. A window replacement programme had not been completed but efforts were made to repair broken windows when necessary. There were sufficient showers and many had been refurbished. Some new wings had in-cell telephones but many landing phones on the older wings could not be used in private.

S17 Most prisoners made applications using kiosks (information pods located on the wings, allowing prisoners to complete a range of tasks). They were used frequently but prisoners' perceptions about the applications process were poorer than the comparator.

S18 Staff–prisoner relationships had improved since our previous inspection and 80% said that staff treated them respectfully. The prison consulted prisoners extensively and User Voice, a charity led by ex-offenders, facilitated constructive communication and decision making. Interactions we observed were friendly and relaxed. The personal officer scheme was not sufficiently focused on supporting resettlement work.

S19 Strategic management of equality and diversity was good, although the equality policies were out of date. Regular equality action team meetings were well attended, including by prisoner equality representatives, and most actions were implemented. Investigations of discrimination incident reporting forms were well managed, and the external scrutiny panel was a positive initiative.

- S20 The prison identified prisoners from most protected characteristics well and there were good support arrangements in place for some, although not all, prisoners with protected characteristics. The concerns of black and minority ethnic prisoners were generally similar to those of white prisoners. Foreign nationals in our survey were less positive than others about safety. There were no formal consultation arrangements, although the foreign nationals officer provided some good one-to-one support. Very little translated information was available. Some of these prisoners had been held for long periods past the end of their sentence. Muslim prisoners were less positive in our survey about some elements of their treatment, and the lack of formal consultation with them meant that their concerns were less well understood.
- S21 In our survey, prisoners with disabilities were more negative than others across a range of issues. Very good support arrangements were in place for prisoners with social care needs, older prisoners and those with disabilities on J wing. On other wings, however, the needs of some men with disabilities were not being met. There was no specific support for gay or bisexual prisoners.
- S22 Faith and religious activity provision was good for most prisoners, although the multi-faith room on G wing was not suitable. The chaplaincy was well integrated into the running of the prison and supported prisoners who were in crisis. Some good joint work with outside faith based agencies was being carried out, including counselling and resettlement support.
- S23 We saw many responses to formal complaints that had not addressed the main issue, were not sufficiently respectful and for which investigations had not been completed. Serious complaints against staff were generally well managed.
- S24 Legal services were good. Prisoners' needs were identified, and legal services officers provided a good range of relevant support.
- S25 Patients were generally satisfied with health care offered. A wide range of primary care services was available. Patients with complex acute or chronic needs had access to well-organised inpatient units staffed by caring nurses and officers. Visiting services from the education department were no longer offered, which meant patients had fewer opportunities to participate in purposeful activities. Pharmacy services were good but some patients on night-time medications were not receiving them at the prescribed times. Dental treatment was adequate although prisoners were negative about access arrangements.
- S26 The population included a substantial number of prisoners experiencing acute emotional distress and mental health problems. Staff offered impressive integrated primary, in-reach and forensic mental health services, and there was a counselling service. Transfers under the Mental Health Act were not completed within target times.
- S27 Satisfaction with food was similar to that at other local prisons and responses had improved since the previous inspection. Meals were served too early. The prison shop offered a good range of items.

Purposeful activity

S28 *Most prisoners had a reasonable amount of time out of cell. Outside exercise was restricted for a few. Leadership and management of learning and skills had improved and the number of activity places had increased. The range of activities was generally adequate, although there was too much mundane wing work. The quality of teaching and coaching was mixed, and success rates in education had improved, but not enough in functional skills. Both the allocations process and attendance at activities needed improvement. Access to the library was poor. Too few prisoners used the gym. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S29 *At the last inspection in 2012 we found that outcomes for prisoners in Birmingham were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, six had been partially achieved and three had not been achieved.*

S30 Time out of cell was reasonable, particularly for those in employment; however, the quarter of prisoners who did not work received less time out of cell than others. Those on D wing and the A1 landing did not have enough opportunities to exercise. Otherwise, exercise and association were rarely cancelled and the regime was rarely curtailed.

S31 Effective improvements since the previous inspection had strengthened the leadership and management team, and improved success rates. The prison correctly identified key learning and skills areas requiring improvement. These included the use of data to monitor trends and setting targets for improvement. Internal partnership working had improved but links with employers needed to be further developed to better support resettlement.

S32 The prison had increased the number of activity spaces since the previous inspection but there were still not sufficient to occupy the whole prison population. Use of more part-time employment would have helped to maximise prisoners' access. Too many vocational training and work places were underused. Resources such as the virtual campus (internet access for prisoners to community education, training and employment opportunities) were underused and the promotion of distance learning needed further development. Paying prisoners a reduced rate for the initial four weeks of work was inequitable. Activities were allocated mostly according to prisoners' preferences rather than their employability needs. The range of education and work was adequate and the selection of vocational training was good. However, too many wing-based workers were underemployed. Induction to education, although timely, did not motivate learners to participate in purposeful activity.

S33 Some good teaching took place in education, but the picture was mixed and some sessions were not challenging enough. The mentoring programme supported many learners well. The standard of coaching in the vocational workshops was satisfactory and in a few cases good. Prisoners received good vocational support in workshops but there was no effective support in English and mathematics.

S34 In education, success rates had improved overall since the last inspection, although they remained particularly low for functional skills in English. Prisoners' achievements of qualifications in English for speakers of other languages showed signs of improvement but were still low. Achievements in vocational training were also mixed and the prison did not sufficiently analyse achievement by different groups of learners. Attendance remained poor and still needed to be improved. The prison did not sufficiently analyse achievement by different groups of learners. Tutors and prisoners had developed mutually respectful relationships and classroom behaviour was good.

- S35 Prisoners' access to the library had declined since the previous inspection. Prisoners who worked could not visit the library and it remained closed during the evenings and at weekends. The prison delivered a number of events to promote reading and had introduced initiatives such as Storybook Dads (in which prisoners record stories for their children).
- S36 The gym was adequately equipped, and well managed and resourced. Although prisoners were allocated to gym activities twice a week, too few used it frequently. Work with the over-50s was appropriate and links had been developed with the health care department and drug rehabilitation staff.

Resettlement

S37 *The reducing reoffending strategy described most of the main resettlement priorities but it was not based on a needs analysis. The offender management unit was fragmented but was delivering some reasonable outcomes. The offender assessment system (OASys) process was generally well managed. Internal public protection arrangements had insufficient oversight, although liaison with external bodies was good. Categorisation was well managed but there were delays in transferring some prisoners, including long-term indeterminate-sentenced prisoners. Prisoners' immediate resettlement needs were identified. Referrals were made after arrival and reviewed pre-release. Strong resettlement support was available and provision for contact with children and families was excellent. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S38 *At the last inspection in 2012 we found that outcomes for prisoners in Birmingham were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved, eight had been partially achieved and two had not been achieved.*

- S39 The reducing reoffending strategy had a broadly appropriate focus, but did not adequately explain how the needs of some sections of the population would be met and was not based on a comprehensive needs analysis. Despite some promising efforts, reducing reoffending work did not have 'whole prison' approach. There were some good examples of release on temporary licence (ROTL).
- S40 The offender management team was well motivated. Most prisoners only saw their offender supervisor (OS) when key processes were taking place, or when they applied to see them. The vast majority of OASys reports had been completed. Home detention curfew decisions were reasoned and proportionate, but many decisions were made after the prisoners' eligibility date. Some public protection arrangements were weak. However, offender supervisors often attended multi-agency public protection arrangements (MAPPA) meetings to ensure that it was safe to release particular prisoners. Categorisation arrangements were sound. There were delays in moving category B prisoners to training prisons. Some indeterminate-sentenced prisoners were inappropriately held at the prison.
- S41 Resettlement officers saw prisoners the day after their admission to provide advice and to direct prisoners to appropriate services. Prisoners were seen again two weeks before release to check that basic resettlement arrangements were in place. There was scope for wing staff to support this process more effectively. Different agencies supported prisoners during employment fairs. In our survey, many prisoners said they did not know how to obtain resettlement support, but we saw provision that was generally good.

- S42 Approximately 7% of prisoners were released without an address, although reasonable efforts were made to minimise this. The prison had good links with local housing providers but support for men who were being released in other areas of the country was more problematic. Prisoners could attend a pre-tenancy course organised by the education department. The service delivered by the National Careers Service was good. The prison also delivered an employability course.
- S43 Good pre-release support was provided for prisoners with health or substance misuse issues. Prisoners' finance, benefit and debt needs were identified on arrival and appropriate support was provided, although the provision did not fully meet demand.
- S44 There were good arrangements to support prisoners in maintaining contact with their families. However, some visitors were strip-searched by prison staff which was unacceptable. Arrangements for domestic visits were good, and the visitor centre was well used. Prisoners in the main part of the prison had access to monthly family days, which were well attended; however, it was inequitable that they were not open to sex offenders. Partnership work with outside agencies was very good, and included continuing support to prisoners and their families after their release. Family support worker provision was impressive.
- S45 An enthusiastic group of staff ran the accredited thinking skills programme well, and there were a number of other programmes to address areas such as relationship issues.

Main concerns and recommendations

- S46 Concern: Some prisoners were arriving late in the evening, often after long days at court and travelling to the prison. This and the high turnover of prisoners was putting first night processes under strain and resulting in some prisoners being located in cells without a full first night interview taking place. Given that prisoners are often at their most vulnerable in the early days, and that some self-inflicted deaths at the prison had occurred shortly after arrival at the prison processes needed to be rigorous and consistent. For similar reasons, some were also not being offered a telephone call on arrival.

Recommendation: All prisoners should receive a full first night interview, risk assessment and a telephone call.

- S47 Concern: Twelve per cent of prisoners were foreign nationals and this group responded less positively than others to a range of issues in our survey. No formal consultation arrangements were in place for these prisoners. Very little translated information was available and some struggled to use kiosks that were only in English. Prisoners we spoke to were unaware of some support available. Some immigration detainees had been held for long periods past the end of their sentence, the longest for 16 months; they were frustrated and anxious.

Recommendation: Foreign national prisoners' concerns should be explored and addressed, and arrangements put in place to ensure they have effective structured support, equal access to facilities and activities.

S48 Concern: There were insufficient activity places overall, and those available were not used to maximise the number of prisoners who could engage in some form of purposeful activity. Use of more part-time employment would have helped to maximise the opportunities available. Too many men were engaged in mundane and poor-quality wing-based work. Attendance and punctuality at some activities needed to be improved to maximise their impact, and ensure employability skills were being learned and demonstrated.

Recommendation: Available activity places should be used to maximise the number of prisoners who can be engaged in purposeful activity; attendance rates should be increased, and activity places in vocational classes fully subscribed.

S49 Concern: Public protection arrangements needed closer scrutiny. The inter-departmental risk management team (IRMT) had no terms of reference and the meeting lacked structure. Some offender management unit staff said they were unaware of its purpose. Not all MAPPA cases were reviewed by the IRMT before the prisoner was released.

Recommendation: Public protection systems should ensure that all prisoners posing a high risk of harm are monitored by an effective inter-departmental risk management team in accordance with multi-agency public protection arrangements (MAPPA) guidance.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Some prisoners waited too long for transfer from local courts to the prison and a number arrived too late in the day. A document outlining prisoners' previous convictions did not always arrive with them. Escort vans were clean and around two-thirds of prisoners said that escort staff treated them well.*

I.2 Journey times for most prisoners were relatively short but many waited several hours in local courts before being transferred to the prison. One prisoner had spent nearly eight hours in a local court for a 35-minute journey to the prison, creating additional pressure on reception staff later in the day.

I.3 Prisoners arriving from courts in other parts of the country and from Wales had much longer journeys. Consequently, many prisoners, including those at risk because they had mental health or substance withdrawal problems, arrived late. The prison had raised concerns about the risks associated with late arrivals in a meeting with the escort contractor in December 2013.

I.4 Most person escort records were completed satisfactorily and indicated risk factors. However, copies of previous convictions, an aid to accurate first night risk assessment, often did not arrive with prisoners, and reception staff had to rely largely on prisoners' own accounts of their offending. This meant that prisoners could share a cell before a full risk assessment had been completed. The prison obtained details of prisoners' previous convictions through the police national computer the day following reception.

I.5 Cooperation between the prison and the escort contractor was good and processes were generally efficient. All prisoners were handcuffed for the short distance between the escort vehicle and reception, which, given the security considerations, was appropriate, except for prisoners being transferred to open prisons.

I.6 Vans were clean and had supplies of water and first-aid boxes. Two-thirds of prisoners in our survey said that they were treated well by escort staff. Some regional work was taking place to promote greater use of court video-links.

Recommendations

I.7 **Prisoners from local courts should be transferred promptly to the prison following their court appearance.**

I.8 **A list of previous convictions to inform cell-sharing risk assessments should arrive from court or police custody with the prisoner.**

Housekeeping point

- 1.9** Prisoners being transferred to open prisons should not be handcuffed between reception and the escort vehicle.

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.

1.10 *Reception was clean and the prison managed an extremely high population turnover. We had some concerns about first night procedures; not all who arrived late received a full first night interview but in our survey most prisoners said that they felt safe. We were not assured that prisoners received an appropriate induction.*

- 1.11** The prison managed an extremely high population turnover, including some men with substantial problems; on average, 100 prisoners went through reception each day between July and December 2013 and there were 100 new arrivals each week. Reception was clean. A video explaining prison procedures and the help available was played in each of the four holding rooms, but little information was displayed in languages other than English.
- 1.12** Cell-sharing risk assessments were completed at the reception front desk, which was not sufficiently private. Staff were professional and processes efficient.
- 1.13** Food, drink and showers were offered and prison kit and bedding provided. Searching was done in a relaxed but professional manner. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked in reception and introduced himself to new receptions (see also section on self-harm and suicide prevention). Sex offenders were held in a small holding room that staff could observe easily.
- 1.14** Once reception procedures had been completed, some prisoners had long waits in largely unsupervised holding rooms before being taken to the first night centre. In our survey, 42% said that they were held in reception for under two hours, less than the 46% comparator.
- 1.15** The first night centre was small and cramped. All new prisoners shared cells unless risks had been identified. Cells were clean but interviewing facilities poor; prisoners sat in the doorway of vacant cells and officers sat opposite them, on the landing.
- 1.16** Staff completed a comprehensive first night assessment for most prisoners and were aware of their needs, but importantly staff did not complete a comprehensive first night assessment for all prisoners. Prisoners were offered a reception pack, £2 in telephone credit and a free two-minute phone call. Insiders (prisoners who introduce new arrivals to prison life) met new receptions and reiterated important information to help them understand procedures. We observed some very caring staff and in our survey most prisoners were positive about safety on their first night.

- I.17** However, not all late arrivals got a full first night interview and therefore a full assessment, nor could they make a telephone call. On some occasions prisoners were woken up for first night interviews but at other times, these interviews did not take place until the following morning and prisoners were not offered telephone calls (see main recommendation S46).
- I.18** Sufficient spaces had to be found each day on the first night centre for new arrivals. Some prisoners could not be moved and remained on the wing for several weeks, waiting for spaces on G wing for sex offenders, on the A1 landing for at-risk prisoners or for the 'overspill' spaces for sex offenders and at-risk prisoners on the A2 landing.
- I.19** A two-day induction programme started on the day following reception and included input from the drugs and alcohol recovery team (DART), health care department and officers from the admission and discharge group. Staff did not complete a checklist of the various induction elements and we were not assured that all prisoners received the full induction. Some parts of the induction took place away from the wing and included an officer answering questions about the video playing in reception holding rooms. The whole approach was uncoordinated. Those who had been transferred from other prisons or had been released from the prison within the previous six months were not required to complete induction.

Recommendations

- I.20** Cell-sharing risk assessments should be completed confidentially.
- I.21** All new receptions should receive an appropriate 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.22 *Fewer prisoners than at the last inspection said they had felt unsafe at some time at the prison but some minority groups were less positive. The safer custody strategy was not informed by prisoner consultation but most staff were proactively focused on safer custody issues. The tackling antisocial behaviour process required improvement and effective management oversight. Most sex offenders and prisoners at risk were now safely accommodated but the overspill on the A2 landing meant that three different regimes were needed to ensure safety.*

- I.23** In our survey, significantly fewer prisoners than at our previous inspection said they had felt unsafe at some time at the prison but some minority groups were less positive (see section on equality and diversity). Given the size and complexity of the population, recorded levels of fights and assaults were not excessive.
- I.24** The safer custody strategy included guidance about bullying and violence reduction, and suicide and self-harm but was not informed by prisoner consultation, and no use was made of a prisoner survey undertaken in 2013.

- I.25** A senior manager led the motivated and active safer custody team. Monthly safer custody meetings monitored violence, antisocial behaviour, and suicide and self-harm using a range of indicators. A Listener provided information about their work, but meetings lacked a wider prisoner perspective.
- I.26** Minutes did not always record discussions of the reasons behind incidents of self-harm or antisocial behaviour, but conversations with safer custody staff and the wider staff team generally demonstrated a proactive focus on safety.
- I.27** The incentives and earned privileges (IEP) scheme and adjudication processes were used effectively to address antisocial behaviour, and between two and three mediation meetings took place each month, managed by a residential senior manager or safer custody staff.
- I.28** Three-stage tackling antisocial behaviour (TAB) booklets were used to monitor and address poor behaviour, and a total of 73 had been established in 2013. Written comments in booklets were mainly observational and recorded few actual interactions with prisoners to address their situation. It was not always clear that issues raised in the booklets had been followed up by staff.
- I.29** Most prisoners charged with, or convicted of, sexual offences were now safely accommodated on G wing. However, some reported feeling unsafe when they were not on the wing, for example during visits.
- I.30** Other prisoners, who were at risk, were managed in a variety of locations. Those who were in debt or being threatened by others were safely accommodated on the A1 landing but received a limited regime, with no access to religious services and exercise only once a week. Prisoners charged or convicted of sexual offences waiting to move to G wing were accommodated on the A2 landing alongside those waiting for a space on A1. This was complex and required three different regimes to operate on A wing to ensure that all prisoners were safely managed.

Recommendations

- I.31** **Effective prisoner consultations should inform the safer custody policy and enhance discussions at safer custody meetings.**
- I.32** **Tackling antisocial behaviour processes should be robustly managed to ensure that processes are fully completed and that issues raised receive an effective response.**
- I.33** **All sex offenders and prisoners at risk should have the same access to regimes and services as other prisoners.**

Self-harm and suicide prevention

Expected outcomes:

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

- I.34** *The number of self-harm incidents had declined. The quality of assessment, care in custody and teamwork (ACCT) case management documents was generally good and most men were supported. There had been four self-inflicted deaths since the previous inspection; the last two had yet to be investigated by the Prisons and Probation Ombudsman but appropriate actions had been progressed.*
- I.35** The number of incidents of self-harm had reduced from the previous year and, given the size and complexity of the population, were not excessive (see section on delivery of care (mental health)). Serious self-harm incidents were well investigated and lessons learned.
- I.36** Not all prisoners received a full first night interview (see section on early days in custody) and in our survey fewer prisoners than the comparator (35% compared with 46%) said they had received information about support available for those feeling depressed or suicidal on arrival which was of concern. The first night process was an agenda item at safer custody meetings.
- I.37** There had been four self-inflicted deaths since the previous inspection; there were no recurring concerns. Action plans from Prisons and Probation Ombudsman recommendations had been formulated and were periodically reviewed appropriately to track progress. Given the churn in the population it was unsurprising that four out of five of these deaths occurred not long after the prisoner had arrived at Birmingham. Whilst this did require determined vigilance, there were no other apparent recurring themes or concerns.
- I.38** Around 57 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were opened every month, and 20 were open on one day during the inspection. Prisoners we spoke to said that they felt well supported.
- I.39** The quality of ACCT documents was generally good, although some observations at night were carried out at predictable times. Wing staff knew prisoners well and staff were generally well aware of vulnerable and at-risk prisoners. Case management was not always consistent but some reviews were well supported by chaplaincy, health care and mental health staff, and some family meetings had taken place in the prison to support prisoners on ACCTs. Some good pre-release support was offered to prisoners vulnerable to self-harm (see paragraph 4.36).
- I.40** Listeners said that most staff and prisoners valued their work. Fewer prisoners than the comparator said they had access to a Listener on arrival. There was a Listener in reception during the inspection but safer custody minutes recorded that this had not been consistent.
- I.41** The chaplaincy supported prisoners in crisis and offered counselling services (see section on faith and religious activity).

