



Thematic report by HM Inspectorate of Prisons

Disabled prisoners:

A short thematic review on the care and
support of prisoners with a disability

March 2009

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Thank you to the disability liaison officers who took the time to complete and return our survey.

Introduction

The National Offender Management Service, like all public authorities, is now subject to the requirements of the Disability Discrimination Act. It is required to promote disability equality and eliminate unlawful discrimination in all the prisons in England and Wales. Disability, as defined in the Act, covers a range of impairments, both physical and mental, including learning disability.

This thematic report draws together information from prisoner surveys and inspection reports between 2006 and 2008, together with responses from 82 prison disability liaison officers (DLOs), to examine how well prisons are currently able to discharge these duties.

The results are not encouraging. To begin with, there is considerable under-reporting of the extent of disabilities. Prisons' own recording systems tell them that only 5% of prisoners have a disability. Yet in our surveys, 15% of prisoners self-reported a disability, and there must be more who do not realise that they have one. In one prison where a committed officer conducted a survey to identify hidden disabilities and devised a reception questionnaire, the number of prisoners with an identified disability rose nearly tenfold. Systems to assess prisoners on arrival are limited, and those to allow later disclosure or recognition of a disability are virtually non-existent.

Within prisons themselves, from the moment of reception to the time of discharge, prisoners with disabilities reported poorer experiences than those without disabilities in almost all areas, except for healthcare. Many more felt unsafe, and said that they had less access to activities. While disability, in particular problems of mobility, sight and hearing, is more prevalent among older prisoners, it is of concern that young prisoners with disabilities were much more likely than other young prisoners to report that force had been used against them.

While inspection reports draw out some examples of very good practice, they are exceptions, rather than the rule, and too dependent on committed individual staff. Over 40% of disability liaison officers said that they did not have the time to discharge their responsibilities, many also reporting a lack of training and support. Crucial social care support was difficult to secure in prisons, and to plan for after release.

It is not easy to provide effectively for prisoners with disabilities in an overcrowded system, over-reliant on old and often inaccessible buildings. Nor are prisons helped by the dislocation between health and social care, with limited engagement by local authorities currently responsible for the latter. However, these can be excuses and not reasons for the gaps in provision. Staff lack training and support, there is over-reliance on healthcare, and examples of innovation, such as trained peer supporter schemes, are not replicated across the system.

Given an ageing prison population, disability is an increasingly important issue for prisons. This report shows the distance still to travel to ensure that they are doing all that they can to eliminate discrimination and fulfil their positive equality duty. This report makes a number of recommendations which should form the basis for a more coordinated effort across the prison system.

Anne Owers
Chief Inspector of Prisons

1. Summary and recommendations

- 1.1 The findings in this report come from three main sources: published inspection reports, pre-inspection prisoner surveys (both covering the period between September 2006 and April 2008) and a survey conducted with disability liaison officers during July and August 2008 (see Appendix III).

Prevalence

- 1.2 In surveys carried out by HM Inspectorate of Prisons, 15% of prisoners surveyed said that they had a disability. This varied across functional types, from 10% at open prisons to 23% at high security prisons. However, Prison Service data taken from the local inmate database system (LIDS) recorded only 5% of prisoners with a disability, with no information at all for 85% of prisoners. As this percentage was lower than our survey findings and other research indicated, particularly for mental impairments and learning disabilities or difficulties, it suggested significant under-recording. This under-recording had been addressed at Maidstone, where the inspection reported that the disability liaison officer had conducted a survey to identify 'hidden' disabilities. This had increased the number of prisoners identified as having a disability from 12 to 113.
- 1.3 The majority of prisoners surveyed who said that they had a disability were white or British nationals. Prisoners with a disability were spread across age groups, but more of them were older prisoners. A higher percentage of unsentenced prisoners, prisoners serving at least 10 years or those with an indeterminate sentence also considered themselves to have a disability.

Arrival and first days in custody

- 1.4 Prisoners with a disability reported a worse experience during transfer, with fewer saying that their health needs were considered or that they had felt safe. They arrived at prison with more problems and were more likely to be offered help with these problems from staff. Despite this, they reported a worse experience in reception and during the first few days, with less access to health services and fewer feeling safe on their first night at the prison.
- 1.5 In almost all prisons, disability liaison officers (DLOs) reported, and inspections confirmed, that prisoners were assessed for a physical, mental and/or sensory disability on arrival. Assessment for learning disabilities or difficulties at this time was less commonplace. The quality of the initial screenings was often insufficient to allow or encourage full disclosure. Procedures for declaring a disability of any form after arrival were poor and depended on how well the policy for and awareness of disability were promoted within a prison.
- 1.6 Only two-thirds of DLOs reported that there were formal procedures for information to be passed to them, and only half said that there were formal procedures for them to pass information to relevant staff. There were examples of unwillingness from health services staff to share information with DLOs.
- 1.7 The individual needs of prisoners who arrived with a disability were mainly dealt with as they arose. Although some prisons had reviewed induction procedures and adapted information for prisoners with a range of disabilities, this was not widespread.

Environment and relationships

- 1.8 Dedicated cells for prisoners with a disability were available in two-thirds of prisons, although a recent accommodation report by the Prison Service reported that half of these were located in the health centre. Prisoners who said that they had a disability reported less access to showers, and DLOs believed that the age and structure of prison buildings hindered adaptations for prisoners with disabilities. The structure of some prisons meant that those with severe mobility impairments were not accepted.
- 1.9 Although formal evacuation plans should have been used for prisoners who required assistance in an emergency, inspection findings raised concerns about the implementation and staff awareness of these plans in some prisons.
- 1.10 Prisoners with a disability were less likely to feel that staff treated them with respect, or to say that they had met their personal officer within the first week of arrival. DLOs at two-thirds of the prisons said that there had been diversity training that covered disability, although it varied in quality. This was supported by inspection findings.
- 1.11 Fewer prisoners with a disability found it easy to get an application or complaint form. Although more said that they had made a complaint, more also reported that they had been encouraged to withdraw a complaint. A third of DLOs said that diversity incident reporting forms, which included disability, were available in their prison.

Safety

- 1.12 Half of prisoners with a disability said that they had felt unsafe at some point in their current prison, compared with a third of those without a disability. Almost a third reported feeling unsafe at the time of the survey, compared with 15% of those without a disability. Prisoners with a disability reported higher levels of victimisation and intimidation both from staff and from prisoners. Despite this, monitoring by prisons of potential victimisation or bullying of prisoners with a disability was rare.

Management of disabled prisoners

- 1.13 All DLOs reported that their prison had a disability policy, but less than half were based on a recent needs assessment. Although three-quarters of DLOs said that disability was a routine agenda item at meetings, only half said that they had prisoner representatives for disability.
- 1.14 Our inspections found that monitoring of prisoners with a disability was limited or non-existent. Where monitoring was conducted, it often needed to be expanded to include access to activities, complaints and potential victimisation or bullying.
- 1.15 Two-fifths of DLOs did not feel that they had enough time to fulfil their role, with many also reporting a lack of training, funding and support. These issues affected how well they could fulfil their role. Around two-thirds felt able, to some extent, to meet the needs of prisoners with different types of disabilities. Barriers to this included a lack of aids, the age or structure of prison buildings, initial identification and the need for greater involvement of community agencies. Only half said that they used community agencies for advice and aid.

- 1.16 In most prisons, care plans were not routinely completed for prisoners identified by the DLO as having a disability. These plans are necessary in order to identify, with the prisoner, any additional support they may require, and to ensure that details are shared with relevant staff. The Inspectorate has proposed a formal system of prisoner carers, to risk assess, train, support and formalise peer support. Only 17 DLOs reported that there were prisoner carers in place, and in five of these prisons carers were not paid.

Health services

- 1.17 The only area where prisoners with a disability reported a more positive experience than those without a disability was in health services. However, this was not true for female respondents, who reported a worse experience.
- 1.18 Three-quarters of DLOs said that they had a good relationship with health services staff. However, there were still concerns about how health services staff shared information and worked with other prison staff. This was cited by the 14% of DLOs who reported a poor relationship with healthcare departments.

Activities

- 1.19 There were some good examples of activities which had been adapted or devised for prisoners with a disability. However, prisons struggled to provide full access to the regime, and these prisoners reported less access to activities, including association and outside exercise, and less time out of cell. If prisoners were unfit to work, this often linked directly to less time out of cell, as well as a reduced amount of pay from the prison.

Good order

- 1.20 Prisoners with a disability were less likely to be on the enhanced level of the incentives and earned privileges (IEP) scheme, which impacted on their time out of cell. They were more likely to say that staff had physically restrained them in the previous six months, particularly in young offender institutions.

Resettlement

- 1.21 Prisoners with a disability were less likely to have a sentence plan or to be involved in its development. They were more likely to say that they would have problems on release but less likely to know who to contact in the prison for help.
- 1.22 The needs of disabled visitors were not generally taken into account, with access to the visits hall and appropriate facilities varying across prisons.

Recommendations

- 1.23 **All prisoners should be asked whether they have a physical, mental and/or sensory disability on arrival at a prison.**

- 1.24 All prisoners should be formally screened for potential learning disabilities or difficulties on first arrival to custody.
- 1.25 Information on disabilities from assessments on arrival should be recorded on LIDS, including when a prisoner indicates that they do not have a disability or opts not to disclose. This should be updated if they later disclose, learn of or develop a disability.
- 1.26 When a prisoner transfers to another prison, information about their physical, mental and/or sensory disability, or their learning disability or difficulty, should be passed to the receiving prison.
- 1.27 Formal procedures for declaring a disability after arrival should be in place, promoted and known by staff and prisoners.
- 1.28 There should be formal protocols for staff, including health services staff, to share relevant information with the DLO that satisfy Prison Service Instruction 25/2002 guidelines, and for the DLO to share information with relevant staff.
- 1.29 Reception, first night and induction procedures should offer additional, tailored support to address the individual needs and/or anxieties of disabled prisoners.
- 1.30 The induction process should cover the help available for prisoners with a disability.
- 1.31 Induction procedures, prison information and notices should be reviewed to ensure that they can be understood by, and meet the needs of, prisoners with a disability, including those with learning difficulties.
- 1.32 Prisoners should not be located in the healthcare centre solely because they have a disability, and admission should be on assessment of clinical need.
- 1.33 Dedicated cells for prisoners with a disability should be available on main location, and adaptations should be updated if there is a change in need or occupant.
- 1.34 Reasonable adjustments should be made to allow full access to the regime and facilities for disabled prisoners, which should be maintained and reviewed according to updated needs assessments.
- 1.35 A list of prisoners who would need help in an emergency should be shared with staff and the fire officer. Wing staff should be aware of formal evacuation plans and know what help is required.
- 1.36 All staff and prisoners should receive disability awareness training.
- 1.37 Prison forms should be accessible to all prisoners, and those with learning or literacy difficulties should receive help from a member of staff or an official prisoner carer/mentor scheme to complete them.
- 1.38 Diversity incident reporting forms should be available for prisoners to report any incidents of victimisation due to diversity issues, including disability. Reported

incidents should be fully investigated and dealt with, with the prisoner informed of the result.

