

Report on an unannounced inspection of

# **HMYOI Glen Parva**

by HM Chief Inspector of Prisons

**31 March – 11 April 2014**

## **Glossary of terms**

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# Introduction

At the time of this inspection, HM Young Offender Institution Glen Parva in Leicestershire held 659 remanded, unsentenced and sentenced young adult men aged between 18 and 21. This is one of a sequence of reports (Aylesbury, Brinsford, Feltham and Isis) which my inspectorate has produced that reveal serious concerns relating to young offender institutions (YOI) of this type. Despite some determined efforts by a relatively new governor and her senior management team and some very early and limited signs of improvement, outcomes for the young men held at Glen Parva were unacceptable in too many areas. This is a model of custody that does not work.

Unless the young men held at Glen Parva were safe, very little else would be achieved, but Glen Parva was not safe. The atmosphere was not tense but almost half of the young men held told us they had felt unsafe in the establishment at some time, and about one in five said they felt unsafe at the time of the inspection. They were right to be concerned. Recorded levels of assaults on other prisoners and staff had risen by about a quarter over the last year and we were not assured that all incidents were recorded. We saw and heard evidence of prisoners charging 'rent' for cells with the threat of violence if this was not paid. The prison was not on top of the availability of legal highs such as 'Spice' and 'Black Mamba' and the risks of debt and bullying this brought. The response of many staff to this behaviour was poor. Relationships were generally friendly between staff and prisoners but there was an unacceptable attitude among some staff that this poor behaviour by detainees was an inevitable and normal part of life in a prison holding young adults. Some staff did not adequately challenge poor behaviour, and their own behaviour and offensive language set a poor example. The YOI's system for tackling perpetrators and supporting victims looked good on paper, but was not effectively implemented.

Due to the failure of staff to step in quickly to tackle poor behaviour firmly but at a low level, there was an over-reliance on force and formal disciplinary measures. Levels of use of force, including full control and restraint, were high and even though some recording was poor we did not accept that the force used in some of the incidents we examined had been necessary. The number of adjudications was high and we found examples of unofficial group punishments. The incentives and earned privileges schemes was inconsistent and ineffective. The use of the segregation unit was also high and the regime was inadequate. The high use of segregation reflected an increase in serious incidents such as barricades, hostages and 'incidents at height'. Most of those in segregation were there as punishment, but in our view many had committed their offences to get themselves placed in segregation where they would be away from the wings and safe.

There was a direct link between the high levels of bullying and levels of self-harm. The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm had increased by 32% over the last year and was high. The YOI itself had identified that many of the self-harm threats were a direct result of bullying. Two young men had killed themselves in 2013 and there had been two serious near misses in 2014. Tragically, two months following our inspection, another young man killed himself while at Glen Parva. Some of the Prisons and Probation Ombudsman's recommendations arising from the 2013 deaths had not been sustained with sufficient rigour. There were still weaknesses in the ACCT processes and during the inspection we intervened about young men on ACCTs who were clearly not getting the support they needed. The critical early days processes also needed improvement. First night accommodation was poor and induction arrangements were disorganised, although reception itself was reasonable. In contrast to much else, innovative substance misuse services were very good and an example of best practice.

The low expectations evident in attitudes towards behaviour were also apparent in other aspects of the YOI. The external areas of the YOI were generally clean and well maintained. However, the quality of the residential units varied enormously and some were dirty. Prisoners with cleaning jobs lacked the supervision and training they needed to keep the place clean. Half the population were doubled up in cells designed for one and many cells were dirty, lacked basic amenities such as toilet seats, curtains and chairs, and were poorly ventilated. The offensive display policy was widely disregarded. Some clothing was in poor condition. The governor rightly had prioritised these issues and was making a determined effort to improve them. Prisoners with protected characteristics were even less positive about their treatment and conditions than the population as a whole and there was no attempt to consult them to find out why this was so. Support for prisoners with disabilities was generally much better – although they were very fearful for their safety – and this reflected very good health care overall.

It was particularly concerning that in a YOI holding young men we found 28% to be locked in their cells during the working day. There were insufficient activity places available and those that were available were underused and of insufficient quality. However, there were credible signs of improvement. The prison had a good idea of what needed to be done and had a plan in place to do it but it was too early to judge its effectiveness. A new core day was introduced during the inspection which, if successful, should improve prisoners' access to activities and time out of cell. The Trackworks railway maintenance workshop and some others showed what could be done when high quality training, linked to good employment prospects, motivated the prisoners taking part to make good progress. Milton Keynes College provided most of the education and vocational training. At the time of the inspection, some workshops had been left empty and unused for long periods because of staff shortages and much of the education and training on offer was monotonous and poorly supervised. Some classrooms were not fit for purpose. Access to the library was poor but PE provision was reasonable.

Resettlement provision was better. Existing offender management outcomes were variable but offender management arrangements were being reorganised. The introduction of a probation officer 'practice supervisor' was a good innovation. The new arrangements should lead to improvements but require careful planning if they are to do so. Practical resettlement services were reasonable and NACRO worked effectively to help prisoners find accommodation, employment or training. Work to help prisoners build and sustain relationships with their families needed development.

Glen Parva is a concerning institution. Local management can do much to improve things. There was some reassurance that many of the problems at Glen Parva had been identified and there were plans in place to address them, which they had begun to implement before the inspection started. It is much too early to assess these changes. However, some of the challenges Glen Parva faces are outside its direct control and the planned national review of arrangements for holding young adults, and the current independent inquiry into recent self-inflicted deaths among this age group, need to proceed urgently.

**Nick Hardwick**  
HM Chief Inspector of Prisons

August 2014

# Fact page

## Task of the establishment

HMYOI Glen Parva is a young offender institution holding sentenced, unsentenced and remanded young male adults aged 18–21.

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

Public

## Region/Department

East Midlands

## Number held

659

## Certified normal accommodation

637

## Operational capacity

808

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

Full inspection: 2–6 November 2009

Short follow-up: 31 July – 2 August 2012

## Brief history

Constructed in the early 1970s as a borstal, Glen Parva has always held young adults. Additional buildings, including a health care centre, have been added over the years.

## Short description of residential units

		Operational capacity	CNA
<b>North:</b>			
Unit 1	Sentenced	88	48
Unit 2	Sentenced	88	48
Unit 5	Sentenced	88	48
<b>South:</b>			
Unit 8	Sentenced	94	60
Unit 9	Sentenced	94	60
Unit 10	Sentenced	94	60
Unit 11	Sentenced	94	58
Unit 12	Sentenced and remands	94	58
Unit 14	Remands	80	99
Unit 15	First night and induction	88	98
Unit 7	Segregation		

## Name of governor/director

Alison Clarke

## Escort contractor

GEOAmey

**Health service commissioner and providers**

Commissioner: NHS England, Derbyshire and Nottinghamshire Area Team

Providers: Leicestershire Partnership NHS Trust, Northamptonshire Healthcare NHS Foundation Trust and Kam Aulak (dental provider)

**Learning and skills providers**

Milton Keynes College

**Independent Monitoring Board chair**

Eileen Glasper

# About this inspection and report

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

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

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

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

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

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

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

## This report

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

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

# Summary

## Safety

**S1** *Journey times to the prison were reasonable and the reception experience was mostly positive. Some first night and induction arrangements were weak. The establishment was not safe and lacked a strategic approach to improving safety in the prison. There was a high and increasing number of violent and bullying incidents, and arrangements to support victims were inadequate. The number of self-harm incidents was high and there had been two self-inflicted deaths since the beginning of the previous year. The incentives and earned privileges scheme did little to encourage positive behaviour or challenge antisocial behaviour. Security procedures were generally proportionate. The regime on the segregation unit was inadequate but reintegration planning was good. Substance misuse services were good. **Outcomes for prisoners were poor against this healthy prison test.***

- S2** Young adults were frequently displaced to Glen Parva because of population pressures in other prisons and this was disruptive. Video-link court facilities were not always used efficiently. Most journeys to the establishment were relatively short, the vans we inspected were clean and relationships between escort staff and prisoners were positive.
- S3** Communal parts of reception were reasonable and holding rooms were much improved following refurbishment during the inspection. However, some prisoners spent too long there. Relationships between prisoners and reception staff were generally friendly and relaxed.
- S4** First night risk assessments were conducted well and were properly focused but first night accommodation was poor. Access to telephone calls on the first night was routine but a minority did not receive showers. Handover arrangements to night staff covered all of the essential information and night staff were well sighted on the new arrivals. Induction took between three and five days on a rolling programme but not all prisoners received an adequate induction specific to the establishment and in some cases induction records were inaccurately completed. Peer workers were not used on the first night unit or for induction.
- S5** Lack of safety was an issue in many areas we inspected, and in our survey 50% of prisoners told us they had felt unsafe at some time and 20% told us they felt unsafe at the time of the inspection. In our survey prisoners reported extremely high levels of violence and intimidation by other prisoners and we found other evidence to substantiate this. Since 2012 there had been a marked increase in the number of recorded assaults but we found evidence of under-reporting of incidents. Many more prisoners than we normally find were subject to anti-bullying procedures.
- S6** Staff and managers were aware of the need to keep prisoners safe but their efforts lacked focus. Although the safer prisons committee met regularly, there was no prison-wide strategy or plan to address these issues. The links between bullying, levels of violence and self-harm were not sufficiently understood and the establishment's response to these was reactive and unsophisticated. Resources for this area of work were insufficient and the cross-deployment of safer prison staff had undermined the consistent monitoring of incidents and support for victims. The safety of vulnerable prisoners had not been sufficiently addressed. The tackling antisocial behaviour system did not adequately protect victims or challenge perpetrators.

- S7 The number of assessment, care in custody and teamwork (ACCT) case management documents opened had increased markedly and many were directly linked to bullying and intimidation. Although the number of prisoners self-harming was similar to that at other prisons, the number of actual self-harm incidents was much higher than we normally find. There had been two self-inflicted deaths and two near misses since the beginning of the previous year. Although the Prisons and Probation Ombudsman recommendations had been implemented, some had not been sustained in practice. Most prisoners we spoke to who were subject to ACCT supervision felt well cared for but this was not always reflected in documentation. Formal processes had not been developed with the local social services for safeguarding vulnerable adults.
- S8 Most security arrangements were generally proportionate but not sufficiently focussed on the strategic risks posed. Good levels of security information were received and the prison set and monitored objectives, although these were too reactive and lacked a strategic approach to tackling some issues, including the high levels of violence. Multidisciplinary information sharing was good. While the mandatory drug testing positive rate for the previous six months was below the target, emerging evidence and intelligence pointed to the availability of non-detectible new psychoactive substances. Managers were not properly sighted on the issue and staff awareness was poor.
- S9 Prisoners expressed negative views about the effectiveness and fairness of the incentives and earned privileges scheme. We found little evidence of it being used to encourage or reinforce positive behaviour and it was used inconsistently. There were plans to stop using unit 5 as an enhanced unit, which had been a good initiative and was popular with its residents, and we were concerned that its motivational benefits would be lost.
- S10 The number of adjudications was high and some were for petty reasons that could have been better dealt with through less formal measures. Sampled records were of a variable standard and some reflected insufficient enquiry before a finding of guilt. We were not assured that quality assurance processes were effective.
- S11 Levels of use of force were high and in the previous six months almost two-thirds had involved the use of control and restraint. Many incidents had resulted from alleged prisoner 'non-compliance'. Many records were incomplete and the standard of some documentation was poor, often lacking a comprehensive explanation of events. Of the filmed interventions we saw, planned interventions had been mostly well managed but they were not reviewed by the prison for learning points.
- S12 Throughput of the segregation unit was high but most prisoners spent short periods there. Some prisoners told us they misbehaved in order to be sent to the segregation unit where they would feel safer. The unit was old and shabby but most cells were clean. The regime was inadequate overall and did not keep prisoners occupied constructively. Prisoners on the unit were mostly positive about relationships with staff and we saw some good engagement. Most residents were successfully reintegrated into the general population and reintegration planning for some longer-term prisoners was generally better than we normally see.
- S13 The therapeutic drug and alcohol service (TDAS) delivered an innovative range of recovery-focused interventions. Many prisoners and staff were not well informed about the service and the ways in which it differed from the more traditional counselling, assessment, referral, advice and throughcare (CARAT) model of substance awareness and harm reduction. Joint working between the TDAS and the mental health team was good. The TDAS also worked with gym staff to deliver a steroid awareness programme to at-risk prisoners.

## Respect

- S14** *The prison grounds were pleasant but standards of residential and cellular accommodation varied greatly, and most remained neglected and in poor condition. Staff–prisoner engagement was mostly positive but there was a lack of positive role modelling and too much acceptance of poor behaviour. The administrative aspects of equality and diversity were in place but there was a complete lack of consultation for minority groups, which resulted in some foreign national prisoners feeling isolated. Faith provision was good. Health care provision was very good. Food quality and quantity were satisfactory. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S15** Many cells held two prisoners and were very cramped. External areas were generally clean and well maintained but the quality of the accommodation varied enormously; although the refurbishment of some areas had made a marked improvement, most accommodation remained neglected and in poor condition. Many cells lacked many basic amenities such as curtains, a toilet seat, chairs and lockable cabinets. The restricted regime over recent months had limited access to showers and telephones but the new core day had begun to address this. Despite negative survey results on this subject, access to clean clothes was adequate but some prison-issue clothing was ill fitting and in poor condition. The governor was correctly prioritising dealing with these issues.
- S16** Too many staff had low expectations of prisoners and, although we saw mainly good engagement, some staff too readily accepted poor behaviour, including the use of profanity, and were not always positive role models. Most staff referred to prisoners by their surname only. The personal officer scheme did not work sufficiently well and entries in case history notes were perfunctory and irregular.
- S17** Appropriate equality and diversity policies and procedures were in place but there was no consultation with minority groups and insufficient promotion of equality overall. The number of discrimination incident report forms submitted was similar to that at comparable prisons but many were unrelated to discrimination, not all were thoroughly investigated and quality assurance was inadequate. Ethnic monitoring data were generally in range; when they were not, investigations and remedial action took place. Provision for foreign national prisoners was inadequate and professional telephone interpreting services were underutilised, leaving some non-English speakers feeling isolated and unsupported. Identification and provision for prisoners with disabilities was good and gay prisoners were supported well. Faith provision was good and the chaplaincy was integrated well into prison life.
- S18** The number of complaints submitted was high but most responses were respectful and answered the issue raised, although many could have been dealt with through informal methods. Respondents to our survey were negative about legal services provision but we found the service to be adequate.
- S19** Health screening was appropriate and timely. Respondents to our survey were negative about access to the doctor and nurse but we saw good access and short waits. Primary care service waiting lists were reasonable but prisoners waited too long for sexual health clinic appointments. Chronic disease management was sound and prisoners with diabetes were particularly well supported. There was excellent attention to health promotion and an active prisoner health forum, but the prison-wide response to medical emergencies was inconsistent. Medicines management was good, with excellent access to pharmacy clinics. Waits for the dentist were short, with good attention to urgent needs. Mental health services were very good, with effective integration between primary and secondary services, and prisoners felt well supported. Mental Health Act (1983) transfers were often delayed.