Recommendation

- I.42 Assessment, care in custody and teamwork (ACCT) reviews should have a consistent case manager, and observations at night should not be carried out at predictable times.**

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.43** *A local policy described the prison's safeguarding approach but links with the local safeguarding adults board needed to be improved.*

- I.44** A policy described the prison's approach to safeguarding adults at risk in the prison and provided staff with guidance on reporting concerns to the safer custody team. It did not outline the process of referring cases to Birmingham's safeguarding adults board or any links with the board, although the prison was represented at the city council's safeguarding adults at risk meetings.
- I.45** Some safer custody staff had attended safeguarding training delivered by the city council in 2013 and, although staff were generally aware of the needs of prisoners at risk, no specific safeguarding training had been delivered. Some good care was provided to men on J wing who had social care needs, but this had not been integrated into a more strategic approach to safeguarding adults at risk.

Recommendation

- I.46 Safeguarding policy, including outlining the role of J wing, and practice should be further developed in conjunction with the local safeguarding adults board.**

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).

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.

- I.47** *Security was well managed and proportionate. Intelligence-based risk management systems were effective and sophisticated. Security committee meetings were well attended and links to other key areas, such as the safer custody and drug strategy teams, and local and regional police forces were good. Measures to tackle drug issues were proactive but, despite this, the availability of drugs was too high.*
- I.48** There were no obvious weaknesses or anomalies in the prison's physical or procedural security. Regular checks and routine searches of perimeter fences and walls took place every day, along with searches of communal areas and activities buildings. Relationships between staff and prisoners were generally positive, and supervision levels, particularly on the wings ensured the main elements of dynamic security were in place.
- I.49** The security department had seen a decline in the number of information reports since the introduction of a new computer-based information-reporting system. However, the flow of information into the department remained good.
- I.50** Information was processed and categorised promptly by trained full-time security collators and analysts. It was communicated well to other areas of the prison, particularly residential wings, allowing staff to make informed decisions about prisoners.
- I.51** The security department managed complex intelligence systems used to identify and deal with sophisticated and covert forms of organised crime, possible staff corruption and terrorist activities. Information from security information reports, custodial history records and police reports was used to inform interventions. Risk management plans were impressive and were reviewed by the security department and often personally by the director. Excellent links had been established with the local police, particularly in relation to organised crime. Four police intelligence officers had been appointed to collate information, particularly, on continuing criminal issues and investigations within the prison.
- I.52** Security committee meetings were always well attended by staff and managers from key areas of the prison, such as the safer custody and drug strategy teams, as well as by most of the senior management team. This reflected the importance placed on security information and intelligence. Monthly security objectives were agreed through the appropriate consideration of intelligence.
- I.53** The prison operated a modified free-flow system to allow supervised prisoners to move around the prison to and from planned regime activities. This was effectively controlled by officers at strategic points along the route to work and education classes. Supervision was unobtrusive and allowed prisoners to walk freely within certain areas.
- I.54** The availability of drugs was high. In our survey, 37% of prisoners said it was easy to get illegal drugs, against a comparator of 30%, and more than the comparator reported developing a drug problem at the prison. The random mandatory drug testing (MDT) positive rate averaged 18.6% in the past six months and had reached 27.9% in January, compared with an annual target of 12%.

- I.55** One-third of requests for suspicion testing had not been met in the previous six months, but levels of testing were improving and this was now closely monitored. Out of 134 tests completed, 66% were positive, which pointed to accurate intelligence reports. The prison also tested prisoners identified as at risk of taking drugs.
- I.56** Test results and finds were mainly for cannabis and subutex. Medication was rarely traded. The prison had developed a detailed supply-reduction strategy and a comprehensive action plan, which were reviewed at security and drug strategy meetings. Proactive measures to tackle the problem included intelligence-led searches resulting in some large finds, work with police to disrupt supply routes (there had been 13 visitor arrests since July 2013), extra peripheral fencing, active corruption prevention, and good intelligence gathering and analysis. Incidences of parcels being thrown over the wall had declined and the main supply route was identified as being through recalled prisoners.

Recommendation

- I.57** **The prison should ensure that the mandatory drug testing programme is sufficiently resourced to undertake the required level of target testing.**

Incentives and earned privileges³

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.58** *The incentives and earned privileges system was well managed and its implementation was generally monitored well. Reviews were usually prompt.*

- I.59** Most prisoners were on the standard level of the IEP scheme, a quarter were on the entry level, about 20% were on the enhanced regime and a smaller number (about 3%) were on the basic regime. The scheme offered the standard differentials in access to private cash, computer games and time out of cell, and it was generally applied consistently across the prison.
- I.60** Prisoners on the basic level could attend work activities, had at least one period of association every day, and had daily access to showers and telephones.
- I.61** There were very good systems to track the timeliness of IEP level reviews, particularly to ensure that prisoners on the entry level were reviewed after two weeks. This was usually effective but we found a small number of cases where prisoners had missed a review, which meant they remained on the entry level for too long. We also found that a few prisoners with confirmed mental health issues had been placed on the entry level in the health care centre and had not received a review at all. When we pointed this out, managers immediately addressed this issue and altered the policy.

³ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

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.62 *The number of adjudications was not excessive and charges were generally appropriate. Minutes of standardisation meetings reflected a good analysis of a range of information. Governance of use of force was very good and body cameras worn by residential managers were a positive initiative. The segregation unit environment was poor but segregation was seldom used; relationships and the care provided in the facility were very good. The collection and analysis of data to inform patterns and trends and to monitor the amount of time spent in segregation were weak.*

Disciplinary procedures

- I.63** There had been about 1,081 adjudications in the six months prior to the inspection, representing a rate of about 75 adjudications per 100 prisoners. Given the size and nature of the prison, this did not seem excessive. Charges were generally appropriate.
- I.64** A comparatively large proportion of charges were referred to the independent adjudicator but only if the charges were more serious, such as violence or drug possession, and this seemed reasonable.
- I.65** Monthly statistics on the number and nature of adjudications presented to the senior management team were noted, categorised and used to identify and address trends. Most records of hearings we examined showed that proceedings were conducted fairly and prisoners given the opportunity to explain their version of events. On the whole, punishments were fair and there were examples of adjudicating governors dismissing cases when the evidence was not strong.
- I.66** The adjudicating governor explained the appeals process to all prisoners directly after the formal hearing, and residential officers repeated this information when they left the adjudication room. There was no evidence that unofficial or collective punishments were being used.

The use of force

- I.67** The number of incidents involving the use of force had declined since the previous inspection and was comparatively low. There had been 115 in the six months prior to the inspection, a substantial reduction of about 30% since the previous inspection. About 52% did not involve full control and restraint techniques.
- I.68** Arrangements to monitor the use of force were good. Information about the nature of all incidents was collated and sufficiently well analysed to identify patterns and trends at use of force review meetings and during security committee meetings.
- I.69** Spontaneous and planned interventions were well organised and properly carried out, and documentation accounting for incidents was generally completed correctly. They were also properly authorised and recorded, and senior staff supervised all incidents. Planned interventions were video-recorded, and the video recording we viewed did not raise any concerns. There was evidence that de-escalation techniques were often used to good effect.

Managers on all wings carried cameras on their body that could record spontaneous incidents.

- I.70** Special cells in the segregation unit had been used to accommodate a prisoner only once in the six months prior to the inspection, for less than two hours. On this occasion, we were satisfied that this was justified and properly authorised.

Segregation

- I.71** Overall, the segregation unit was bleak. The communal landing was old and worn and there was very little natural light. Some cells were dirty and toilets were filthy. The caged exercise yard was featureless but prisoners had good access to it for at least an hour every day. Conditions in the special cells were poor. Although reasonably clean, they were only furnished with a slightly raised plinth, which was used as a bed. However, they were rarely used (see section on use of force).
- I.72** The use of segregation was low. During our inspection, one prisoner was in segregation; the total number segregated throughout the year averaged about 20 per month.
- I.73** The average length of segregation was around 15 days but a small number of prisoners had been segregated for much longer. We found that prisoners had served periods of segregation of between 20 and 30 days and in at least one case, three months. About 80% of the total use of segregation was for discipline offences.
- I.74** Planning to return longer stay prisoners to the normal prison location was reasonable and being further developed. Individual prisoner management plans had been drawn up for them and behaviour improvement targets set. Prisoners often attended association on 'normal' wings for incremental periods of time and some were gradually re-introduced to education classes and work. The regime for longer stay prisoners had also improved and usually included in-cell education and regular gym sessions following assessments of their individual risk.
- I.75** All prisoners received at least an hour's exercise each day and had access to the phone and shower.
- I.76** Relationships between staff and prisoners were very good but record keeping was poor and entries in prisoners' files did not reflect much of the progressive work we observed during the week. Monitoring of segregation was also underdeveloped, segregation management meetings did not take place and information about the number of prisoners segregated and their length of stay was not analysed sufficiently.

Recommendations

- I.77** **Conditions in the segregation unit exercise yard should be improved.**
- I.78** **The quality of entries in prisoners' segregation files should be improved.**

Substance misuse

Expected outcomes:

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

- I.79** *First night treatment had improved and was now good. Most prisoners requiring clinical substance misuse treatment were now appropriately located on B wing which could provide immediate support, but high demand meant movement on and off the wing was problematic. The reduction regime was safe but lacked flexibility. Support services for those with drug and alcohol problems had improved considerably and were now very good.*
- I.80** Most prisoners requiring clinical substance misuse stabilisation or detoxification were now located on B wing where appropriate support was concentrated, including 24 hour nurse cover. In the past six months, 769 prisoners had received opiate substitution treatment and 182 alcohol detoxification. Substance misuse nurses now screened prisoners on reception and a GP was available to prescribe first night treatment. Unless severe drug or alcohol withdrawal warranted inpatient admission, prisoners stayed in the first night centre prior to admission to B wing, the designated stabilisation unit. During the inspection, 19 prisoners who had completed treatment were waiting to leave B wing, using up spaces for new arrivals. Four stabilisation cells had been made available on B wing but were not yet in use.
- I.81** One hundred and sixty-one prisoners received methadone and 40 buprenorphine (subutex), mostly on a reducing dose basis. The reduction regimes lacked flexibility. There was no maintenance regime and all prisoners regardless of their circumstances were placed on a reduction regime after three months. This was overly rigid and had a destabilising effect on remand and very short-term sentenced prisoners, some of whom reported relapsing and resorting to the illicit use of subutex. Many wanted to cease medication and would have benefited from a slower detoxification.
- I.82** Controlled drugs were administered from treatment hatches in B wing corridors, which provided little privacy.
- I.83** The prison had a detailed substance misuse strategy policy, but the needs analysis on which it was based needed updating. Drug strategy committees met monthly, were chaired by the head of reducing reoffending and were well attended by staff from relevant departments.
- I.84** Clinical and psychosocial support teams were now co-located, which meant better communication, but clinical reviews needed to be conducted jointly and care plans fully integrated.
- I.85** Care for prisoners with mental health and drug and alcohol problems had improved considerably following the appointment of a designated dual diagnosis specialist nurse.
- I.86** Substance misuse nurses now ran health promotion clinics, and psychosocial support for prisoners with drug and with alcohol problems had increased. In our survey, 78% had found the support they received helpful, against a comparator of 69%. A team of substance misuse officers and drug and alcohol recovery workers had a caseload of 338 active clients. In addition to one-to-one work, a wide range of interventions had been developed. They included: a one-week motivation-to-change intervention; a two-week recovery module; relaxation; alcohol awareness; reading groups; and a family programme. Prisoners could also attend Alcoholics Anonymous, as well as self-management and recovery training groups. Prisoners were consulted regularly and two peer supporters were receiving training.

Recommendations

- I.87 Prescribing regimes for opiate-dependent prisoners should be flexible and based on individual needs. Care plans and treatment reviews should be undertaken jointly with the psychosocial support team and demonstrate patient involvement.**
- I.88 Controlled drug administration should take place in a suitable environment that provides prisoners with privacy.**
- I.89 The substance misuse strategy policy should be informed by a comprehensive needs analysis.**

Housekeeping point

- I.90 The establishment should ensure prisoners move on and off the stabilisation unit more promptly.**

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 *Living conditions were mixed. Some cells, particularly on the older wings were cramped and not all toilets in double cells were adequately screened. Access to telephones varied. There was good access to showers and it was easy for most to make applications.*

- 2.2** The level of overcrowding was similar to that at the previous inspection (30%). Residential units were a mix of older Victorian wings (A–G) and newer house blocks (J–P). Some had specialist functions (see fact page). Unconvicted prisoners were asked on their first night if they were prepared to share with convicted prisoners.
- 2.3** The external environment was clean and efforts had been made to eradicate vermin and pests. Gullies around the wings were clean during the inspection, although the pest control company had regularly commented on their poor condition.
- 2.4** Residential areas were generally clean. The prison attempted to make the best of the older wings by painting them regularly and removing graffiti, but there were some deficiencies. Some cells were cramped, particularly on the older wings, and some did not have enough furniture for two prisoners; the use of foldaway tables was being considered. Not all cells had toilet screens or curtains, and prisoners used sheets as makeshift screens, making cells look unkempt. Toothpaste was used to fix items to walls in many cells, which was unsightly.
- 2.5** In our survey, only 32% of respondents said they could get cell cleaning materials every week, against a 61% comparator. Most wings had supplies of cleaning materials but there were no clear arrangements to ensure prisoners had access.
- 2.6** A window replacement programme had not been completed, but a survey had been carried out and efforts made to repair broken windows when necessary. Some windows were however, still in a poor state.
- 2.7** There were sufficient showers; many had been refurbished and most were clean. Prisoners could wash their personal clothing on wing laundries. The shortage of prison clothing was regularly raised at wing forums and managers were addressing this concern.
- 2.8** In-cell telephones on some of the new wings were a good facility, but landing phones on older wings could not be used in private. Fewer prisoners than the comparator said they had problems sending or receiving mail, and secure payments (which enable prisoners to receive money via a prison account) were being used increasingly, enabling prisoners to receive money.
- 2.9** The kiosks (information pods located on the wings, allowing prisoners to complete a range of tasks) allowed most prisoners to make applications easily. They were used frequently, but prisoners' perceptions of the applications process were poorer than in comparator prisons. Approximately 10% of applications received late responses. A number of other applications

were paper-based and the prison recorded that replies to around 3% of these were delayed between July and December 2013.

- 2.10** In our survey, only 21% (against the 34% comparator) said that their cell bells were answered within five minutes. Responses to cell bells were recorded electronically and we found some with substantial delays. No routine management checks took place to look into the reasons for delays.

Recommendations

- 2.11** In-cell toilets should have privacy screens.
- 2.12** Managers should monitor the response to cell bells and establish the reasons for substantial delays in response times.

Housekeeping point

- 2.13** Access to cleaning materials should be improved.

Staff-prisoner relationships

Expected outcomes:

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

- 2.14** *Prisoner consultation arrangements were very good. Staff-prisoner relationships had improved and were a positive feature of the prison.*

- 2.15** Staff-prisoner relationships had improved since our previous inspection. There were few assaults on staff, there was greater use of mediation and prisoners were consulted extensively.
- 2.16** User Voice, a charity led by ex-offenders which facilitated constructive communication and decision making, was impressive. Fortnightly wing forums, involving different prisoners, took place, and the measuring the quality of prison life survey revealed that in 2013 prisoners and staff alike rated their quality of life and treatment to be better than in 2011 and 2012.
- 2.17** Interactions we saw were friendly and relaxed. Prisoners were allocated a personal officer, and a reserve officer covered absences; however, the generally good relationships had not yet led to personal officer work that focused on prisoners' resettlement.
- 2.18** Most entries in case records on P-Nomis (electronic case notes) consisted of observations of prisoners' behaviour, few demonstrating an awareness of their personal circumstances. Less than half of prisoners knew they had a personal officer, but, of those who did, 76% found them helpful.

Recommendation

- 2.19** Personal officer work should identify prisoners' individual needs and focus on effective resettlement.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ 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.

- 2.20** *Equality policies required updating but senior management leadership on equality and the identification of most protected characteristics were good. Reasonable support arrangements were in place for some, although not all, protected characteristics.*

Strategic management

- 2.21** The overarching equality policy and individual protected characteristics policies were out of date, but this was being addressed. There had been nine equality action team (EAT) meetings in the previous 12 months, chaired by the head of safer custody. Meetings were well attended, including by prisoner equality representatives. The equality officer presented an informative report, and identified actions were included in an equality action plan. Most, but not all, were put into practice within a reasonable timescale.
- 2.22** Race monitoring data were analysed and action taken to address any issues identified. Equality impact assessments had been undertaken on a wide range of issues.
- 2.23** Sixty-one discrimination incident reporting forms had been submitted between September 2013 and February 2014. Investigations were well managed and most responses timely. Trends were monitored and reported to EAT meetings, and appropriate action was taken. An external scrutiny panel involving prisoner representatives oversaw investigations.
- 2.24** Equality information was well promoted. Events focusing on areas such as Black History Month and Holocaust Memorial Day were organised. A total of 66 new staff and 45 prisoner equality representatives had undertaken one day Acting Inclusively training in the previous six months.

Housekeeping point

- 2.25** Equality training should include refresher sessions for staff and prisoner representatives.