- 1.39 There should be monitoring of all areas of prison life to ensure equality of treatment for prisoners with a disability. Monitoring should include access to activities, participation in association, use of force, IEP, complaints, and victimisation or bullying. Any issues raised by this monitoring should be addressed.
- 1.40 Each prison should have a disability policy that involves prisoners and is based on an up-to-date needs assessment. It should set out how the prison will promote and meet the needs of prisoners with disabilities, as well as how policies will be impact assessed.
- 1.41 There should be named prisoner representatives for disability who are known to staff and prisoners, and who work with the DLO to promote awareness and ensure that needs are identified and met.
- 1.42 A disability committee meeting should be held regularly with senior management and prisoner representation, and action points should be addressed.
- 1.43 Disability liaison officers should be given enough profiled time to fulfil their role with support from the senior management team.
- 1.44 All prisoners who disclose a disability should have a care plan that outlines their needs and the support they may require. They should be involved in this plan and have regular reviews.
- 1.45 The prison should ensure that the social care needs of prisoners with disabilities are identified and met in conjunction with the responsible commissioner.
- 1.46 Formal prisoner carer schemes which provide training, support and proper pay for the carer should be introduced.
- 1.47 Prisoners who are not fit to work owing to a disability should be unlocked during the day and provided with appropriate and sufficient regime activities.
- 1.48 The specific resettlement needs of disabled prisoners should be accurately assessed and provided for on release, including any social care needs.

2. Definition and legal requirements

The Disability Discrimination Act

2.1 The Disability Discrimination Act (DDA) 1995 was amended in 2005 to include all the activities of the public sector. The DDA requires that the National Offender Management Service, like other businesses and organisations, promotes disability equality and eliminates unlawful discrimination against people with disabilities. This may involve making reasonable adjustments to remove barriers to access to services. It also involves publishing a Disability Equality Scheme and assessing the impact of policies and decisions on people with disabilities. Prisons acquired duties and responsibilities under the DDA (2005) in December 2006.

2.2 Under the Act, a person with a disability is defined as having a physical, sensory or mental impairment which has a long-term and substantial effect on their ability to carry out normal day-to-day activities.

2.3 The definition covers a range of impairments, including:

- physical and motor impairments
- progressive conditions such as cancer, HIV or multiple sclerosis
- visual impairments
- mental impairments
- deafness and hearing impairments
- learning disabilities and difficulties
- speech and language impairments
- disfigurement.

The DDA protects those covered by the definition from discrimination, even during periods of remission or recovery.

2.4 Certain conditions are not covered by the Act, including:

- addiction to or dependency on alcohol, nicotine or any other substance
- seasonal allergic rhinitis, except where it aggravates the effect of another condition
- tendency to set fires
- tendency to steal
- tendency to physical or sexual abuse of other persons
- exhibitionism
- voyeurism
- existing tattoos and cosmetic body piercings.

Prison Service Orders and Instructions

2.5 The Prison Service Order (PSO) 2855, 'Prisoners with Disabilities', provides guidance to prisons on how the requirements of the DDA can be met and sets out eight mandatory actions, including:

- that prisoners are given the opportunity to disclose a disability on reception and subsequently, with information recorded on the local inmate database system (LIDS)
- that there is a local policy in place which includes how equality of opportunity will be promoted
- that there is an appointed disability liaison officer who is given sufficient time to liaise with prisoners, act as a point of advice and ensure that the needs of prisoners with disabilities are met
- that policies are impact assessed for disability with any adverse impact addressed
- that each prison has an action plan in place which notes any barriers to equality of opportunity for disabled prisoners
- that escorts and courts are advised of a prisoner's disability and any needs he or she has before a transfer or production at court.

It also makes clear that, in some cases, reasonable adjustments will need to be made, and where these are not made governors or directors may be legally challenged.

2.6 The Prison Service Instruction (PSI) 31/2008, 'Allocation of prisoners with disabilities', sets out a further four mandatory actions, which again aim to meet the requirements of the DDA.

- 'Governors (and Directors of Contracted Prisons) must put in place arrangements to ensure that any problems in allocating a prisoner with a disability to appropriate accommodation are raised at the earliest opportunity with the Area Manager and PMS (Population Management Section).'
- 'Governors (and Directors of Contracted Prisons) must ensure that prisoners with disabilities are able to access the regime and appropriate interventions. Where this is not possible at a particular establishment because appropriate accommodation is not available, and reasonable adjustments cannot be made, the prison should contact the PMS to identify another establishment with the appropriate accommodation and courses.'
- 'Governors (and Directors of Contracted Prisons) must ensure that prisoners are not prevented from being transferred, either as a result of recategorisation or in order to access particular courses as part of their sentence plan, solely because they have a disability.'
- 'Governors (and Directors of Contracted Prisons) must ensure that transfer requests to their establishments are not refused solely on the basis of a disability unless the prison legitimately cannot provide the appropriate accommodation and care.'

3. Background to the report

3.1 This section gives a brief overview of different types of disabilities, in terms of definition and prevalence, with findings from previous Inspectorate thematic reports included where applicable. This is not an exhaustive list, but is provided to give some background.

Overview

- 3.2 A report by the Prime Minister's Strategy Unit in 2005¹ estimates that 20% of the adult population in the UK, representing 11 million people, are disabled, although many of these people would not count themselves as having a disability. Around 10% are from a black and minority ethnic background.
- 3.3 The Prison Service race equality action group (REAG) team collects national data on the numbers of prisoners with a disability recorded on the local inmate database system (LIDS), and the types of disability. This information is based on self-disclosure. There have reportedly been problems extracting data from LIDS, so the figures should be used with caution.
- 3.4 A summary of the figures for August 2008 is shown in Table 1, with more detailed data given throughout this section. These figures show that 5% of the prison population were recorded as having a disability, with 1% recorded as refusing to disclose whether they had a disability, which they are entitled to do. Worryingly, there was no entry recorded about disability for 85% of prisoners. This may reflect poor recording on LIDS, gaps in assessment, or prisoners being unwilling to self-disclose a disability to prison staff. However, it indicates a substantial number of people whose needs have not been identified and are therefore unlikely to have been met.

Table 1 Number of prisoner population by type of disability as recorded on LIDS for August 2008²

Type of disability disclosed	Number (percentage)
Recorded disability	4,330 (5%)
No disability	7,174 (9%)
Refused to disclose	417 (1%)
No entry recorded	66,899 (85%)
Total	78,820 (100%)

- 3.5 The 2005 Prime Minister's Strategy Unit report (p. 8) lists four key barriers faced by people with a disability:
- *attitudinal*, for example among disabled people themselves and among employers, health professionals and service providers
 - *policy*, resulting from policy design and delivery which do not take disabled people into account

¹ Prime Minister's Strategy Unit (2005). *Improving the life chances of disabled people*.

² Due to problems extracting information from LIDS, data from a few prisons are missing from these figures.

- *physical, for example through the design of the built environment, transport systems, etc.*
- *those linked to empowerment, as a result of which disabled people are not listened to, consulted or involved.*

3.6 The report also recognises that disabled people are less likely to have educational qualifications or be in employment, and more likely to live in poverty, have housing problems and/or experience hate crime or harassment. Although this report refers to the general population, the barriers are likely to be more significant for people with a disability in prison.

Social care provision

3.7 A key barrier to meeting the needs of prisoners with a disability is the funding of social care in prison. A report on older and disabled prisoners by the South West Care Services Improvement Partnership (CSIP)³ identified one of the main challenges as the need correctly to assess for and provide special equipment to promote independent living.

3.8 Financial responsibility for provision of social care, including the provision of equipment such as wheelchairs, currently rests with local authorities. Provision should be in response to an assessment of need that is critical or a substantial risk to independence. Despite this, it is often the prison or primary care trust (PCT) that resources social care provision.

Physical or motor impairment

3.9 Physical or motor impairments can vary in type and severity, and causes include accidents, amputation or progressive conditions. Although not everyone with a motor or physical impairment will require a wheelchair, for some this is key to maintaining independent living. There are an estimated 1.2 million people using wheelchairs in England⁴.

3.10 The Prison Service figures for August 2008 show 715 prisoners recorded on LIDS as having reduced mobility and 418 as having reduced physical capacity.

Progressive conditions

3.11 Progressive conditions cover a range of diseases, which include:

- multiple sclerosis (MS), where the protective case around the nerve fibres of the central nervous system is damaged, interfering with messages between the brain and the rest of the body⁵. An estimated 85,000 people in the UK have MS. MS has a broad range of symptoms, which include fatigue, bladder or bowel problems, cognitive problems, muscle stiffness and spasms, speech difficulties and tremors.
- muscular dystrophy, which affects the muscles or nerves controlling the muscles⁶. There

³ CSIP South West Development Centre (2007). *Older and disabled prisoners in the South West: Report on the finding of a survey carried out in ten prisons in the South West region in October 2006*. Unpublished document.

⁴ NHS (2004). *Improving services for wheelchair users and carers: Good practice guide*. Learning from the Wheelchair Services Collaborative.

⁵ http://www.mssociety.org.uk/about_ms/index.html

⁶ http://www.muscular-dystrophy.org/about_your_condition/introduction_to.html

are an estimated 60,000 people in the UK with one of the 60 or so types of muscular dystrophy. There is no cure and the disease can affect men and women across all age groups and ethnic backgrounds.

- cancer. More than one in three people will develop one of the 200 plus forms of cancer at some point in their life⁷. One in four deaths in the UK is caused by cancer. Although it is more common in people over 60, it can develop at any age.
- HIV. In 2005, 63,500 people were officially recorded as living with HIV⁸. There is no cure, but medicines can slow the progress of the disease. Prisoners have a higher prevalence, with one study reporting this at 0.4%⁹. This is associated with risk behaviours such as injecting drug use.

3.12 In August 2008, 246 prisoners were recorded as having a progressive condition.

Visual impairment

3.13 In the UK, there are more than two million people with a sight problem, a form of non-correctable sight loss, with 95% of them over the age of 65¹⁰. There are over 370,000 people registered as blind or partially sighted, although not everyone who is eligible will be registered. People with sight problems will be affected in different ways and it is important to note that being blind does not necessarily mean living in total darkness. According to the Royal National Institute of Blind People (RNIB), those with a sight problem can be registered as:

- *severely sight impaired/blind if they can only read the top letter of the optician's eye chart from three metres or less; or*
- *sight impaired/partially sighted if they can only read the top letter of the chart from six metres or less.*

3.14 According to the August 2008 Prison Service figures, 313 prisoners were recorded as having a form of visual impairment.