- S20 Although prisoners in our survey were negative about the food provided, we found menus to be varied and balanced, and food to be of reasonable quality, with adequate portion sizes. The management of some serveries and hygiene was poor. Food consultation arrangements were responsive. The prison shop product list broadly met the needs of the population but, although consultation arrangements were in place, they were not promoted well.

## Purposeful activity

**S21** *The planned introduction of a new core day took place during the inspection and had begun to improve prisoners' access to association and exercise. The prison lacked a clear vision to direct and improve educational and vocational provision, and both the quality of the provision and support given by the providers were poor. There were insufficient activity places, compounded by poor attendance and cancellations, which resulted in too many prisoners being locked up during the core day. The overall quality of education was adequate but achievement outcomes were unsatisfactory. While the delivery of vocational training was better, outcomes were still not good. Attendance at the two libraries had been very poor but the new regime had started to have a positive impact. The gym offered good opportunities for recreational PE but there was very limited access to vocational courses. **Outcomes for prisoners were poor against this healthy prison test.***

- S22 The amount of time out of cell ranged between approximately 10 hours for a fully employed prisoner to around only 2.5 hours for an unemployed prisoner. We found too many prisoners locked up during our roll checks. Prior to the inspection the core day lacked predictability and access to exercise and association had been limited. Planned changes to the core day introduced during the inspection had begun to address this
- S23 The strategic management of learning and skills was inadequate. There were insufficient activity spaces to occupy prisoners purposefully and the process of allocating prisoners to work and education was ineffective. Insufficient attention had been focused on ensuring that purposeful activity places were always full and there were too many cancellations of planned activity. The prison had recognised the need to improve provision and had begun the process but it was still to take effect. Quality assurance arrangements to assess and monitor the provision were underdeveloped, in particular across the non-offender learning and skills service (OLASS) activities.
- S24 The planned training and education programmes were adequate but the actual range of training and courses available was more limited. The vocational training offered was broadly adequate and learning resources were good; however, this provision was unacceptably underutilised. Current cleaning courses were inadequate in equipping prisoners with the skills to clean their environment to a higher standard.
- S25 Much of the teaching and learning in education classes required improvement, although the quality of coaching, teaching and learning in the vocational workshops was good. In vocational training, relationships between staff and learners were respectful and poor behaviour was generally well managed, but this was not always the case in education classes. The planning of lessons was ineffective in using the available learning resources, and too much teaching and learning was reliant on the use of worksheets.
- S26 Many classrooms used for education classes were too small and suffered from unacceptable extremes of temperature, providing an inappropriate learning environment. Workshops were well resourced, spacious but underutilised.

- S27 Outcomes for prisoners in vocational training were good and many prisoners developed good work skills, but these skills were not recorded or acknowledged. Success rates for information and communication technology qualifications were high, but were low for functional skills in English and mathematics. Attendance in training and education sessions was poor.
- S28 Access to the two libraries had been poor but had improved since the implementation of the new regime. Each library had an appropriate range of books, including foreign language titles and relevant Prison Service Instructions, but neither offered DVD or CD loans. The Six-Book Challenge and Storybook Dads (in which prisoners record stories for their children) were popular and promoted literacy adequately.
- S29 The gym offered a good facility which provided a wide range of recreational activities but limited vocational accredited training. The induction to the gym paid insufficient attention to promoting healthy living and well-being. However, personal needs were discussed with individuals.

## Resettlement

**S30** *The reducing reoffending strategy was up to date and comprehensive. Offender management outcomes varied greatly, resulting in a lack of consistency. Public protection arrangements were sound, once prisoners had been identified, but there were deficiencies in identification and some prisoners were missed. There were also some concerns about the identification of multi-agency public protection arrangements (MAPPA) levels. Resettlement pathway provision was generally good but there was minimal offender supervisor involvement. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S31 The reducing reoffending document was comprehensive and covered all key issues, including offender management and planning. Objectives and targets were clear and regularly monitored via the monthly reducing reoffending strategy group. Although a new needs analysis had been commissioned, it had yet to be undertaken and the prison was pursuing a more dynamic approach to assessment
- S32 Remand and unsentenced prisoners were offered support and advice via the National Association of the Care and Resettlement of Offenders (NACRO). All sentenced prisoners were appropriately allocated an offender supervisor, although levels of contact by offender supervisors with prisoners varied considerably. Overall, there were marked variations in the level and quality of work undertaken by the offender management unit with both high- and lower-risk prisoners. Some sentence planning was undertaken with clear, detailed analysis and target setting, while in other cases levels of engagement and analysis were poor. Beyond sentence planning, engagement was inconsistent in frequency and focus. The appointment of a practice manager within the department was a positive initiative, although there still remained considerable variation in the level of case management and supervision between uniformed and probation staff.
- S33 Arrangements for monitoring and managing those prisoners identified as presenting a public protection concern were good and attendance at the interdepartmental risk management team meeting included wide representation from across the establishment. However, there were deficiencies in the initial process of identification of such prisoners, which meant that some prisoners were being missed, and there was insufficient overall quality assurance. Some multi-agency public protection arrangements (MAPPA) levels were identified too late and opportunities to contribute to MAPPA meetings were potentially missed.

- S34 Pre-release arrangements were reasonable. All prisoners were seen by NACRO at both induction and pre-release and offered a good range of support and advice on accommodation and education, training and employment needs, and there were good links to community offender managers. The role of offender supervisors was less clear and information sharing before release was not routinely undertaken.
- S35 The numbers released with no fixed address or temporary accommodation were not excessive for this population and age group, at around 4.7% and 1.4%, respectively, in the previous six months. The quality of the careers service provision was good but access to and use of the virtual campus (internet access for prisoners to community education, training and employment opportunities) was too limited and there was no pre-release course.
- S36 All prisoners were seen on the day of transfer or release and given appropriate medical advice and support. Prisoners with severe and enduring mental health issues were linked with community teams before release. The therapeutic drug and alcohol service delivered a range of interventions in preparation for the release of prisoners with substance use issues and had good links with Leicestershire- and other Midlands-based community agencies.
- S37 NACRO offered guidance on debt and finance management. No money management course was run by the prison at the time of the inspection but prisoners were helped to open bank accounts.
- S38 Previous problems with booking visits appeared to have been resolved but, while the overall visits experience was reasonable, there were some considerable delays in access to the visits sessions. The visits hall was large and bright, but austere. It could accommodate a large number of prisoners. However, there was no play area or crèche, although this was mitigated to some degree by the monthly 'table-top' visits. Provision of support for fathers was inadequate and there was no parenting course. Family visits took place quarterly.
- S39 Although the only accredited programmes currently available were the thinking skills programme and Resolve, both appeared appropriate to the needs of the population. There was evidence of a wide range of interventional work undertaken by the psychology department with high-risk prisoners.

## Main concerns and recommendations

- S40 Concern: Too many prisoners reported feeling unsafe, recorded levels of violence were high and there was under-reporting of violent incidents. Some staff were too willing to accept violence as an inevitable part of life at Glen Parva. Strategies, processes and resources for tackling violence and ensuring prisoners' safety were inadequate.

**Recommendation: The prison should use prisoners' views and other safety data to develop, resource and implement an effective strategy for reducing violence and ensuring the safety of prisoners held at Glen Parva.**

- S41 Concern: Management of behaviour was inadequate. Some staff had low expectations of prisoners, were too accepting of poor behaviour and set a poor example to young adults. The incentives and earned privileges scheme provided little motivation. As a consequence, formal disciplinary processes were over-used. The number of adjudications was high, sometimes for petty reasons that could have been better dealt with informally. The use of force was also high and two thirds of all incidents used control and restraint; too many were for 'non-compliance' and we were not assured that use of force was always necessary in these incidents. Throughput of the segregation unit was high and some prisoners told us they

misbehaved so they would be sent to the segregation unit where they would be safe. Analysis of data on use of force was inadequate.

**Recommendation: Analysis of data and other information on the range of disciplinary processes should be improved to inform improvements in procedures, staff supervision and staff training, so that staff are able to maintain authority with less reliance on formal disciplinary processes.**

- S42 Concern: Much residential accommodation was old, worn, grubby and in a poor state of repair. Too many cells were cramped, had accumulated rubbish piled outside the windows and had basic equipment such as curtains, toilet seats and chairs broken or missing.

**Recommendation: Residential accommodation should be refurbished and kept clean to ensure it is fit for purpose. Cells should be clean, in good order and properly equipped.**

- S43 Concern: There was no consultation with prisoners from minority groups, and prisoners we spoke to did not feel that they had a voice. Our survey results in the area of equality and diversity were very negative across a range of indicators. There were no peer diversity representatives and the diversity staff post was often dropped owing to staffing difficulties, which meant that communication was poor, especially for foreign national prisoners, who felt isolated.

**Recommendation: There should be regular consultation meetings with prisoners from all minority groups and issues raised should be pursued appropriately. Diversity representatives should be used to support this work, and the role of the diversity manager should be given a higher profile to ensure that prisoners have ready access to information and support.**

- S44 Concern: There were too few activity places to meet the needs of the population and those that did exist were not fully used. Too much of the provision offered by Milton Keynes College and South Leicestershire was interrupted by staff shortages and the overall effectiveness of learning and skills and work was inadequate.

**Recommendation: Regional commissioners should ensure education and learning, skills and work providers maintain staff levels that deliver sufficient effective provision to consistently meet the needs of the population and the prison should ensure that this is fully utilised.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1** *Young adults were frequently displaced to Glen Parva because of population pressures in other prisons and this was disruptive. Video-link facilities were not always used efficiently. Most journey times were relatively short. The vehicles we inspected were clean and relationships between escort staff and prisoners were positive. There were frequent and sometimes long waits outside the prison during the lunch period.*
- I.2** The establishment served courts in the East Midlands and as far away as Worcestershire. Young adults frequently transferred in from other prisons, including from London, to create spaces and relieve population pressures. This led to frustration and anxiety as prisoners were sometimes far away from home, which hindered their opportunities to maintain family ties. Some prisoners who transferred in during the inspection told us that they had outstanding court appearances in the near future, which meant that the displacement from their original prison made little sense and would cause further disruption when they had to transfer back to their sending prison. Video-link facilities were good, including two courtrooms, but, although reasonably well used, they were not always used to capacity to help to avoid unnecessary journeys to outside courts.
- I.3** Most journey times were under two and a half hours, and the vans we inspected were clean. The engagement we observed between escort staff and prisoners was relaxed and new arrivals we spoke to were complimentary about their treatment by escort staff. The reception area was closed during the lunch period and if vehicles arrived at this time they could experience long waits outside the prison. During the inspection, vehicles experienced waits of up to 40 minutes. Once they arrived at reception, prisoners were disembarked quickly.

### Recommendations

- I.4** **There should be more careful consideration to future court appearances and the location of families when transferring young adults to the establishment.**
- I.5** **The use of video-link facilities for court appearances should be increased.**
- I.6** **Prisoners should not be held in vans outside the prison or outside reception at lunchtime.**

## Early days in custody

### Expected outcomes:

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

- I.7** *Reception was a generally positive experience and a much improved environment but some prisoners spent too long there. First night risk assessments were generally conducted well and were properly focused. First night accommodation was poor but handover arrangements to night staff were appropriate. The induction programme was confusing and we were not assured all prisoners completed it or received information specific to the establishment within appropriate timescales.*
- I.8** There were about 45 new arrivals each week. Arriving prisoners received a friendly welcome by reception staff, who generally engaged positively with them. Respondents to our survey were more positive than the comparator about their reception experience across a number of our survey indicators.
- I.9** Holding rooms were described by prisoners as a 'grim' environment but the planned refurbishment was expedited during the inspection and the five holding rooms were much improved, clean and well decorated by the time the inspection ended, with the addition of televisions in three of them to provide a distraction for prisoners held there. Other communal areas of reception were clean, well maintained and pleasant.
- I.10** At the start of the inspection, all prisoners were routinely strip-searched on arrival; however, this practice was changed during the inspection, so that those transferring in from other prisons were only strip-searched on the basis of supporting intelligence. Prisoners were generally allowed to shower in reception but we found a few who were not, and for whom this was not facilitated on the first night centre. Most prisoners spent less than two hours in reception but we saw several who were there for longer, and prisoners in our groups echoed this. Two Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked in reception but were not always easily identifiable.
- I.11** All new prisoners were located on the dedicated first night centre (unit 15). All were seen there by health services staff in a private room and were interviewed in private by a first night officer. The first night risk assessments we observed were conducted well and were properly focused on risk and potential vulnerabilities, but some new arrivals we spoke to said that their interviews had been rushed and issues skirted over. Cell sharing risk assessments (CSRAs) were completed, or reviewed if already in place, but were sometimes based on limited available information and predominantly solely on what the prisoner told the officer. If staff had any concerns, they tended to locate prisoners in single cells until all CSRAs had been reviewed the following day, when further information, such as pre-convictions, was available.
- I.12** New arrivals were allowed a free telephone call and were also provided with a grocery pack (see section on purchases) and extra telephone PIN credit, both of which were repayable. Staff provided prisoners with a free letter and some written information about the establishment. However, there was no readily accessible information in languages other than English (see also section on equality and diversity). There were no peer supporters or Listeners based in the first night centre to help new arrivals to settle in.

- I.13** First night accommodation was mostly dirty and poorly prepared. Some prisoners were not provided with sheets, duvet covers or pillows. Kettles were not provided in cells and while prisoners were given a flask, they were not routinely told that they needed to collect hot water and request tea bags/coffee before being locked up, so many new arrivals were not able to make a hot drink. Handover arrangements to night staff were adequate, and during our night visit staff were properly focused on new arrivals and told us that they conducted enhanced checks throughout the first night.
- I.14** In our survey, fewer respondents than at comparator establishments said that they had been on an induction course and that it had covered everything they needed to know. Induction took place in an appropriate room, took between three and five days on a rolling programme and comprised two phases: one for all prisoners and the other for those who were in custody for the first time or who had not experienced custody for a long time. The timetable included contributions from education, National Association of the Care and Resettlement of Offenders (NACRO) and gym staff, and a generic presentation and tour of the prison from induction staff. No peer workers were used during this process. The two-phase programme was confusing and was not applied consistently. There were also a number of competing processes during the early part of the programme, which meant that prisoners were sometimes taken away from parts of induction to attend other appointments, so we were not assured that all prisoners received information specific to the establishment or that important information was imparted quickly enough. In addition, some records showed elements of the induction programme as having been completed, when we found that they had not. When prisoners were not engaged with induction, they spent excessive periods locked up on unit 15; the new core day appeared not to be operating as required on this unit as we found a number of new arrivals who were still not permitted to shower, take exercise or use the telephone each day (see also section on time out of cell).