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.26** The prison's identification of most protected characteristics was good. Information gathered during a reception interview was shared with equality staff and followed up in meetings with prisoners.
- 2.27** Just over 40% of prisoners were from a black and minority ethnic background. In our survey, the number of black and minority ethnic prisoners reporting victimisation by staff was similar to that of white prisoners. There was no dedicated forum for black and minority ethnic prisoners, but those we spoke to said they felt able to raise issues freely in prisoner consultation forums.
- 2.28** During our inspection, nine prisoners identified themselves as being from Gypsy, Traveller or Romany backgrounds. A prisoner group met monthly, supported by the chaplaincy, but there was no formal mechanism for any issues raised to be followed up.
- 2.29** A foreign nationals liaison officer provided useful one-to-one support for the 12% of prisoners who were foreign nationals (177). The largest nationality groups were Jamaican, Romanian and Vietnamese. Two immigration staff on site dealt with casework matters and prisoners could make appointments with them. No formal consultation arrangements were in place for foreign national prisoners. In our survey, this group felt less safe than other prisoners and more of them than others felt victimised by staff and other prisoners (see main recommendation S47).
- 2.30** Very little translated information was available in the prison and some struggled to use kiosks that were only in English. Staff said that the prison covered the cost of overseas postage, but prisoners we spoke to were unaware of this.
- 2.31** Some immigration detainees had been held for long periods past the end of their sentence, the longest for 16 months; they were frustrated and anxious.
- 2.32** Muslim prisoners were more negative in our survey about their treatment by some staff and by other prisoners, and more of them than other prisoners felt victimised because of their religious beliefs. However, confusingly, more Muslim than non-Muslim prisoners felt that their religious beliefs were respected. Formal consultation with this group, which might have helped to understand the apparent contradictions in perceptions, had lapsed.
- 2.33** In our survey, 21% of prisoners considered themselves to have a disability. This group reported more negatively than able-bodied prisoners across a range of issues and felt much less safe. An equality officer met with all prisoners who disclosed a disability soon after their arrival in the prison.
- 2.34** Very good support arrangements were in place for prisoners on J wing, which accommodated older prisoners and those identified with social care needs and disabilities. Care plans were in place and prisoners' everyday needs met. These prisoners could participate in work, education and association, and we saw some positive interaction between staff and prisoners. The prison held regular forums for older prisoners, and two joint health care and PE sessions a week were delivered to prisoners on the wing. The provision for older prisoners and those with disabilities with care needs on other wings was less consistent, and although care support plans were developed, they were not shared with prisoners or staff. There was no formal carer scheme.
- 2.35** Several prisoners using wheelchairs shared cramped cells with others. One prisoner we met could not fit his wheelchair through the cell door. Showers were not adapted on G wing (the sex offender wing), despite the number of older prisoners and those with disabilities

accommodated there. No wheelchairs were available on G wing, even though several prisoners on the wing had mobility issues and occasionally needed to use one.

- 2.36** Personal emergency and evacuation plans (PEEPs) were in place for prisoners who needed one, but not all wing staff were aware of them and some required updating.
- 2.37** Few gay or bisexual prisoners disclosed their sexual orientation, and they received no formal support. We met one young openly gay prisoner serving his first custodial sentence who felt intimidated and unsupported.

Recommendations

- 2.38** **All prisoners with disabilities should have a care support plan that is reviewed regularly and shared with wing staff; when necessary, this should include a personal emergency and evacuation plans that wing staff can refer to.**
- 2.39** **Services should be introduced to support gay and bisexual prisoners.**

Housekeeping point

- 2.40** Wheelchairs should be available to all prisoners who require them.

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.

2.41 *Faith provision was good for most prisoners, although facilities were inadequate for vulnerable prisoners and those with disabilities. The chaplaincy was well integrated into prison life and had good links with community groups.*

- 2.42** In our survey, more prisoners than in comparator prisons were negative about access to religious leaders and how easy it was to attend religious services.
- 2.43** Faith and religious activity was good for most prisoners in the main part of the prison. Corporate worship and faith education took place in a large chapel and multi-faith room, with purpose-built washing facilities. There was no Buddhist chaplain, although this was being addressed.
- 2.44** The provision for some prisoners was limited. There was no access to the chapel and multi-faith room for those with disabilities, and the facilities were not open to sex offenders on G wing or prisoners at risk on the A1 landing. The classroom used as a multi-faith room on G wing was inadequate and prisoners using wheelchairs could not access it. Prisoners on the A1 landing had access to in-cell worship only, while those with limited mobility had in-cell worship or met in the J wing association room.

- 2.45** The chaplaincy was well integrated into the prison. All new prisoners were seen during induction and the chaplaincy visited the wings every day. Prisoners in crisis received pastoral support, and the chaplaincy included three trained assessors in assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm.
- 2.46** Some good joint work with outside agencies supported prisoners in areas such as counselling and resettlement. The charity Bringing Hope worked via the chaplaincy to deliver a 12-week personal development programme. Forty-five prisoners in the previous six months participated in counselling and mentoring organised by the charity Awayforward Foundation.

Recommendation

- 2.47** **Vulnerable and at-risk prisoners and prisoners with disabilities should have equitable access to adequate multi-faith facilities.**

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.

2.48 *The complaints process required closer management. Too many responses to complaints were inadequate, and monitoring arrangements were weak. Serious complaints against staff were generally well managed.*

- 2.49** There were fewer complaints than in comparator prisons. Some complaint boxes were not labelled, and complaint forms were not always readily available. Some officers were unaware of the complaints process, and there were no posters explaining it or the role of the Prisons and Probation Ombudsman.
- 2.50** Prisoners' perceptions of the fairness of responses had improved since the previous inspection, and were now better than the comparator. However, most of the responses in our sample were not sufficiently respectful and failed to address the main issue. They showed that investigations had not been completed, there was a reluctance to admit failings and discussions with complainants were infrequent. Prisoners still felt that complaints were not answered promptly enough. Serious complaints against staff were generally well managed. The prison took swift action when a complaint suggested a prisoner was at risk.
- 2.51** Managers did not monitor trends, and the quality assurance process was not sufficiently effective.

Recommendation

- 2.52** **The complaints process should be thoroughly reviewed and the quality of responses improved.**

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.

2.53 *Legal services were good. Prisoners were not informed when legal mail had been opened in error.*

2.54 Prisoners' legal needs were identified on reception and prisoners were referred to two legal services officers, who also saw prisoners by application. Good support was provided across a range of legal issues, including bail.

2.55 Provision for legal visits was reasonable, although the prisoner waiting area had graffiti and the area for searching prisoners was cramped.

2.56 In our survey, 48% of prisoners, which was worse than the comparator, said that staff had opened legal mail when they were not there. Incidences of mail opened in error were recorded and the prison wrote to inform the sender of this, but not the prisoner.

Housekeeping point

2.57 Prisoners should be informed when legal mail is opened in error.

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.

2.58 *Prisoners were generally satisfied with health services, although they were unhappy with access to the dentist. Governance systems were robust. Health services were good, although some failure to attend rates were too high and daytime activities for inpatients needed improvement. Pharmacy services were good, but some prisoners on night-time medication were still not receiving them at prescribed times. Dental services were adequate but far too many prisoners were waiting to receive non-urgent treatment. Mental health services were impressive.*

Governance arrangements

2.59 Birmingham and Solihull Mental Health Foundation Trust provided health services. Primary care services were subcontracted to Birmingham Community Healthcare NHS Trust. The well-attended health partnership board met regularly. The health needs assessment had been updated in January 2014 and a full assessment was to take place later in 2014.

- 2.60** Governance systems were robust. A 'clinical dashboard' (providing information about service performance) efficiently monitored governance data, and actions were informed by lessons learned from adverse events and deaths in custody. There was, on average, one serious incident per month, and these were subjected to 'root cause analyses' and subsequent remedial action.
- 2.61** In our survey, 47% of prisoners said the overall quality of health care was good, against a comparator of 38% and 34% in 2011. Several patient forums met regularly and users were consulted about services. A rolling patient experience survey was completed at the kiosk in the health centre. Prisoner health representatives were available on each of the wings.
- 2.62** The shortage of health care professionals meant that a 24-hour service and good skills mix could not be offered. Recruitment was in hand to fill several staff vacancies. Access to training, clinical supervision and reflective practice opportunities were very good.
- 2.63** Treatment plans on SystemOne (the electronic clinical information system) reflected national guidance and were evaluated by clinical audit. Plans to deal with an outbreak of communicable diseases were good.
- 2.64** Health services were delivered from the health centre, wing-based dispensaries and consultation and treatment rooms. The latter were generally of a reasonable standard, although some wing-based rooms were just adequate. The waiting rooms in the health centre were congested and had uncomfortable seating. No health promotion material was available in the rooms. Work had begun to re-design the area.
- 2.65** The prison had a protocol to ensure that emergency ambulances could be accessed rapidly when necessary. Regularly checked automated external defibrillators (AEDs), airway support and emergency supplies were located at 16 sites; 38% of uniformed staff had been trained to use AEDs and trained health services staff were available at all times.
- 2.66** Prisoners had good access to well-being, screening and disease prevention programmes that were age appropriate. Prisoners who were 25 or younger were encouraged to undergo chlamydia screening and offered appropriate vaccines. A senior nurse took the lead on care for men aged 50 and over, which included well-man health checks and influenza vaccinations.
- 2.67** Health promotion was not organised systematically. However, a multi-departmental prison health promotion group had begun to develop a more strategic approach. Barrier protection was available from wing-based health rooms but access to condoms was not routinely advertised; lockable noticeboards had been ordered to address this.
- 2.68** There had been only three complaints relating to health care in the six months to January 2014. They were well managed and responses were timely, polite and focused. The very low number was attributed to nurses being available on the wings, and the complaints administrator seeking early face-to-face meetings regarding comments. We read several commendations from service users.

Housekeeping points

- 2.69** The waiting room environment should be improved.
- 2.70** There should be a more systematic approach to health promotion in the waiting rooms and on the wings.

Delivery of care (physical health)

- 2.71** There were, on average, 600 new receptions each month. All prisoners received an initial health screening in reception and a follow-up assessment, although 17% failed to attend it. Templates for these were comprehensive, although screening for learning disability was minimal.
- 2.72** The health centre was busy and saw more than 1,000 patients each month. GPs in the community were contacted at the beginning of a prisoner's custody, with the prisoner's consent, to ensure continuity of care. Prisoners consent was appropriately sought when needed.
- 2.73** An introductory leaflet about health services was given to prisoners during the reception process and on some of the wings. Prisoners could access health services by using the kiosk or a pictorial application form, or by visiting a wing-based nurse who provided triage. There was an effective appointment system.
- 2.74** A wide array of nurse-led primary care and lifelong conditions clinics and GP surgeries were offered. Onsite nurses were available out of hours and GPs were on call. Visiting clinicians included an optician, physiotherapist and podiatrist. Clinical data protection was observed well. Waiting times to see the doctor were less than 48 hours, although around 10% failed to attend their appointments. The failure-to-attend rate was also too high for some other clinics, such as sexual health (39%). An X-ray machine in reception, initially installed to screen for tuberculosis, had not been used.
- 2.75** External health appointments were rarely cancelled for security reasons. There was no access to telemedicine, which had been considered in the past.
- 2.76** The 30 inpatient beds were divided into two wards, one for physical care and one for mental health care. There were tight admission criteria and bed occupancy was routinely 80% or above. Patients had complex acute and chronic illnesses, and both wards provided good clinical environments with caring nurses and officers.
- 2.77** A reasonable mix of daytime activities, including support from the library and alternative therapies, was available, which patients appreciated. However, support from education staff had been withdrawn.

Recommendations

- 2.78 All patients should receive a comprehensive secondary health assessment following reception.**
- 2.79 Failure-to-attend rates should be the subject of sustained management action to drive them down.**
- 2.80 Educational opportunities should be provided to inpatients unable to leave the ward.**

Pharmacy

- 2.81** There were no medicines use reviews or pharmacy-led clinics. However, prisoners could apply to make an appointment to see a pharmacist and in-possession medications were supplied on the wings by the pharmacy team.

- 2.82** Medicines management procedures were generally very good and prescribing was evidence based and appropriate.
- 2.83** Medicines policies and procedures were in place and up to date. Risk assessments for prisoners with in-possession medicines were recorded on SystmOne and reviewed when necessary. Patients were not always supplied with written information for repeat medication. Prisoners sharing cells did not have lockable cabinets in which to store medication and no one on B wing was supplied with in-possession medications because of this.
- 2.84** Medicines were administered by nursing staff at prescribed times, although night-time medication was unacceptably administered as early as 3pm at the weekends.
- 2.85** Prisoners could obtain medication out of hours. The pharmacist and lead GP closely scrutinised the prescribing of tradable medicines.
- 2.86** There was a wider range of patient group directions (which enable nurses to supply and administer prescription-only medicine) in place than at the previous inspection. Patients requesting simple analgesia were given over-the-counter remedies; this was recorded appropriately on their prescription charts, although not always on SystmOne. A minor ailments scheme allowed prisoners to be issued with medicines for common problems such as cold sores and hay fever. The prison shop sold a limited number of simple remedies.
- 2.87** Pharmacy staff had created a card containing Vietnamese phrases to help advise Vietnamese prisoners who could not speak good English on the use of their medication.
- 2.88** The medicines management committee met monthly, was well attended by relevant stakeholders and functioned efficiently. There was evidence of a change in practice as a result of lessons learned from adverse medicines management issues. For example, sealing stock buprenorphine boxes with tamper-proof tape reduced the likelihood of theft.
- 2.89** Stock and named-patient medications were stored together in some medicine cabinets, which increased the risk of error. Drug refrigerators were not always monitored correctly. Up-to-date reference sources, including a prison formulary (a list of medications used to inform prescribing), were available, although some old materials were also to hand.

Recommendations

- 2.90** **Prisoners in shared cells should be provided with lockable cabinets in which to store in-possession medication.**
- 2.91** **The timing of medicine rounds should provide the best clinical outcomes for patients.** (Repeated recommendation 2.96)
- 2.92** **The medicines management committee should review the use of general stock, encourage the use of named patient medication wherever possible and provide adequate storage for all medications. Named-patient medication and stock medicines should be stored separately to reduce the risk of administration errors.**

Housekeeping points

- 2.93** Pharmacists should be supported to carry out medicines use reviews and other pharmacy-led clinics.

- 2.94 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 2.95 Over-the-counter remedies should be recorded on SystemOne as well as on the prisoner's prescription chart.
- 2.96 Maximum and minimum temperatures should be recorded daily for the drug refrigerators, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 2.97 Out-of-date reference materials should be discarded.

Good practice

- 2.98 *The use of a card containing Vietnamese phrases meant that pharmacy staff could advise Vietnamese prisoners with limited English on how to use their medication.*
- 2.99 *The pharmacy sealed all stock buprenorphine boxes with tamper-proof tape to reduce the likelihood of theft.*

Dentistry

- 2.100 Prisoners were dissatisfied with access to the dentist. Prisoners had prompt access to emergency dental care but not to routine care; 188 patients were on the waiting list and had been waiting an average of three to four weeks. However, 13% had been waiting longer than six weeks, which was the target. The failure-to-attend rate was too high, at 26%. Prisoners were given advice and information on oral health and had the same access to out-of-hours emergency dental cover as they could expect in the community.
- 2.101 The dental suite was in the hub primary care area, which was not ideal. Facilities were adequate, with a separate decontamination room. Arrangements to certify equipment, carry out infection control audits and remove dental waste were in place.

Recommendation

- 2.102 **There should be management action to drive down the dental waiting list, waiting times and the failure to attend rate.**

Delivery of care (mental health)

- 2.103 Primary, in-reach and forensic mental health services were well integrated and a consultant forensic psychiatrist was based at the prison. Thirty-five per cent of uniformed officers had been trained in mental health awareness in the previous two years, which was very good. Registered mental health nurses were available in the prison from 9am to 9pm on weekdays and at weekends. Staff thought that the services of a clinical psychologist would enhance the service.
- 2.104 The numerous prisoners who had very complex problems were being managed successfully on the wings. There were around 30 on each nurse's primary care caseload, and routinely over 100 patients at any one time had severe mental health problems. A sizeable minority had mental health and substance misuse problems.

2.105 Mental health assessments were undertaken promptly and patients had access to a wide range of therapeutic opportunities, including counselling. In our survey, 49% of those with mental health problems said that they were receiving help, more than the 43% comparator. Transfers under the Mental Health Act took between two and four weeks to complete, which was beyond the 14-day transfer guideline.

Recommendation

2.106 Transfers under the Mental Health Act should occur expeditiously and within the current Department of Health transfer time guidelines.

Housekeeping point

2.107 The health needs assessment should consider the requirement for clinical psychology.

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.

2.108 *Prisoners were consulted about food and were more satisfied with it than previously. Too few servery workers had received training, serveries were inadequately supervised, meals were served too early and food temperature checks continued to be recorded inconsistently.*

2.109 The four-week menu cycle catered for all diets, and in our survey 21% of prisoners said the food was good or very good, more than in 2011. Prisoners from minority groups were more positive. The food that we sampled was satisfactory.

2.110 The large kitchen was clean and well managed and food appropriately stored and prepared. Only a minority of servery workers had received food hygiene training; the prison explained the small number of prisoners obtaining the national vocational qualification level 1 in food hygiene as being because of the high population turnover. The serving of meals was inadequately supervised, meals were served too early and food temperature checks continued to be recorded inconsistently. Prisoners ate in cells with inadequately screened toilets and insufficient seating (see section on residential units).

2.111 Food comments books were not available on all wings, and dates in some suggested that they were not always freely available.

2.112 Catering meetings attended by the catering manager and prisoner representatives were held every two weeks, and the catering manager attended User Voice meetings. Food issues raised at wing meetings were not forwarded to catering staff. The results of the prisoner food survey from September 2013 had led to menu changes.

Recommendations

- 2.113** Managers should ensure that servery workers are suitably trained, the service is effectively supervised and food temperature checks are taken and recorded consistently.
- 2.114** Lunch should not be served before noon and the evening meal not before 5pm.

Purchases

Expected outcomes:

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

2.115 *The prison shop worked well and prisoners had good access in the early days of custody. Prisoners were consulted regularly.*

- 2.116** The prison purchased shop goods through the national contract but staffed the shop internally and employed prisoners, which provided flexibility. Prisoners could make a weekly shop order through wing kiosks. In our survey, more prisoners than at comparator prisons said that they had access to the prison shop on arrival.
- 2.117** Around 550 products were offered, which was high; however, fewer prisoners than in 2011 thought that the shop sold a wide enough range of goods to meet their needs. Fruit, and frozen and perishable goods were unavailable due to the lack of suitable storage facilities on the wings.
- 2.118** Surveys were undertaken every six months, but response rates were low. Provision was discussed at wing forums and through User Voice and the prison council. Catalogue shopping was available to standard- and enhanced-level prisoners, and newspapers and magazines could be ordered through the kiosk.

Recommendation

- 2.119** Prisoners should be able to purchase fresh fruit.

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.⁵

- 3.1** *The core day was publicised and generally adhered to. Out-of-cell activities were not usually cancelled, but the provision of exercise for a small but significant number of prisoners was poor.*
- 3.2** The published activity schedule that described the times that prisoners were unlocked (the core day) indicated that a fully employed prisoner could achieve about 10 hours on Monday to Thursday and about seven hours on Friday. It was well publicised. Our observations indicated that fully employed prisoners could have about 8.5 hours out of their cell on Monday to Thursday and about 6.5 hours on Fridays, which, for this type of prison, was reasonable.
- 3.3** The substantial number of prisoners on the wings who did not work had less time out of cell (about three to four hours), although older prisoners on J wing and vulnerable prisoners on G wing were unlocked regardless of whether or not they attended off-wing activities.
- 3.4** Provision of outside exercise for prisoners on D wing (the induction unit) and the A1 landing was very poor. Prisoners on D wing were only offered outside exercise on Sundays; those on A1 were not offered it at all. Otherwise, periods of outside exercise, and association, were rarely cancelled and the regime was rarely curtailed due to late unlocking. During roll checks we found that between 22% and 28% of the population were locked in their cells in the morning and about 19% in the afternoon during the core day.

Recommendation

- 3.5 All prisoners should be able to receive at least one hour's outside exercise every day.**

⁵ 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.

3.6 *The leadership and management of the provision were now effective, and learning and skills and work were better than at the previous inspection, but still required further improvement. The prison needed to address low attendance at activities and use target setting to improve the provision delivered by the several activity partners. The achievements of prisoners undertaking qualifications had improved. Access to the library had decreased and it was now an underused resource.*

3.7 *Ofsted⁶ made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

3.8 The prison had implemented effective improvements since the previous inspection, and the strengthened leadership and management team in particular had led to an increase in activity spaces and better success rates in several areas. The prison had correctly identified which key areas still required improvement within its strategic plans.