Hearing impairment

3.15 According to the Royal National Institute for Deaf People (RNID) there are an estimated nine million deaf or hard-of-hearing people in the UK¹¹. Of these, around 698,000 are severely or profoundly deaf.

3.16 Despite this, only 213,900 people were registered as deaf or hard of hearing in England in 2004, suggesting a substantial gap between the number registered and the number affected. The RNID describes the different levels of hearing difficulties as follows.

- *Mild deafness can cause some difficulty following speech, mainly in noisy situations. The*

⁷ <http://info.cancerresearchuk.org/cancerstats/incidence/?a=5441>

⁸ http://hcd2.bupa.co.uk/fact_sheets/html/aids.html

⁹ Weild, A.R., Gil, O.N., Bennett, D., Livingstone, S.J.M., Parry, J.V., and Curran, L., (2000). *Prevalence of HIV, hepatitis B, and hepatitis C antibodies in prisoners in England and Wales: a national survey*

¹⁰ http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_rnib003680.hcsp

¹¹ http://www.rnid.org.uk/information_resources/aboutdeafness/statistics/

- *quietest sounds that people with mild deafness can hear are 25 to 39 decibels.*
 - *People with moderate deafness may have difficulty following speech without a hearing aid, and find the quietest sounds they can hear are 40 to 69 decibels.*
 - *People with severe deafness rely a lot on lip reading, even with a hearing aid, as the quietest sounds they can hear are 70 to 94 decibels. British Sign Language (BSL) may be their first or preferred language.*
 - *The quietest sounds that profoundly deaf people can hear average 95 decibels or more. BSL may be their first or preferred language but some prefer to lip read.*
- 3.17 Around two million people in the UK have hearing aids, and it is estimated that a further four million who do not have hearing aids would benefit from one. As a rough estimate, around 50,000 people in the UK use BSL as their first or preferred language.
- 3.18 Within the prison population, 409 prisoners were recorded as having a hearing difficulty in August 2008.

Mental impairment

- 3.19 In 1998 the Office for National Statistics (ONS) published survey results reporting that 90% of prisoners had at least one psychiatric diagnosis, although this figure is inflated as it includes substance misuse¹². However, even without the inclusion of substance misuse, the levels of psychiatric morbidity were found to be higher in prison than in the community¹³.
- 3.20 HM Inspectorate of Prison's 2007 thematic *The mental health of prisoners*¹⁴ highlighted the progress that had been made since the NHS assumed responsibility for health services in prisons, and the introduction of mental health in-reach teams (MHIRTs). However, it also outlined some key gaps in the care of prisoners with mental health needs. Only 19% of 84 MHIRTs felt that they could meet the needs of prisoners, and of particular concern was the degree of unmet and unrecognised need. A formal measure of psychological wellbeing (GHQ12) showed that 50% of the new arrivals sampled had primary or secondary mental health needs. The report also found that women had higher levels of previous and current mental health problems and a higher prevalence of psychological distress than men. The findings also suggested a lower level of engagement with MHIRTs for black and minority ethnic prisoners and foreign nationals. Despite this high level of need, there was a gap in primary mental healthcare provision, as well as a need for better links between MHIRTs and primary care teams with other services such as substance misuse teams, wing staff and resettlement teams.
- 3.21 In August 2008 only 649 (0.8%) prisoners were recorded on LIDS as having a mental impairment. This is much lower than the ONS research and our thematic suggest.

¹² Singleton et al (1998). *Psychiatric morbidity among prisoners in England and Wales*.

¹³ Social Exclusion Unit (2002). *Reducing re-offending by ex-prisoners*.

¹⁴ HM Inspectorate of Prisons (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*.

Learning disabilities and difficulties

- 3.22 In the Department of Health's *Valuing People* White Paper¹⁵, a learning disability is identified by:
- *a significantly reduced ability to understand complex information or learn new skills (impaired intelligence)*
 - *a reduced ability to cope independently (impaired social functioning)*
 - *a condition which started before adulthood (18 years of age), and has a lasting effect.*¹⁶
- 3.23 Figures from the Department of Health (1998)¹⁷ estimate that 2% of the general population have a learning disability. A broader definition of learning difficulties can include autism. According to the National Autistic Society, 'Autism, including Asperger syndrome, is a lifelong developmental disability that affects how a person communicates with, and relates to, other people.'¹⁸ It is estimated that around 1% (500,000) of people in the UK have an autism spectrum disorder, although many may not have been diagnosed.
- 3.24 Research on the prevalence of learning disabilities among prisoners provides varying results. In a study of prisoners from HMP Liverpool, HMP Styal and HMYOI Hindley, Mottram (2007)¹⁹ reported 7% with an IQ of less than 70 and 25% with an IQ between 70 and 79.
- 3.25 Some of the variation across studies is explained by the problems around the definition applied and type of screening or assessment tools used. There is currently no 'gold standard' in screening or assessment tools for learning disabilities or difficulties, and this poses further difficulties in identifying those who require support²⁰.
- 3.26 A recent review by the Prison Reform Trust²¹ collates research findings to estimate that for a prison population of 80,000 there are likely to be more than 5,500 prisoners with an IQ of less than 70 and a further 16–20,000 with IQs between 70 and 79. These prisoners are likely to require additional support throughout their time in prison.
- 3.27 Figures taken from LIDS show a gap between what is recorded and what research suggests is the reality. In August 2008 only 387 (0.5%) prisoners were recorded on LIDS as having a learning difficulty, with an additional 462 (0.6%) recorded as having dyslexia.
- 3.28 Disappointingly, the *Valuing People* White Paper includes a single paragraph on people in prison with a learning disability, which simply states:

¹⁵ Department of Health (2001). *Valuing people: A new strategy for learning disability for the 21st century. A White Paper.*

¹⁶ Care Services Improvement Partnership. *Positive practice positive outcomes: A handbook for professionals in the Criminal Justice System working with offenders with learning disabilities*, p. 4.

¹⁷ Department of Health (1998), cited in Loucks, N. (2007). *The prevalence and associated needs of offenders with learning difficulties and learning disabilities.*

¹⁸ The National Autistic Society. *Autism: A guide for criminal justice professionals.*

¹⁹ Mottram. (2007). *HMP Liverpool, Styal and Hindley Study Report. Liverpool: University of Liverpool.*

²⁰ Loucks, N. (2007). *The prevalence and associated needs of offenders with learning difficulties and learning disabilities.*

²¹ Talbot, J. (2007). *No one knows. Identifying and supporting prisoners with learning difficulties and learning disabilities: The views of prison staff.*

'Prisoners with learning disabilities present a wide range of issues. The Prison Service seeks to identify their individual needs for education and health care within the framework of addressing their sentence requirements. Prison establishments have to balance the resources needed to deliver this level of care with the many other demands of prisoner management.' (p. 95)

Speech and language impairment, severe disfigurement and other disabilities

- 3.29 Six in 100 children have a speech or language impairment, with one in 500 experiencing severe and long-term difficulties²². Speech and language impairments can be either primary, where difficulties are solely associated with speech and/or language, or secondary, where these difficulties are associated with other problems, such as learning or hearing difficulties. Impairments can involve difficulties in using the muscles that control speech, or problems understanding or using language.
- 3.30 Disfigurements can be caused by a range of factors, such as accidents, burns, cancer or birth defects. An estimated one in 100 children has a facial disfigurement²³, with one in 600–700 children being born with a cleft lip or palate²⁴.
- 3.31 In August 2008, 65 prisoners were recorded as having a speech impediment, and 29 as having a severe disfigurement. A further 637 (0.8%) prisoners were recorded as having a disability that fell into the 'other' category.

Older prisoners

- 3.32 With the increased use of longer-term sentences, more people are growing old in prison. Certain disabilities, such as mobility, visual and hearing impairments, are more prevalent among, although not exclusive to, older people. There is currently no national strategy for older people in prison, and the National Offender Management Service (NOMS) rejected this recommendation from the Inspectorate's 2004 thematic review *No problems – old and quiet*²⁵. Instead, provision for older prisoners is inappropriately covered by a short section in the Prison Service Order for prisoners with a disability (PSO 2855), with provision for older female prisoners covered briefly in PSO 4800.
- 3.33 Despite some positive developments in this area since the thematic, the Inspectorate's 2008 follow-up report²⁶ continued to highlight key concerns which apply both to older prisoners and to those with disabilities, such as the limited adaptations made for those with age-related impairments and disabilities, the continued belief that the social care needs of older and disabled prisoners are the responsibility of health services (which includes the inappropriate housing of older or disabled prisoners in the health services centre), and little individualised care planning. These issues will be discussed further in the main body of this report.

²² <http://www.afasic.org.uk/speechlang.htm>

²³ <http://www.bullyonline.org/related/disfigur.htm>

²⁴ <http://www.clapa.com/>

²⁵ HM Inspectorate of Prisons (2004). *No problems – old and quiet. Older prisoners in England and Wales.*

²⁶ HM Inspectorate of Prisons (2008). *Older prisoners in England and Wales: A follow-up to the 2004 thematic review.*

The scope of this report

3.34 This report follows a similar format to an HM Inspectorate of Prisons inspection report in order to mirror the prisoner's journey through custody.

3.35 Our findings come from three sources.

- The disability liaison officer (DLO) survey: findings refer to what DLOs reported was happening in their prison. Eighty-two DLOs returned their survey from 129 sent out in July/August 2008, a response rate of 64%.
- Inspection reports: findings refer to evidence from 44 full inspection reports published between September 2006 and April 2008.
- Prisoner survey: findings refer to a representative sample of prisoners surveyed at 68 prisons between September 2006 and April 2008. In total, responses from 5,793 prisoners were analysed, with 864 stating that they had a disability. Responses from prisoners with a disability are compared with those who said that they did not have a disability. In the tables showing survey data, highlighting is used to indicate statistical differences (see Appendix II for further detail). The following key is used, in line with how survey data are presented for inspection reports.

	Any percentage highlighted in green is significantly better.
	Any percentage highlighted in blue is significantly worse.
	Percentages which are not highlighted show there is no significant difference.

- Central Prison Service data taken from LIDS was also collected for August 2008.