## Recommendations

- I.15 All prisoners should spend less than two hours in reception.**
- I.16 All prisoners should receive a comprehensive first night interview to identify and act on any risk factors.**
- I.17 All prisoners should receive a comprehensive induction programme, including information specific to the establishment, within a short time frame after arrival.**

## Housekeeping points

- I.18** All new arrivals should be able to shower on their first night.
- I.19** Listeners and peer supporters should be located on the first night centre and should be easily identifiable to new arrivals.
- I.20** First night cells should be clean and properly prepared.

## Bullying and violence reduction

### Expected outcomes:

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

- I.21** *The establishment was unsafe, with high and increasing levels of violence and bullying, but there was no prison-wide strategy to address these issues. Efforts to challenge perpetrators and protect victims were largely ineffective.*
- I.22** Managers and staff recognised the need to keep prisoners safe but their efforts to do so lacked focus. In our survey, almost half of prisoners said that they had felt unsafe at some point and around one in five currently felt unsafe at the time of the inspection, both figures were higher than the respective comparators. More prisoners than elsewhere said that they had been victimised by other prisoners (38% versus 22%) and by staff (40% versus 26%), for a range of reasons, particularly debts, drugs and being new to the prison (see main recommendation S40). We saw, and heard evidence of, some of these issues during the inspection. We were particularly concerned to see and hear evidence of ‘unofficial rent’ for cells being demanded by some prisoners from others, and a lack of action taken to address this (see section on residential units).
- I.23** The number of fights and assaults was high. The number of assaults on prisoners had risen from 121 in 2012 to 157 in 2013, and on staff had increased from 35 to 43 in this period; data for the first quarter of 2014 showed a further increase. We found some evidence of under-reporting of violent incidents. The number of serious incidents such as barricades, hostage taking and incidents at height had also increased and we found some evidence that these were related to prisoners feeling unsafe at the establishment. Some staff accepted these violent and other incidents as an inevitable part of life in a prison holding young adults and their response to them was complacent.
- I.24** The safer prisons committee met regularly and discussed data monthly. However, there was no aggregation of data over the previous year, no prisoner safety survey and no prison-wide strategy or formal action plan to address the issues, including the needs of vulnerable prisoners.
- I.25** Efforts to address antisocial behaviour were mainly reactive. There was no prison-wide ownership of the need to tackle violence and antisocial behaviour. Cross-deployment of safer prisons staff had consistent reporting and investigation of incidents and the amount of follow-up support provided to victims.
- I.26** Far more prisoners than we normally see were subject to anti-bullying measures through the tackling antisocial behaviour (TAB) system. This comprised three levels: level one involved monitoring for a week and then a review; level two involved the prisoners being demoted to the basic level of the incentives and earned privileges (IEP) scheme; and level three involved placement in the segregation unit with the completion of a workbook aimed at changing attitudes and behaviour. We found serious weaknesses in practice at each level. For example, staff did not provide evidence of improved behaviour of those on level one and the workbook in the segregation unit had rarely been completed over the previous year because of staff shortages. Over 200 victims had been placed on TAB support over the previous five months. However, in practice it provided little protection, support or engagement, and victims we spoke to felt unsupported. The order and control meeting had initially been used

to try to manage movements of prisoners around the prison safely but its remit and attendance had been reviewed and expanded, and as a result had begun to provide better oversight of perpetrators and victims.

## Recommendation

- I.27 The tackling antisocial behaviour system should provide effective support to prisoners at risk from others and challenge perpetrators of bullying and violence.**

## Self-harm and suicide prevention

### Expected outcomes:

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

**I.28** *The increase in the number of assessment, care in custody and teamwork (ACCT) documents opened was directly linked to the increase in bullying and victimisation but there had been no formal prison-wide plan to address these issues. The recommendations from the Prisons and Probation Ombudsman reports had been implemented but not all had been sustained in practice. ACCT case management was weak.*

- I.29** The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm had increased by 32% since 2012 and was high. Many of the prisoners placed on ACCTs were in crisis due to bullying and victimisation. The prison identified that in December 2013, 29% of the self-harm threats or incidents had been as a direct result of being bullied. This had apparently reduced to 16% in February 2014 but was still a cause for concern.
- I.30** Although the number of prisoners self-harming was similar to that at other prisons, the number of actual self-harm incidents was much higher than we normally find, and was increasing. There was little analysis of the reasons for this increase and no prison-wide strategy or action plan to address the issue.
- I.31** There had been two self-inflicted deaths in 2013 and two near misses in January 2014. The Prisons and Probation Ombudsman (PPO) recommendations had been implemented but some had not been sustained in practice and were not consistently reinforced; for example, there was still some confusion about who should call an ambulance in an emergency.
- I.32** Weaknesses in the ACCT case management approach persisted. The case manager was not always present at the review. Care maps were not always comprehensive and observations undertaken were not always recorded until the end of the officer's shift, which was not acceptable. The planning undertaken by the order and control meeting (see section on bullying and violence reduction) was not well linked to the ACCT process. Too many prisoners under ACCT supervision were located in the segregation unit, including one who had been placed in strip-clothing (see section on use of force and recommendation I.68), and we were not assured that there were always the exceptional circumstances to justify these measures.

- I.33** Most prisoners we spoke to who were subject to ACCT supervision felt well cared for but this was not always reflected in the documentation, and we spoke to one young man who was at risk of self-harm and clearly in need of more support. This was investigated and addressed during the inspection.
- I.34** In our survey, far fewer prisoners than elsewhere said that it was easy to access a Listener (36% versus 43%) but a recent training course had provided an increased pool of Listeners, which would improve access.

## Recommendations

- I.35** **A prison-wide strategy and action plan for managing those at risk of self-harm should be developed and implemented. This should include steps to improve the quality of assessment, care in custody and teamwork (ACCT) planning, recording and attendance at reviews.**
- I.36** **Prisoners at risk of self-harm should only be located in the segregation unit in exceptional circumstances and as a last resort.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

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

- I.37** *Adult safeguarding procedures had not been developed and there were no formal links with the local social services department, other than for those leaving care.*

- I.38** There were no adult safeguarding procedures and no formal links with the local social services department, other than for the small percentage of prisoners who had been in the care of the local authority. There was no specific policy and staff had not been trained in the identification and referral of prisoners requiring the protection of adult safeguarding procedures.

## Recommendation

- I.39** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

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

## Security

### Expected outcomes:

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

- I.40** *Security arrangements were generally proportionate but lacked a strategic focus. Closed and ‘no contact’ visits were not used excessively but were sometimes used for long periods in the absence of relevant supporting information. High levels of security information were received but they were not always processed or acted on quickly enough. The positive mandatory drug testing rate was below target but in our survey more than the comparator said that it was easy to get drugs. Emerging evidence pointed to the availability of new psychoactive substances, and staff awareness of these was in need of improvement.*
- I.41** Most security arrangements were generally proportionate but not sufficiently focused on the strategic risks posed. The use of ‘free flow’ movements to activities was a good example of an appropriately proportionate approach to risk.
- I.42** With 3,361 security information reports submitted between October and March 2014, good levels of security information were received. However, they were not always processed within acceptable timeframes and required actions, such as target searching, were sometimes delayed. The analysis of intelligence was developing but currently resulted only in reactive objectives being set and monitored at the well-attended monthly security committee. Information was shared appropriately with other relevant departments across the prison, but there was a lack of a strategic focus to address some of the challenges that the prison faced, including tackling the high levels of violence.
- I.43** In the previous six months, seven prisoners had been subject to closed visits, and at the time of the inspection, five prisoners were subject to these restrictions. We were not assured that all were for reasons directly relating to the trafficking of unauthorised items through visits. The restriction was in place for a minimum of three months without review, and often in the absence of further intelligence to support this. Most such prisoners also went on to spend a further period on ‘no contact’ visits – again, often with no intelligence to support this. This appeared both disproportionate and publicly humiliating as it involved visits in the main visits room on tables which separated prisoners from their visitors by large Perspex screens. However, a new head of department had begun to review some of these decisions at the time of the inspection.
- I.44** Although, in our survey, more than the comparator said that it was easy to get drugs at the prison, the positive random mandatory drug testing (MDT) rate for the six months to February 2014 (3%) was lower than the target (4%). In the same period, 39 suspicion tests were conducted, with none slipping outside the required 72-hour window. The average positive rate for suspicion tests was 20.5%, with a spike of 45.5% in January 2014. Given the ageing infrastructure of the building that housed the MDT suite, the latter was clean, tidy and appropriately equipped.
- I.45** Some cannabis use was detected under MDT but additional drug finds and anecdotal evidence suggested that ‘new psychoactive substances’ (‘legal highs’ such as Spice and Black Mamba – currently undetectable under MDT) were becoming more prevalent in the prison; not all managers were properly sighted on this issue and staff awareness was poor. Relatively

low-level misuse of anabolic steroids had been found and some tests had been conducted under reasonable suspicion.

## Recommendations

- I.46** Analysis of security information should be improved and the security department should adopt a more strategic approach to helping the prison to tackle issues, including violence reduction and the availability of new psychoactive substances.
- I.47** Prisoners should only be placed on, and remain on, closed visits and ‘no contact’ visits when there is sufficient intelligence, relating directly to visits, to support it.
- I.48** Staff should receive up-to-date awareness training on new psychoactive substances.

## Incentives and earned privileges

### Expected outcomes:

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

**I.49** *The incentives and earned privileges scheme was applied inconsistently and prisoners struggled to see the benefit of being on the enhanced privilege level. Unit 5 provided clearer benefits but was likely to cease being an enhanced wing. Targets were rarely set and the monitoring of those on basic was poorly evidenced.*

- I.50** Application of the IEP scheme was poor and inconsistent, with no management oversight. We found little evidence of it being used to encourage or reinforce positive behaviour and saw a number of cases that had attracted several IEP warnings without being reviewed.
- I.51** In our survey, fewer prisoners than at comparator establishments said that the scheme was fair (38% versus 47%) or that it encouraged them to change their behaviour (48% versus 53%). They told us that there was little obvious benefit to being on the enhanced level, except for possible allocation to unit 5, which was currently a location mainly used for enhanced prisoners and provided clear benefits, including more time out of cell. However, there were plans to stop this unit being used as such, and we were concerned that its motivational benefits would be lost.
- I.52** At the time of the inspection, 46 prisoners were on the basic level of the IEP scheme. Targets were rarely set and monitoring of their behaviour was poorly evidenced in electronic case notes.

## Recommendation

- I.53** The incentives and earned privileges scheme should be applied consistently and there should be clear benefits in achieving enhanced status.

## Discipline

### Expected outcomes:

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

**I.54** *The use of all aspects of disciplinary procedures was too high. Too many adjudications were for petty reasons, some records reflected insufficient enquiry before a finding of guilt and quality assurance was ineffective. Oversight for some important aspects of use of force was weak and too many incidents involved alleged 'non-compliance' by prisoners. The environment in the segregation unit was old and worn but cells were generally clean. The regime on the unit was inadequate and did not keep prisoners occupied constructively. Reintegration planning was well developed and prisoners on the unit were positive about segregation staff.*

### Disciplinary procedures

- I.55** The number of adjudications was high, at 1,423 between October and March 2014. The most common charges were for disobeying orders, followed by fights and assaults. Throughout the inspection, prisoners and staff told us, and we also evidenced, that some adjudications were for petty reasons that could have been better dealt with through less formal measures, and we questioned whether some staff were able to demonstrate reasonableness when applying prison rules
- I.56** Sampled records of hearings were of a variable standard. They showed that prisoners were given sufficient time to prepare their case and were able to seek legal assistance. Too many records reflected insufficient enquiry before a finding of guilt and we were not assured that the monthly formal quality assurance process addressed this shortfall effectively.
- I.57** In the absence of an adjudication standardisation meeting, adjudications were only cursorily discussed at the monthly safer prisons meeting. There was no analysis of data to identify and act on any emerging trends or patterns (see main recommendation S41).
- I.58** We found some evidence of unofficial punishments being given, including regime curtailment and restrictions to exercise periods, which was inappropriate and which the prison was not sighted on.

### Recommendations

- I.59** **All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved.**
- I.60** **Unofficial punishments should cease.**

### The use of force

- I.61** In the six months to the end of March 2014, force had been used 379 times, including the use of control and restraint techniques in almost two-thirds of incidents, both of which figures were high. In the records we sampled, around a third of incidents of use of force had been as a result of alleged prisoner 'non-compliance' with orders and we were not assured

that all of these uses had been as a last resort. A fifth of sampled records were incomplete and, despite a quality assurance process, the quality of some records was poor, often lacking a comprehensive explanation of events and reflecting limited efforts to de-escalate situations.

- I.62** Planned interventions were not always filmed and were not reviewed. From those we watched, we concluded that most incidents were managed well but there were learning points in each that the prison could have benefited from by reviewing the footage.
- I.63** Special accommodation had been used seven times in 2013 but only once in the six months before the inspection. Some records were inadequate and did not assure us that use of this accommodation had been justified or for the shortest period once prisoners had become calm. Strip-clothing was not used for prisoners located there but we found one record of a prisoner who had been put into strip-clothing under restraint in the segregation unit following self-harm concerns, which was an inappropriate response before other avenues, such as constant observation, had been exhausted (see section on self-harm and suicide prevention).
- I.64** Batons had been drawn but not used on four occasions between October and March 2014, and the records assured us that these uses had been justified. There was appropriate scrutiny of such incidents to ensure proportionality and follow-up action/guidance to staff where required.
- I.65** Use of force was only cursorily discussed at the safer prisons meeting, where there was no analysis of use of force data to identify or act on emerging trends (see main recommendation S41).

## Recommendations

- I.66** **The quality and timeliness of use of force records should be improved.**
- I.67** **All planned interventions should be filmed and reviewed.**
- I.68** **Strip-clothing should only be used in exceptional circumstances when all other options have been exhausted.**

## Segregation

- I.69** Use of segregation was too high, with 172 prisoners segregated on 227 occasions between October and March 2014. Over 50% of prisoners were segregated pending adjudication and we were not assured from records or conversations with staff that this was always warranted. Almost a third served a punishment of cellular confinement and the remainder were for reasons of good order, with only a minority recorded as being located there for their own protection. We were concerned that this number was under-reported as some who were segregated for poor behaviour or indiscipline told us that they had taken this action as they feared for their safety in the prison (see section on bullying and violence reduction). The average length of stay on the unit was six days, which was not excessive, and most prisoners were then reintegrated into the main population.
- I.70** The segregation unit was based on unit 7, which, despite efforts to keep it clean, was old and shabby. The 16 available cells were clean and freshly painted but some toilets were scaled and dirty. The large exercise yard was clean but bare and had no outlook or seating. The shower offered insufficient privacy and was worn and dirty.