3.9 The use of data for performance management purposes had improved since the previous inspection. However, the prison recognised that it needed to use data to monitor trends and set targets to improve outcomes for prisoners and the quality of the provision.

3.10 Partnership working among the prison and its activity providers had improved and some initiatives had helped learners to succeed. However, links with employers needed to be developed further to better support resettlement.

3.11 The management of the Offender Learning and Skills Service (OLASS) provision required improvement. In September 2013, Milton Keynes College had appointed an experienced new manager to lead its provision. Improvements were already being made, but it was too early to see their full impact.

3.12 Quality improvement activities had been successfully developed, and over the previous four months learning, skills and work external partners and representatives from different prison departments had carried out reviews. All the providers undertook teaching and learning

⁶ 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>.

observations; however, the prison did not have sufficient oversight of the overall quality of the training delivered, which meant that it could not inform improvements. The self-assessment process was adequate but the associated report graded educational and vocational achievements too generously.

Recommendations

- 3.13 Better links needed to be developed with employers willing to work with the prison to enhance resettlement opportunities offered to prisoners.**
- 3.14 Quality improvement arrangements, including the use of data, should be further developed to deliver high standards in teaching, learning and assessment.**

Provision of activities

- 3.15** The number of activity spaces had increased by 200 since the previous inspection; however, there were still insufficient spaces to occupy the full population. The unemployment rate had declined but was still 26%. Activities were delivered on a full-time basis, which meant the prison was not providing the greatest possible number of prisoners with access to them. Too many vocational training and work spaces were underused. Resources such as the virtual campus (internet access for prisoners to community education, training and employment opportunities) and distance learning were also underused (see main recommendation S48).
- 3.16** The new pay system had introduced a reduced pay rate for prisoners' first four weeks in the prison, which disadvantaged some prisoners, particularly those who stayed in the prison for a very short time. Prisoners also had to make individual requests to be placed on the higher rate, which complicated the process, particularly for those with a low level of literacy. Allocations to activities were mostly led by prisoners' preferences rather than a focus on increasing their chances of employment.
- 3.17** The range of education was adequate and the variety of vocational training was good. The selection of work available was appropriate, but too many wing workers were underemployed. Milton Keynes College, which provided education classes, also delivered vocational training programmes such as barbering. The South and City College Birmingham offered vocational training in trade skills, such as bricklaying, painting and decorating. N-ergy delivered national vocational qualifications (NVQs) in team leading, customer services and performing manufacturing operations and warehousing.
- 3.18** Induction to activities, although timely and comprehensive, required further development to ensure newly arrived prisoners were motivated and ready to participate in purposeful activity.

Recommendations

- 3.19 The prison should take into consideration all information about prisoners' needs and career plans before allocating them to activities.**
- 3.20 Induction into learning and skills should motivate learners to participate in activities.**

Housekeeping point

- 3.21** The pay system should be equitable for all prisoners and the process for being placed on a higher pay band should be easy and user-friendly.

Quality of provision

- 3.22** In education, teaching was generally well planned, and in the most effective sessions teachers had very high expectations and ensured that prisoners remained focused. Prisoners were mostly able to work productively on their own and in groups, with minimal supervision. The integration of English and mathematics was generally satisfactory. In the weaker lessons, teachers failed to deliver lesson activities that challenged all prisoners sufficiently.
- 3.23** Arrangements for initial assessment were satisfactory but activities were allocated mostly according to prisoners' preferences rather than their employability needs. Prison mentors worked well with their peers to provide good in-class support in English and mathematics. In vocational training areas, the quality of individual coaching was satisfactory and in some cases good. The better coaching, found in the carpentry and installations workshops, made effective use of real workplace examples to reinforce and extend prisoners' understanding. Prisoners received useful support from trained peer mentors to help with the vocational element of their qualification. However, additional support for English and mathematics during workshops was not sufficient. Vocational training resources and facilities were generally good, although ventilation in two workshops was inadequate.

Recommendations

- 3.24** **Effective English and mathematics support should be available in all workshops.**
- 3.25** **The quality of training should be improved to challenge all prisoners and improve their employability skills.**

Housekeeping point

- 3.26** There should be effective ventilation in workshop areas.

Education and vocational achievements

- 3.27** In education, success rates had improved overall since the previous inspection, but required further improvement. Success rates in functional skills were still low in the previous year, particularly for English and English for speakers of other languages qualifications, although they showed signs of improvement in the current year. In subjects such as information and communications technology and personal and social development, success rates were higher.
- 3.28** In many areas of vocational training, success rates since the previous inspection continued to be high, particularly for those who took NVQs with N-ergy. However, in 2013, success rates in areas such as painting and decorating were lower and required further improvement.
- 3.29** The standard of work and skills level demonstrated in the majority of vocational areas was satisfactory. However, a packing workshop failed to promote prisoners' understanding of sound food-handling hygiene practices. Wing workers were underemployed and skills gained through work activities were not always recognised or recorded.

- 3.30** Despite an improved focus on monitoring and managing attendance at activities in the previous six months, attendance remained low and had only slightly improved since the previous inspection (see main recommendation S48). During the inspection, we observed some poor punctuality, and a few work and vocational training sessions finished too early, which failed to promote a good work ethic.
- 3.31** The prison did not sufficiently analyse the achievement of different groups of learners. In provision offered by one provider, differences in achievement were apparent, but the provider's action plan to address this had not yet been implemented. Relationships between tutors, instructors and prisoners were mutually respectful and behaviour among prisoners attending activities was good.

Recommendations

- 3.32** **Functional skills success rates should be improved to ensure that the majority of prisoners achieve their qualification within their planned date.**
- 3.33** **Skills developed by prisoners in all areas of work should be fully recognised and recorded where appropriate.**
- 3.34** **Prisoners should be provided with a greater range of activities that help them to develop a sound work ethic.**

Library

- 3.35** The library was managed and supported by a qualified and experienced team of librarians. Access to the library had been reduced and its usage had now reached a worryingly low point, with only 8% of prisoners visiting it regularly. The library was now closed during the evenings and weekends, and prisoners who worked could not use it.
- 3.36** A small range of fiction, non-fiction and easy-read books was displayed; however, the space in the library had not been maximised to increase the number of books showcased. Foreign national prisoners had access to a range of books across several different languages. Legal reference books and Prison Service Instructions were also available. The library contained a study area with six computers, but they were used infrequently.
- 3.37** Staff had made good efforts to coordinate activities that promoted reading, such as Storybook Dads (in which prisoners record stories for their children) and the Six Book Challenge. However, the links between the library and the education department were too limited.

Recommendations

- 3.38** **Access to the library should be improved and better links made with education to maximise its usefulness.**
- 3.39** **The number of books displayed at the library should be increased by maximising all available space.**

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.

3.40 *The gym was well managed and offered a satisfactory range of programmes, but too few prisoners used it regularly. A few vocational courses delivered good achievement rates. Data were not used sufficiently to inform PE provision or to ensure it met the healthy living needs of all prisoners.*

- 3.41** The management of PE was good, and records of participation, risk assessments, safe working practices and data monitoring were all appropriately maintained. PE officers were well qualified and worked hard and enthusiastically to ensure that prisoners made good use of the provision. Prisoners could access PE at least twice a week, and evening and weekend programmes were provided. Despite this, in our survey considerably fewer prisoners than at comparator establishments said that they visited the gym at least three times a week.
- 3.42** Facilities were reasonable and included a well-equipped weights room, cardiovascular exercise areas and a large sports hall. The prison had also invested in two outdoor all-weather pitches. Showers were tidy but, although recently repainted, were already showing signs of mould. There were not enough fixed shower heads for the number of prisoners visiting the gym.
- 3.43** The prison offered a satisfactory range of vocationally accredited PE programmes. Only a few courses were run, but pass rates were generally good. A level 2 gym instructor course, and courses in first aid and health and fitness were provided.
- 3.44** An appropriate range of PE activities included specialist provision for those over the age of 50. Timetables and course information for all activities were clearly displayed throughout the prison and PE wing representatives had been appointed.
- 3.45** Special programmes were available for prisoners on rehabilitation and those with health problems, and remedial PE programmes met prisoners' individual needs. PE officers had established satisfactory working relationships with health care and drug rehabilitation staff and there were courses to support substance misuse rehabilitation programmes.
- 3.46** The use of data to improve the effectiveness of the gym was underdeveloped, preventing staff from identifying those who used the facilities and whether the PE and healthy living needs of all groups of prisoners were being met. In our survey, the percentages of black and minority ethnic and Muslim prisoners who used the gym were very low.

Recommendations

- 3.47** **The showers should be improved.**
- 3.48** **Better use should be made of data to identify and monitor take-up of PE and health programmes and to increase the proportion of prisoners who use the gym regularly.**

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 *The strategic approach to resettlement was better than at our previous inspection and was now reasonable. Staff's knowledge and understanding of offender management and resettlement processes still required improvement. Services needed to be better promoted among prisoners.*

4.2 The reducing reoffending strategy had a broadly appropriate focus, but was still not based on prisoners' assessed needs, and did not explain how the needs of different sections of the population (such as lifers or sex offenders) were managed. However, a named lead member of staff was assigned to each of the resettlement pathways and action plans were now up to date. Overall, the strategic approach to resettlement was better than at our previous inspection.

4.3 Reducing reoffending team meetings were sufficiently frequent, and the agenda broadly appropriate, but they were not always well attended. Minutes did not record much discussion, and there was scope to make the meetings more relevant and informative for those attending.

4.4 We saw little evidence of wing staff discussing resettlement issues with prisoners, but the resettlement fairs were a positive initiative and helped prisoners and staff alike understand what support was available. Each wing had a dedicated noticeboard for each of the resettlement areas. These could have been used more effectively to help staff and prisoners understand what services were available, and how to access them.

4.5 Offender supervisors (OSs) reported that officers from other departments did not understand their role, and we met staff who had a very limited knowledge of offender management processes or the resettlement opportunities available. Some offender management unit (OMU) staff felt that their work was undervalued by those in other parts of the prison. Managers recognised this and were supporting efforts to improve perceptions.

4.6 These factors helped explain why, in our survey, fewer prisoners than in comparator prisons said that they knew who could help them with each resettlement area. We concluded that there was not yet a 'whole prison' approach to reducing reoffending.

4.7 Five prisoners had benefited from release on temporary licence in the previous six months.

Recommendation

4.8 **Staff across the prison should have a good understanding and knowledge of offender management unit (OMU) processes and the resettlement opportunities available.**

Offender management and planning

Expected outcomes:

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

4.9 *The offender management unit was now better resourced and it managed its considerable workload reasonably well. Public protection work lacked technical expertise and administrative rigour. Categorisation processes were generally sound, but most prisoners were moved because of overcrowding. Some indeterminate-sentenced prisoners were inappropriately held at the establishment.*

- 4.10** OMU staff were well motivated and most had received appropriate training. A case management model was now in place, but OSs and case administrators were not co-located, which prevented them from communicating well and using their time efficiently. The custody office was still separate, but this was not problematic. A new location for the OMU had been agreed but was not yet ready.
- 4.11** The OMU had more staff than at our previous inspection: 10 prison officer OSs and two from the Probation Service. The number of hours lost from the department due to redeployment had decreased considerably and now averaged 55 hours a month. However, OSs had insufficient access to P-Nomis (electronic case notes), and its incompatibility with the G4S system continued to create inefficiencies and cause frustration. In particular, OSs did not all use P-Nomis consistently to record their work with individual prisoners.
- 4.12** All OSs managed prisoners who presented a high risk of harm, and caseloads were reasonable. The prison did not monitor the completion of offender assessment system (OASys) documents for which the Probation Service was responsible, but a small sample suggested that around 12% were outstanding. Only 26 OASys documents for which the prison was responsible were overdue.
- 4.13** Nevertheless, prisoners reported negatively in our survey about offender management processes. Two factors were likely to have contributed: remand prisoners or those on short sentences (together accounting for approximately 50% of the population) did not have an OS; and those serving over a year were usually only seen by their OS on application or for key processes such as OASys assessments, after which most prisoners were swiftly transferred (see section on categorisation). The vast majority of prisoners in the prison at any one point would therefore not have met an OS. However, we observed that prisoners with the greatest needs and those posing the highest risks were seen regularly and OSs knew their cases well.
- 4.14** Local monitoring, supervision and the small sample we were able to examine suggested that OASys assessments were good, and staff received feedback on their work. Staff supported and advised each other, and were aware of formal staff support systems. However, there was no routine management oversight of high risk of harm cases, or those involving child protection issues. The contribution to sentence plans by staff from other departments was limited; for example, learning and skills assessments and plans were not used.

- 4.15** The proportion of prisoners being granted home detention curfew had decreased substantially since the previous inspection. Rates were now comparable to those at other local prisons, but the decisions we reviewed were reasoned and proportionate. However, many decisions were delayed, and very few prisoners were released on or within a few days of their eligibility date.

Recommendations

- 4.16 All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment, regardless of who was responsible for its completion, and the prison should track and monitor work which was the responsibility of the Probation Service.**
- 4.17 There should be routine management oversight of high risk of harm cases, or those involving child protection issues.**
- 4.18 Sentence plans should reflect close integration between the OMU and other departments, such as learning and skills and the drugs and alcohol recovery team.**

Housekeeping point

- 4.19** P-Nomis should be used consistently to record key decisions and interactions with prisoners.

Public protection

- 4.20** Prisoners potentially subject to public protection restrictions were carefully identified on arrival by case administrators. OSs then visited prisoners to explain any necessary restrictions. The number of prisoners subject to restrictions was not excessive, and reviews were conducted every month by a senior manager.
- 4.21** Public protection processes had been integrated into the OMU but were now not sufficiently closely monitored, which meant that they were less rigorous and did not benefit from adequate expertise. As a result, staff could no longer easily identify the prisoners presenting the greatest risk. Staff no longer had access to the expertise of the senior probation officer because the role had been decommissioned in 2013.
- 4.22** A monthly inter-departmental risk management team (IRMT) was chaired by the head of the OMU. Attendance had improved and was now reasonable but there were no terms of reference, the meeting lacked structure and a minority of OMU staff did not understand its purpose. We were not assured that the meeting served its key purpose of information sharing, and monitoring. In particular, there was no system to ensure that all prisoners subject to multi-agency public protection arrangements (MAPPAs) level 2 (where the active involvement of one or more agency is required) and level 3 (which covers prisoners on the highest risk level) were routinely discussed prior to their release. Our examination of individual cases showed that OSs attended many external MAPPA meetings and had a detailed knowledge of these cases. This mitigated the failings of the IRMT somewhat, but there was a mistaken belief that confidential information shared at external MAPPA meetings could not be communicated to others in the prison. This, combined with the relative ineffectiveness of the IRMT, suggested a poor understanding of MAPPA processes, which needed to be addressed promptly (see main recommendation S49).

- 4.23** An email process was used to provide information to visits and post room staff about prisoners subject to restrictions, but lists in both these locations were out of date.

Recommendation

- 4.24** Staff across the prison should have easy access to up-to-date information about prisoners subject to restrictions.

Categorisation

- 4.25** Prisoners were categorised swiftly after sentencing. Those serving over 12 months were allocated to a training prison as soon as their OASys assessment was completed. Some higher-risk prisoners were transferred without an OASys assessment. Most transfers took place as overcrowding drafts rather than planned progressive moves but efforts were made to minimise this. Prisoners had no routine opportunity to express a preference but applications were considered, when appropriate. Categorisation reviews were conducted as necessary, and were thorough, and prisoners routinely contributed to discussions in person. Prisoners were not informed in writing of the categorisation decisions made.
- 4.26** Despite staff's determined efforts to secure progressive moves, a number of longer-sentenced category B prisoners, particularly sex offenders and those on indeterminate sentences, remained at Birmingham because there were no spaces for them at training prisons. The length of their waits needed to be better monitored and the prison needed to do more to expedite such progressive moves.

Recommendation

- 4.27** Transfers of eligible prisoners to appropriate training prisons should be expedited.

Housekeeping point

- 4.28** Prisoners should receive details of the reasons for decisions about their categorisation in writing.

Indeterminate sentence prisoners

- 4.29** Fifty prisoners on indeterminate sentences were supported by OSs who had all received appropriate training. A lifer forum had resumed in summer 2013, with separate meetings for sex offenders and those in the main prison location. Attendance was variable, but a useful supplementary induction booklet had been introduced through the forum, and a proposal for lifer 'buddies' was being considered.
- 4.30** There was no system for identifying and supporting prisoners on remand who were likely to receive an indeterminate sentence.

- 4.31** A number of long-serving life-sentenced prisoners were inappropriately held. They had been moved to Birmingham for a variety of reasons, including difficulties at training prisons and re-categorisation. However, whilst the prison could be a short-term solution it was not geared up to provide sentence planning and work to reduce risk of harm for longer periods. Parole processes were up to date, but little other tailored support was available.

Recommendations

- 4.32** Prisoners likely to receive an indeterminate or life sentence should be identified on remand, monitored and helped to understand the potential implications of these sentences.
- 4.33** Long-serving indeterminate-sentenced prisoners should be quickly moved to an establishment better able to meet their sentence planning and overall management needs.

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.

A basic resettlement needs assessment of all prisoners was complemented by specialised assessments carried out by health, substance misuse and education staff. Prisoners' perceptions of resettlement opportunities had improved. There were good links with a variety of housing providers but not with those outside the area of the prison. The National Careers Service provided good education, training and employment support to prisoners pre-release, and pre-release health care assessments were available. Good joint work led to drug treatment and support on release. Finance, benefit and debt advice was available through Citizens Advice (CA) and Jobcentre Plus representatives, but the CA representative could not see everyone who had been referred. Some impressive partnership initiatives supported the work with children and families, but vulnerable prisoners could not take part in family days and some visitors had been unacceptably strip-searched. There were some good offending behaviour programmes, but nothing specifically for sex offenders. Support for those who had faced abuse, rape or domestic violence was too limited.

- 4.34** An officer in the assessment and discharge team saw all prisoners the day after their admission to assess their immediate needs and provide advice on housing, employment, finances and families. Assessments for health, substance misuse and education were carried out by specialist providers. A note of each man's needs was made on the case note system and continuing referrals were made as necessary. We saw no evidence that wing staff used the information to guide or encourage prisoners. In the absence of this support, the process did not meet our custody planning expectations. However, prisoners were seen again two weeks prior to release to check that appropriate resettlement arrangements were in place.
- 4.35** Prisoners nearing release were invited to quarterly resettlement fairs that enabled them to make contact with a wide range of external providers offering help on release. The last one, held in November 2013, had been attended by 300 prisoners and 15 service providers. Feedback suggested that this was worthwhile.

- 4.36** A representative from Birmingham Voluntary Services Council, working closely with safer custody staff, provided prisoners subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm who were nearing release with one-to-one support. She offered help on all resettlement issues, linking prisoners with suitable support in the community when necessary.
- 4.37** In our survey, more prisoners than at the last inspection said that they had done something or something had happened to them at Birmingham to make them less likely to offend in the future.
- 4.38** The prison was developing some contacts with agencies which could provide 'through the gate' support. Discharge grants and clothing were available but the prison only provided clear plastic bags to prisoners who had no bag of their own.

Housekeeping point

- 4.39** Holdalls should be provided to prisoners on discharge.