4. The profile of prisoners with a disability

- 4.1 For all full inspections, a survey of a representative proportion of prisoners is conducted (see Appendix II for more detail on the methodology). Between September 2006 and April 2008 5,793 prisoners were surveyed, with 864 (15%) stating that they had a disability.
- 4.2 Self-report data rely on a person knowing whether they have a disability (which they may not if it has never been identified) and being willing to report it, although the Inspectorate surveys are confidential and anonymous, so the latter is less of a problem. These issues aside, due to the representative nature of the surveys, the figure of 15% can be seen as indicative of the proportion of people who have a disability across the prison estate. As shown previously in Table 1, only 5% of prisoners had a self-disclosed disability according to the information recorded on LIDS in August 2008. This is substantially lower than the 15% reported in inspection surveys.
- 4.3 Survey responses show variation across individual prisons and between different functional types. Table 2 gives a functional breakdown of responses, showing a range from 10% for those with a disability surveyed at open prisons, to 23% for those surveyed at high security prisons. The range in individual prisons was from 5% at Wealstun, an open prison, to 30% at Frankland²⁷, a high security prison.

Table 2 Responses to the question 'Do you consider yourself to have a disability?' by functional type

Functional type	Yes	No	Overall
Local prisons	302 (17%)	1,522 (83%)	1,824
Training prisons	317 (15%)	1,821 (85%)	2,138
High security prisons	59 (23%)	193 (77%)	252
Open prisons	31 (10%)	290 (90%)	321
Young offender institutions	86 (11%)	695 (89%)	781
Women's prisons	69 (14%)	408 (86%)	477
OVERALL	864 (15%)	4,929 (85%)	5,793

- 4.4 A breakdown of the age of the 864 prisoners with a disability shows that, aside from those under 21 years, those with a disability are evenly spread across the age groups. However, the percentage of those with a disability in each age group increases with age and is highest among those aged 50 or over (see Table 3).

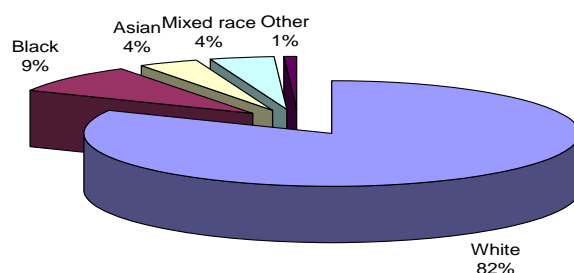
²⁷ This percentage excludes prisoners surveyed within the Dangerous and Severe Personality Disorder unit.

Table 3 Breakdown of age of those who considered themselves to have a disability and percentage within each age group

Age group	Age of prisoners with a disability (%)	% of prisoners within each age group with a disability
Under 21	8%	13%
21 to 29	23%	9%
30 to 39	26%	15%
40 to 49	22%	20%
50 and over	21%	37%

4.5 The majority of those with a disability were white (82%), as shown in Figure 1, and British nationals (89%). This was true even when the percentage within each ethnicity and nationality was examined. However, 18% of people with a disability were from a black and minority ethnic background, which is higher than the 10% estimated to have a disability within the general population.²⁸ This may simply reflect the over-representation of black and minority ethnic people in prison. In 2007, 26% of the total prison population were from an ethnic group other than white²⁹.

Figure 1 Ethnicity of those who considered themselves to have a disability

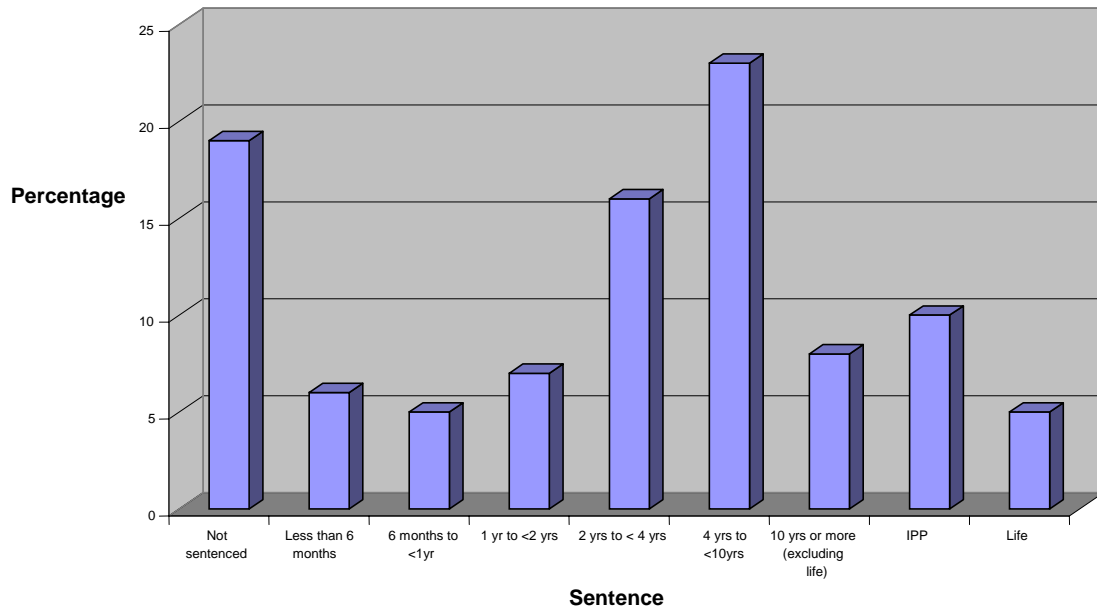


4.6 A breakdown of the sentence length of the 864 prisoners who said that they had a disability is shown in Figure 2. The highest percentages were among unsentenced prisoners, and those serving sentences of two to 10 years. However, when the percentage of prisoners within each group is examined, unsentenced prisoners (18%), prisoners serving indeterminate sentences for public protection (19%) and those serving long sentences of 10 years or more (18%) or life (20%) have the highest percentage.

²⁸ Prime Minister's Strategy Unit (2005). *Improving the life chances of disabled people*.

²⁹ Ministry of Justice (2008). *Offender Management Caseload of Statistics 2007*.

Figure 2 Sentence length of those who considered themselves to have a disability



5. Arrival and first days in custody

Escorts and transfers

- 5.1 Prisoners with a disability were less likely to report feeling safe or comfortable while being transferred, with fewer saying that attention had been paid to their health needs (see Table 4). They were also less likely to report being treated well by escort staff.

Table 4 Escorts: Overall prisoner survey results, comparing those with a disability against those without

Consider themselves to have a disability	Yes	No
How was the cleanliness of the van? (Good/very good)	52%	50%
How was your personal safety during the journey? (Good/very good)	57%	59%
How was the comfort of the van? (Good/very good)	15%	15%
How was the attention paid to your health needs? (Good/very good)	28%	31%
Did you spend more than four hours in the van?	10%	9%
Were you treated well/very well by the escort staff?	65%	67%

- 5.2 During our inspection of HMP Ranby, we found that all prisoners were removed from escort vans in handcuffs, although the reception area was within the prison and this seemed disproportionate to risk. We observed a disabled prisoner with reduced mobility, who required a crutch to walk, being taken off the escort van in handcuffs.

Example of self-reported good practice from DLO survey: HMP Leyhill

A blind prisoner was able to visit HMP Leyhill for an assessment day before being transferred. Information for the prisoner was sent before the transfer to be transcribed into Braille. Outside agencies were also involved in this process to ensure that the transfer was made as seamless as possible.

Arrival in custody

- 5.3 At almost all prisons (98%), disability liaison officers (DLOs) reported that prisoners were assessed for a physical, mental and/or sensory disability on arrival or during induction. There were, however, two prisons identified from the DLO survey where prisoners were not, and at one of these screening had previously been done but had been suspended due to operational restrictions. Inspection findings corroborated this, with only three of the 44 prisons inspected not assessing prisoners on arrival.

- 5.4 In most cases, DLOs reported that a disability questionnaire was conducted by health services, reception or induction staff, or prisoners were asked to complete a questionnaire, with help provided if required. At several prisons, prisoners were given more than one chance to declare a disability during the reception and induction process, although procedures for the declaration of a disability after this period were less effective and relied on prisoners or staff knowing who to contact. The quality of initial screenings was often insufficient to allow or encourage full disclosure. Unusually, the inspection report for Maidstone noted that the DLO had conducted a survey to identify 'hidden' disabilities, as well as devising a questionnaire for completion on reception. This had increased the number of prisoners identified as having a disability from 12 to 113.
- 5.5 At the time of the last inspection of HMP Brockhill (now part of the HMP Hewell cluster), the Inspectorate expressed concern that prisoner Insiders conducted disability questionnaires on arrival, without managerial oversight or other safeguards. Similarly, in the DLO survey one prison reported that prisoner orderlies conducted disability interviews with new arrivals, although it was unclear whether any safeguards, such as medical confidentiality, were in place. Although each prisoner has the right to choose whether or not they disclose a disability, it is important that they are given the opportunity for this, in a situation where they feel comfortable, and that they are given enough time and the appropriate information to do so.
- 5.6 Data from the DLO survey show that assessment for learning disabilities or difficulties on arrival was less common, although 71 (87%) of the 82 prisons reported that this was conducted. Assessments were mainly conducted by health services as part of a generic disability screen, or education staff. However, in many instances it was unclear whether this involved self-disclosure or an actual assessment.
- 5.7 DLOs reported that there were formal procedures in place for staff to pass on appropriate information to them in only two-thirds of the prisons surveyed. Only nine DLOs said that the formal procedure was outlined in the disability policy. There were procedures for DLOs to pass on information to relevant staff in just over half the prisons surveyed. Where formal procedures were not in place, information was reportedly passed on informally by email or by telephone.
- 5.8 Four DLOs reported that health services staff would not share information on disabilities, as it was deemed to be medical and confidential, despite the guidance in Prison Service Instruction (PSI) 25/2002 about sharing information with other agencies. Inspection reports for Rye Hill, Liverpool and Wealstun also noted that information was not shared by health services staff.
- 5.9 Eighty-one per cent of surveyed prisoners who said that they had a disability reported having problems on arrival, compared with 65% of those who did not. This significant difference was true across all functional types, apart from open prisons, where around half reported problems on arrival in both groups. Perhaps reflecting this greater need, those who considered themselves to have a disability were more likely to report being offered help from staff on arrival.