- I.71** New arrivals on the unit were strip-searched only on the basis of a risk assessment and protocols for unlocking individual prisoners were proportionate to their risk. In the six months before the inspection, 11 prisoners on ACCTs had been segregated and we were not assured that there were always exceptional circumstances to justify this (see section on self-harm and suicide prevention and recommendation I.36).
- I.72** The regime on the unit was inadequate; segregated prisoners could only access showers and telephone calls on alternate days and they were allowed only 30 minutes of exercise per day. They had access to a small stock of books but education staff did not visit the unit and, with the exception of risk-assessed attendance at offending behaviour courses, there were insufficient opportunities for off-unit activities. Radios were allowed, and some segregated prisoners were permitted to have a television in their cell, depending on their IEP level and the reason for their segregation. A supply of puzzles was available but not routinely offered to prisoners. Many prisoners complained of a lack of constructive activity to occupy them.
- I.73** Multidisciplinary reviews of prisoners on the segregation unit were timely but authorising documentation was often completed poorly and many targets were perfunctory. Few prisoners remained on the unit for longer than a month and formal reintegration planning for longer-term residents was reasonably well developed and better than we normally see. Prisoners were generally complimentary about segregation unit staff and we saw some positive engagement.
- I.74** The collation of data on segregation was generally good but in the absence of a segregation monitoring meeting, data were only cursorily analysed, and reports we looked at showed that data were not used in a meaningful way to identify and address emerging trends (see main recommendation S41).

## Recommendation

- I.75** **The regime in the segregation unit should be improved.**

## Housekeeping points

- I.76** Toilets in the segregation unit should be cleaned and maintained.
- I.77** Segregation review documentation should be completed thoroughly and include meaningful targets.

## Substance misuse

### Expected outcomes:

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

- I.78** *Demand for clinical drug services was very low. The therapeutic drug and alcohol service (TDAS) recovery-focused interventions represented good practice but many prisoners and staff were not well informed about the service. Joint working between the TDAS and the mental health team was very good. Compact-based drug testing was in place on the drug-free units but testing suites were dirty.*

- I.79** At the time of the inspection, no prisoners were receiving opiate substitution treatment and only 13 had been treated in the preceding six months. The integrated clinical and psychosocial services, provided by Leicestershire Partnership Trust, were well equipped to provide a comprehensive service.
- I.80** The therapeutic drug and alcohol service (TDAS) delivered an innovative range of psychosocial one-to-one and group-based interventions. These focused on recovery through helping prisoners to understand and address their reasons for using substances and to engage in alternative thought patterns and activities. This was an improvement on the traditional counselling, assessment, referral, advice and throughcare (CARAT) model of substance awareness and harm reduction.
- I.81** However, we found that many prisoners and staff were not well informed about the service and the ways in which it differed from the previous CARAT model. Out-of-date information relating to the old service was still on display in the MDT suite and there was none relating to the TDAS. Prisoners' lack of awareness of the new service was also reflected in our survey, in which fewer prisoners than at comparator establishments said that they had received help for drug (49% versus 69%) and alcohol (45% versus 81%) problems.
- I.82** Joint working between the TDAS and the mental health team was good, producing positive outcomes for prisoners with dual diagnosis (co-existing substance misuse and mental health problems) through joint intervention planning and reviews. The TDAS also worked with gym staff to deliver a steroid awareness programme to at-risk prisoners.
- I.83** The drug strategy committee had been incorporated into the reducing reoffending meeting but outcomes for moving the strategy forward were not optimal, so the meeting was to be held separately in the near future. The drug strategy document had recently been reviewed and an appropriately focused strategic action plan was in place, mostly covering demand reduction.
- I.84** Compact-based drug testing was conducted on units 1, 2 and 5, which were designated as 'drug-free' units. Prisoners on these units were tested monthly. The suites were located in former dormitory cells and, although one was in the process of having a new floor fitted, the toilet area recesses were generally dirty.

## Recommendation

- I.85** **The therapeutic drug and alcohol service (TDAS) should ensure that staff and prisoners are fully informed of the ways in which it differs from the traditional counselling, assessment, referral, advice and throughcare (CARAT) model of substance use intervention.**

## Housekeeping point

- I.86** Compact-based drug testing suites should be kept clean and tidy to maintain suitable and respectful testing environments.

## Good practice

- I.87** *The recovery-focused approach used by the TDAS was an improvement on the traditional counselling, assessment, referral, advice and throughcare (CARAT) model of psychosocial interventions.*

## Section 2. Respect

### Residential units

#### Expected outcomes:

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

**2.1** *External areas were clean and well maintained but too much of the residential accommodation was in a poor state and in need of extensive refurbishment. Some shared cells were very cramped and some basic provisions were missing. Access to showers and telephones had been poor but would be improved with the introduction of the new core day during the inspection. Responses to applications and cell call bells were not monitored.*

**2.2** The external areas of the prison were generally clean and well maintained, including attractive grounds. There were 10 main residential units, and the quality of accommodation varied enormously. While the refurbishment of unit 2 had made a marked improvement, most accommodation remained neglected and in a poor condition, particularly on unit 1, which was grubby, decoratively worn and had damaged flooring. Some communal areas were not cleaned well enough (see main recommendation S42).

**2.3** Half of the population were doubled up in very cramped shared cells. Many cells were in a poor state of repair. Some redecorating had taken place, which had brightened up some dull cells but was not enough to overcome some of the more serious damage (see main recommendation S42).

**2.4** Many cells lacked basic amenities such as curtains, a toilet seat, chairs and lockable cabinets. We were told that some of these items were on order and would be in place within the next few weeks. Not all cells were well ventilated and many had large amounts of rubbish accumulated in the window grilles (see main recommendation S42). We saw large amounts of graffiti and some abuse of the offensive display policy, despite staff attempts to manage this.

**2.5** Some communal showers and toilets were in a poor state of repair, dirty and offered little privacy. In our survey, only 21% of respondents, against the 69% comparator, said that they could have a shower each day. The lack of access had been caused by the restricted regime in place before the inspection. The regime was changed at the start of the inspection and, with the exception of unit 15 (see sections on early days in custody and time out of cell), now provided more opportunity to shower.

**2.6** The governor had correctly prioritised dealing with basic prisoner needs. Despite negative survey results on this subject, we found that access to clean clothes was adequate but some prison-issue clothing was ill fitting and in poor condition. Most units had a good store of prison clothing and laundry facilities were adequate. In our survey, only 16% of prisoners, against the 35% comparator, said that it was easy to access their stored property but we could see no reason for this other than the lack of staff to escort the prisoner to the property store in reception.

- 2.7** The position of the in-cell electricity point, high up on the wall, meant that kettles could not be used safely and that the television could not be seen by the occupant of the lower bunk in many cells; this was frequently cited as a reason for fights and bullying in cells (see also section on bullying and violence reduction).
- 2.8** The applications process was poor. Although it was easy for prisoners to make an application, we were not assured that they were all logged, few replies were recorded and there was no monitoring of the timeliness or quality of replies. In our survey, far fewer prisoners than elsewhere said that applications were dealt with fairly or quickly.
- 2.9** In our survey, far fewer prisoners than at comparator prisons (15% versus 40%) said that their cell call bell was answered within five minutes. During the inspection, we saw slow responses to call bells and there was no monitoring of response times.
- 2.10** The addition of 10 new telephones in the previous year had provided an adequate number but the restricted regime had limited access over recent months; this was reflected in our survey, in which more respondents than elsewhere said that they had had problems getting access to the telephones. The introduction of the new core day would improve this situation.

## Recommendations

- 2.11 All residential communal areas should be clean and well maintained.**
- 2.12 The in-cell electricity point should be moved to provide access to kettles and ensure that both prisoners in doubled cells can see the television.**
- 2.13 The applications process should be improved to ensure that it is fair and that responses are timely.**
- 2.14 Responses to cell call bells should be monitored and action taken to ensure that they are prompt.**

## Housekeeping point

- 2.15** All cells should be free from graffiti and the offensive display policy enforced.

## Staff-prisoner relationships

### Expected outcomes:

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

- 2.16** *Most staff–prisoner relationships were positive but some staff did not challenge poor behaviour and were not always positive role models. Too many staff had low expectations of prisoners. The personal officer scheme did not work sufficiently well. Prisoner consultation was adequate but was not promoted well.*

- 2.17** In our survey, the number of respondents saying that staff treated them respectfully was in line with the comparator but only 63% said that they had a member of staff to turn to for help, against the comparator of 73%. We saw mainly good engagement, with lots of friendly interaction, but found that too many staff had low expectations of prisoners; for example, being over accepting that violence and poor behaviour was part of life in a prison holding young adults and had become inured to it (see also section on bullying and violence reduction). We did not consider that all staff were positive role models to the young adults in their care; on many occasions, we saw staff accepting the use of profanity too readily and also being actively involved in inappropriate ‘banter’ with prisoners. The use of preferred names was not thoroughly embedded and most staff continued to refer to prisoners by their surname only.
- 2.18** The personal officer scheme did not work well. In our survey, only 56% of respondents said that they had a personal officer and only 54% found this officer helpful, against the comparators of 71% and 60%, respectively. Officer entries in case history notes were perfunctory and irregular. Of the cases we sampled, few included any reference to family circumstances or sentence planning. Quality assurance processes were in place but had not addressed the inconsistent application of the scheme.
- 2.19** The prisoner consultative committee met monthly and was an effective forum. There was a ‘you said, we did’ section of the meeting, which demonstrated a number of changes made as a result of issues that representatives had raised. However, the committee was not promoted well, which meant that many prisoners did not know the identity of their unit representative.

## Recommendation

- 2.20** **The personal officer scheme should be better developed to support prisoners effectively through their sentence.**

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>3</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

- 2.21** *The management of equality and diversity was underdeveloped. There were no consultation arrangements with minority groups. The promotion and celebration of diversity were poor. Race monitoring data were generally in range. Investigations into complaints about discrimination were inadequate. In our survey Muslim prisoners and those from a black and minority ethnic background were less positive than their counterparts about their treatment. Provision for foreign national prisoners was inadequate. There was good support for gay prisoners and those with disabilities.*

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

## Strategic management

- 2.22** The equality and diversity policy was specific to the population and covered all protected characteristics. The equality risk management meeting met bimonthly and was chaired by the head of safer prisons, with good attendance from functional heads. The meeting covered data about minority groups but minutes did not reflect sufficient analysis of issues affecting prisoners. There had been no needs analysis to identify the support needed and the equality action plan was not comprehensive. All prisoners from minority groups were systematically identified on arrival but there were no consultation arrangements for prisoners from minority groups (see main recommendation S43). Designated equality officers worked in the safer prisons team but were often cross-deployed to other duties, and there was inadequate promotion of equality and diversity throughout the prison. With the exception of faith, there had been no celebrations of diversity in the previous 12 months. There were no peer representatives covering any equality and diversity work.
- 2.23** The establishment monitored the impact of its regime through systematic monitoring and analysis of race equality treatment (SMART). The SMART data were generally in range but showed that black and minority ethnic prisoners were occasionally over-represented in the areas of use of force and complaints. The establishment was sighted on this and had completed equality impact assessments in both areas, and subsequent actions had been addressed.
- 2.24** Twenty-nine discrimination incident report forms (DIRFs) had been submitted in the previous six months, which was similar to the number at comparable establishments, but many issues raised were unrelated to discrimination. The quality of investigations varied; some were not completed in sufficient depth to draw appropriate conclusions and witnesses were not always interviewed. Quality assurance had not addressed these inconsistencies.

## Recommendations

- 2.25** **There should be an up-to-date needs analysis of prisoners from minority groups and the establishment action plan should reflect identified issues.**
- 2.26** **The promotion and celebration of diversity should be central to the prison's equality strategy.**
- 2.27** **Equality and diversity peer representatives should be introduced.**
- 2.28** **Investigations into allegations of discrimination and quality assurance processes should be improved.**

## Protected characteristics

- 2.29** Thirty-six per cent of the population were from a black and minority ethnic background and 18.7% were Muslim. In our survey, black and minority ethnic and Muslim respondents were less positive than white and non-Muslim prisoners across a range of safety and respect indicators. There had been no consultation with them about these perceptions (see main recommendation S43).
- 2.30** The prison had identified six Gypsy/Romany/Traveller prisoners and had located most of them together on unit I. These prisoners told us that they felt unsupported by the prison. Although we found no evidence to support this, the lack of any consultation with this group (see main recommendation S43) meant that the prison was unsighted on their specific needs.

- 2.31** There were 82 foreign national prisoners at the time of the inspection, from 31 different countries, and English was not the first language of around 75% of them. There was little information displayed in languages other than English and professional telephone interpreting services were underutilised. Some foreign national prisoners who spoke little or no English said that they struggled to make themselves understood and felt frustrated and isolated as they did not know who to turn to for support. A support booklet in a range of languages was available, but not well used, on the induction wing; there was nothing available on other units, and staff there were unaware of this booklet and felt that it would have greatly assisted their communication with foreign national prisoners. The library contained a selection of foreign language books. Foreign nationals who did not receive visits could apply for a free five-minute telephone call to their country of origin but not all were aware of this facility.
- 2.32** At the time of the inspection, ten detainees were being held beyond the end of their sentence, one for eight months post-sentence expiry. Detainees did not have access to the facilities available at an immigration removal centre, such as the internet, fax machines and a less restrictive regime. Authority to hold detainees beyond the end of their sentence was often given only a few days before the end of their sentence, which created anxiety for many. Home Office immigration staff attended the prison monthly and foreign national prisoners were aware that they could apply to see the team. There was no independent immigration advice.
- 2.33** There was good identification of prisoners with disabilities on arrival, through a health care questionnaire. Most identified disabilities related to learning difficulties, and appropriate multidisciplinary support plans were in place for those requiring one. In our survey, more prisoners with disabilities than their able-bodied counterparts said that they had felt unsafe at some point at the establishment and that they currently felt unsafe. These prisoners were not consulted about their experiences (see main recommendation S43). At the time of the inspection, there were no prisoners who required a personal emergency evacuation plan but we were assured that a system was in place if required.
- 2.34** One prisoner had identified himself to the prison as being gay. He had been given individualised support and said that he felt supported. External support through the Lesbian, Gay, Bisexual and Transgender network was available.