Accommodation

- 4.40** In our survey, 18% of prisoners, less than the comparator and than in 2011, said they had arrived with a housing problem. Fewer prisoners than the comparator knew where to find accommodation advice, although information was advertised on the wings and through kiosks (information pods located on the wings, allowing prisoners to complete a range of tasks). Approximately 7% of sentenced prisoners were released without an address, although reasonable efforts were made to minimise the number of times this happened.
- 4.41** Assessment and discharge officers safeguarded existing tenancies when possible. Unchanged from the previous inspection, staff had no formal housing training but gained experience through their work.
- 4.42** There were generally good links with a variety of local housing providers, including hostel accommodation, but they were less well developed with providers in other areas of the country. Over crowding was resulting in more prisoners arriving at the prison from out of area and making it more complex to provide support with accommodation. A pre-tenancy course, available through the education department, helped prepare prisoners to cope with their own tenancy. A separate course was run for sex offenders.

Recommendation

- 4.43** **Effective links should be developed with accommodation providers located outside the local area of the prison.**

Education, training and employment

- 4.44** The National Careers Service, delivered by Coventry, Solihull and Warwickshire Partnership Limited (CSWP), provided all new prisoners with an assessment of their education, training and employment needs during induction and offered good quality information, advice and guidance. The CSWP also supported prisoners well during and prior to their release. Before being released, all prisoners received help from the prison's assessment and discharge group to help identify and address personal barriers to successful resettlement.

- 4.45** Prisoners could participate in courses offered by the education department that addressed a range of topics, including CV writing, and interview and job search skills. Arrangements for prisoners to apply for jobs and training opportunities prior to release were not consistently effective.
- 4.46** The monitoring of prisoners had improved and included the collection of information on prisoners' destinations following release. According to the prison's data, of prisoners released between April 2012 and March 2013, approximately 27% went into employment and 8% to further education or training.

Recommendation

- 4.47 All prisoners should be offered assistance to apply for jobs and training opportunities prior to their release, to increase their chances of employment.**

Health care

- 4.48** Pre-release health care assessments were carried out on the wings and concluded in reception shortly before a prisoner's departure. Patients received help to find a GP, and take-home medications were provided. A palliative care room had been opened. There was a conventional palliative care policy and an end-of-life pathway. Pre-release mental health preparations were effective and the care programme approach (mental health services for individuals diagnosed with a mental illness) was used. However, communications between the prison and providers in the community were more challenging as the catchment area of the prison had widened.

Drugs and alcohol

- 4.49** Good joint working between the clinical and the psychosocial support team and the dual diagnosis specialist helped ensure that prisoners continued with their treatment on release. Those who had completed detoxification could be re-prescribed subutex or methadone prior to release if there was a risk they might relapse, and the opiate blocker naltrexone was available to help maintain abstinence.
- 4.50** Harm reduction advice and information was provided before court appearances and pre-release. Local community prison in-reach workers attended the prison every week and good links had been established with drug intervention programme teams as well as community alcohol support agencies.

Finance, benefit and debt

- 4.51** In our survey, fewer prisoners than the comparator or than in 2011 said they had arrived with money problems and fewer than the comparator knew where to find financial help in the prison, even though information was advertised on the wings and through kiosks.
- 4.52** Prisoners were referred as necessary to a Citizens Advice (CA) caseworker, available four days a week, who provided help with all debt matters. He could not see all those referred to him and no up-to-date needs analysis had been conducted to identify the level of need.

- 4.53** Monthly statistics collated for the resettlement meeting included the number of prisoners seen, type of debt and outcomes for those concerned.
- 4.54** The CA caseworker assisted prisoners to open bank accounts, and a pre-tenancy course run by the education department included household budgeting skills. Two full-time Jobcentre Plus representatives provided benefit and employment advice.

Children, families and contact with the outside world

- 4.55** In our survey, 54% of prisoners had a child under 18, and 31% (less than the comparator) said they had been helped by staff to maintain contact with family and friends. Good arrangements were in place to support prisoners to maintain contact with their families, and an action plan set out future goals.
- 4.56** Since the start of the year, 30 visitors had been strip-searched, 50% of which had not been properly authorised; this was unacceptable and unaccountable. Searches were conducted only on the basis of a drug dog indication.
- 4.57** Prisoners used the kiosks to book visits, which were available in the mornings, afternoons and on some evenings. They generally started on time. The Help and Advice Line for Offenders' Wives Partners and Families coordinated the well-run visitors centre and supported new visitors. A supervised play area in the visits hall provided children with a useful distraction and there was a snack bar. Prisoners had to wear sashes to clearly identify them, which we felt was unnecessary and disrespectful. During our inspection, 53 prisoners were on closed visits, which were used and reviewed appropriately.
- 4.58** Well-attended monthly extended family days provided prisoners in the main prison location with good support but sex offenders could not participate.
- 4.59** Partnership work with outside agencies was impressive and included continuing support for prisoners and families after release. Invisible Walls Birmingham, run by Barnardo's, coordinated support through the charity, Birmingham City Council and the children and families lead staff member in the prison, and employed three family support workers who worked in the prison. The prison had hosted three evening sessions for education professionals to raise awareness of the experience of visiting a parent in prison.

Recommendations

- 4.60** **Visitors should not be strip-searched by prison staff.**
- 4.61** **Vulnerable prisoners should have the opportunity to maintain family contact through extended family visits days.**

Attitudes, thinking and behaviour

- 4.62** An enthusiastic group of staff ran the thinking skills programme (TSP) well in appropriate accommodation. Diversity issues were covered and OSs chaired post-programme reviews. Prisoners could invite family and other supporters to this meeting, but few did. Information provided to offender managers was good. Focus on Resettlement, a short course aimed at low-risk prisoners, was to replace some of the TSP provision, which was appropriate.

- 4.63** There were no specific interventions for sex offenders, despite the fact that some men's sentence plans required them to complete a sex offender treatment programme (see paragraph 4.26).
- 4.64** OSs used a number of workbooks with prisoners to explore issues such as anger, victim awareness and alcohol misuse. Two staff were being trained to deliver restorative justice conferences.
- 4.65** A number of other programmes addressing issues such as relationships were available (see sections on faith and religious activity; and children, families and contact with the outside world).

Additional resettlement services

- 4.66** Some counselling was available through the chaplaincy and mental health services, but there was no process to encourage prisoners to disclose victimisation such as abuse, rape or domestic violence.

Recommendation

- 4.67** **There should be services to identify and support prisoners with experience of trauma.** (Repeated recommendation 4.94)

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the director

- 5.1 All prisoners should receive a full first night interview, risk assessment and a telephone call. (S46)
- 5.2 Foreign national prisoners' concerns should be explored and addressed, and arrangements put in place to ensure they have effective structured support, equal access to facilities and activities. (S47)
- 5.3 Available activity places should be used to maximise the number of prisoners who can be engaged in purposeful activity; attendance rates should be increased, and activity places in vocational classes fully subscribed. (S48)
- 5.4 Public protection systems should ensure that all prisoners posing a high risk of harm are monitored by an effective inter-departmental risk management team in accordance with multi-agency public protection arrangements (MAPPA) guidance. (S49)

Recommendation

To NOMS

- 5.5 Prisoners from local courts should be transferred promptly to the prison following their court appearance. (I.7)

Recommendation

To NOMS and the director

- 5.6 All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment, regardless of who was responsible for its completion, and the prison should track and monitor work which was the responsibility of the Probation Service. (4.I6)

Recommendations

To the director

Courts, escort and transfers

- 5.7 A list of previous convictions to inform cell-sharing risk assessments should arrive from court or police custody with the prisoner. (I.8)

Early days in custody

- 5.8 Cell-sharing risk assessments should be completed confidentially. (I.20)

- 5.9** All new receptions should receive an appropriate induction. (1.21)

Bullying and violence reduction

- 5.10** Effective prisoner consultations should inform the safer custody policy and enhance discussions at safer custody meetings. (1.31)
- 5.11** Tackling antisocial behaviour processes should be robustly managed to ensure that processes are fully completed and that issues raised receive an effective response. (1.32)
- 5.12** All sex offenders and prisoners at risk should have the same access to regimes and services as other prisoners. (1.33)

Self-harm and suicide

- 5.13** Assessment, care in custody and teamwork (ACCT) reviews should have a consistent case manager, and observations at night should not be carried out at predictable times. (1.42)

Safeguarding

- 5.14** Safeguarding policy, including outlining the role of J wing, and practice should be further developed in conjunction with the local safeguarding adults board. (1.46)

Security

- 5.15** The prison should ensure that the mandatory drug testing programme is sufficiently resourced to undertake the required level of target testing. (1.57)

Discipline

- 5.16** Conditions in the segregation unit exercise yard should be improved. (1.77)
- 5.17** The quality of entries in prisoners' segregation files should be improved. (1.78)

Substance misuse

- 5.18** Prescribing regimes for opiate-dependent prisoners should be flexible and based on individual needs. Care plans and treatment reviews should be undertaken jointly with the psychosocial support team and demonstrate patient involvement. (1.87)
- 5.19** Controlled drug administration should take place in a suitable environment that provides prisoners with privacy. (1.88)
- 5.20** The substance misuse strategy policy should be informed by a comprehensive needs analysis. (1.89)

Residential units

- 5.21** In-cell toilets should have privacy screens. (2.11)
- 5.22** Managers should monitor the response to cell bells and establish the reasons for substantial delays in response times. (2.12)

Staff-prisoner relationships

- 5.23** Personal officer work should identify prisoners' individual needs and focus on effective resettlement. (2.19)

Equality and diversity

- 5.24** All prisoners with disabilities should have a care support plan that is reviewed regularly and shared with wing staff; when necessary, this should include a personal emergency and evacuation plans that wing staff can refer to. (2.38)
- 5.25** Services should be introduced to support gay and bisexual prisoners. (2.39)

Faith and religious activity

- 5.26** Vulnerable and at-risk prisoners and prisoners with disabilities should have equitable access to adequate multi-faith facilities. (2.47)

Complaints

- 5.27** The complaints process should be thoroughly reviewed and the quality of responses improved. (2.52)

Health services

- 5.28** All patients should receive a comprehensive secondary health assessment following reception. (2.78)
- 5.29** Failure-to-attend rates should be the subject of sustained management action to drive them down. (2.79)
- 5.30** Educational opportunities should be provided to inpatients unable to leave the ward. (2.80)
- 5.31** Prisoners in shared cells should be provided with lockable cabinets in which to store in-possession medication. (2.90)
- 5.32** The timing of medicine rounds should provide the best clinical outcomes for patients. (2.91, repeated recommendation 2.96)
- 5.33** The medicines management committee should review the use of general stock, encourage the use of named-patient medication wherever possible and provide adequate storage for all medications. Named-patient medication and stock medicines should be stored separately to reduce the risk of administration errors. (2.92)
- 5.34** There should be management action to drive down the dental waiting list, waiting times and the failure to attend rate. (2.102)
- 5.35** Transfers under the Mental Health Act should occur expeditiously and within the current Department of Health transfer time guidelines. (2.106)

Catering

- 5.36** Managers should ensure that servery workers are suitably trained, the service is effectively supervised and food temperature checks are taken and recorded consistently. (2.113)
- 5.37** Lunch should not be served before noon and the evening meal not before 5pm. (2.114)

Purchases

- 5.38** Prisoners should be able to purchase fresh fruit. (2.119)

Time out of cell

- 5.39** All prisoners should be able to receive at least one hour's outside exercise every day. (3.5)

Learning and skills and work activities

- 5.40** Better links needed to be developed with employers willing to work with the prison to enhance resettlement opportunities offered to prisoners. (3.13)
- 5.41** Quality improvement arrangements, including the use of data, should be further developed to deliver high standards in teaching, learning and assessment. (3.14)
- 5.42** The prison should take into consideration all information about prisoners' needs and career plans before allocating them to activities. (3.19)
- 5.43** Induction into learning and skills should motivate learners to participate in activities. (3.20)
- 5.44** Effective English and mathematics support should be available in all workshops. (3.24)
- 5.45** The quality of training should be improved to challenge all prisoners and improve their employability skills. (3.25)
- 5.46** Functional skills success rates should be improved to ensure that the majority of prisoners achieve their qualification within their planned date. (3.32)
- 5.47** Skills developed by prisoners in all areas of work should be fully recognised and recorded where appropriate. (3.33)
- 5.48** Prisoners should be provided with a greater range of activities that help them to develop a sound work ethic. (3.34)
- 5.49** Access to the library should be improved and better links made with education to maximise its usefulness. (3.38)
- 5.50** The number of books displayed at the library should be increased by maximising all available space. (3.39)

Physical education and healthy living

- 5.51** The showers should be improved. (3.47)
- 5.52** Better use should be made of data to identify and monitor take-up of PE and health programmes and to increase the proportion of prisoners who use the gym regularly. (3.48)

Strategic management of resettlement

- 5.53** Staff across the prison should have a good understanding and knowledge of offender management unit (OMU) processes and the resettlement opportunities available. (4.8)

Offender management and planning

- 5.54** There should be routine management oversight of high risk of harm cases, or those involving child protection issues. (4.17)
- 5.55** Sentence plans should reflect close integration between the OMU and other departments, such as learning and skills and the drugs and alcohol recovery team. (4.18)
- 5.56** Staff across the prison should have easy access to up-to-date information about prisoners subject to restrictions. (4.24)
- 5.57** Transfers of eligible prisoners to appropriate training prisons should be expedited. (4.27)
- 5.58** Prisoners likely to receive an indeterminate or life sentence should be identified on remand, monitored and helped to understand the potential implications of these sentences. (4.32)
- 5.59** Long-serving indeterminate-sentenced prisoners should be quickly moved to an establishment better able to meet their sentence planning and overall management needs. (4.33)

Reintegration planning

- 5.60** Effective links should be developed with accommodation providers located outside the local area of the prison. (4.43)
- 5.61** All prisoners should be offered assistance to apply for jobs and training opportunities prior to their release, to increase their chances of employment. (4.47)
- 5.62** Visitors should not be strip-searched by prison staff. (4.60)
- 5.63** Vulnerable prisoners should have the opportunity to maintain family contact through extended family visits days. (4.61)
- 5.64** There should be services to identify and support prisoners with experience of trauma. (4.67, repeated recommendation 4.94)

Housekeeping points

Courts, escort and transfers

- 5.65** Prisoners being transferred to open prisons should not be handcuffed between reception and the escort vehicle. (1.9)

Substance misuse

- 5.66** The establishment should ensure prisoners move on and off the stabilisation unit more promptly. (1.90)

Residential units

5.67 Access to cleaning materials should be improved. (2.13)

Equality and diversity

5.68 Equality training should include refresher sessions for staff and prisoner representatives. (2.25)

5.69 Wheelchairs should be available to all prisoners who require them. (2.40)

Legal rights

5.70 Prisoners should be informed when legal mail is opened in error. (2.57)

Health services

5.71 The waiting room environment should be improved. (2.69)

5.72 There should be a more systematic approach to health promotion in the waiting rooms and on the wings. (2.70)

5.73 Pharmacists should be supported to carry out medicines use reviews and other pharmacy-led clinics. (2.93)

5.74 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (2.94)

5.75 Over-the-counter remedies should be recorded on SystemOne as well as on the prisoner's prescription chart. (2.95)

5.76 Maximum and minimum temperatures should be recorded daily for the drug refrigerators, to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (2.96)

5.77 Out-of-date reference materials should be discarded. (2.97)

5.78 The health needs assessment should consider the requirement for clinical psychology. (2.107)

Learning and skills and work activities

5.79 The pay system should be equitable for all prisoners and the process for being placed on a higher pay band should be easy and user-friendly. (3.21)

5.80 There should be effective ventilation in workshop areas. (3.26)

Offender management and planning

5.81 P-Nomis should be used consistently to record key decisions and interactions with prisoners. (4.19)

5.82 Prisoners should receive details of the reasons for decisions about their categorisation in writing. (4.28)

Reintegration planning

5.83 Holdalls should be provided to prisoners on discharge. (4.39)

Examples of good practice

Health services

5.84 The use of a card containing Vietnamese phrases meant that pharmacy staff could advise Vietnamese prisoners with limited English on how to use their medication. (2.98)

5.85 The pharmacy sealed all stock buprenorphine boxes with tamper-proof tape to reduce the likelihood of theft. (2.99)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Sarah Cutler	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Laura Nettleingham	Senior research officer
Samantha Booth	Senior research officer
Rachel Prime	Research officer

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Helen Boniface	Pharmacist
Matthew Tedstone	Care Quality Commission
Nigel Bragg	Ofsted inspector
Maria Navarro	Ofsted inspector
Jai Sharda	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2012, first night procedures were supportive but undermined by delays in getting to the first night centre. Arrangements for vulnerable prisoners on arrival were poor. Induction was disjointed but generally comprehensive. Most prisoners felt safe but too many vulnerable prisoners did not. Some improvements were needed in self-harm monitoring procedures. There was little use of segregation, and use of force had fallen considerably. Although there were some active supply reduction measures, the random mandatory drug testing rate was relatively high. Clinical management for substance users was satisfactory. Despite concerns about first night arrangements and the support for vulnerable prisoners, overall outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Appropriate arrangements should ensure that new arrivals are well supported without long delays in reception and elsewhere in the process, and with sufficient facilities to allow private interviews, space for association and an effective induction during their first night in custody and the following days.
(HP47)

Not achieved

Recommendations

All escort vans should be clean, in good repair, and safely accessible. (1.6)

Achieved

Information about what prisoners can expect from their first few days in custody should be issued in reception in a language they understand. (1.18)

Partially achieved

Prisoners should not be kept in reception for long periods and should be better supervised while there. (1.19)

Partially achieved

There should be an effective violence reduction strategy, based on the indicators of violence and consultation with prisoners, which should be understood and used by staff. (1.32)

Partially achieved

All instances where vulnerable prisoners are placed at risk because their offences have been disclosed to other prisoners should be investigated and appropriate action taken. (1.33)

No longer relevant

Action plans from deaths in custody and from serious self-harm incidents should focus on lessons to be learned, and be monitored accordingly. (1.43)

Achieved

Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures should be improved to provide greater continuity of case manager, the planned involvement of other departments and, where appropriate, the involvement of the prisoner's family or friends. (1.44)

Partially achieved

The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.47)

Partially achieved

Action points from the security committee and from security information reports should be acted on promptly and monitored, including installing netting to vulnerable areas of the prison and ensuring target drug and cell searching are carried out promptly. (1.57)

Achieved

Unconvicted prisoners should receive their full visits entitlement, regardless of status. (1.64)

Achieved

All prisoners should receive the same rate of pay for the same job. (1.65)

Achieved

Quality assurance should ensure that all disciplinary charges are fully investigated and hearings are fairly conducted. (1.69)

Achieved

All prisoners on dirty protest should be managed in the segregation unit. (1.84)

Achieved

Conditions for segregated prisoners should be improved including adequate screening of toilets, televisions (unless removed as a properly authorised punishment or because of the prisoner's IEP status) and access to telephones in private. (1.85)

Achieved

The drug and alcohol strategy should be updated on the basis of a comprehensive needs analysis and ensure adequate provision is made for opiate-dependent prisoners requiring stabilisation, prisoners with a dual diagnosis and prisoners with alcohol problems. (1.95)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, the communal areas of the prison were generally clean but cells remained cramped. Relationships between staff and prisoners were improving and we saw some positive interactions. Some good diversity and equality work was not always well embedded on residential wings. Support for foreign nationals had improved. Health services were reasonably good but the appointments system needed improvement. Prisoners found the quality of food poor. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Cells should be large enough to contain furniture for each prisoner and all toilets adequately screened. (2.12)