Table 5 Arrival in custody: Overall prisoner survey results for those who had a disability against those who did not

Consider themselves to have a disability?	Yes	No	Yes	No
Problem	Was it a problem on arrival?		Were you offered help by staff?	
Loss of transferred property	15%	13%	18%	16%
Housing problems	21%	16%	22%	24%
Problems contacting employers	4%	5%	15%	15%
Problems contacting family	27%	25%	51%	57%
Problems ensuring dependants were being looked after	8%	6%	18%	20%
Money worries	27%	20%	24%	20%
Feeling depressed or suicidal	32%	15%	41%	39%
Drug problems	18%	17%	43%	42%
Alcohol problems	13%	9%	35%	36%
Health problems	49%	13%	56%	49%
Needing protection from other prisoners	13%	5%	30%	22%

- 5.10 A breakdown of the type of problems and whether any help was offered for those who had a disability against those who did not is shown in Table 5. Half of those who said that they had a disability had health problems on arrival, with a third saying that they felt depressed or suicidal. A higher percentage of prisoners with a disability said that they needed protection from other prisoners on arrival, although a higher percentage said that they had been offered help from staff with this.
- 5.11 Fewer prisoners who said that they had a disability than those who did not reported seeing a member of health services staff in reception or having access to health service staff within the first 24 hours. Overall, they reported a worse experience in reception and within the first few days.
- 5.12 Prisoners who had a disability were less likely to say that they were searched in a respectful way on arrival. The inspection report for Maidstone emphasised the need for national instructions about searching arrangements to guide staff dealing with prisoners with disabilities.

First few days

- 5.13 Fewer prisoners (70%) who said that they had a disability reported feeling safe on their first night, compared with those who did not (81%). The proportion of prisoners with a disability who said they had felt safe at first ranged from 59% at women's prisons to 83% at open prisons.
- 5.14 When asked what support was available for prisoners with disabilities during their first few days, DLOs reported limited tailored support. At most prisons, this was offered through the induction process, health services, wing staff or peer support, as was the case for those without a disability. At Albany, the DLO attended induction and was able to explain the DLO role and the prison's disability policy. However, prisoners who said that they had a disability were less likely to have attended an induction course or to feel that it covered everything they needed to know.
- 5.15 Only 16 DLOs mentioned that induction material could be provided in an adapted format for prisoners with a visual impairment, such as large print, Braille or in audio form. Only six mentioned the provision of necessary or helpful equipment such as walking sticks or televisions with large print teletext, and two said that they had contact with the Royal National Institute of Blind People (RNIB).
- 5.16 Sixteen DLOs mentioned that staff trained in British Sign Language were available to help prisoners with a hearing impairment, and 14 said that they had hearing loops. However, the existence of hearing loops did not necessarily mean that they were used: at the Acklington inspection, they were available in the visits hall, but staff did not know how to use them. The provision of teletext televisions, vibrating clocks and hearing aids was mentioned by 12 DLOs, but only three reported contact with the Royal National Institute for Deaf People (RNID).
- 5.17 Although there was some support for prisoners with a mental impairment or learning disability through the usual induction process, health services and education staff, respectively, were viewed as the main providers of support for these prisoners. Only six DLOs mentioned the provision of an adapted induction talk for those with learning disabilities or difficulties to ensure that information was understood.
- 5.18 No DLOs mentioned an information booklet (also available in audio tape format) produced for disabled prisoners by the Prison Reform Trust, which covers key information about prison life, information on their rights under the Disability Discrimination Act, and contact details of organisations that could provide further advice. An updated version of this booklet will be available this year.

Examples of self-reported good practice from the DLO survey

HMP Wakefield

On arrival, prisoners who declared a disability received an initial assessment by the DLO. Information was passed to relevant staff and entered in their wing history sheet, wing disability folder and disability/elderly team care files. Where necessary, offender carers were allocated and a personal emergency evacuation plan (PEEP) conducted. Outside agencies were contacted to provide aids and advice, including social services.

HMYOI Deerbolt

All information on the induction unit could be delivered in Braille for young adults with a severe visual impairment.

6. Environment and relationships

Accommodation

- 6.1 Only two-thirds of DLOs surveyed reported that there were dedicated cells for prisoners with disabilities available in their prison. At eight prisons, they were located only in the healthcare centre, which was inappropriate. Seven prisons had cells for prisoners with disabilities available only on specialist units, such as the first night centre, including one prison where disabled cells were only available on the vulnerable prisoner unit, where non-sex offenders were reluctant to be located. The inspection of The Verne found that prisoners with restricted mobility could only be located in the therapeutic community, and the accommodation was unfit for use.
- 6.2 Inspections showed that designated cells for prisoners with disabilities were not always accessible for prisoners using a wheelchair. The National Offender Management Service's (NOMS) Safer Custody and Offender Policy Group conducted a survey in 2008 of adapted accommodation across the whole prison estate. This reported 431 fully adapted cells and 108 partially adapted cells. Half (49%) of these were located in healthcare centres. Findings matched those from the DLO survey, with a third of prisons reporting that they had no adapted rooms.
- 6.3 In our surveys, prisoners with a disability reported less access to showers and to cell cleaning materials than prisoners without a disability, although more reported receiving enough suitable clothes (see Table 6).

Table 6 Residential units: Overall prisoner survey results for those with a disability against those without

Consider themselves to have a disability	Yes	No
Are you normally offered enough clean, suitable clothes for the week?	57%	55%
Are you normally able to have a shower every day?	84%	86%
Do you normally get cell cleaning materials every week?	67%	70%
Is your cell call bell normally answered within five minutes?	36%	37%

- 6.4 This is supported by findings from inspections. At Channings Wood, one older prisoner with a disability said that he had to strip wash in his cell, as he was too unsteady on his feet to bathe or shower. At Belmarsh, there were limited facilities for those with serious mobility problems and, as there were no adaptations in shower areas, bathing or showering had to take place in the healthcare centre. In these circumstances, movement of a prisoner with a disability was a complex operation, overseen by a nurse and dog handler. On some wings at Liverpool, prisoners with limited mobility were located on the ground floor but showers, telephones and the exercise yard were upstairs.

- 6.5 A number of DLOs said that they had problems meeting the requirements of the Disability Discrimination Act (DDA) due to the age or structure of the prison, and this was consistent with inspection findings. Lancaster Castle had limited scope to improve access for prisoners using a wheelchair owing to the prison's listed building status. This had been recognised in the three-year DDA plan developed by the prison.
- 6.6 The need for more cells for prisoners with a disability, or the limitations of provision due to the age or physical structure of a prison, fed into DLOs' ratings of their ability to provide for prisoners with limited mobility. A fifth said that they were not at all capable and two-thirds felt only somewhat capable of meeting the needs of prisoners with a physical or motor impairment.
- 6.7 As shown in Table 6, there was no significant difference in the number of prisoners with or without a disability reporting that their cell call bell was answered within five minutes, although at 36% this was low, particularly considering the potential health and social needs of this group.
- 6.8 Although prisoners who required assistance to evacuate in an emergency should have had a formal evacuation plan, known as a PEEP, findings from inspections suggested concerns about the implementation of these plans. At the Albany inspection, each wing had a designated 'helper' who, in addition to other duties, would assist those less able during an evacuation. Staff on all wings were able to identify the prisoners who would need help. At Belmarsh, PEEPs had been drawn up for 13 prisoners, although the same system to identify those in need of help was not used across all house blocks, with the risk that an officer deployed to another house block might not recognise that an individual had specific needs. Similarly, at Lindholme, there were evacuation plans for those who would need help but no prison-wide policy for helping staff not normally working on a wing to identify these prisoners. At The Mount, inspectors found no approved protocol for the evacuation of prisoners who would require assistance. Inappropriately, staff felt that other prisoners would help them.
- 6.9 Inspections found evidence of overly restrictive medical exemptions in some establishments. At Edmund's Hill, the inspection found that the medical exemption criteria meant that prisoners using a wheelchair or those who required help with their personal care would not be accepted. This exemption was inappropriately based on the fact that there was no 24-hour health service. After its last inspection, The Verne had instituted a blanket exemption for physical disability, although it had asked only to have an exemption for prisoners using a wheelchair. By contrast, at Buckley Hall and East Sutton Park, there were justified exemptions to accepting prisoners with severe mobility problems: the former due to its hilly terrain and the latter due to its grade II listed building status.

Staff–prisoner relationships

Table 7 Staff–prisoner relationships: Overall prisoner survey results for those with a disability against those without

Consider themselves to have a disability	Yes	No
Do you have a member of staff in this prison that you can turn to for help if you have a problem?	68%	68%
Do most staff in this prison treat you with respect?	69%	70%
Did you first meet your personal officer in the first week?	22%	26%
Do you think your personal officer is helpful/very helpful?	37%	36%

- 6.10 As shown in Table 7, there was no difference in the percentage of prisoners with or without a disability reporting that they had a member of staff to turn to for help with a problem, with two-thirds stating that they did. However, those with a disability were less likely to report that staff treated them with respect or that they had met their personal officer within their first week of arrival.
- 6.11 DLOs in only 63% of prisons reported that disability training, or diversity training that covered disability, was available for prison staff. The extensiveness of the training, and how specific it was to disability, varied. This gap in the training of staff was also reflected in inspection reports, with a recommendation that disability awareness training be conducted at a third of prisons inspected.

Applications and complaints

- 6.12 Prisoners who said that they had a disability reported a worse experience with the applications and complaints process than those who did not, and fewer said that it was easy to get an application or complaints form (see Table 8).

Table 8 Applications and complaints: Overall prisoner survey results comparing those who consider themselves to have a disability against those who did not

Consider themselves to have a disability	Yes	No
Is it easy/very easy to get a complaints form?	81%	85%
Is it easy/very easy to get an application form?	85%	89%
Have you made a complaint?	59%	55%
Have you made an application?	84%	83%

- 6.13 A third of DLOs surveyed said that there were specific diversity incident reporting forms that covered disability, with an additional eight prisons considering introducing them. At Albany, the inspection commended the use of a diversity incident reporting form to report any victimisation due to disability, sexuality or age.

7. Safety

- 7.1 Safety was of particular concern for prisoners with a disability. Half reported having felt unsafe at some point during their time in the prison, compared with a third of those without a disability (see Table 9). Almost a third said that they felt unsafe at the time of the survey, compared with 15% of other prisoners. These prisoners also reported greater victimisation and having felt threatened or intimidated by other prisoners or staff. Ten per cent of prisoners who said that they had a disability reported victimisation by staff, and 9% victimisation by prisoners, because of their disability.
- 7.2 Worryingly, only three disability liaison officers (DLOs) mentioned that monitoring of prisoners with a disability covered potential victimisation or bullying, with only four DLOs reporting that they attended the violence reduction meetings and 14 that they attended safer custody meetings. The need for monitoring to ensure that prisoners from minority groups, such as those with a disability, were not victimised was recommended in a quarter of the inspection reports.