## Recommendations

- 2.35** The prison should provide a coordinated approach to managing the needs of foreign national prisoners.
- 2.36** Immigration detainees should not be held in the prison unless there are exceptional reasons to do so, following a risk assessment.
- 2.37** Foreign national prisoners should have access to free independent immigration advice.

## Faith and religious activity

### Expected outcomes:

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

**2.38** *Faith provision and facilities were good. The chaplaincy was integrated well into the prison and provided valuable support.*

**2.39** The chaplaincy was integrated well into prison life and the team routinely attended assessment, care in custody and teamwork (ACCT) case management reviews and a range of other meetings. They provided and facilitated a wide range of classes, groups and pastoral care. This included the 'futures unlocked' programme (whereby prisoners were supported by the chaplaincy post-release), the 'relationships matter' course and bereavement counselling. In our survey, less than half of respondents said that their religious beliefs were respected but we found provision for all major faiths was good. There were large facilities for corporate worship and prisoners did not have to apply to attend these.

## Complaints

### Expected outcomes:

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

**2.40** *The number of complaints submitted was high but many of the issues raised could have been dealt with through informal methods. Responses to complaints were good. Trend analysis was underdeveloped.*

**2.41** In our survey, 63% of respondents said that it was easy to make a complaint, against the comparator of 54%. Access to official complaint forms was good and locked boxes were emptied daily by the complaints clerk. There had been 1,132 complaints in the previous six months, which was high. The most common subjects of complaints were property and residential issues.

**2.42** Responses to formal complaints were generally polite, answered the issue raised and were timely. However, many complaints could have been dealt with through the applications process (see recommendation 2.13). The complaints manager quality assured 10% of complaints each month and this had effected positive change. Insufficient complaints information was provided to the senior management team to analyse trends and patterns and take remedial action.

### Housekeeping point

**2.43** Complaints data should be available to the senior management team to allow them to identify trends and take necessary action.

## Legal rights

### Expected outcomes:

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

**2.44** *Legal services provision was adequate. Advice was provided by the offender management unit and the legal visits facility was supported by opportunities to use video-link to access external legal advice.*

**2.45** In our survey, prisoners were negative about legal services provision across a range of indicators but we found it to be adequate. Prisoners requiring legal advice were signposted to the offender management unit who tried to access information for prisoners or would direct them to the correct body and provide contact details. Demand for such support was low.

**2.46** There was a large legal visits facility plus video-link provision to enable legal advisers to contact their clients if they could not visit. A suitable range of legal textbooks was available in the library, although access to the library had been restricted before the inspection (see section on the library). Telephone access to legal advisers had been restricted but we were assured that with the implementation of a new core day (see section on time out of cell), this would improve.

## Health services

### Expected outcomes:

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

**2.47** *Health care provision was very good. Health screening was conducted appropriately and access to GPs and nurses was timely and effective. Primary care waiting lists were reasonable but prisoners waited too long for genito urinary medicine appointments. There was excellent health promotion, including an active prisoner health forum. Chronic disease management was sound and prisoners with diabetes were particularly well supported. The prison-wide response to medical emergencies was inconsistent. Medicines management was good. Waits for the dentist were short. Mental health services were very good, with effective integration between primary and secondary services. Mental Health Act transfers were often delayed.*

## Governance arrangements

**2.48** Health services were commissioned by NHS England and provided by Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust with other specialist providers. The health needs analysis was out of date but currently being reviewed by the commissioners. There was clear leadership by the main primary care provider and good joint working between the providers; there were plans to give a contract coordination role to the main primary care provider.

- 2.49** While some young adults could attend the health care department with an appointment slip, too many complained of not being collected for booked appointments. Some prisoners had received their booked appointments late; we came across one who had been given his appointment two days after the appointment date. We noted a few instances of the incentives and earned privileges scheme being used inappropriately for prisoners who had not attended appointments through no fault of their own.
- 2.50** Effective working between prison and health services staff included appropriate representation at a range of meetings, including senior management team and safer custody meetings. Nurses usually attended ACCT reviews.
- 2.51** Up-to-date policies and procedures covered relevant issues, including safeguarding, infection control, communicable diseases and blood-borne viruses.
- 2.52** Health care complaints were well managed through a discrete system; it involved a senior nurse visiting each young adult making a complaint, to hear their concerns. Incidents, including serious untoward incidents, were reported appropriately, with effective mechanisms for learning and reducing risks.
- 2.53** Informed consent was used to obtain prisoners' previous medical history from GPs in the community but there was no mechanism to obtain informed consent with respect to information sharing with other services.
- 2.54** Health promotion was well organised and included noticeboards with monthly health topics and an active prisoner health forum, which enabled early identification and action on concerns and suggestions.
- 2.55** Staff training was reasonable; the policy for clinical supervision enabled flexibility but staff did not record their learning and reflection.
- 2.56** There was a 24-hour nursing service. Medical cover out of hours was provided by Bushloe End Surgery, from 6.30pm to 8am on weekdays, with 24-hour cover over weekends and Bank Holidays.
- 2.57** Emergency equipment, including automated defibrillators, was kept in treatment rooms in the main health care department and on unit 15. Nursing staff had received up-to-date life support refresher training. Very few prison staff had been trained in basic life support and use of the defibrillator, and many officers said that they would wait for a nurse to attend to initiate resuscitation. Most officers said that they would not open up a locked cell at night until other help arrived, even when they thought that a prisoner was unwell and needed help, and there was some confusion about when an ambulance should be called in an emergency and who should be responsible for doing this.

## Recommendations

- 2.58 An up-to-date health needs analysis should inform all service provision.**
- 2.59 All prisoner-facing staff should be confident and competent to respond to medical emergencies before health services staff arrive on the scene. All staff should be able to request an emergency ambulance. More automated defibrillators should be located across the prison.**

## Housekeeping points

- 2.60** Young adults should be able to attend all booked appointments and the incentives and earned privileges scheme should only be used when the responsibility for failing to attend lies clearly with the prisoner.
- 2.61** There should be a process for seeking informed consent to information sharing across different departments and organisations.
- 2.62** Clinical supervision should be formalised and recorded.

## Good practice

- 2.63** *The health care complaints system involved a senior nurse visiting every young person making a complaint.*

## Delivery of care (physical health)

- 2.64** In our survey, fewer prisoners than at comparator prisons said that it was easy to see the nurse (43% versus 64%) and the doctor (37% versus 46%), although prisoners with disabilities were more positive than their able-bodied counterparts about access to these health professionals.
- 2.65** Prisoners were able to see a nurse every day for advice and triage. Triage protocols covered common minor illnesses. Prisoners told us that they felt cared for by the nurses. There were GP clinics every day and nurses referred to the GP promptly. The GP care we observed was clinically thorough, with good explanation to prisoners. Diagnostic results and referrals to specialist hospitals were dealt with promptly using SystemOne (the electronic clinical record).
- 2.66** A suitable range of primary care and specialist services was available, including physiotherapy and a visiting genito-urinary medicine (GUM) service; the longest wait for the GUM service was 13 weeks, which was too long. Care for young adults with diabetes, asthma and epilepsy was very good, with suitable care plans in place. Diabetic screening adhered to national guidance and there were lead nurses for key chronic diseases and a link nurse for infection control.
- 2.67** Planned escorts for outside hospital appointments were limited but there was good clinical scrutiny to mitigate risks to clinical outcomes.

## Recommendation

- 2.68** **Waits for the genito-urinary medicine clinic should be prioritised and reduced.**

## Pharmacy

- 2.69** The on-site pharmacy supplied all medicines and also served other local prisons. It was centrally located in the health care department. Prisoners collected their in-possession medicines directly from pharmacy and received timely pharmacy advice. In-possession risk assessment was effective, medicines were supplied for seven days and prisoners signed for the prescription on collection. Nurses administered all supervised medicines from two hatches sited at either end of the health care department. Medicines were administered

three times a day, and in the evening nurses went to individual cells to give a small number of prisoners night-time medicines. Prisoners needing opiate substitution could collect their medicines from a hatch on unit 14.

- 2.70** During the administration of medicines, the small corridor outside the ‘outpatients 2’ treatment area hatch was too crowded with prisoners; this compromised confidentiality and made it difficult to ensure that prisoners were taking their medicines properly. Supervision by officers was variable. Morning administration of medicines was interrupted by prisoners having their treatments, owing to the position of the treatment room. The pharmacist held a well-attended minor ailments and asthma review clinic three times a week.
- 2.71** Medicines were mainly supplied on a named-patient basis, with patient information leaflets provided. Stock was well managed but there was no audit of the stock of over-the-counter remedies or of paracetamol and ibuprofen used for prescriptions. All medicines were prescribed and administered using SystmOne; copies were printed and sent to pharmacy, and clinically reviewed by the pharmacist. A limited range of medicines were available through the over-the-counter remedies policy; patient group directions (enabling nurses to supply and administer prescription-only medicine) were not used and were under review.
- 2.72** There was an audit trail to show handover of the keys to the controlled drug cabinets but no record of the stock balance for each individual medicine and no clear audit trail for the medicines. Running balance audits of the controlled drug register took place twice a month, which was not sufficiently frequent. Medicines management policies were sound, with procedures to report and learn from dispensing incidents and near misses. Standard operating procedures were up to date and had been read and signed by staff.
- 2.73** The medicines and therapeutics committee met quarterly, with appropriate representation. A recent review of medicine use had highlighted slightly high levels of prescribing of mirtazapine (an antidepressant) for the age group of the prison population; we were told that most of the prescribing had started before prisoners had arrived at the prison and that this agent would only be initiated after other treatments had been tried.

## Recommendations

- 2.74** **Patient group directions should be introduced to enable the supply of more potent medicines by registered nurses.**
- 2.75** **The medicines and therapeutics committee should ensure safe and clinically effective medicines management.**

## Housekeeping points

- 2.76** Treatment rooms should not be used for treatments or triage during the administration of medicines.
- 2.77** Regular audit of all stock should be conducted and recorded.
- 2.78** There should be a robust audit trail for controlled-drug running balance audits.

## Dentistry

- 2.79** Dental services were good. Prisoners accessed routine appointments within a month, and more quickly for urgent needs. There was significant loss of clinical time due to non-attendance, especially at afternoon clinics; lost appointments largely correlated with prisoners not being collected from their units.
- 2.80** Prisoners could have the full range of NHS treatment, with the exception of complex extractions and bridgework. Dental hygiene was carried out on an individual basis. Clinical records were completed on SystmOne and dentition records on a standalone dental system. Dental records were suitably detailed, timely and accessible to all health services staff. Both the dentist and dental nurse had received up-to-date resuscitation training in the previous year; they said that they would rely on health services staff and equipment kept in the health care department for emergencies.
- 2.81** The dental suite was clean and tidy, with appropriate separation between clean and dirty areas; its configuration was compliant with new national guidance on infection control. However, cleaning was done by a prison-contracted cleaner with no training in cleaning clinical areas.
- 2.82** The autoclave had been serviced in the previous year. The radiological protection requirements for the three-yearly checks for the analogue X-ray machine were up to date. It was not clear when the chair and washer disinfector had been serviced. We were told that all equipment was the responsibility of the prison and that efforts were being made to agree a servicing and maintenance contract to cover all relevant equipment.

## Recommendation

- 2.83 All specialist dental equipment should be serviced and maintained regularly in line with national required standards.**

## Housekeeping point

- 2.84** Prisoners should not miss dental appointments as a result of not being collected from their units.

## Delivery of care (mental health)

- 2.85** An integrated mental health service was provided by the two trusts (see section on governance). The providers shared case information at the weekly multidisciplinary meeting. Primary mental health staff acted as the service gateway, with every prisoner assessed on arrival and referrals accepted from prisoners and all staff. Prisoners using the service told us that they felt supported by mental health nurses. We saw these nurses providing sensitive care and engaging with prisoners.
- 2.86** Prisoners with severe and enduring mental health needs were well cared for. Regular psychiatrist clinics provided access to both forensic and general consultant care. A trainee psychologist gave valuable clinical support to young adults with problems related to abuse and post-traumatic stress disorder. There was appropriate and timely follow-up of the side effects of specialist psychiatric medicines. Electronic clinical records showed appropriate recording of risk and key issues.

- 2.87** There had been seven transfers under the Mental Health Act 1983 in the previous year. Of these, six prisoners had waited more than two weeks between first assessment and transfer to a secure hospital; most delays were related to the necessity to complete 'gate keeping' assessments to identify need and also the requirement to secure funding.

## Recommendation

- 2.88** **Transfers under the Mental Health Act should be completed expeditiously, in line with national guidelines.**

## Catering

### Expected outcomes:

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

**2.89** *Catering arrangements in the kitchen were managed well but supervision of serveries was inadequate. Portion sizes were adequate and the food was of reasonably good quality. Consultation arrangements were responsive.*

- 2.90** A published four-week menu cycle catered for different dietary needs and preferences. At least one substantial hot meal was provided every day and lunch generally comprised a sandwich. Each meal included four or five options and opportunities for fresh fruit and vegetables.
- 2.91** Breakfast packs were issued on the evening before they were due to be eaten and many prisoners ate them that night as they were hungry. Lunch was served before noon and dinner was also served too early, from around 4.30pm. Despite negative survey results in relation to the catering, we considered portion sizes to be adequate and food to be of a reasonable quality.
- 2.92** We saw facilities for communal dining but opportunities to use these appeared to be limited to prisoners who worked on the servery. Many serveries were dirty and worn, and were not consistently supervised. We saw the following transgressions: food temperatures were not always taken; halal choices were served without using the correct tools; servers were dressed incorrectly and sometimes using their gloved hands, rather than utensils, to serve food; and some prisoners took food from the hotplate without being challenged. The cleaning of food trolleys was the responsibility of the residential team and, although they had been deep cleaned recently, those we looked at were filthy.
- 2.93** The kitchen was generally clean and well equipped, with proper attention paid to the preparation arrangements for halal food. Prisoners who worked there could achieve a level 1 national vocational qualification in food preparation. Prisoners were consulted about the food in a twice-yearly survey and through the regular prisoner consultative meetings, and there was evidence that menus changed as a result.

## Recommendations

- 2.94** Lunch should not be served before noon and the evening meal not before 5pm.
- 2.95** The supervision of serveries, including the cleanliness of food trolleys, should be improved.