Not achieved

Prisoners should have access to toiletries on request and receive clean, adequate clothing and bedding, including towels, weekly. (2.13)

Partially achieved

Showers should be refurbished. (2.14)

Achieved

Responses to applications should address the issue and be timely. (2.15)

Achieved

Personal officers should introduce themselves to prisoners they are responsible for, get to know their personal circumstances and help them with their resettlement objectives. (2.22)

Partially achieved

The equality and diversity meeting should cover the distinct needs of all prisoner groups, be informed by routine consultation with prisoners under each protected characteristic and monitor equality of outcomes for each group (2.29)

Partially achieved

The prison should investigate and address the reasons for the negative perceptions expressed by Muslim prisoners in our survey. (2.43)

Not achieved

Prisoners who are retired or unable to work due to disability should be unlocked during the core day, and be paid the average wage for working prisoners. (2.44)

Partially achieved

Care plans and personal emergency and evacuation plans should be routinely reviewed and updated, and wing staff should be aware of the prisoners concerned and where to access their plans. (2.45)

Not achieved

Senior managers should analyse complaints to identify trends and monitor the quality of replies, ensuring in particular that complaints about staff are properly investigated. (2.61)

Not achieved

There should be additional SystemOne computers in all wing treatment rooms, and health care staff should have access to computers that are compatible with SystemOne and G4S programmes. (2.81)

Achieved

The health care application system should ensure efficiency and improve prisoner confidence. (2.90)

Achieved

Patient group directions should allow the supply of more potent medicines. (2.95)

Achieved

The timing of medicine rounds should provide the best clinical outcomes for patients. (2.96)

Not achieved (recommendation repeated, 2.91)

The use of general stock should be audited, and nurses should sign for all controlled drugs delivered to treatment rooms. (2.97)

Achieved

All servery workers should be trained and suitably dressed, and staff should supervise serving and ensure that food temperature checks are taken. (2.109)

Partially achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2012, time out of cell was too limited for prisoners without activities. Opportunities for association and time in the open air varied. There were too few activity places and a lack of strategic direction of learning and skills to drive improvement. Good training opportunities were not fully utilised. Access to the library was poor. Gym facilities were relatively small for the size of the population but not fully used. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

A challenging strategic plan for learning and skills should be developed in collaboration with all learning and skills and work providers to increase the number and range of useful activity places. (HP49)

Partially achieved

Recommendations

Time out of cell should be improved, including allowing all prisoners to receive some evening association and daily opportunities to spend time in the open air. (3.5)

Partially achieved

The range of data collected and analysed on the performance and quality of learning, skills and work provision should be expanded to inform thorough performance management, monitoring and quality improvement. (3.14)

Not achieved

The outcome of self-assessment should be an accurate summary of the performance of all providers. (3.15)

Partially achieved

Attendance rates at education and vocational classes should be increased, and activity places in vocational classes fully subscribed. (3.20)

Not achieved

The activity allocations process should be equitable and efficient. (3.27)

Partially achieved

The skills that prisoners gain through work activities should be formally recognised, recorded and, where possible, accredited. (3.28)

Partially achieved

Success rates should be improved in literacy, numeracy, ICT, and personal and social development courses. (3.32)

Partially achieved

Access to the library should be improved. (3.35)

Not achieved

Outdoor physical education facilities should be provided. (3.41)

Achieved

The use of the gym should be substantially increased, including through the provision of more accredited PE courses. (3.42)

Achieved

Resettlement

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

At the last inspection, in 2012, there was no whole-prison approach to resettlement, and the reducing reoffending strategy did not include action plans for each resettlement pathway. Fully effective offender management arrangements were hampered by a lack of resources, and there was no custody planning for remand and short-sentenced prisoners. Some good reintegration services needed further development to ensure all prisoner needs were met. There were insufficient effective interventions, particularly for men with drug and alcohol problems. Visits arrangements were mostly good but further work to support contact with children and families was needed. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Vulnerable prisoners should have equivalent provision, services and opportunities as other prisoners to participate in a safe and purposeful regime to aid their effective resettlement. (HP48)

Partially achieved

A strategy should be developed to place effective resettlement at the centre of all the prison's activities, based on a comprehensive assessment of services and interventions necessary to help reduce reoffending and involving relevant agencies and community partnerships. (HP50)

Partially achieved

Recommendations

Action plans should be developed for each of the resettlement pathways. (4.12)

Achieved

There should be an increase in offender management unit (OMU) staffing, and staff should not be deployed elsewhere in the prison. (4.30)

Partially achieved

All eligible prisoners should have a current offender assessment system (OASys) assessment. (4.31)

Partially achieved

Public protection processes and arrangements should be integrated into the overall operation and management of the OMU. (4.32)

Partially achieved

All relevant prisoners should have a robust risk management plan. (4.33)

Partially achieved

There should be short term sentence and custody planning for unconvicted prisoners and those serving less than 12 months. (4.50)

Partially achieved

The initial housing needs assessment document should be developed to cover all the resettlement pathways. (4.51)

Achieved

There should be formal liaison arrangements with the most frequently contacted local authority housing departments. (4.55)

Partially achieved

The prison should collect and analyse accurate data on prisoners' destinations on release, including their entry into meaningful training, employment, further education, work experience or placements, to inform the development of appropriate services. (4.60)

Achieved

Courses should be run to help prisoners improve their financial capability. (4.70)

Achieved

A qualified family support worker should be employed. (4.82)

Achieved

Closed visits should be authorised only when there is a significant risk justified by security intelligence. (4.83)

Achieved

There should be a supervised children's play area in the visits room. (4.84)

Achieved

There should be a suitable range of interventions to address prisoners' main resettlement needs. (4.91)

Not achieved

There should be services to identify and support prisoners with experience of trauma. (4.94)

Not achieved (recommendation repeated, 4.67)

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20-year-olds	21 and over	%
Sentenced		848	58.7
Recall		103	7.1
Convicted unsentenced		122	8.4
Remand		345	23.9
Civil prisoners/(Fines)		1 (13) =14	1
Detainees		12	0.8
Total	0	1,444	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced		503	34.9
Less than six months		160	11.1
six months to less than 12 months		81	5.6
12 months to less than 2 years		177	12.3
2 years to less than 4 years		203	13.1
4 years to less than 10 years		184	12.7
10 years and over (not life)		90	6.2
ISPP (indeterminate sentence for public protection)		15	1
Life		31	3.1
Total	0	1,444	100

Age	Number of prisoners	%
Please state minimum age here:21		
Under 21 years	0	0
21 years to 29 years	559	38.7
30 years to 39 years	493	34.1
40 years to 49 years	257	17.8
50 years to 59 years	81	5.6
60 years to 69 years	36	2.5
70 plus years	18	1.2
Please state maximum age here:83		
Total	1,444	100

Nationality	18–20-year-olds	21 and over	%
British	0	1,251	86.6
Foreign nationals	0	193	14.4
Total	0	1,444	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	351	24.3
Uncategorised sentenced	0	262	18.1
Category A	0	0	0
Category B	0	179	12.4
Category C	0	616	42.7

Category D	0	34	2.4
Other	0	2	0.1
Total	0	1,444	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	842	58.3
Irish	0	9	0.6
Gypsy/Irish Traveller	0	1	0.1
Other white	0	54	3.7
Mixed			
White and black Caribbean	0	58	4
White and black African	0	7	0.5
White and Asian	0	11	0.8
Other mixed	0	11	0.8
Asian or Asian British			
Indian	0	49	3.4
Pakistani	0	118	8.2
Bangladeshi	0	12	0.8
Chinese	0	1	0.1
Other Asian	0	48	3.3
Black or black British			
Caribbean	0	132	9.1
African	0	29	2
Other black	0	30	2.1
Other ethnic group			
Arab	0	3	0.2
Other ethnic group	0	16	1.1
Not stated	0	13	0.9
Total	0	1,444	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	0	226	15.7
Roman Catholic	0	172	11.9
Other Christian denominations	0	135	9.3
Muslim	0	285	19.7
Sikh	0	27	1.9
Hindu	0	3	0.2
Buddhist	0	23	1.6
Jewish	0	2	0.1
Other	0	13	0.9
No religion	0	558	38.7
Total	0	1,444	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		0	0
Total		0	0

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		287	19.9
1 month to 3 months	0		292	20.2
3 months to six months	0		172	11.9
six months to 1 year	0		121	8.4
1 year to 2 years	0		50	3.5
2 years to 4 years	0		18	1.2
4 years or more	0		0	0
Total	0	0	940	65.1

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry		0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		425	29.4
Total		425	29.4

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		206	40.9
1 month to 3 months	0		137	27.2
3 months to six months	0		119	23.6
six months to 1 year	0		36	7.1
1 year to 2 years	0		4	0.8
2 years to 4 years	0		1	0.2
4 years or more	0		1	0.2
Total	0	0	504	34.9

Main offence	18–20-year-olds	21 and over	%
Violence against the person	0	228	15.8
Sexual offences	0	176	12.2
Burglary	0	201	12.9
Robbery	0	124	8.4
Theft and handling	0	141	9.2
Fraud and forgery	0	25	1.4
Drugs offences	0	181	12.6
Other offences/Fines	0	360	24.9
Civil offences	0	3	0.2
Offence not recorded /holding warrant	0	5	2.4
Total	0	1,444	100

Appendix IV: 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 establishment.⁷ 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 24 February 2014 the prisoner population at HMP Birmingham was 1443. Using the method described above, questionnaires were distributed to a sample of 227 prisoners.

We received a total of 181 completed questionnaires, a response rate of 80%. Nineteen respondents refused to complete a questionnaire, 16 questionnaires were not returned and 11 were returned blank.

⁷ 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
A	15
B	24
C	22
D	4
G	16
H	4
J	1
K	25
L	17
M	20
N	14
P	19
Segregation unit	0

Presentation of survey results and analyses

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

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 significant⁸ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Birmingham in 2014 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 other local prisons since April 2008.
- The current survey responses from HMP Birmingham in 2014 compared with the responses of prisoners surveyed at HMP Birmingham in 2011.

⁸ 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.

- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British and those who are foreign nationals.
- A comparison within the 2014 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2014 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 2014 survey between the old wings (A, B, C, D, G and K) and the new wings (L, M, N and P).

Survey summary

Section 1: About You

Q1.1	What wing or houseblock are you currently living on? See shortened methodology.		
Q1.2	How old are you?		
	<i>Under 21</i>	0	(0%)
	<i>21 - 29</i>	75	(42%)
	<i>30 - 39</i>	63	(35%)
	<i>40 - 49</i>	25	(14%)
	<i>50 - 59</i>	10	(6%)
	<i>60 - 69</i>	4	(2%)
	<i>70 and over</i>	2	(1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	113	(63%)
	<i>Yes - on recall</i>	7	(4%)
	<i>No - awaiting trial</i>	39	(22%)
	<i>No - awaiting sentence</i>	19	(11%)
	<i>No - awaiting deportation</i>	1	(1%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	59	(34%)
	<i>Less than 6 months</i>	27	(15%)
	<i>6 months to less than 1 year</i>	22	(13%)
	<i>1 year to less than 2 years</i>	15	(9%)
	<i>2 years to less than 4 years</i>	23	(13%)
	<i>4 years to less than 10 years</i>	14	(8%)
	<i>10 years or more</i>	13	(7%)
	<i>IPP (indeterminate sentence for public protection)</i>	1	(1%)
	<i>Life</i>	1	(1%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>	20	(11%)
	<i>No</i>	158	(89%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	177	(99%)
	<i>No</i>	2	(1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	176	(98%)
	<i>No</i>	3	(2%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	97 (54%)	<i>Asian or Asian British - Chinese</i> . 0 (0%)
	<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	14 (8%)	<i>Mixed race - white and black Caribbean</i> 5 (3%)
	<i>Black or black British - Caribbean</i>	17 (10%)	<i>Mixed race - white and black African</i> 1 (1%)

<i>Black or black British - African</i>	5 (3%)	<i>Mixed race - white and Asian</i>	4 (2%)
<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	2 (1%)
<i>Asian or Asian British - Indian</i>	7 (4%)	<i>Arab</i>	1 (1%)
<i>Asian or Asian British - Pakistani</i>	13 (7%)	<i>Other ethnic group</i>	3 (2%)
<i>Asian or Asian British - Bangladeshi</i>	3 (2%)		

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

Yes.....	1 (1%)
No.....	173 (99%)

Q1.10 What is your religion?

<i>None</i>	53 (30%)	<i>Hindu</i>	2 (1%)
<i>Church of England</i>	48 (27%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	24 (14%)	<i>Muslim</i>	29 (16%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	5 (3%)
<i>Other Christian denomination</i>	6 (3%)	<i>Other</i>	5 (3%)
<i>Buddhist</i>	2 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	175 (98%)
<i>Homosexual/Gay</i>	3 (2%)
<i>Bisexual</i>	0 (0%)

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

Yes.....	38 (21%)
No.....	140 (79%)

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

Yes.....	8 (4%)
No.....	171 (96%)

Q1.14 Is this your first time in prison?

Yes.....	51 (29%)
No.....	127 (71%)

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

Yes.....	97 (54%)
No.....	83 (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>	135 (75%)
<i>2 hours or longer</i>	38 (21%)
<i>Don't remember</i>	8 (4%)

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>	135 (75%)
Yes.....	17 (9%)
No.....	25 (14%)
<i>Don't remember</i>	4 (2%)

Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	135 (75%)
	<i>Yes</i>	1 (1%)
	<i>No</i>	39 (22%)
	<i>Don't remember</i>	5 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	95 (53%)
	<i>No</i>	68 (38%)
	<i>Don't remember</i>	17 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	131 (73%)
	<i>No</i>	41 (23%)
	<i>Don't remember</i>	8 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	37 (20%)
	<i>Well</i>	83 (46%)
	<i>Neither</i>	43 (24%)
	<i>Badly</i>	11 (6%)
	<i>Very badly</i>	3 (2%)
	<i>Don't remember</i>	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	<i>Yes, someone told me</i>	109 (61%)
	<i>Yes, I received written information</i>	2 (1%)
	<i>No, I was not told anything</i>	61 (34%)
	<i>Don't remember</i>	8 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	145 (81%)
	<i>No</i>	27 (15%)
	<i>Don't remember</i>	8 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	75 (42%)
	<i>2 hours or longer</i>	92 (52%)
	<i>Don't remember</i>	11 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	133 (77%)
	<i>No</i>	33 (19%)
	<i>Don't remember</i>	7 (4%)
Q3.3	Overall, how were you treated in reception?	
	<i>Very well</i>	22 (12%)
	<i>Well</i>	91 (51%)
	<i>Neither</i>	47 (26%)
	<i>Badly</i>	15 (8%)
	<i>Very badly</i>	3 (2%)
	<i>Don't remember</i>	1 (1%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	19 (11%)	<i>Physical health</i> 32 (18%)
	<i>Housing problems</i>	32 (18%)	<i>Mental health</i> 30 (17%)
	<i>Contacting employers</i>	7 (4%)	<i>Needing protection from other prisoners</i> 12 (7%)
	<i>Contacting family</i>	60 (34%)	<i>Getting phone numbers</i> 64 (37%)
	<i>Childcare</i>	3 (2%)	<i>Other</i> 13 (7%)
	<i>Money worries</i>	34 (19%)	<i>Did not have any problems</i> 43 (25%)
	<i>Feeling depressed or suicidal</i>	36 (21%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>	48 (28%)	
	<i>No</i>	83 (48%)	
	<i>Did not have any problems</i>	43 (25%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>	152 (84%)	
	<i>A shower</i>	88 (49%)	
	<i>A free telephone call</i>	130 (72%)	
	<i>Something to eat</i>	142 (78%)	
	<i>PIN phone credit</i>	113 (62%)	
	<i>Toiletries/ basic items</i>	113 (62%)	
	<i>Did not receive anything</i>	5 (3%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>	64 (37%)	
	<i>Someone from health services</i>	119 (68%)	
	<i>A Listener/Samaritans</i>	52 (30%)	
	<i>Prison shop/ canteen</i>	40 (23%)	
	<i>Did not have access to any of these</i>	34 (19%)	
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>	66 (40%)	
	<i>What support was available for people feeling depressed or suicidal</i>	57 (35%)	
	<i>How to make routine requests (applications)</i>	53 (33%)	
	<i>Your entitlement to visits</i>	55 (34%)	
	<i>Health services</i>	71 (44%)	
	<i>Chaplaincy</i>	61 (37%)	
	<i>Not offered any information</i>	55 (34%)	
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>	133 (74%)	
	<i>No</i>	38 (21%)	
	<i>Don't remember</i>	9 (5%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	<i>Have not been on an induction course</i>	85 (48%)	
	<i>Within the first week</i>	48 (27%)	
	<i>More than a week</i>	21 (12%)	
	<i>Don't remember</i>	23 (13%)	

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	85 (48%)
	<i>Yes</i>	37 (21%)
	<i>No</i>	29 (16%)
	<i>Don't remember</i>	26 (15%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	71 (41%)
	<i>Within the first week</i>	32 (18%)
	<i>More than a week</i>	45 (26%)
	<i>Don't remember</i>	27 (15%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	11 (6%)	49 (28%)	27 (16%)	34 (20%)	31 (18%)	21 (12%)
	<i>Attend legal visits?</i>	14 (8%)	59 (36%)	24 (14%)	14 (8%)	17 (10%)	38 (23%)
	<i>Get bail information?</i>	4 (3%)	23 (15%)	24 (15%)	25 (16%)	29 (19%)	50 (32%)

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>	29 (17%)
	<i>Yes</i>	83 (48%)
	<i>No</i>	61 (35%)

Q4.3	Can you get legal books in the library?	
	<i>Yes</i>	53 (31%)
	<i>No</i>	16 (9%)
	<i>Don't know</i>	104 (60%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:			
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	96 (55%)	72 (41%)	7 (4%)
	<i>Are you normally able to have a shower every day?</i>	149 (84%)	27 (15%)	2 (1%)
	<i>Do you normally receive clean sheets every week?</i>	129 (75%)	37 (21%)	7 (4%)
	<i>Do you normally get cell cleaning materials every week?</i>	56 (32%)	110 (63%)	9 (5%)
	<i>Is your cell call bell normally answered within five minutes?</i>	37 (21%)	123 (71%)	13 (8%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	118 (67%)	56 (32%)	1 (1%)
	<i>If you need to, can you normally get your stored property?</i>	42 (24%)	67 (39%)	63 (37%)

Q4.5	What is the food like here?	
	<i>Very good</i>	2 (1%)
	<i>Good</i>	35 (20%)
	<i>Neither</i>	47 (27%)
	<i>Bad</i>	51 (29%)
	<i>Very bad</i>	40 (23%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	16 (9%)
	Yes.....	87 (49%)
	No.....	73 (41%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes.....	88 (50%)
	No.....	21 (12%)
	<i>Don't know</i>	68 (38%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	83 (47%)
	No.....	25 (14%)
	<i>Don't know/ N/A</i>	67 (38%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	71 (40%)
	No.....	15 (8%)
	<i>Don't know/ N/A</i>	92 (52%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	39 (22%)
	<i>Very easy</i>	29 (16%)
	<i>Easy</i>	32 (18%)
	<i>Neither</i>	18 (10%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	3 (2%)
	<i>Don't know</i>	47 (27%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes.....	123 (70%)
	No.....	40 (23%)
	<i>Don't know</i>	13 (7%)
Q5.2	Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)	
		<i>Not made one</i> Yes No
	Are <i>applications</i> dealt with fairly?	27 (16%) 72 (43%) 67 (40%)
	Are <i>applications</i> dealt with quickly (within seven days)?	27 (18%) 47 (31%) 77 (51%)
Q5.3	Is it easy to make a complaint?	
	Yes.....	82 (49%)
	No.....	23 (14%)
	<i>Don't know</i>	64 (38%)
Q5.4	Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option.)	
		<i>Not made one</i> Yes No
	Are <i>complaints</i> dealt with fairly?	97 (56%) 29 (17%) 48 (28%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	97 (58%) 19 (11%) 52 (31%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes.....	32 (20%)
	No.....	130 (80%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	90 (53%)
	<i>Very easy</i>	5 (3%)
	<i>Easy</i>	11 (6%)
	<i>Neither</i>	27 (16%)
	<i>Difficult</i>	26 (15%)
	<i>Very difficult</i>	11 (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>	26 (15%)
	<i>Yes</i>	64 (37%)
	<i>No</i>	44 (25%)
	<i>Don't know</i>	40 (23%)
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>	26 (15%)
	<i>Yes</i>	64 (38%)
	<i>No</i>	50 (30%)
	<i>Don't know</i>	29 (17%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	13 (8%)
	<i>No</i>	159 (92%)
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>	137 (83%)
	<i>Very well</i>	3 (2%)
	<i>Well</i>	6 (4%)
	<i>Neither</i>	13 (8%)
	<i>Badly</i>	4 (2%)
	<i>Very badly</i>	2 (1%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	139 (80%)
	<i>No</i>	35 (20%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	121 (70%)
	<i>No</i>	52 (30%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	44 (25%)
	<i>No</i>	131 (75%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	5 (3%)
	<i>Never</i>	44 (25%)
	<i>Rarely</i>	45 (26%)
	<i>Some of the time</i>	49 (28%)

Most of the time 24 (14%)
All of the time 6 (3%)

Q7.5 When did you first meet your personal (named) officer?