Table 9 Safety: Overall prisoner survey results for those with a disability against those without

Consider themselves to have a disability	Yes	No
Have you ever felt unsafe in this prison?	51%	33%
Do you feel unsafe in this prison at the moment?	27%	15%
Have you been victimised (insulted or assaulted) by another prisoner?	34%	20%
Have you been victimised (insulted or assaulted) by a member of staff?	29%	24%
Have you ever felt threatened or intimidated by another prisoner/ group of prisoners?	36%	23%
Have you ever felt threatened or intimidated by a member of staff?	28%	21%
Did you report any victimisation that you have experienced?	18%	11%

8. Management of disabled prisoners

- 8.1 All 82 disability liaison officers (DLOs) reported that their prison had a disability policy. At seven prisons, the disability policy was not a separate document, but was included as a part of a diversity or equal opportunities policy.
- 8.2 The DLO survey showed that a needs assessment had been conducted at only 34 prisons (44%). It is of particular concern that 12 of these had been conducted before 2007. At Morton Hall, a needs assessment was reportedly conducted on an annual basis, the latest having been done in December 2007.
- 8.3 Having enough time to fulfil their role was a key concern for many DLOs. Inspection reports frequently recommend that they be given more or profiled time for their role and a clear job description. Only nine of the DLOs surveyed (12%) felt that they had enough time to fulfil their role 'completely', with 30 (41%) stating 'not at all'. Their main issues were either no or limited time for the role; problems with getting facility time, as staff shortages meant that they were redeployed; or having other roles to carry out that left little time for their DLO responsibilities. There was often limited cover for the DLO.
- 8.4 One DLO said that she had struggled to fulfil her role owing to other work responsibilities until the role had been made full time. This had enabled her to introduce care plans, raise awareness across the prison and improve provision for prisoners with a disability.
- 8.5 Only nine DLOs (11%) said that they had received any formal training regarding their role. One DLO commented: 'There is no training currently offered to DLOs, although it is a role which covers legislation. All my knowledge was gleaned from nights researching on the internet and then by networking with other DLOs and other organisations.'
- 8.6 There are current plans to roll out awareness training on learning disabilities and difficulties, and this has been successfully piloted in the South-East. Initial plans are to train three members of staff from each prison: the DLO, a member of the health services team and a member of the induction team. To improve the support and information available to DLOs, there are also plans to introduce an intranet page to provide information and contacts, and an initiative involving offender health and Prison Service headquarters, with input from current DLOs.
- 8.7 When asked about the frustrations involved in fulfilling their role, the top four mentioned by DLOs were the need for more training, allocated time, funding and support. These were also the top four improvements that DLOs believed were needed in order to meet the needs of prisoners with disabilities.
- 8.8 Half of the DLOs reported links, although to varying degrees, with outside agencies in order to seek advice, provide aids and maximise the care provided to prisoners. These included the Royal National Institute of Blind People (RNIB), the Royal National Institute for Deaf People (RNID), Age Concern, Macmillan Cancer Trust, social services and community organisations local to the prison.

- 8.9 At three-quarters of the prisons, DLOs reported that disability was a routine agenda item at a dedicated meeting, usually as part of a wider diversity meeting, although a separate disability meeting was held at 14 prisons. Most meetings were chaired by the Governor, the deputy governor or a member of the senior management team. There were prisoner representatives at only 36 prisons (46%). At most of these, prisoner representatives attended meetings with staff.
- 8.10 Monitoring of prisoners with a disability was limited or non-existent. At 31 prisons, DLOs reported that no monitoring was conducted. Where monitoring took place, this was mainly of the number and types of disabilities, and occasionally access to activities. Complaints and victimisation or bullying (see section on safety) were only monitored in a minority of prisons. Inspection reports frequently recommended that monitoring be introduced to ensure that prisoners from minority groups were not victimised or excluded from activities.
- 8.11 Issues raised by monitoring needed to be addressed. The Winchester inspection report noted that monthly statistics were provided for senior managers on the number of prisoners with disabilities, but this information was not used to inform policy decisions or actions.

Example of self-reported good practice: HMP Maidstone

A database was kept with individual information on all prisoners who had declared a disability. This fed into diversity and race equality action team (DREAT) meetings and was used to assess needs; for example, when there were a number of prisoners with hearing impairments, hearing loops were requested. A separate log was also used for complaints concerning disability, with forms being signed off by the Governor and area manager.

- 8.12 At 50 prisons (63%), DLOs reported that prisoners identified as having a disability had an individual care plan, although in several instances this was only for severe or complex cases, rather than for all prisoners with an identified disability, and in some prisons it referred to care plans conducted by health services staff, not the DLO. Inspection reports frequently recommended that care plans be introduced to manage the care of prisoners with a disability and that prisoners should be consulted about their individual needs.
- 8.13 DLOs reported that there were official prisoner carers or helpers at 17 prisons (22%), 12 of which paid the prisoners for their role. At one inspection, two prisoners reported that they paid their carers themselves. The 2008 *Older prisoners in England and Wales* Inspectorate follow-up thematic review noted that there had been much debate about the appropriateness of an official prisoner carer scheme, with a recognised training qualification. Similar difficulties have been faced, and overcome, in the development of the successful Listeners scheme to support potentially suicidal prisoners. With no formal scheme, ad hoc procedures mean that carers are susceptible to injury and recipients open to bullying or poor care. A formal procedure, where carers are first risk assessed and then trained, with appropriate safeguards in place, would provide better care and would benefit the carers, as well as the cared-for.
- 8.14 Around two-thirds of DLOs said that they were able 'somewhat' to meet the needs of prisoners with a range of disabilities, although around a fifth did not feel able to (see Table 10). DLOs raised concerns about meeting the needs of those with motor or visual impairments, in terms of access issues due to the age or structure of a building, and a lack of aids. One of the

Inspectorate's expectations is that there are formal arrangements with local health and social care agencies for the loan of occupational therapy equipment which helps prisoners to obtain mobility and health aids. DLOs felt that greater availability of aids and involvement of community agencies could also improve provision for those with a hearing impairment.

Table 10 DLO ratings for how capable they felt of meeting the needs of prisoners with disabilities

Type of disability	Not at all	Somewhat	Completely
Physical or motor impairment	20% (16)	64% (51)	16% (13)
Visual impairment	23% (18)	63% (50)	15% (12)
Hearing impairment	11% (9)	70% (56)	19% (15)
Mental impairment	26% (20)	63% (49)	12% (9)
Learning disabilities/difficulties	16% (13)	63% (50)	21% (17)

- 8.15 Mental impairments were viewed primarily as the responsibility of the healthcare department. In some cases, when DLOs rated their capability of meeting the needs of prisoners with mental impairments as 'not at all', this reflected the scale of need in the prison, despite the good work by the healthcare department. Learning disabilities or difficulties were viewed as the responsibility of the education department, and the main concern was the initial identification of those with such disabilities or difficulties. Most support for prisoners with learning disabilities or difficulties was therefore through education or the Toe by Toe peer mentoring scheme, which helps those with literacy problems. At Forest Bank, the inspection found that the Toe by Toe scheme had been linked with teaching English for speakers of other languages (ESOL), so that foreign nationals with reading difficulties could be included under the scheme. At the Maidstone inspection, the diversity manager and DLO worked closely with the education department to support prisoners with learning difficulties. At the time of the inspection, they were looking at exchanging words for symbols on a range of signs and notices for prisoners with such difficulties, along with those with little English or poor literacy. An audio CD was available which provided information about the complaints procedure in the five most common languages in the prisoner population.

9. Health services

- 9.1 Prisoners with a disability reported a more positive experience with health services, as shown in Table 11. In particular, they said that they had easier access to health services and gave the quality of care a higher rating than those without a disability. However, this was not true of female respondents: fewer women with a disability said that it was easy to see a nurse (52% compared with 65%) or pharmacist (20% compared with 27%), and fewer rated the quality of the pharmacist as good (19% compared with 28%).

Table 11 Health services: Overall prisoner survey results for those with a disability against those without

Consider themselves to have a disability	Yes	No
Is it easy/very easy to see the doctor?	41%	35%
Is it easy/very easy to see the nurse?	64%	55%
Do you think the quality of care from the doctor is good/very good?	47%	40%
Do you think the quality of care from the nurse is good/very good?	60%	51%
Do you think the overall quality of the health services is good/very good?	43%	39%

- 9.2 Almost three-quarters of those with a disability reported being on medication, compared with around a third of those without. The figure was higher for women, with 85% of those with a disability reporting that they were on medication, compared with 56% of those without.
- 9.3 Three-quarters of the DLOs surveyed said that they had a good relationship with health services staff, in terms of meeting the needs of prisoners with a disability. However, 14% rated their relationship as poor. This was mainly linked to an unwillingness from health services staff to share information or collaborate with DLOs.

10. Activities

Access to activities

- 10.1 Prisoners who said that they had a disability reported less access to activities and association than those who did not, and were less likely to say that they had been involved in work, education and vocational or skills training. There was no significant difference in the percentage that said they had taken part in offending behaviour programmes. Only a third reported going to the library each week, going to the gym at least twice a week or going outside for exercise three or more times a week (see Table 12).

Table 12 Activities: Overall prisoner survey results comparing those who consider themselves to have a disability against those who did not

Consider themselves to have a disability	Yes	No
Have you had a job while in prison?	69%	76%
Have you been involved in education while in prison?	70%	74%
Have you been involved in vocational or skills training while in prison?	61%	66%
Have you been involved in offending behaviour programmes while in prison?	59%	61%
Do you go to the library at least once a week?	36%	42%
On average, do you go to the gym at least twice a week?	30%	53%
On average, do you go outside for exercise three or more times a week?	36%	45%

- 10.2 Inspection reports showed that prisons struggled to provide access to all activities. At Durham, the education department was located on the second floor but prisoners were not allowed access to the lift. At Rye Hill, the chair lift to access the church had been out of order for some time, and the stair lift was out of action on one wing at Maidstone. However, Maidstone provided motorised mobility scooters.
- 10.3 Inspection reports gave some examples of tailored activities being run by gym staff for older prisoners or those with mobility or physical impairments. At Forest Bank, some tailored activity programmes were run in collaboration with physiotherapists from the local hospital. At Full Sutton, the gym had developed remedial programmes with the healthcare department.

Example of self-reported good practice: HMP Swaleside

A deaf prisoner was able to complete a relevant sentence plan course with the aid of a signing assistant.

Time out of cell

- 10.4 Fewer prisoners who said that they had a disability reported spending 10 or more hours out of cell on an average weekday than those without a disability, although figures were low for all prisoners (see Table 13). Likewise, fewer reported having association more than five times each week. This may have reflected choice, safety concerns or a lack of reasonable adjustments to accommodate disabilities.
- 10.5 The Inspectorate's thematic report on time out of cell³⁰ noted that those who were unable to work often received the same limited regime as those who refused to work, which was unfair. However, inspection reports noted some good practice in this area. At Winchester, the education department had drawn up care plans which included daytime activities for two prisoners diagnosed with Asperger syndrome. At Drake Hall, prisoners who were unable to work owing to disability received £10 a week – a better rate than usual.