## Purchases

### Expected outcomes:

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

**2.96** *New arrivals could buy a reception pack but could wait too long for their first shop order. The shop list broadly met the needs of prisoners. Consultation arrangements were not sufficiently well promoted.*

- 2.97** New arrivals could wait up to 13 days for their first shop order, depending on the day of their arrival. They could buy grocery packs, and those without funds were given an advance which they repaid over a number of weeks. Subject to having sufficient available funds, additional packs could be purchased while waiting for their first shop order.
- 2.98** In our survey, only 32% of black and minority ethnic prisoners said that the shop sold a wide enough range of goods to meet their needs, against 48% of white prisoners. However, we found that the range of items on the shop list broadly met the needs of the population. Regular consultation about this list was undertaken through the prisoner consultative committee but many prisoners were unaware of the identity of their unit representative (see section on staff–prisoner relationships).
- 2.99** Several catalogues were available but an administration charge of 50 pence was inappropriately levied against each order. Newspapers and magazines were available for order from a local newsagent.

## Recommendations

- 2.100** New arrivals should be able to buy items from the prison shop within their first 24 hours at the prison.
- 2.101** There should be no administration charge for catalogue orders.

## Housekeeping point

- 2.102** Consultation arrangements about the shop provision should be better promoted throughout the prison.



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

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

**3.1** *The new core day was applied inconsistently but had improved access to exercise and association. Too many prisoners were locked up during the working day without any constructive activity to keep them occupied.*

**3.2** A new core day was implemented during the inspection but prior to this, access to both exercise and association had been restricted, and this was reflected in our survey results. With the exception of those on unit 15 (see also section on early days in custody), prisoners told us that access to exercise and association had improved since the start of the new regime and we were assured that the new core day had begun to address these deficiencies.

**3.3** A fully employed prisoner could achieve approximately 10 hours out of their cell each day and an unemployed prisoner only around 2.5 hours, but this was better than under the previous regime. The timings of the new core day had not been embedded across the prison and some units were not adhering to the published timetable, which made it difficult to ascertain the exact amount of time out of cell for some prisoners. At roll checks during the morning and afternoon, we found about 28% of the population locked in their cells without any constructive activity to keep them occupied, which was too high for a training prison holding young adults.

### Recommendation

**3.4 All prisoners should be able to achieve 10 hours out of cell each day.**

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

## Learning and skills and work activities

### Expected outcomes:

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

**3.5** *The strategic management of learning and skills was inadequate. There was not enough emphasis on ensuring that staffing levels were appropriate. There were insufficient purposeful activity places for the population and the systems for allocating prisoners to work and training were inadequate, with too many sessions operating well below capacity. Teaching and learning required improvement, but coaching and learning in the training workshops were better. Achievements and success rates in education classes were generally low, and very poor in English and mathematics, but were better in vocational training. The training and education available was too limited and did not adequately meet prisoners' needs or interests. Access to the library was poor. The stock of books held there was adequate but other resources were limited.*

**3.6** *Ofsted<sup>5</sup> made the following assessments about the learning and skills and work provision:*

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

### Management of learning and skills and work

**3.7** The overall management of learning and skills and work provision was inadequate. Strategic planning was not effective in prioritising learning, training and resettlement activities to meet the needs of the young adults. The prison worked effectively with Milton Keynes College, the education and vocational training provider, but there was no strategic needs analysis to identify the scale of the education and training need.

**3.8** The education and vocational training provision, provided by Milton Keynes College was inadequate. The prison had failed to ensure that Milton Keynes College and South Leicestershire College (which staffed the engineering workshop) had delivered a continuous service in these areas. Cover for staff absence was inadequate and too many education classes were cancelled owing to staff shortages and absence, and several well-resourced workshops were idle and had been out of commission for some time.

**3.9** The recently re-established prison-wide quality improvement group was not yet sufficiently mature to involve all training delivery partners. There was no prison-wide strategy to assure the quality of teaching and learning in all learning and skills and work activities.

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

- 3.10** The self-assessment report provided an accurate picture of a large number of weaknesses in the management and delivery of the provision. Although it was honest and purposeful in identifying problems, it was too descriptive and failed to make best use of the available data. A new and realistic quality improvement plan provided a clear methodology to improve the provision. Although some work had already started to rectify significant problems and improve the provision, there was still insufficient emphasis on training and learning.

## Recommendations

- 3.11** **A prison-wide detailed needs analysis should be established, to identify training and resettlement activities to inform a strategic plan for the delivery of training.**
- 3.12** **There should be sufficient staff to provide education and vocational training to meet the needs of learners and to meet contractual requirements.**
- 3.13** **Quality improvement and assurance mechanisms should involve all partners who deliver training in the prison to monitor the quality of the provision.**

## Provision of activities

- 3.14** There were 550 activity places, which was insufficient to engage prisoners throughout the day. Approximately 50% of workers were underemployed as unit cleaners and servery workers. Prisoners could work or attend education on a full- or part-time basis. However, for most of the time, over half of the activity and education places were not filled, and in some cases less than 25% of prisoners who should have attended did so. Attendance in workshops was better but few ran at full capacity. Managers were aware of this and were reviewing the provision (see main recommendation S44).
- 3.15** The quantity and quality of work in the prison-run plastics recycling and injection moulding was unchallenging, but in the laundry and kitchens work was demanding and provided a useful range of work-related skills and qualifications.
- 3.16** The planned range of training and education programmes was adequate, with courses covering a reasonable range of levels, but in reality the training available was very limited. The English for speakers of other languages provision was adequate but attendance was poor.
- 3.17** A reasonable range of vocational training was offered – for example, in carpentry, laundry operations, food preparation, painting and decorating, barbering, bricklaying, horticulture and groundworks. The tiling and plumbing workshop had been closed for several months and the well-resourced engineering workshop for over a year.
- 3.18** Purposeful working between Futures (the National Careers Service (NCS) provider), Milton Keynes College and the prison provided a coordinated approach to settling new prisoners into the prison. However, the information discussed with each prisoner during induction, although recorded, was not used effectively to inform other staff about an individual's capabilities or expectations. Prisoners were given action plans by the NCS provider but they did not appreciate or understand the importance of this information. Although manual handling was a required skill for most prison activities, it was not included in the mandatory training as part of the induction process.

- 3.19** The process of allocating prisoners to work and training was ineffective. Too many prisoners did not attend their allocated activity. Staff in the residential units were not always clear on who should attend which activities.

## Recommendation

- 3.20** Prisoners should be involved more effectively in maintaining and taking responsibility for their action plans and learning records created during induction.

## Housekeeping point

- 3.21** An effective manual handling programme should be introduced into the induction course to provide prisoners with the skills required to work in prison activities.

## Quality of provision

- 3.22** Induction to education was effective and identified individuals' learning and support needs. Specialist learning support staff were used effectively in some sessions, helping some learners to overcome personal barriers to learning such as dyslexia or dyspraxia. Although some peer mentors supported other learners, none held a formal qualification. The range of English and mathematics classes was adequate, with some support provided to learners in the vocational training workshops. Although written work was corrected, the application of English and mathematics to everyday problems was rarely utilised.
- 3.23** Too much teaching, learning and assessment in education classes required improvement but there were some indications that these had improved as new teachers had been appointed. The most effective sessions engaged learners and provided stimulated learning activities. In these sessions, learners made reasonable progress and applied their learning to solve problems, answer questions and engage in discussions. However, in too many lessons the pace was too slow and lacked dynamism, and prisoners often lost concentration and were bored. Teachers placed too great a reliance on the completion of worksheets. Only a minority of teachers used interactive learning technologies, such as whiteboards, effectively to add variety and interest in sessions. Instances of poor behaviour during sessions were not always managed effectively by teachers.
- 3.24** Teaching, coaching and learning in the vocational training and prison workshops were good. Workshops were well resourced and spacious. Most learners developed useful skills, especially in the Trackworks railway maintenance workshop, barbering and horticulture. The Trackworks workshop was well run and prisoner attendance was high. Learners in all training areas competently demonstrated and applied the theory they had learnt to their practical activities. Learners were engaged and enthusiastic about their learning. Employability skills, developed by many learners, were not recorded or used to help prisoners to identify their accomplishments. Instructors were attentive to health and safety in the workplace and all prisoners wore personal protective equipment where appropriate. Instructors worked hard to challenge learners' inappropriate behaviour and motivated them well to work on some repetitive tasks and develop their work ethic.
- 3.25** Many classrooms used for education classes were not fit for purpose. In the south area, many were too small to accommodate all of the planned attendees and could not be used if they all attended, and some suffered from unacceptable extremes of temperature, providing an inappropriate learning environment.

- 3.26** The training to equip prisoners with the skills to clean their personal space and the communal areas was inadequate. A small number of prisoners completed an inappropriate award in cleaning and support services skills, which failed to provide them with the skills they needed to clean their environment.

## Recommendations

- 3.27** A formal accredited programme should be introduced to train prisoners as peer mentors.
- 3.28** Lesson planning, teaching, and the use of resources to enliven sessions should be improved.
- 3.29** The employability and personal skills that prisoners acquire in the workplace should be routinely identified to them and recorded.
- 3.30** An industrial cleaning course should be delivered to provide prisoners with the skills they need to clean their environment effectively.

## Education and vocational achievements

- 3.31** In general, achievement and success rates in education classes were low. In 2012/13, overall success rates for the small number of learners on information and communication technology courses had been high, but for functional skills qualifications in English and mathematics had been low, at 58% and 50%, respectively, and particularly low on level 2 programmes.
- 3.32** High standards of work and skills were demonstrated in vocational training, and many prisoners made good progress in developing hand skills and an understanding of the work environment. Success rates on most vocational training courses were good. Prisoners developed some basic job skills in the production workshops but could not gain a qualification. Some prisoners who had completed qualifications in railway track laying, catering and horticulture had progressed into employment in these professions on release.
- 3.33** Attendance at most sessions we observed was low, and had been low and declining since the beginning of 2014 (see main recommendation S44).
- 3.34** The quality of learners' work and their behaviour in education sessions were generally satisfactory. No significant gaps in achievement were apparent between different groups of learners.

## Recommendation

- 3.35** Success rates in English and mathematics courses should be improved.

## Library

- 3.36** The two libraries, operated by Leicester Council, were adequately resourced but greatly underused, although the recent changes to the core day had promoted a significant improvement in prisoners' access to them.
- 3.37** The range of stock held was adequate and included an appropriate assortment of foreign language titles, easy-read texts and Prison Service Instructions, although neither library offered DVD or CD loans. The book loss rate was low, at 7%. Staffing levels were adequate but there was insufficient staff cover to prevent closure due to staff absence (see recommendation 3.12). Prisoners had timetabled evening access but the libraries were closed at weekends. The Six-Book Challenge and Storybook Dads (in which prisoners record stories for their children) were popular and promoted literacy adequately. The Toe by Toe scheme to promote reading skills for those resistant to attending education classes was not available.

## Physical education and healthy living

### Expected outcomes:

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

**3.38** *Prisoners had appropriate access to a wide range of recreational activities and physical training facilities. Vocational training was not offered in the gym. Healthy living, diet and the principles of fitness were not included in the gym induction but healthy living programmes were offered as part of the PE programme.*

- 3.39** The PE provision was well managed and promoted effectively, providing an adequate range of recreational and supervised sport. Prisoners were employed as gym orderlies but did not gain vocational qualifications in fitness instruction.
- 3.40** All prisoners completed an appropriate induction to the gym, which included a pre-activity readiness questionnaire and an introduction to the gym equipment. However, the induction did not include specific advice on healthy living, diet and nutrition, although personal needs were discussed with individuals. Links with the health care department were good.
- 3.41** Gym use was monitored effectively. Participation was good, with around 75% of the population regularly using the gym at least twice a week. Some prisoners chose to train with free weights but many participated in structured coaching and games in rugby, football, basketball and other major sports.
- 3.42** Resources were good, with a wide range of activities that were promoted well throughout the prison. Noticeboards and the regular presence of gym staff on the residential units promoted courses and encouraged participation. Changing facilities were clean, with well-maintained showers. The large sports hall was used effectively for an extensive range of games, circuit training and coaching activities. The cardiovascular areas, and modular and Olympic weight-training facilities were used extensively during recreational sessions. The outside all-weather-pitch was used for team sports and coaching events, and a grass rugby pitch for coaching and skills development. Isometric training equipment located in the exercise yards was also well used. Equipment was well maintained. Prisoners were supplied with suitable clothing to participate in activities.

- 3.43** The PE classroom was small but sufficiently resourced to support theory sessions in health, first aid and manual handling.
- 3.44** A team of enthusiastic and appropriately qualified PE staff delivered daytime and evening sessions daily. Specific activity sessions were available for those on drug rehabilitation programmes or for prisoners managing their weight or recovering from injury.

### Recommendation

- 3.45 A level 2 fitness instructor qualification should be introduced.**



## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

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

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

**Good planning ensures a seamless transition into the community.**

**4.1** *The reducing reoffending strategy document was comprehensive and covered the key activities of the function. The monthly strategy group was well attended. Although strategic objectives were broadly covered, given the planned changes to the offender management department, more work was required to clarify how such changes would be managed. The resettlement needs analysis was out of date but the prison was developing a new approach to assessing need.*

**4.2** Offender management was managed under the wider reducing reoffending function. An overarching policy document covered all key aspects of reducing reoffending, including the resettlement pathways. The document was comprehensive and outlined how each aspect would meet its operational requirements. Objectives and development targets for each area were also included and updated regularly via the monthly reducing reoffending strategy meeting. This meeting was well attended by key personnel across the establishment, including representation for each resettlement pathway and the offender management department.

**4.3** The head of offender management was also a member of the senior management team and was supported by an operational custodial manager and a departmental practice manager, who had a probation service background. The department was going through a process of significant change and anticipated that the next 12 months would see considerable upheaval in the organisation and staffing of the department. Staffing currently comprised eight band-four prison officers and five probation service officers, all operating as offender supervisors. Under the national model of offender managers, it was expected that the probation service officers would be replaced and that there would be a total of 18 uniformed staff with a dual role of wing-based supervisory officers and offender supervisors.

**4.4** There were some indications of a lack of integration between the wider reducing reoffending activity and offender management. Initial assessments of education, training and employment needs and allocation boards did not include offender supervisors, and some aspects of resettlement also saw little involvement of the offender management department. However, this had been recognised by managers and there were moves to rectify these concerns. Current officer offender supervisors were already nominally linked to residential units across the establishment and many were increasing their involvement in the wider work of the units, including attendance at, and in some circumstances the management of, assessment, care in custody and teamwork (ACCT) case management reviews. Nevertheless, there remained some way to go before this model was fully integrated and there was insufficient strategic consideration as to how the new model would be introduced and how affected staff would be managed.

- 4.5** The latest needs analysis of the prison population for resettlement purposes had been undertaken in 2012 and was now out of date. A new analysis had been commissioned with the area psychology department but had not yet been undertaken. Since commissioning the review, the prison had decided to undertake its own analysis and was working on a 'live' version, whereby information obtained during induction and initial assessments of prisoners and from offender assessment system (OASys) data would be constantly updated to give a more dynamic approach to the development of services and, where appropriate, the commissioning of provision.