I have not met him/her 94 (54%)
In the first week..... 37 (21%)
More than a week 25 (14%)
Don't remember..... 18 (10%)

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

Do not have a personal officer/ I have not met him/ her 94 (55%)
Very helpful..... 26 (15%)
Helpful..... 32 (19%)
Neither..... 10 (6%)
Not very helpful..... 7 (4%)
Not at all helpful..... 1 (1%)

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

Yes..... 66 (37%)
No..... 111 (63%)

Q8.2 Do you feel unsafe now?

Yes..... 33 (19%)
No..... 137 (81%)

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

<i>Never felt unsafe</i> 111 (65%)	<i>At meal times</i> 16 (9%)
<i>Everywhere</i> 26 (15%)	<i>At health services</i> 10 (6%)
<i>Segregation unit</i> 3 (2%)	<i>Visits area</i> 14 (8%)
<i>Association areas</i> 21 (12%)	<i>In wing showers</i> 21 (12%)
<i>Reception area</i> 8 (5%)	<i>In gym showers</i> 5 (3%)
<i>At the gym</i> 9 (5%)	<i>In corridors/stairwells</i> 11 (6%)
<i>In an exercise yard</i> 15 (9%)	<i>On your landing/wing</i> 19 (11%)
<i>At work</i> 9 (5%)	<i>In your cell</i> 10 (6%)
<i>During movement</i> 13 (8%)	<i>At religious services</i> 2 (1%)
<i>At education</i> 1 (1%)	

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

Yes 41 (24%)
No..... 133 (76%)

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> 21 (12%)
<i>Physical abuse (being hit, kicked or assaulted)</i> 9 (5%)
<i>Sexual abuse</i> 0 (0%)
<i>Feeling threatened or intimidated</i> 26 (15%)
<i>Having your canteen/property taken</i> 12 (7%)
<i>Medication</i> 7 (4%)
<i>Debt</i> 5 (3%)
<i>Drugs</i> 6 (3%)
<i>Your race or ethnic origin</i> 9 (5%)
<i>Your religion/religious beliefs</i> 8 (5%)
<i>Your nationality</i> 8 (5%)
<i>You are from a different part of the country than others</i> 6 (3%)

<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	4 (2%)
<i>You have a disability</i>	8 (5%)
<i>You were new here</i>	17 (10%)
<i>Your offence/ crime</i>	7 (4%)
<i>Gang related issues</i>	7 (4%)

Q8.6 Have you been victimised by staff here?

Yes	47 (27%)
No.....	126 (73%)

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>	18 (10%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (4%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	25 (14%)
<i>Medication</i>	10 (6%)
<i>Debt</i>	2 (1%)
<i>Drugs</i>	6 (3%)
<i>Your race or ethnic origin</i>	7 (4%)
<i>Your religion/religious beliefs</i>	7 (4%)
<i>Your nationality</i>	5 (3%)
<i>You are from a different part of the country than others</i>	5 (3%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	2 (1%)
<i>You have a disability</i>	3 (2%)
<i>You were new here</i>	9 (5%)
<i>Your offence/ crime</i>	6 (3%)
<i>Gang related issues</i>	3 (2%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	110 (69%)
Yes.....	15 (9%)
No.....	35 (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	28 (16%)	11 (6%)	34 (20%)	24 (14%)	51 (29%)	25 (14%)
The nurse	23 (14%)	19 (12%)	58 (35%)	24 (15%)	28 (17%)	13 (8%)
The dentist	38 (23%)	4 (2%)	8 (5%)	6 (4%)	40 (24%)	71 (43%)

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	34 (20%)	21 (12%)	45 (26%)	29 (17%)	25 (15%)	18 (10%)
The nurse	25 (16%)	27 (17%)	55 (34%)	24 (15%)	19 (12%)	10 (6%)
The dentist	62 (39%)	6 (4%)	15 (9%)	21 (13%)	17 (11%)	37 (23%)

Q9.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	23 (14%)
<i>Very good</i>	15 (9%)
<i>Good</i>	52 (31%)
<i>Neither</i>	26 (16%)

	<i>Bad</i>	29 (17%)
	<i>Very bad</i>	22 (13%)
Q9.4	Are you currently taking medication?	
	Yes.....	94 (53%)
	No.....	82 (47%)
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>	82 (47%)
	<i>Yes, all my meds</i>	30 (17%)
	<i>Yes, some of my meds</i>	29 (17%)
	<i>No</i>	33 (19%)
Q9.6	Do you have any emotional or mental health problems?	
	Yes.....	55 (32%)
	No.....	119 (68%)
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>	119 (69%)
	Yes.....	26 (15%)
	No.....	27 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	53 (30%)
	No.....	122 (70%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	32 (18%)
	No.....	143 (82%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	36 (21%)
	<i>Easy</i>	26 (15%)
	<i>Neither</i>	11 (7%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	7 (4%)
	<i>Don't know</i>	85 (50%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	12 (7%)
	<i>Easy</i>	9 (5%)
	<i>Neither</i>	13 (8%)
	<i>Difficult</i>	11 (6%)
	<i>Very difficult</i>	18 (10%)
	<i>Don't know</i>	110 (64%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	20 (11%)
	No.....	155 (89%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	15 (9%)
	No.....	158 (91%)

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>	116 (67%)
	Yes.....	34 (20%)
	No.....	23 (13%)
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>	143 (82%)
	Yes.....	17 (10%)
	No.....	14 (8%)
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>	134 (78%)
	Yes.....	29 (17%)
	No.....	8 (5%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	24 (14%)	17 (10%)	42 (25%)	22 (13%)	46 (27%)	20 (12%)
	Vocational or skills training	45 (29%)	11 (7%)	26 (17%)	29 (19%)	32 (21%)	13 (8%)
	Education (including basic skills)	39 (24%)	15 (9%)	48 (30%)	23 (14%)	25 (16%)	10 (6%)
	Offending behaviour programmes	61 (39%)	4 (3%)	21 (14%)	26 (17%)	25 (16%)	18 (12%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						62 (37%)
	Prison job.....						72 (43%)
	Vocational or skills training.....						22 (13%)
	Education (including basic skills).....						29 (17%)
	Offending behaviour programmes.....						7 (4%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	47 (32%)	43 (29%)	43 (29%)	15 (10%)		
	Vocational or skills training	53 (42%)	42 (33%)	16 (13%)	15 (12%)		
	Education (including basic skills)	52 (39%)	45 (34%)	22 (17%)	13 (10%)		
	Offending behaviour programmes	60 (49%)	24 (20%)	24 (20%)	14 (11%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						33 (19%)
	<i>Never</i>						67 (39%)
	<i>Less than once a week</i>						39 (23%)
	<i>About once a week</i>						28 (16%)
	<i>More than once a week</i>						3 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						84 (50%)
	Yes.....						31 (18%)
	No.....						53 (32%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						39 (23%)
	0.....						47 (28%)
	1 to 2.....						67 (39%)

3 to 5	15 (9%)
More than 5	2 (1%)

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

<i>Don't want to go</i>	35 (20%)
0.....	28 (16%)
1 to 2	73 (43%)
3 to 5	21 (12%)
More than 5.....	14 (8%)

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

<i>Don't want to go</i>	5 (3%)
0.....	4 (2%)
1 to 2	18 (10%)
3 to 5	43 (25%)
More than 5	102 (59%)

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>	40 (23%)
<i>2 to less than 4 hours</i>	33 (19%)
<i>4 to less than 6 hours</i>	30 (17%)
<i>6 to less than 8 hours</i>	23 (13%)
<i>8 to less than 10 hours</i>	11 (6%)
<i>10 hours or more</i>	25 (15%)
<i>Don't know</i>	10 (6%)

Section 12: Contact with family and friends**Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

Yes.....	52 (31%)
No.....	116 (69%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes.....	66 (39%)
No.....	104 (61%)

Q12.3 Have you had any problems getting access to the telephones?

Yes.....	56 (33%)
No.....	115 (67%)

Q12.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	31 (18%)
<i>Very easy</i>	20 (12%)
<i>Easy</i>	48 (28%)
<i>Neither</i>	16 (9%)
<i>Difficult</i>	26 (15%)
<i>Very difficult</i>	27 (16%)
<i>Don't know</i>	5 (3%)

Section 13: Preparation for release**Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**

<i>Not sentenced</i>	59 (34%)
Yes.....	55 (31%)

	No.....	62 (35%)
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>	121 (69%)
	<i>No contact</i>	23 (13%)
	<i>Letter</i>	12 (7%)
	<i>Phone</i>	7 (4%)
	<i>Visit</i>	16 (9%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	31 (19%)
	No.....	135 (81%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	59 (34%)
	Yes.....	30 (17%)
	No.....	87 (49%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	146 (82%)
	<i>Very involved</i>	7 (4%)
	<i>Involved</i>	5 (3%)
	<i>Neither</i>	6 (3%)
	<i>Not very involved</i>	7 (4%)
	<i>Not at all involved</i>	6 (3%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	146 (84%)
	<i>Nobody</i>	17 (10%)
	<i>Offender supervisor</i>	4 (2%)
	<i>Offender manager</i>	3 (2%)
	<i>Named/ personal officer</i>	4 (2%)
	<i>Staff from other departments</i>	4 (2%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	146 (83%)
	Yes.....	17 (10%)
	No.....	5 (3%)
	<i>Don't know</i>	7 (4%)
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>	146 (83%)
	Yes.....	10 (6%)
	No.....	9 (5%)
	<i>Don't know</i>	10 (6%)
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>	146 (83%)
	Yes.....	14 (8%)
	No.....	3 (2%)
	<i>Don't know</i>	12 (7%)
Q13.10	Do you have a needs based custody plan?	
	Yes.....	16 (10%)
	No.....	68 (42%)

Don't know 77 (48%)

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

Yes..... 18 (11%)

No..... 147 (89%)

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	43 (27%)	29 (18%)	86 (54%)
Accommodation	47 (30%)	30 (19%)	80 (51%)
Benefits	44 (28%)	41 (26%)	75 (47%)
Finances	44 (30%)	21 (14%)	84 (56%)
Education	48 (33%)	21 (14%)	76 (52%)
Drugs and alcohol	51 (34%)	41 (27%)	60 (39%)

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

Not sentenced 59 (35%)

Yes..... 51 (30%)

No..... 60 (35%)

Main comparator and comparator to last time



Prisoner survey responses HMP Birmingham 2014

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

Key to tables

Key to tables		HMP Birmingham 2014	Local prisons comparator	HMP Birmingham 2014	HMP Birmingham 2011
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
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Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		181	5963	181	203
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	7%	0%	1%
1.3	Are you sentenced?	67%	68%	67%	65%
1.3	Are you on recall?	4%	9%	4%	10%
1.4	Is your sentence less than 12 months?	28%	21%	28%	23%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	2%
1.5	Are you a foreign national?	11%	14%	11%	10%
1.6	Do you understand spoken English?	99%	98%	99%	
1.7	Do you understand written English?	98%	96%	98%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	35%	24%	35%	39%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	5%	1%	2%
1.1	Are you Muslim?	17%	11%	17%	21%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	3%
1.12	Do you consider yourself to have a disability?	21%	22%	21%	20%
1.13	Are you a veteran (ex-armed services)?	5%	5%	5%	
1.14	Is this your first time in prison?	29%	31%	29%	25%
1.15	Do you have any children under the age of 18?	54%	54%	54%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	21%	19%	21%	18%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	37%	37%	37%	
2.3	Were you offered a toilet break?	2%	10%	2%	
2.4	Was the van clean?	53%	60%	53%	
2.5	Did you feel safe?	73%	76%	73%	
2.6	Were you treated well/very well by the escort staff?	66%	67%	66%	59%
2.7	Before you arrived here were you told that you were coming here?	61%	65%	61%	
2.7	Before you arrived here did you receive any written information about coming here?	1%	4%	1%	
2.8	When you first arrived here did your property arrive at the same time as you?	81%	81%	81%	80%

Key to tables

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	42%	46%	42%	
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	77%	77%	74%
3.3	Were you treated well/very well in reception?	63%	63%	63%	51%
	When you first arrived:				
3.4	Did you have any problems?	75%	74%	75%	76%
3.4	Did you have any problems with loss of property?	11%	14%	11%	19%
3.4	Did you have any housing problems?	18%	22%	18%	28%
3.4	Did you have any problems contacting employers?	4%	6%	4%	10%
3.4	Did you have any problems contacting family?	34%	31%	34%	45%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	4%	2%	11%
3.4	Did you have any money worries?	19%	23%	19%	24%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	22%	21%	20%
3.4	Did you have any physical health problems?	18%	17%	18%	
3.4	Did you have any mental health problems?	17%	21%	17%	
3.4	Did you have any problems with needing protection from other prisoners?	7%	7%	7%	11%
3.4	Did you have problems accessing phone numbers?	37%	29%	37%	36%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	37%	34%	37%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	84%	84%	84%	89%
3.6	A shower?	49%	32%	49%	49%
3.6	A free telephone call?	72%	58%	72%	80%
3.6	Something to eat?	78%	74%	78%	83%
3.6	PIN phone credit?	62%	58%	62%	
3.6	Toiletries/ basic items?	62%	61%	62%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	37%	47%	37%	
3.7	Someone from health services?	68%	70%	68%	
3.7	A Listener/Samaritans?	30%	35%	30%	
3.7	Prison shop/ canteen?	23%	19%	23%	5%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	41%	48%	41%	40%
3.8	Support was available for people feeling depressed or suicidal?	35%	46%	35%	38%
3.8	How to make routine requests?	33%	41%	33%	31%
3.8	Your entitlement to visits?	34%	44%	34%	47%
3.8	Health services?	44%	51%	44%	48%
3.8	The chaplaincy?	37%	46%	37%	46%

Main comparator and comparator to last time

Key to tables

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3.9	Did you feel safe on your first night here?	74%	74%	74%	68%
3.10	Have you been on an induction course?	52%	81%	52%	68%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	40%	58%	40%	50%
3.12	Did you receive an education (skills for life) assessment?	59%	74%	59%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	35%	41%	35%	37%
4.1	Attend legal visits?	44%	57%	44%	50%
4.1	Get bail information?	17%	21%	17%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	39%	48%	41%
4.3	Can you get legal books in the library?	31%	38%	31%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	55%	54%	55%	40%
4.4	Are you normally able to have a shower every day?	84%	79%	84%	62%
4.4	Do you normally receive clean sheets every week?	75%	79%	75%	77%
4.4	Do you normally get cell cleaning materials every week?	32%	61%	32%	36%
4.4	Is your cell call bell normally answered within five minutes?	21%	34%	21%	31%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	64%	67%	58%
4.4	Can you normally get your stored property, if you need to?	24%	24%	24%	18%
4.5	Is the food in this prison good/very good?	21%	22%	21%	9%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	47%	49%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	57%	50%	53%
4.8	Are your religious beliefs are respected?	48%	52%	48%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	53%	40%	52%
4.10	Is it easy/very easy to attend religious services?	34%	46%	34%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	70%	77%	70%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	52%	56%	52%	45%
5.2	Do you feel applications are dealt with quickly (within seven days)?	38%	44%	38%	37%
5.3	Is it easy to make a complaint?	49%	51%	49%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	38%	32%	38%	25%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	27%	33%	27%	28%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	19%	20%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	9%	22%	9%	14%

Main comparator and comparator to last time

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	45%	37%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	44%	38%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	7%	8%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	32%	36%	32%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	80%	74%	80%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	73%	70%	69%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	28%	25%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	18%	17%	13%
7.5	Do you have a personal officer?	46%	44%	46%	43%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	76%	66%	76%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	37%	39%	37%	44%
8.2	Do you feel unsafe now?	19%	17%	19%	19%
8.4	Have you been victimised by other prisoners here?	24%	25%	24%	19%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	11%	12%	12%
8.5	Hit, kicked or assaulted you?	5%	7%	5%	6%
8.5	Sexually abused you?	0%	1%	0%	1%
8.5	Threatened or intimidated you?	15%	14%	15%	
8.5	Taken your canteen/property?	7%	6%	7%	7%
8.5	Victimised you because of medication?	4%	5%	4%	
8.5	Victimised you because of debt?	3%	3%	3%	
8.5	Victimised you because of drugs?	4%	4%	4%	7%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	3%
8.5	Victimised you because of your religion/religious beliefs?	5%	3%	5%	1%
8.5	Victimised you because of your nationality?	5%	3%	5%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	2%	2%	2%	2%
8.5	Victimised you because you have a disability?	5%	3%	5%	4%
8.5	Victimised you because you were new here?	10%	5%	10%	3%
8.5	Victimised you because of your offence/crime?	4%	5%	4%	5%
8.5	Victimised you because of gang related issues?	4%	4%	4%	4%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	27%	28%	27%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	11%	10%	14%
8.7	Hit, kicked or assaulted you?	4%	4%	4%	5%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	14%	12%	14%	
8.7	Victimised you because of medication?	6%	5%	6%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	4%	3%	4%	6%
8.7	Victimised you because of your race or ethnic origin?	4%	4%	4%	5%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%	4%	5%
8.7	Victimised you because of your nationality?	3%	3%	3%	
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	2%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	
8.7	Victimised you because of your sexual orientation?	1%	0%	1%	0%
8.7	Victimised you because of your age?	1%	2%	1%	3%
8.7	Victimised you because you have a disability?	2%	2%	2%	4%
8.7	Victimised you because you were new here?	5%	5%	5%	7%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	5%
8.7	Victimised you because of gang related issues?	2%	2%	2%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	30%	32%	30%	35%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	26%	25%	26%	27%
9.1	Is it easy/very easy to see the nurse?	47%	48%	47%	40%
9.1	Is it easy/very easy to see the dentist?	7%	10%	7%	8%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	48%	43%	48%	41%
9.2	The nurse?	61%	54%	61%	56%
9.2	The dentist?	22%	31%	22%	17%
9.3	The overall quality of health services?	47%	38%	47%	34%
9.4	Are you currently taking medication?	53%	50%	53%	54%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	64%	61%	64%	
9.6	Do you have any emotional well being or mental health problems?	32%	36%	32%	33%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	49%	43%	49%	