Table 13 Time out of cell: Overall prisoner survey results for those with a disability against those without

Consider themselves to have a disability	Yes	No
On average, do you spend 10 or more hours out of your cell on a weekday?	14%	16%
On average, do you go on association more than five times each week?	58%	64%

³⁰ HM Inspectorate of Prisons (2007). *Time out of cell: A short thematic review*.

11. Good order

Use of force

- 11.1 Prisoners with a disability were more likely to report that they had been physically restrained by staff in the previous six months, although this was not significant for training or high security prisons (see Table 14). Almost a third of young adults who said that they had a disability reported that they had been physically restrained, the highest across functional types. This is a worrying finding.

Table 14 Physical restraint by staff (control and restraint): Overall prisoner survey results for those with a disability against those without, by functional type

Consider themselves to have a disability	Yes	No
Local prisons	10%	7%
Training prisons	6%	5%
High security prisons	12%	9%
Open prisons ³¹	/	/
Young offender institutions	31%	12%
Women's prisons	14%	5%
Overall	10%	7%

Incentives and earned privileges

- 11.2 Prisoners with a disability were less likely to report being on the enhanced level of the incentives and earned privileges (IEP) scheme or to believe that they had been treated fairly in the scheme (see Table 15). As reported in the Inspectorate's *Time out of cell* thematic, IEP status impacts on the amount of time out of cell that prisoners receive, with those on enhanced often being rewarded by more association and often more likely to be employed.

Table 15 IEP: Overall prisoner survey results for those with a disability against those without

Consider themselves to have a disability	Yes	No
Are you on the enhanced (top) level of the IEP scheme?	33%	41%
Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	50%

³¹ This question was not asked in the survey used for open prisons.

12. Resettlement

- 12.1 Prisoners with a disability were more likely to report potential problems on release, such as accessing health services and finding accommodation or employment, than those without disabilities, but were less likely to know who to contact for help with these problems (see Table 16). Only a third (34%) reported having a sentence plan, compared with 41% without a disability, with only 19% stating that they had been involved in its development. There was no significant difference in the percentage who felt that they had done something while in prison that would make them less likely to offend in the future.
- 12.2 There were some examples of good practice. The Onley inspection found that Jobcentre Plus helped prisoners make claims for disability benefits so that these were available on release, and facilitated progress to work or Fresh Start programmes. The Leyhill inspection mentioned a representative from the Department of Work and Pensions who visited weekly to advise on disability living allowance.

Table 16 Resettlement: Overall prisoner survey results for those with a disability against those without

Consider themselves to have a disability?	Yes	No	Yes	No
Problem	Will it be a problem on release?		Do you know who to contact?	
Finding a job	55%	48%	36%	42%
Finding accommodation	53%	42%	38%	44%
Money and finances	57%	52%	28%	31%
Continuing education	40%	34%	27%	34%
Contacting external drug or alcohol agencies	18%	14%	39%	45%
Accessing health services	33%	20%	40%	39%

- 12.3 According to inspection reports, access to the visits hall varied and not all visits halls were easily accessible for visitors with disabilities. At Birmingham there was a lift which could be used by visitors with limited mobility, but at Buckley Hall some visitors had difficulties walking up the steps and incline to reach the visits hall, and those who came by public transport had to walk a considerable distance from the nearest bus stop. Disappointingly, at Brinsford there was a disabled toilet outside the visits room but neither visitors nor young adult prisoners were allowed to use it.

Appendix I

Methodology

Inspection report analysis

An analysis of inspection reports was conducted. This included findings from 44 full inspection reports published between September 2006 and April 2008. The following table details the inspections included in the analysis.

Establishment	Type of Inspection	Date of inspection (w/c)
Acklington	Full announced	11 December 2006
Albany	Full announced	12 November 2007
Belmarsh	Full announced	8 October 2007
Birmingham	Full announced	19 February 2007
Brinsford	Full follow-up	5 February 2007
Brockhill	Full announced	10 December 2007
Buckley Hall	Full announced	30 April 2007
Caterbury	Full announced	20 August 2007
Channings Wood	Full announced	2 July 2007
Chelmsford	Full announced	9 July 2007
Drake Hall	Full announced	3 September 2007
Durham	Full announced	18 September 2006
East Sutton Park	Full announced	13 November 2006
Edmund's Hill	Full announced	9 October 2006
Elmley	Full announced	11 December 2006
Feltham	Full follow-up	4 June 2007
Forest Bank	Full unannounced	10 September 2007
Full Sutton	Full announced	19 November 2007
Gloucester	Full announced	16 April 2007
Highpoint	Full announced	14 May 2007
Lancaster Castle	Full announced	1 October 2007
Lancaster Farms	Full announced	2 October 2006
Latchmere House	Full announced	15 January 2007
Lewes	Full announced	20 August 2007
Leyhill	Full announced	5 March 2007
Lindholme	Full announced	29 October 2007
Littlehey	Full announced	2 July 2007
Liverpool	Full follow-up	12 February 2007
Maidstone	Full announced	19 February 2007
Norwich	Full follow-up	15 November 2006
Onley	Full announced	29 October 2007
Peterborough	Full announced	9 October 2006
Portland	Full follow-up	3 January 2007
Ranby	Full announced	12 March 2007
Reading	Full follow-up	21 May 2007
Rye Hill	Full unannounced	11 June 2007
Standford Hill	Full announced	4 December 2006

Stoke Heath	Full follow-up	19 March 2007
The Mount	Full follow-up	18 September 2006
The Verne	Full announced	6 August 2007
Wealstun	Full follow-up	November 2006
Whatton	Full announced	22 January 2007
Winchester	Full announced	16 April 2007
Woodhill	Full announced	3 September 2007

Prisoner survey data

For all our full inspections, a random and representative sample of the prisoner population is surveyed. The results from these surveys form part of the triangulated evidence base of our inspection findings. Findings from prisoners surveyed at 68 prisons between September 2006 and April 2008 were analysed for this report. This included 20 local prisons, 24 training prisons, three high security prisons, four open prisons, six women's prisons and 11 young offender institutions.

A comparison was conducted between survey responses from prisoners who considered themselves to have a disability and those who did not, across all 68 prisons. This represented 5,793 prisoners, with 864 (15%) prisoners considering themselves to have a disability. The full analysis is detailed in Appendix II. A comparison was also conducted for each functional type: local prisons, training prisons, high security prisons, open prisons, women's prisons and young offender institutions. Where there were differences across functional types, these have been referred to in the main report.

DLO survey

A survey (see Appendix III) was sent to the disability liaison officer for each adult or young adult establishment in order to gain more information about the care and provision for prisoners with a disability across the prison estate. In total, 129 surveys were sent out over July/August 2008. Eighty-two surveys were returned, a response rate of 64%.

Additional information

Central Prison Service data taken from the local inmate database system (LIDS) was also collected for the month of August 2008. This provided details of the numbers of prisoners with a disability recorded on LIDS, broken down by the type of disability.

Data from an accommodation survey conducted by the National Offender Management Service's Safer Custody and Offender Policy Group provided details of the number of cells adapted for prisoners with a disability and their location within the prison.



Appendix II: Overall comparison

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

Key to tables

		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		
	Percentages which are not highlighted show there is no significant difference		
SECTION 1: General information (not tested for significance)			
1	Number of completed questionnaires returned	864	4,929
2	Are you under 21 years of age?	8%	10%
3	Are you transgender or transsexual?	1%	0%
4	Are you sentenced?	80%	83%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	8%
6	If you are sentenced, are you on recall?	13%	11%
7	Is your sentence less than 12 months?	11%	13%
8	Do you have less than six months to serve?	32%	35%
9	Have you been in this prison less than a month?	14%	14%
10	Are you a foreign national?	11%	14%
11	Is English your first language?	92%	89%
12	Are you from a minority ethnic group? (Including all those who did not tick White British, White Irish or White other categories)	19%	31%
13	Are you Muslim?	8%	13%
14	Are you gay or bisexual?	8%	3%
16	Is this your first time in prison?	31%	37%
17	Do you have any children?	47%	53%
SECTION 2: Transfers and escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (Very good/good)	52%	50%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (Very good/good)	57%	59%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (Very good/good)	15%	15%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs? (Very good/good)	28%	31%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (Very good/good)	11%	13%
19	Did you spend more than four hours in the van?	10%	9%
20	Were you treated well/very well by the escort staff?	65%	67%
21a	Did you know where you were going when you left court or when transferred from another establishment?	71%	76%
21b	Before you arrived here did you receive any written information about what would happen to you?	13%	16%
22c	When you first arrived here did your property arrive at the same time as you?	81%	84%

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		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
23a	Did you have any problems when you first arrived?	81%	65%
23b	Did you have any problems with loss of transferred property when you first arrived?	15%	13%
23c	Did you have any housing problems when you first arrived?	21%	16%
23d	Did you have any problems contacting employers when you first arrived?	4%	5%
23e	Did you have any problems contacting family when you first arrived?	27%	25%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	8%	6%
23g	Did you have any money worries when you first arrived?	27%	20%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	32%	15%
23i	Did you have any drug problems when you first arrived?	18%	17%
23j	Did you have any alcohol problems when you first arrived?	13%	9%
23k	Did you have any health problems when you first arrived?	49%	13%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	13%	5%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	18%	16%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	22%	24%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	15%	15%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	51%	57%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	18%	20%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	24%	20%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	41%	39%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	43%	41%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	35%	36%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	56%	49%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	30%	22%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	81%	86%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	66%	69%
26	Were you treated well/very well in reception?	63%	65%
27a	Did you receive a reception pack on your day of arrival?	69%	74%
27b	Did you receive information about what was going to happen here on your day of arrival?	41%	45%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	37%	41%
27d	Did you have the opportunity to have a shower on your day of arrival?	36%	41%
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	46%	54%
27f	Did you get information about routine requests on your day of arrival?	31%	35%
27g	Did you get something to eat on your day of arrival?	72%	79%
27h	Did you get information about visits on your day of arrival?	36%	43%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	41%	49%