## Recommendations

- 4.6** The prison should clarify the role of offender supervisors and how it will manage the planned transition of the offender management department over the next 12 months to meet the training and development needs of newly appointed offender supervisors.
- 4.7** There should be an up-to-date needs analysis of the prison population to manage demand effectively.

## Offender management and planning

### Expected outcomes:

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

**4.8** *Sentence planning arrangements were generally appropriate but variable and too many prisoners were transferred to the establishment without an up-to-date offender assessment system (OASys) assessment. The quality of work across the offender management unit (OMU) ranged from excellent to poor and quality assurance arrangements, while improving, needed further attention. Public protection arrangements were generally good but initial identification of prisoners subject to these procedures needed improvement. There was no central log in the OMU to record the number of prisoners who were waiting for a transfer out of the prison.*

- 4.9** During the inspection, we examined 20 high-risk cases in detail and a further 21 lower-risk cases in less detail.
- 4.10** Approximately 26% of the prison's population were unconvicted or unsentenced. Although there was no formal custody planning for this group, staff from the National Association of the Care and Resettlement of Offenders (NACRO; a crime reduction charity), as part of a service level agreement with the prison, saw all such prisoners during induction to assess their needs and signpost them to community-based support where necessary (see also section on reintegration planning).
- 4.11** All sentenced prisoners also underwent an assessment by NACRO and were additionally allocated an offender supervisor. There was no differentiation in the allocation of cases across the offender management unit (OMU), and all supervisors, regardless of their background or experience, had a mixed caseload of high, medium and low risk of harm cases. Each supervisor had an average caseload of 50 but the recording of information was

inconsistent, with some staff maintaining their own case notes rather than using P-Nomis (electronic case notes).

- 4.12** At the time of the inspection, the prison was holding approximately 500 sentenced prisoners, of whom only those on very short sentences or with less than four weeks to serve were not subject to OASys. We were told that approximately 20% of this population either had no OASys assessment or an out-of-date one, although the definitive figure was not known as there was confusion over who should be subject to OASys. A number of prisoners were received at the establishment without an up-to-date OASys assessment, many of whom had only a short time left to serve. In our survey, only 56% of prisoners, against the 65% comparator, said that they had a sentence plan.
- 4.13** Sentence planning arrangements and the quality of OASys assessments across the OMU varied considerably. A total of 140 prisoners (assessed as high risk of harm, subject to a detention and training order or subject to an indeterminate sentence for public protection) were managed by external offender managers. Offender managers usually attended sentence planning meetings, either in person or via video or telephone conferencing facilities. Most assessments and targets set were appropriately focused on risk and were reasonably comprehensive but in some cases targets were vague and information collated for assessment purposes was limited and too often relied on prisoners' disclosure rather than on corroborated data. This was generally also the case with lower-risk prisoners assessed by offender supervisors. In half of these cases we saw some comprehensive assessments, with clearly identified objectives, and sentence planning targets which were appropriately sequenced, but in the other half this was not the case. With both high- and lower-risk cases, contributions and attendance from departments across the prison were inconsistent.
- 4.14** Approximately half of all the cases we reviewed indicated comprehensive or sufficient engagement by offender supervisors, including many lower-risk cases, with good overall management, often a comprehensive understanding of the needs of the prisoner, and reasonable communication between the offender supervisor and community offender manager. However, in the other half there was minimal or unfocused contact with the prisoner, little engagement beyond sentence planning and little communication between the offender supervisor and offender manager. Of the high risk of harm cases we reviewed, we evaluated the interventions delivered to address criminogenic need and reduce the likelihood of reoffending to be excellent in one case, reasonable in 11, inadequate in five and poor in three cases.
- 4.15** In some cases, there was evidence in P-Nomis that prisoners had been involved in antisocial and/or violent behaviour while at the establishment which mirrored their behaviour before coming into custody, yet this had not been routinely shared with offender managers. In our survey, only 24% of prisoners said that their offender supervisor was working with them to achieve sentence planning targets, compared with 40% at similar prisons.
- 4.16** Although supervision and casework reviews were undertaken primarily by the probation service officers, this work was due to be extended to the officer offender supervisor workload, and the custodial manager was primarily responsible for this (see recommendation 4.6). The appointment of a practice manager within the department was a positive initiative. Although cases were reviewed regularly by this individual, it appeared that those cases not included in her 'dip sample' were more likely to indicate poor or limited practice. This was also reflected in the variation in other aspects of practice. For example, we came across a number of examples where concerns about a lack of response from offender managers had not been escalated, even when there had been no response to a series of emails or requests for information.

- 4.17** In the previous six months, there had been 191 home detention curfew (HDC) cases considered, of which 86 had been successful. In the cases we reviewed, it appeared that appropriate consideration had been given and the right decisions made. However, prisoners were rarely released on their eligibility date. Although this was sometimes because of delays in the prison, in most cases it was due to delays in receiving the necessary assessments from offender managers. In one case, we saw an initial request for information made in January 2014 and followed up on four subsequent occasions without any response, yet at the time of the inspection no escalation of this concern had been undertaken.
- 4.18** Although, in principle, prisoners could be granted release on temporary licence (ROTL) to work in the community or to help maintain family links before release, in practice such releases were rare and at the time of the inspection only one prisoner was working outside the prison. Only two prisoners in the previous six months had been released on ROTL, on a total of 57 separate occasions. However, this relatively low figure appeared to reflect the population at the establishment and there were indications that the prison was considering as many prisoners as was appropriate.

## Recommendations

- 4.19** Prisoners should not be transferred to the establishment without an up-to-date offender assessment system (OASys) assessment.
- 4.20** Contributions to sentence planning and risk management should be made by all staff involved in working with a prisoner, either in person or in written form.
- 4.21** Quality assurance should be applied consistently across all staff working in offender management to ensure that consistently high standards of case management are maintained.
- 4.22** A clear policy should be established regarding the escalation of problematic cases to reduce the risk of delay in taking necessary action.

## Housekeeping point

- 4.23** All staff should record all contact with prisoners on P-Nomis.

## Public protection

- 4.24** Arrangements for the monitoring and management of prisoners identified as a public protection concern were generally good, monitoring arrangements were broadly proportionate to the risk posed and attendance at the fortnightly interdepartmental risk management team (IRMT) meeting included wide representation from across the establishment. At the time of the inspection, there were 149 prisoners subject to such monitoring. Offender supervisors were responsible for undertaking the monitoring of telephone calls for the prisoners in their care who were subject to such arrangements, and reviews undertaken for the IRMT meeting were good. However, there were some problems in the initial identification of prisoners, and in some of the high-risk cases we reviewed there was insufficient overview while the prisoner was in custody.

- 4.25** Although in most cases prisoners subject to multi-agency public protection arrangements (MAPPA) were identified appropriately, there was no mechanism routinely to identify those due for release or for their MAPPA level to be checked or confirmed with offender managers. We came across a prisoner due for release whose level had not been identified and a further one where it had been identified late. In both cases, opportunities to contribute to MAPPA meetings were potentially missed and their effective management in the community could have been compromised.

### Recommendation

- 4.26 Management oversight of risk of harm assessment and planning should be consistently applied and clearly recorded in all cases assessed as high or very high risk of harm.**

### Categorisation

- 4.27** There was no central log in the OMU to record the number of prisoners who were waiting for a transfer out of the prison. Offender supervisors were responsible for their own cases and for advocating for the prisoner concerned. In many cases, this involved making approaches to possible receiving prisons themselves. Given the variation in contact and levels of engagement between offender supervisors and prisoners (see above), this lack of monitoring could have resulted in considerable variations in prisoners' experiences. This was also the case for prisoners applying for recategorisation and a transfer to open conditions.

### Recommendation

- 4.28 The prison should monitor applications for transfer and recategorisation to ensure that a consistent and fair mechanism is applied.**

### Indeterminate sentence prisoners

- 4.29** At the time of the inspection, the prison was holding only four indeterminate-sentenced prisoners (ISPs); three were mandatory lifers and one was sentenced to an indeterminate term for public protection. Two staff in the OMU were responsible for these prisoners and, given the relatively low number of such prisoners held, the level of consistency in their treatment was high. There were no forums for ISPs but the level of contact by offender supervisors was appropriate to their needs. In most cases, such prisoners were transferred to more appropriate establishments once multi-agency risk assessment planning meetings had been undertaken. These were usually completed reasonably quickly.

## Reintegration planning

### Expected outcomes:

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

**4.30** *Pre-release arrangements were generally reasonable, with the National Association of the Care and Resettlement of Offenders (NACRO) offering an appointment to all prisoners four to six weeks before release to review their accommodation and education, training and employment needs. Offender managers usually undertook reviews appropriately with high-risk prisoners but the role of offender supervisors was less clear, especially with lower-risk prisoners. Pathway provision was generally good, although there was currently no pre-release course available. Prisoners with substance misuse issues were provided with good links to the community. Despite some recent improvements, support for families and friends required further improvement. There was an appropriate range of offending behaviour work available.*

**4.31** In the previous 12 months, the prison had released an average of 90 prisoners a month. Release planning arrangements were generally reasonable, although there were considerable variations. In most cases, high-risk prisoners were appropriately reviewed by offender managers but this was less likely to be the case with lower-risk prisoners. In many cases, offender supervisors had little or no contact with prisoners before release; even when pre-release OASys assessments had been undertaken, these had often been completed several months before discharge. In our survey, only 14% of respondents, compared with 22% at similar prisons, said that someone had helped them to prepare for release.

**4.32** The limitations of these arrangements were mitigated to some extent by the pre-release reviews undertaken by NACRO. All prisoners, regardless of the length of their sentence or level of risk, were offered an interview by NACRO four to six weeks before discharge. Most prisoners accepted this offer and there was evidence of good liaison, where appropriate, with community offender managers. However, this work was not routinely integrated with that of offender supervisors.

### Recommendation

**4.33 All information regarding pre-release should be routinely shared by pathway providers with offender supervisors to disseminate to community offender managers, to inform post-release risk management and supervision.**

### Accommodation

**4.34** The NACRO team consisted of four full- and two part-time staff, along with a service manager who covered provision in all three prisons of the area cluster.

**4.35** Initial contact with prisoners during induction focused on clarifying accommodation needs, helping to maintain tenancies, where appropriate, and making initial links with community providers when individuals were likely to be released without a place to stay. Further contact was made four to six weeks before release to clarify discharge plans. NACRO also undertook assessments for prisoners requiring accommodation for HDC or a bail application.

**4.36** In the previous six months, the prison had released 559 prisoners, of whom 94% had gone to permanent or sustained (longer than three months) accommodation. The numbers being helped into temporary accommodation or released without accommodation were not excessive for this population and age group, at eight prisoners (1.4%) and 26 prisoners (4.7%), respectively, in the previous six months. In most cases, the latter group, while technically of no fixed address, had been signposted to community support that could offer assistance once released. However, there was no formal short- or long-term follow-up of prisoners' accommodation outcomes.

## Recommendation

**4.37** **The prison should follow up prisoners released with temporary accommodation or without a fixed address, to establish the suitability and sustainability of the accommodation accessed on initial release. This information should be used to inform the prisons needs analysis.**

## Education, training and employment

**4.38** The quality of the careers service, provided by Futures through a contract with the National Careers Service (NCS), was good. NCS advisers had a positive impact on supporting prisoners to settle into the prison and to focus on their employment needs on release. Although there was no pre-release course, prisoners were well supported on release by Futures and NACRO staff, who worked well together to provide individual support and guidance.

**4.39** All prisoners were given passwords and access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) at induction but few used it, as access was not a timetabled activity or part of the release programme.

## Health care

**4.40** All prisoners were seen on their day of transfer or release and given condoms, limited health information and take-home prescribed medication; those with complex health problems were identified before release and appropriate links made with community health services.

**4.41** Prisoners with severe and enduring mental health issues were linked with community teams before release, and the latter were invited to attend planning reviews. Where feasible, nurses visited young adults placed in secure hospitals before their return to the prison.

## Drugs and alcohol

**4.42** The therapeutic drug and alcohol service delivered a wide range of interventions in preparation for the release of prisoners with substance use issues and had effective links with Leicestershire- and other Midlands-based community agencies, which represented the areas into which 70% of releases took place.

## Finance, benefit and debt

- 4.43** NACRO offered advice and support regarding debt management. In the previous six months, approximately 30 creditors' letters had been sent out on prisoners' behalf, although the outcomes of such engagement were unclear as this information was not consistently available. However, they dealt with an average of 75 enquiries a month (including issues other than debt management), which indicated that the service was having a reasonable impact. No money management course was run by the prison at the time of the inspection but the 'Your money' course was due to be delivered by the Enterprise Foundation Trust from June 2014. Prisoners were helped to open bank accounts and an average of seven a months were opened.
- 4.44** All prisoners were supplied with information about benefits entitlement and appointments were made with Jobcentre Plus before release. In our survey, more prisoners than at comparator establishments said that they knew who to speak to at the prison about benefits.

## Children, families and contact with the outside world

- 4.45** Previous problems with booking visits appeared to have been resolved and telephone booking lines were now staffed until 5.30pm daily, with at least two staff on duty at any given time. Visits could also be booked by email. The prison had a small visitors centre next to the prison, run by prison staff. There was no specific opening time for the centre; although we were told that it sometimes opened at 12.30pm, this was not consistent and often it did not open until 1.30pm. With visits running between 1.45pm and 3.45pm, this meant that there would be substantial delays in visitors reaching the visits hall. We were told that when the centre was busy, particularly at weekends, the last visitors might not get into the visits hall until 2.30pm. Visitors we spoke to during the inspection were reasonably positive about their experience, although some complained about these delays. There were no specially trained visits staff and there was no specific support for first-time visitors.
- 4.46** The visits hall could accommodate a large number of prisoners. It was reasonably bright but austere, particularly in relation to the 'no contact' tables that separated prisoners from their visitors by way of large Perspex screens and the fact that there were few pictures on the walls, and no play area or crèche for children. 'Table-top' activity sessions were provided by the prison monthly but there were no arrangements on other days, and many small children visiting the prison quickly became bored. Despite this, we observed a reasonably relaxed environment and prisoners no longer had to wear a bib during the visit.
- 4.47** Family visits were provided four times a year but some prisoners complained that these were too infrequent, and there was little other support, especially for those prisoners who were fathers. In our survey, 22% of respondents said that they had a child under the age of 18 and, although the prison ran a general relationships programme via the chaplaincy and was piloting another through the education department, there was no parenting course.

## Recommendations

- 4.48** Visits should start at the advertised time and visitors should be able consistently to access the full term of the visits session.
- 4.49** Specialist staff, able to give advice and guidance to visitors, should be available before, during and after visits sessions.
- 4.50** There should be play or activity facilities for children attending visits.