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SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	30%	34%	30%	37%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	26%	18%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	37%	30%	37%	24%
10.4	Is it easy/very easy to get alcohol in this prison?	12%	13%	12%	
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	7%	11%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	60%	63%	60%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	55%	59%	55%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	78%	77%	78%	69%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	35%	30%	35%	
11.1	Vocational or skills training?	24%	29%	24%	
11.1	Education (including basic skills)?	39%	44%	39%	
11.1	Offending behaviour programmes?	16%	18%	16%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	43%	43%	43%	47%
11.2	Vocational or skills training?	13%	9%	13%	6%
11.2	Education (including basic skills)?	17%	27%	17%	27%
11.2	Offending behaviour programmes?	4%	8%	4%	3%
11.3	Have you had a job while in this prison?	68%	68%	68%	73%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	43%	41%	43%	39%
11.3	Have you been involved in vocational or skills training while in this prison?	58%	55%	58%	60%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	58%	48%	58%	47%
11.3	Have you been involved in education while in this prison?	61%	67%	61%	70%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	56%	54%	56%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	51%	53%	51%	53%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	39%	46%	39%	33%
11.4	Do you go to the library at least once a week?	18%	34%	18%	24%
11.5	Does the library have a wide enough range of materials to meet your needs?	18%	35%	18%	
11.6	Do you go to the gym three or more times a week?	10%	30%	10%	15%
11.7	Do you go outside for exercise three or more times a week?	21%	39%	21%	28%
11.8	Do you go on association more than five times each week?	59%	44%	59%	41%

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11.9	Do you spend ten or more hours out of your cell on a weekday?	15%	10%	15%	4%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	31%	34%	31%	34%
12.2	Have you had any problems with sending or receiving mail?	39%	48%	39%	50%
12.3	Have you had any problems getting access to the telephones?	33%	32%	33%	49%
12.4	Is it easy/ very easy for your friends and family to get here?	39%	37%	39%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	47%	61%	47%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	42%	43%	42%	
13.2	Contact by letter?	22%	28%	22%	
13.2	Contact by phone?	13%	13%	13%	
13.2	Contact by visit?	29%	36%	29%	
13.3	Do you have a named offender supervisor in this prison?	19%	31%	19%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	26%	40%	26%	26%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	39%	58%	39%	64%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	61%	43%	61%	
13.6	Offender supervisor?	14%	32%	14%	
13.6	Offender manager?	11%	28%	11%	
13.6	Named/ personal officer?	14%	11%	14%	
13.6	Staff from other departments?	14%	18%	14%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	58%	59%	58%	58%
13.8	Are there plans for you to achieve any of your targets in another prison?	35%	25%	35%	
13.9	Are there plans for you to achieve any of your targets in the community?	48%	31%	48%	
13.10	Do you have a needs based custody plan?	10%	7%	10%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	14%	11%	11%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	25%	29%	25%	
13.12	Accommodation?	27%	38%	27%	
13.12	Benefits?	35%	39%	35%	
13.12	Finances?	20%	24%	20%	
13.12	Education?	22%	29%	22%	
13.12	Drugs and alcohol?	41%	45%	41%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	46%	47%	46%	38%



Diversity analysis

Key question responses (ethnicity, foreign national and religion) HMP Birmingham 2014

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

Key to tables

		Black and minority ethnic prisoners		White prisoners		Foreign national prisoners		British prisoners		Muslim prisoners		Non-Muslim prisoners	
	Any percentage highlighted in green is significantly better												
	Any percentage highlighted in blue is significantly worse												
	Any percentage highlighted in orange shows a significant difference in prisoners' background details												
	Percentages which are not highlighted show there is no significant difference												
Number of completed questionnaires returned		62	116	20	158	29	147						
1.3	Are you sentenced?	57%	72%	65%	68%	65%	68%						
1.5	Are you a foreign national?	13%	9%					17%	9%				
1.6	Do you understand spoken English?	98%	100%	90%	100%	100%	99%						
1.7	Do you understand written English?	97%	100%	85%	100%	100%	99%						
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			44%	34%	86%	24%						
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%	0%	1%	0%	1%						
1.1	Are you Muslim?	42%	4%	28%	16%								
1.12	Do you consider yourself to have a disability?	17%	24%	11%	22%	17%	23%						
1.13	Are you a veteran (ex-armed services)?	5%	4%	5%	5%	4%	4%						
1.14	Is this your first time in prison?	34%	25%	56%	26%	31%	27%						
2.6	Were you treated well/very well by the escort staff?	61%	69%	70%	65%	55%	68%						
2.7	Before you arrived here were you told that you were coming here?	56%	64%	50%	61%	62%	61%						
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	77%	58%	79%	75%	77%						
3.3	Were you treated well/very well in reception?	61%	64%	63%	62%	55%	64%						
3.4	Did you have any problems when you first arrived?	74%	76%	84%	74%	86%	73%						
3.7	Did you have access to someone from health care when you first arrived here?	75%	64%	63%	68%	79%	65%						
3.9	Did you feel safe on your first night here?	74%	74%	45%	77%	69%	75%						
3.10	Have you been on an induction course?	53%	50%	55%	51%	43%	53%						
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	37%	40%	33%	30%	36%						

Key to tables

Diversity analysis

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	51%	50%	56%	55%	55%
4.4	Are you normally able to have a shower every day?	84%	85%	75%	85%	83%	85%
4.4	Is your cell call bell normally answered within five minutes?	24%	19%	37%	20%	32%	19%
4.5	Is the food in this prison good/very good?	26%	18%	37%	18%	32%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	47%	51%	50%	49%	48%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	33%	57%	53%	49%	36%	52%
4.8	Do you feel your religious beliefs are respected?	59%	41%	68%	45%	79%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	35%	47%	39%	58%	36%
5.1	Is it easy to make an application?	68%	72%	65%	71%	75%	70%
5.3	Is it easy to make a complaint?	45%	51%	35%	51%	52%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	25%	42%	32%	38%	36%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	40%	50%	37%	44%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	16%	7%	7%	8%
7.1	Do most staff, in this prison, treat you with respect?	82%	78%	63%	82%	72%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	74%	53%	72%	76%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	16%	10%	19%	25%	16%
7.4	Do you have a personal officer?	44%	47%	35%	47%	31%	49%
8.1	Have you ever felt unsafe here?	33%	40%	50%	36%	38%	37%
8.2	Do you feel unsafe now?	19%	19%	30%	18%	15%	20%
8.3	Have you been victimised by other prisoners?	18%	26%	42%	21%	31%	22%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	13%	15%	37%	13%	21%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	4%	5%	5%	10%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	3%	5%	5%	14%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	4%	11%	4%	7%	4%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	5%	5%	5%	7%	4%
8.6	Have you been victimised by a member of staff?	26%	28%	37%	27%	36%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	16%	21%	14%	22%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	2%	5%	4%	7%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	2%	5%	4%	11%	2%
8.7	Have you been victimised because of your nationality? (By staff)	3%	2%	16%	1%	4%	2%
8.7	Have you been victimised because you have a disability? (By staff)	3%	1%	0%	2%	7%	1%
9.1	Is it easy/very easy to see the doctor?	30%	24%	48%	24%	22%	26%
9.1	Is it easy/ very easy to see the nurse?	46%	47%	63%	45%	39%	48%
9.4	Are you currently taking medication?	56%	53%	42%	54%	62%	53%
9.6	Do you feel you have any emotional well being/mental health issues?	20%	38%	32%	31%	24%	34%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	45%	32%	38%	22%	39%
11.2	Are you currently working in the prison?	45%	41%	40%	43%	41%	43%
11.2	Are you currently undertaking vocational or skills training?	10%	14%	10%	14%	7%	14%
11.2	Are you currently in education (including basic skills)?	19%	17%	20%	16%	26%	16%
11.2	Are you currently taking part in an offending behaviour programme?	7%	3%	5%	4%	4%	4%
11.4	Do you go to the library at least once a week?	20%	17%	10%	20%	26%	17%
11.6	Do you go to the gym three or more times a week?	7%	11%	5%	11%	4%	11%
11.7	Do you go outside for exercise three or more times a week?	28%	17%	26%	20%	36%	18%
11.8	On average, do you go on association more than five times each week?	51%	65%	47%	61%	61%	59%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	16%	5%	16%	7%	16%
12.2	Have you had any problems sending or receiving mail?	34%	42%	42%	39%	44%	39%
12.3	Have you had any problems getting access to the telephones?	28%	35%	15%	35%	36%	33%



Diversity Analysis

Key question responses (disability) HMP Birmingham 2014

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		38	140
1.3	Are you sentenced?	59%	68%
1.5	Are you a foreign national?	5%	12%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	26%	37%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%
1.1	Are you Muslim?	13%	18%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	8%	4%
1.14	Is this your first time in prison?	19%	30%
2.6	Were you treated well/very well by the escort staff?	58%	69%
2.7	Before you arrived here were you told that you were coming here?	45%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	78%
3.3	Were you treated well/very well in reception?	53%	65%
3.4	Did you have any problems when you first arrived?	89%	72%
3.7	Did you have access to someone from health care when you first arrived here?	58%	71%
3.9	Did you feel safe on your first night here?	60%	78%
3.10	Have you been on an induction course?	55%	50%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	20%	39%
4.4	Are you normally offered enough clean, suitable clothes for the week?	45%	57%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally able to have a shower every day?	84%	84%
4.4	Is your cell call bell normally answered within five minutes?	11%	24%
4.5	Is the food in this prison good/very good?	17%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	54%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	49%	49%
4.8	Do you feel your religious beliefs are respected?	49%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	38%
5.1	Is it easy to make an application?	72%	70%
5.3	Is it easy to make a complaint?	46%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	18%	5%
7.1	Do most staff, in this prison, treat you with respect?	81%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	18%
7.4	Do you have a personal officer?	41%	47%
8.1	Have you ever felt unsafe here?	50%	35%
8.2	Do you feel unsafe now?	23%	19%
8.3	Have you been victimised by other prisoners?	43%	19%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	12%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	4%
8.5	Have you been victimised because of your age? (By prisoners)	0%	3%

Key to tables

Diversity Analysis

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	4%
8.6	Have you been victimised by a member of staff?	38%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	4%
8.7	Have you been victimised because of your nationality? (By staff)	3%	3%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	8%	0%
9.1	Is it easy/very easy to see the doctor?	20%	27%
9.1	Is it easy/ very easy to see the nurse?	43%	47%
9.4	Are you currently taking medication?	78%	46%
9.6	Do you feel you have any emotional well being/mental health issues?	59%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	35%
11.2	Are you currently working in the prison?	27%	46%
11.2	Are you currently undertaking vocational or skills training?	6%	14%
11.2	Are you currently in education (including basic skills)?	24%	15%
11.2	Are you currently taking part in an offending behaviour programme?	3%	5%
11.4	Do you go to the library at least once a week?	28%	16%
11.6	Do you go to the gym three or more times a week?	11%	10%
11.7	Do you go outside for exercise three or more times a week?	18%	21%
11.8	On average, do you go on association more than five times each week?	43%	63%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	16%
12.2	Have you had any problems sending or receiving mail?	44%	38%
12.3	Have you had any problems getting access to the telephones?	46%	30%



Prisoner survey responses HMP Birmingham 2014

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

Key to tables

	Any percentage highlighted in green is significantly better	Old Wings: A, B, C, D, G and K	New Wings: L, M, N and P
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		106	70
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	68%	65%
1.3	Are you on recall?	4%	3%
1.4	Is your sentence less than 12 months?	28%	30%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	2%
1.5	Are you a foreign national?	11%	12%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	100%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	30%	45%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	2%
1.1	Are you Muslim?	15%	20%
1.11	Are you homosexual/gay or bisexual?	3%	0%
1.12	Do you consider yourself to have a disability?	28%	12%
1.13	Are you a veteran (ex-armed services)?	5%	3%
1.14	Is this your first time in prison?	32%	26%
1.15	Do you have any children under the age of 18?	47%	64%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	22%	22%
2.5	Did you feel safe?	71%	73%
2.6	Were you treated well/very well by the escort staff?	71%	57%
2.7	Before you arrived here were you told that you were coming here?	64%	52%
2.8	When you first arrived here did your property arrive at the same time as you?	83%	77%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	42%	41%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	77%
3.3	Were you treated well/very well in reception?	59%	68%

Key to tables

	Any percentage highlighted in green is significantly better	Old Wings: A, B, C, D, G and K	New Wings: L, M, N and P
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	When you first arrived:		
3.4	Did you have any problems?	79%	70%
3.4	Did you have any problems with loss of property?	10%	14%
3.4	Did you have any housing problems?	19%	17%
3.4	Did you have any problems contacting employers?	4%	5%
3.4	Did you have any problems contacting family?	35%	34%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%
3.4	Did you have any money worries?	18%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	26%	11%
3.4	Did you have any physical health problems?	23%	11%
3.4	Did you have any mental health problems?	22%	8%
3.4	Did you have any problems with needing protection from other prisoners?	11%	2%
3.4	Did you have problems accessing phone numbers?	38%	36%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	84%	84%
3.6	A shower?	49%	49%
3.6	A free telephone call?	70%	74%
3.6	Something to eat?	80%	74%
3.6	PIN phone credit?	63%	62%
3.6	Toiletries/ basic items?	65%	59%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	30%	46%
3.7	Someone from health services?	69%	67%
3.7	A Listener/Samaritans?	31%	27%
3.7	Prison shop/ canteen?	21%	25%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	38%	43%
3.8	Support was available for people feeling depressed or suicidal?	33%	33%
3.8	How to make routine requests?	34%	29%
3.8	Your entitlement to visits?	34%	32%
3.8	Health services?	46%	40%
3.8	The chaplaincy?	37%	37%
3.9	Did you feel safe on your first night here?	73%	77%
3.10	Have you been on an induction course?	52%	51%
3.12	Did you receive an education (skills for life) assessment?	60%	59%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	32%	37%
4.1	Attend legal visits?	44%	41%

Key to tables

	Any percentage highlighted in green is significantly better	Old Wings: A, B, C, D, G and K	New Wings: L, M, N and P
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.1	Get bail information?	14%	21%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	49%	47%
4.3	Can you get legal books in the library?	32%	27%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	46%	66%
4.4	Are you normally able to have a shower every day?	80%	90%
4.4	Do you normally receive clean sheets every week?	73%	76%
4.4	Do you normally get cell cleaning materials every week?	34%	25%
4.4	Is your cell call bell normally answered within five minutes?	21%	20%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	66%
4.4	Can you normally get your stored property, if you need to?	26%	20%
4.5	Is the food in this prison good/very good?	19%	21%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	37%
4.8	Are your religious beliefs are respected?	48%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	39%	38%
4.10	Is it easy/very easy to attend religious services?	36%	32%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	71%	70%
5.3	Is it easy to make a complaint?	52%	44%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	14%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	12%	3%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	27%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	9%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	78%	82%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	18%
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	15%
7.5	Do you have a personal officer?	41%	52%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	45%	25%
8.2	Do you feel unsafe now?	20%	18%
8.4	Have you been victimised by other prisoners here?	32%	11%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	17%	6%
8.5	Hit, kicked or assaulted you?	6%	5%

Key to tables

		Old Wings: A, B, C, D, G and K	New Wings: L, M, N and P
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Sexually abused you?	0%	0%
8.5	Threatened or intimidated you?	23%	2%
8.5	Taken your canteen/property?	10%	2%
8.5	Victimised you because of medication?	6%	2%
8.5	Victimised you because of debt?	4%	2%
8.5	Victimised you because of drugs?	4%	3%
8.5	Victimised you because of your race or ethnic origin?	7%	3%
8.5	Victimised you because of your religion/religious beliefs?	5%	5%
8.5	Victimised you because of your nationality?	6%	3%
8.5	Victimised you because you were from a different part of the country?	5%	0%
8.5	Victimised you because you are from a traveller community?	1%	3%
8.5	Victimised you because of your sexual orientation?	2%	2%
8.5	Victimised you because of your age?	3%	2%
8.5	Victimised you because you have a disability?	6%	3%
8.5	Victimised you because you were new here?	15%	3%
8.5	Victimised you because of your offence/crime?	5%	3%
8.5	Victimised you because of gang related issues?	5%	2%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	31%	19%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	12%	8%
8.7	Hit, kicked or assaulted you?	3%	6%
8.7	Sexually abused you?	1%	0%
8.7	Threatened or intimidated you?	19%	6%
8.7	Victimised you because of medication?	7%	3%
8.7	Victimised you because of debt?	2%	0%
8.7	Victimised you because of drugs?	3%	2%
8.7	Victimised you because of your race or ethnic origin?	5%	3%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%
8.7	Victimised you because of your nationality?	4%	2%
8.7	Victimised you because you were from a different part of the country?	4%	2%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	2%	0%
8.7	Victimised you because of your age?	2%	0%
8.7	Victimised you because you have a disability?	3%	0%
8.7	Victimised you because you were new here?	6%	5%
8.7	Victimised you because of your offence/crime?	5%	2%
8.7	Victimised you because of gang related issues?	3%	0%

Key to tables

	Any percentage highlighted in green is significantly better	Old Wings: A, B, C, D, G and K	New Wings: L, M, N and P
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	27%	20%
9.1	Is it easy/very easy to see the nurse?	45%	46%
9.1	Is it easy/very easy to see the dentist?	9%	3%
9.4	Are you currently taking medication?	66%	32%
9.6	Do you have any emotional well being or mental health problems?	33%	27%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	36%	20%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	28%
10.4	Is it easy/very easy to get alcohol in this prison?	14%	9%
10.5	Have you developed a problem with drugs since you have been in this prison?	15%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	14%	2%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	38%	28%
11.1	Vocational or skills training?	26%	20%
11.1	Education (including basic skills)?	47%	28%
11.1	Offending Behaviour Programmes?	19%	11%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	39%	48%
11.2	Vocational or skills training?	9%	19%
11.2	Education (including basic skills)?	19%	14%
11.2	Offending Behaviour Programmes?	4%	3%
11.4	Do you go to the library at least once a week?	22%	13%
11.5	Does the library have a wide enough range of materials to meet your needs?	17%	20%
11.6	Do you go to the gym three or more times a week?	10%	11%
11.7	Do you go outside for exercise three or more times a week?	16%	28%
11.8	Do you go on association more than five times each week?	53%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday?	20%	8%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	26%	33%
12.2	Have you had any problems with sending or receiving mail?	43%	34%
12.3	Have you had any problems getting access to the telephones?	51%	9%
12.4	Is it easy/ very easy for your friends and family to get here?	37%	40%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	18%	18%
13.10	Do you have a needs based custody plan?	11%	10%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	11%