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		
	Percentages which are not highlighted show there is no significant difference		
28b	Did you have access to someone from healthcare within the first 24 hours?	66%	68%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	28%	32%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	25%	25%
29	Did you feel safe on your first night here?	70%	81%
30	Did you go on an induction course within the first week?	58%	68%
31	Did the induction course cover everything you needed to know about the prison?	44%	52%
32	Did you receive a 'basic skills' assessment within the first week?	38%	47%
SECTION 4: Legal rights and respectful custody			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	44%	48%
34b	Is it very easy/easy for you to attend legal visits?	56%	61%
34c	Is it very easy/easy for you to obtain bail information?	18%	22%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	41%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	57%	55%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	84%	86%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	81%	80%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	67%	70%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	36%	37%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	67%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	27%	30%
37	Is the food in this prison good/very good?	25%	26%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	49%
39a	Is it easy/very easy to get a complaints form?	81%	85%
39b	Is it easy/very easy to get an application form?	85%	89%
40a	Do you feel applications are sorted out fairly?	42%	47%
40b	Do you feel your applications are sorted out promptly?	41%	42%
40c	Do you feel complaints are sorted out fairly?	15%	18%
40d	Do you feel complaints are sorted out promptly?	19%	20%
40e	Are you given information about how to make an appeal?	29%	30%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	14%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	40%	41%
43	Is it easy/very easy to contact the Independent Monitoring Board?	35%	36%
44	Are you on the enhanced (top) level of the IEP scheme?	33%	41%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	50%
46a	In the last six months have any members of staff physically restrained you (C and R)?	10%	7%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	13%
47a	Do you feel your religious beliefs are respected?	52%	54%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	58%

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		
	Percentages which are not highlighted show there is no significant difference		
48	Are you able to speak to a Listener at any time, if you want to?	65%	63%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	68%
49b	Do most staff, in this prison, treat you with respect?	69%	70%
SECTION 5: Safety			
51	Have you ever felt unsafe in this prison?	51%	33%
52	Do you feel unsafe in this establishment at the moment?	27%	15%
54	Have you been victimised (insulted or assaulted) by another prisoner?	34%	20%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	20%	10%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	9%	6%
55c	Have you been sexually abused since you have been here? (By prisoners)	2%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	5%	2%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	8%	4%
55g	Have you ever been victimised because you were new here? (By prisoners)	8%	5%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	2%	1%
55i	Have you ever been victimised because you have a disability? (By prisoners)	9%	0%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4%	3%
55k	Have you been victimised because you were from a different part of the country than others since you have been here? (By prisoners)	8%	5%
56	Have you been victimised (insulted or assaulted) by a member of staff?	29%	24%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	15%	13%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	6%	4%
57c	Have you been sexually abused since you have been here? (By staff)	2%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	5%
57e	Have you been victimised because of drugs since you have been here? (By staff)	4%	3%
57f	Have you ever been victimised because you were new here? (By staff)	5%	5%
57g	Have you ever been victimised because of your sexuality? (By staff)	1%	0%
57h	Have you ever been victimised because you have a disability? (By staff)	10%	1%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	6%	3%
57j	Have you been victimised because you were from a different part of the country than others since you have been here? (By staff)	6%	4%
58	Did you report any victimisation that you have experienced?	18%	11%
59	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	36%	23%
60	Have you ever felt threatened or intimidated by a member of staff in here?	28%	21%
62	Is it very easy/easy to get illegal drugs in this prison?	33%	34%
SECTION 6: Healthcare			
63	Do you think the overall quality of the healthcare is good/very good?	43%	39%
64a	Is it very easy/easy to see the doctor?	41%	35%
64b	Is it very easy/easy to see the nurse?	64%	55%
64c	Is it very easy/easy to see the dentist?	15%	12%

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		
	Percentages which are not highlighted show there is no significant difference		
64d	Is it very easy/easy to see the optician?	18%	12%
64e	Is it very easy/easy to see the pharmacist?	34%	27%
65a	Do you think the quality of healthcare from the doctor is good/very good?	47%	40%
65b	Do you think the quality of healthcare from the nurse is good/very good?	60%	51%
65c	Do you think the quality of healthcare from the dentist is good/very good?	30%	27%
65d	Do you think the quality of healthcare from the optician is good/very good?	28%	21%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	33%	28%
66	Are you currently taking medication?	72%	36%
67	Are you allowed to keep possession of your medication in your own cell?	52%	29%
SECTION 7: Purposeful activity			
69a	Do you feel your job will help you on release?	27%	32%
69b	Do you feel your vocational or skills training will help you on release?	26%	36%
69c	Do you feel your education (including basic skills) will help you on release?	38%	46%
69d	Do you feel your offending behaviour programmes will help you on release?	29%	32%
69e	Do you feel your drug or alcohol programmes will help you on release?	26%	30%
70	Do you go to the library at least once a week?	36%	42%
71	Can you get access to a newspaper every day?	40%	41%
72	On average, do you go to the gym at least twice a week?	30%	53%
73	On average, do you go outside for exercise three or more times a week?	36%	45%
74	On average, do you spend 10 or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	16%
75	On average, do you go on association more than five times each week?	58%	64%
76	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	20%

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		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Resettlement			
78	Did you first meet your personal officer in the first week?	22%	26%
79	Do you think your personal officer is helpful/very helpful?	37%	36%
80	Do you have a sentence plan?	34%	41%
81	Were you involved/very involved in the development of your sentence plan?	19%	27%
82	Can you achieve all or some of your sentence plan targets in this prison?	19%	28%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	13%	16%
84	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?	28%	27%
85	Do you feel that any member of staff has helped you to prepare for release?	15%	15%
86	Have you had any problems with sending or receiving mail?	47%	41%
87	Have you had any problems getting access to the telephones?	30%	25%
88	Did you have a visit in the first week that you were here?	25%	32%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	63%	69%
90	Did you receive five or more visits in the last week?	0%	0%
91a	Do you think you will have a problem maintaining and/or avoiding relationships following your release from this prison?	30%	23%
91b	Do you think you will have a problem with finding a job following your release from this prison?	55%	48%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	53%	42%
91d	Do you think you will have a problem with money and finances following your release from this prison?	57%	52%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	50%	32%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	40%	34%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	18%	14%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	33%	20%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	46%	39%
92a	Do you think you will have a problem with drugs when you leave this prison?	14%	12%
92b	Do you think you will have a problem with alcohol when you leave this prison?	12%	9%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	36%	42%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	38%	44%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	28%	31%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	40%	43%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	27%	34%
93f	Do you know who to contact within this prison to get help with external drugs courses, etc?	39%	45%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	40%	39%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	30%	34%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	45%	47%

Appendix III

Disability liaison officer survey

ESTABLISHMENT: _____

<u>Personal information</u>

Name (optional):

Grade:

Length of time working in the Prison Service:

Length of time as disability liaison officer:

Is there a local disability policy in place at your establishment? Yes / No
--

Is this separate from or part of a diversity policy?
--

Please give brief details of what the policy covers in terms of disability:

Has there been a needs assessment conducted? Yes / No
--

When was this done?

<i>Space for comments</i>

Is there a disability equality scheme in place at your establishment? Yes / No

If yes, please give brief details of what it covers:
--

Is there a disability committee? Yes / No
--

<i>Space for comments</i>

Is the committee separate from or part of a diversity committee?
--

How often does the committee meet?
Who chairs the disability committee? <i>(Or diversity committee if included in that)</i>
Are there prisoner diversity representatives that cover disability? Yes / No
If yes, do they attend diversity meetings? Yes / No
<i>Space for comments</i>
What meetings do you regularly attend as part of your disability liaison officer role?
What monitoring is there in place? (For example, is participation in activities, victimisation monitored?)
Please give details:
Are there specific diversity incident reporting forms available at your establishment? Yes / No
<i>Space for comments</i>
How are disabled prisoners identified? <i>(Including physical disabilities, mental impairments and learning difficulties)</i>

Are prisoners assessed during reception or induction as to whether they have a physical, mental and/or sensory disability? **Yes / No**

If yes, please give brief details as to who conducts this and what is covered:

Are prisoners assessed during reception / induction as to whether they have a learning disability/difficulty? **Yes / No**

If yes, please give brief details as to who conducts this and what is covered:

How are you made aware of prisoners with a disability?

Are there any formal procedures / written protocols for staff to pass on appropriate information to you? (for example: with reception staff, healthcare, education, or wing staff)

Yes / No / Don't know

If yes, please give details:

If no, please give details about how information is passed on:

Are there any formal procedures / written protocols in place for you to pass on appropriate information to relevant staff? (for example: wing staff, healthcare, education)

Yes / No / Don't know

If yes, please give details:

If no, please give details about how information is passed on:

What arrangements/support is there for prisoners identified as having a disability during their first few days? (*first night, induction*)

Physical and motor impairment:

Visual impairment:

Hearing impairment:

Mental impairment:

Learning disability/difficulties:

Do prisoners identified as having a disability have an individual care plan?

Yes / No

Space for comments

Are prisoners involved in the development of their care plan? Yes / No

Space for comments

What other disciplines are involved in care plan meetings?

Are there official prisoner carers? Yes / No

If yes, are they paid for their role? Yes / No

Space for comments

Are any community agencies involved in the care of prisoners with disabilities? **Yes /**
No

If yes, please give details:

What help is there available for those identified as having learning disabilities / learning difficulties?

Are there dedicated disabled cells available? **Yes / No**

If yes, where are these located?

What is there in place to aid access to facilities (for example showers, exercise yard, work, education) for mobility impaired prisoners?

Please provide details:

Does your role cover other diversity areas or just disability?

Have you received formal training for your role? **Yes / No**

If yes, please give details:

Are you allocated enough time to fulfil your role?

Not at all / somewhat / completely

Space for comments

Do you have access to money to fund any adjustments / aids required for prisoners with disabilities?

Do you feel capable of meeting the needs of prisoners with the following disabilities?

Physical and motor impairment: Not at all / somewhat / completely

Space for comments

Visual impairment: Not at all / somewhat / completely

Space for comments

Hearing impairment: Not at all / somewhat / completely

Space for comments

Mental impairment: Not at all / somewhat / completely

Space for comments

Learning disability/difficulties: Not at all / somewhat / completely

Space for comments

Do you feel supported within your role by senior management?

Not at all / somewhat / completely

Space for comments

Do you feel supported in your role within the prison?

Not at all / somewhat / completely

Space for comments

In terms of working together to meet the needs of prisoners with a disability, how would you rate your relationship with the following:

Wing staff:

very good / good / neither / poor / very poor

Space for comments

Healthcare staff:

very good / good / neither / poor / very poor

Space for comments

Education staff:

very good / good / neither / poor / very poor

Space for comments

Senior management team:

very good / good / neither / poor / very poor

Space for comments

Is diversity training, covering disability, available for staff at your establishment? Yes / No

Space for comments

In your opinion, what works well in your establishment in terms of meeting the needs of prisoners with a disability?

--

What do you feel could be improved?

--

What are the frustrations involved in fulfilling your role?

--

Thank you for completing this survey.

Appendix IV

Further information

For further information and for the Inspectorate's expectations of care within prisons, see also:

- HM Inspectorate of Prisons (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*
- HM Inspectorate of Prisons (2008). *Older prisoners in England and Wales: A follow-up to the 2004 thematic review*
- HM Inspectorate of Prisons, *Expectations*