**4.51 The prison should provide a parenting course for prisoners.****Attitudes, thinking and behaviour**

- 4.52** The prison delivered two accredited offending behaviour programmes: the thinking skills programme (TSP) and Resolve, orientated to addressing violent behaviour. In the forthcoming year, the prison planned to provide a combination of 78 places, with four TSP and six Resolve courses. It appeared that the range and number of courses run were broadly appropriate for the prison's population. Despite this, in our survey only 4% of respondents said that they were currently involved in an offending behaviour programme and only 36%, compared with 54% elsewhere, said that the programme they had completed at the prison would help them on release.
- 4.53** Although we saw some examples of sentence plan targets being set specifically to reinforce learning from these offending behaviour programmes, this appeared to be rare and in many cases there was little or no such follow-up (see recommendation 4.21).
- 4.54** The area psychology department had an agreement with the prison to undertake structured one-to-one work with high-risk prisoners. Although there was evidence of some positive engagement, this involved only 20 individual prisoners a year. No structured one-to-one or motivational work was undertaken by offender supervisors (see recommendation 4.21).



## Section 5. Summary of recommendations and housekeeping points

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

### Main recommendations

To the governor

- 5.1 The prison should use prisoners' views and other safety data to develop, resource and implement an effective strategy for reducing violence and ensuring the safety of prisoners held at Glen Parva. (S40)
- 5.2 Analysis of data and other information on the range of disciplinary processes should be improved to inform improvements in procedures, staff supervision and staff training, so that staff are able to maintain authority with less reliance on formal disciplinary processes. (S41)
- 5.3 Residential accommodation should be refurbished and kept clean to ensure it is fit for purpose. Cells should be clean, in good order and properly equipped. (S42)
- 5.4 There should be regular consultation meetings with prisoners from all minority groups and issues raised should be pursued appropriately. Diversity representatives should be used to support this work, and the role of the diversity manager should be given a higher profile to ensure that prisoners have ready access to information and support. (S43)
- 5.5 Regional commissioners should ensure education and learning, skills and work providers maintain staff levels that deliver sufficient effective provision to consistently meet the needs of the population and the prison should ensure that this is fully utilised. (S44)

### Recommendation

To NOMS

#### Courts, escort and transfers

- 5.6 There should be more careful consideration to future court appearances and the location of families when transferring young adults to the establishment. (1.4)

### Recommendation

To the Home Office

#### Equality and diversity

- 5.7 Immigration detainees should not be held in the prison unless there are exceptional reasons to do so, following a risk assessment. (2.36)

## **Recommendation** **To East Midlands deputy director of custody**

### **Offender management and planning**

- 5.8** Prisoners should not be transferred to the establishment without an up-to-date offender assessment system (OASys) assessment. (4.19)

## **Recommendations** **To the governor**

### **Courts, escort and transfers**

- 5.9** The use of video-link facilities for court appearances should be increased. (1.5)
- 5.10** Prisoners should not be held in vans outside the prison or outside reception at lunchtime. (1.6)

### **Early days in custody**

- 5.11** All prisoners should spend less than two hours in reception. (1.15)
- 5.12** All prisoners should receive a comprehensive first night interview to identify and act on any risk factors. (1.16)
- 5.13** All prisoners should receive a comprehensive induction programme, including information specific to the establishment, within a short time frame after arrival. (1.17)

### **Bullying and violence reduction**

- 5.14** The tackling antisocial behaviour system should provide effective support to prisoners at risk from others and challenge perpetrators of bullying and violence. (1.27)

### **Self-harm and suicide**

- 5.15** A prison-wide strategy and action plan for managing those at risk of self-harm should be developed and implemented. This should include steps to improve the quality of assessment, care in custody and teamwork (ACCT) planning, recording and attendance at reviews. (1.35)
- 5.16** Prisoners at risk of self-harm should only be located in the segregation unit in exceptional circumstances and as a last resort. (1.36)

### **Safeguarding**

- 5.17** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.39)

### **Security**

- 5.18** Analysis of security information should be improved and the security department should adopt a more strategic approach to helping the prison to tackle issues, including violence reduction and the availability of new psychoactive substances. (1.46)

- 5.19** Prisoners should only be placed on, and remain on, closed visits and 'no contact' visits when there is sufficient intelligence, relating directly to visits, to support it. (1.47)
- 5.20** Staff should receive up-to-date awareness training on new psychoactive substances. (1.48)

### Incentives and earned privileges

- 5.21** The incentives and earned privileges scheme should be applied consistently and there should be clear benefits in achieving enhanced status. (1.53)

### Discipline

- 5.22** All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.59)
- 5.23** Unofficial punishments should cease. (1.60)
- 5.24** The quality and timeliness of use of force records should be improved. (1.66)
- 5.25** All planned interventions should be filmed and reviewed. (1.67)
- 5.26** Strip-clothing should only be used in exceptional circumstances when all other options have been exhausted. (1.68)
- 5.27** The regime in the segregation unit should be improved. (1.75)

### Substance misuse

- 5.28** The therapeutic drug and alcohol service (TDAS) should ensure that staff and prisoners are fully informed of the ways in which it differs from the traditional counselling, assessment, referral, advice and throughcare (CARAT) model of substance use intervention. (1.85)

### Residential units

- 5.29** All residential communal areas should be clean and well maintained. (2.11)
- 5.30** The in-cell electricity point should be moved to provide access to kettles and ensure that both prisoners in doubled cells can see the television. (2.12)
- 5.31** The applications process should be improved to ensure that it is fair and that responses are timely. (2.13)
- 5.32** Responses to cell call bells should be monitored and action taken to ensure that they are prompt. (2.14)

### Staff-prisoner relationships

- 5.33** The personal officer scheme should be better developed to support prisoners effectively through their sentence. (2.20)

## Equality and diversity

- 5.34** There should be an up-to-date needs analysis of prisoners from minority groups and the establishment action plan should reflect identified issues. (2.25)
- 5.35** The promotion and celebration of diversity should be central to the prison's equality strategy. (2.26)
- 5.36** Equality and diversity peer representatives should be introduced. (2.27)
- 5.37** Investigations into allegations of discrimination and quality assurance processes should be improved. (2.28)
- 5.38** The prison should provide a coordinated approach to managing the needs of foreign national prisoners. (2.35)
- 5.39** Foreign national prisoners should have access to free independent immigration advice. (2.37)

## Health services

- 5.40** An up-to-date health needs analysis should inform all service provision. (2.58)
- 5.41** All prisoner-facing staff should be confident and competent to respond to medical emergencies before health services staff arrive on the scene. All staff should be able to request an emergency ambulance. More automated defibrillators should be located across the prison. (2.59)
- 5.42** Waits for the genito-urinary medicine clinic should be prioritised and reduced. (2.68)
- 5.43** Patient group directions should be introduced to enable the supply of more potent medicines by registered nurses (2.74)
- 5.44** The medicines and therapeutics committee should ensure safe and clinically effective medicines management. (2.75)
- 5.45** All specialist dental equipment should be serviced and maintained regularly in line with national required standards. (2.83)
- 5.46** Transfers under the Mental Health Act should be completed expeditiously, in line with national guidelines. (2.88)

## Catering

- 5.47** Lunch should not be served before noon and the evening meal not before 5pm. (2.94)
- 5.48** The supervision of serveries, including the cleanliness of food trolleys, should be improved. (2.95)

## Purchases

- 5.49** New arrivals should be able to buy items from the prison shop within their first 24 hours at the prison. (2.100)

**5.50** There should be no administration charge for catalogue orders. (2.101)

#### Time out of cell

**5.51** All prisoners should be able to achieve 10 hours out of cell each day. (3.4)

#### Learning and skills and work activities

**5.52** A prison-wide detailed needs analysis should be established, to identify training and resettlement activities to inform a strategic plan for the delivery of training. (3.11)

**5.53** There should be sufficient staff to provide education and vocational training to meet the needs of learners and to meet contractual requirements. (3.12)

**5.54** Quality improvement and assurance mechanisms should involve all partners who deliver training in the prison to monitor the quality of the provision. (3.13)

**5.55** Prisoners should be involved more effectively in maintaining and taking responsibility for their action plans and learning records created during induction. (3.20)

**5.56** A formal accredited programme should be introduced to train prisoners as peer mentors. (3.27)

**5.57** Lesson planning, teaching, and the use of resources to enliven sessions should be improved. (3.28)

**5.58** The employability and personal skills that prisoners acquire in the workplace should be routinely identified to them and recorded. (3.29)

**5.59** An industrial cleaning course should be delivered to provide prisoners with the skills they need to clean their environment effectively. (3.30)

**5.60** Success rates in English and mathematics courses should be improved. (3.35)

#### Physical education and healthy living

**5.61** A level 2 fitness instructor qualification should be introduced. (3.45)

#### Strategic management of resettlement

**5.62** The prison should clarify the role of offender supervisors and how it will manage the planned transition of the offender management department over the next 12 months to meet the training and development needs of newly appointed offender supervisors. (4.6)

**5.63** There should be an up-to-date needs analysis of the prison population to manage demand effectively. (4.7)

#### Offender management and planning

**5.64** Contributions to sentence planning and risk management should be made by all staff involved in working with a prisoner, either in person or in written form. (4.20)

- 5.65** Quality assurance should be applied consistently across all staff working in offender management to ensure that consistently high standards of case management are maintained. (4.21)
- 5.66** A clear policy should be established regarding the escalation of problematic cases to reduce the risk of delay in taking necessary action. (4.22)
- 5.67** Management oversight of risk of harm assessment and planning should be consistently applied and clearly recorded in all cases assessed as high or very high risk of harm. (4.26)
- 5.68** The prison should monitor applications for transfer and recategorisation to ensure that a consistent and fair mechanism is applied. (4.28)

### Reintegration planning

- 5.69** All information regarding pre-release should be routinely shared by pathway providers with offender supervisors to disseminate to community offender managers, to inform post-release risk management and supervision. (4.33)
- 5.70** The prison should follow up prisoners released with temporary accommodation or without a fixed address, to establish the suitability and sustainability of the accommodation accessed on initial release. This information should be used to inform the prisons needs analysis. (4.37)
- 5.71** Visits should start at the advertised time and visitors should be able consistently to access the full term of the visits session. (4.48)
- 5.72** Specialist staff, able to give advice and guidance to visitors, should be available before, during and after visits sessions. (4.49)
- 5.73** There should be play or activity facilities for children attending visits. (4.50)
- 5.74** The prison should provide a parenting course for prisoners. (4.51)

## Housekeeping points

### Early days in custody

- 5.75** All new arrivals should be able to shower on their first night. (1.18)
- 5.76** Listeners and peer supporters should be located on the first night centre and should be easily identifiable to new arrivals. (1.19)
- 5.77** First night cells should be clean and properly prepared. (1.20)

### Discipline

- 5.78** Toilets in the segregation unit should be cleaned and maintained. (1.76)
- 5.79** Segregation review documentation should be completed thoroughly and include meaningful targets. (1.77)

### Substance misuse

- 5.80** Compact-based drug testing suites should be kept clean and tidy to maintain suitable and respectful testing environments. (1.86)

### Residential units

- 5.81** All cells should be free from graffiti and the offensive display policy rigorously enforced. (2.15)

### Complaints

- 5.82** Complaints data should be available to the senior management team to allow them to identify trends and take necessary action. (2.43)

### Health services

- 5.83** Young adults should be able to attend all booked appointments and the incentives and earned privileges scheme should only be used when the responsibility for failing to attend lies clearly with the prisoner. (2.60)
- 5.84** There should be a process for seeking informed consent to information sharing across different departments and organisations. (2.61)
- 5.85** Clinical supervision should be formalised and recorded. (2.62)
- 5.86** Treatment rooms should not be used for treatments or triage during the administration of medicines. (2.76)
- 5.87** Regular audit of all stock should be conducted and recorded. (2.77)
- 5.88** There should be a robust audit trail for controlled-drug running balance audits. (2.78)
- 5.89** Prisoners should not miss dental appointments as a result of not being collected from their units. (2.84)

### Purchases

- 5.90** Consultation arrangements about the shop provision should be better promoted throughout the prison. (2.102)

### Learning and skills and work activities

- 5.91** An effective manual handling programme should be introduced into the induction course to provide prisoners with the skills required to work in prison activities. (3.21)

### Offender management and planning

- 5.92** All staff should record all contact with prisoners on P-Nomis. (4.23)

## Examples of good practice

### Substance misuse

- 5.93** The recovery-focused approach used by the TDAS was an improvement on the traditional counselling, assessment, referral, advice and throughcare (CARAT) model of psychosocial interventions. (1.87)

### Health services

- 5.94** The health care complaints system involved a senior nurse visiting every young person making a complaint. (2.63)

## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Kieron Taylor	Team leader
Sandra Fieldhouse	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Kellie Reeve	Inspector
Lucy Higgins	Researcher
Gemma Quayle	Researcher
Helen Ranns	Senior researcher

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Richard Chapman	Pharmacist
Elizabeth Wands-Murray	Care Quality Commission
Martin Hughes	Ofsted lead inspector
Charles Clark	Ofsted inspector
Nick Crombie	Ofsted inspector
Paddy Doyle	Offender management lead inspector
Ian Simpkins	Offender management inspector
Mike Lane	Offender management inspector



## Appendix II: Prison population profile

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

Status	18–21-year-olds	%
Sentenced	456	69.2
Recall	33	5.0
Convicted unsentenced	52	7.9
Remand	109	16.5
Civil prisoners	3	0.5
Detainees	6	0.9
<b>Total</b>	<b>659</b>	<b>100</b>

Sentence	18–21-year-olds	%
Unsentenced	169	26
Less than six months	27	4
six months to less than 12 months	26	3.9
12 months to less than 2 years	105	15.9
2 years to less than 4 years	237	36
4 years to less than 10 years	89	13.6
10 years and over (not life)	2	0.3
ISPP (indeterminate sentence for public protection)	1	0.2
Life	3	0.5
<b>Total</b>	<b>659</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 18	114	17.3
Under 21 years	554	82.7
Please state maximum age here: 21 years 10 months		
<b>Total</b>	<b>659</b>	<b>100</b>

Nationality	18–21-year-olds	%
British	577	87.6
Foreign nationals	82	12.4
<b>Total</b>	<b>659</b>	<b>100</b>

Security category	18–21-year-olds	%
Uncategorised unsentenced	166	25.2
Uncategorised sentenced	14	2.1
Category C	3	0.5
YOI Closed	475	72
YOI Open	1	0.2
<b>Total</b>	<b>659</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–21 year-olds</b>	<b>%</b>
<b>White</b>		
British	392	59.5
Irish	6	0.9
Gypsy/Irish Traveller	6	0.9
Other white	17	2.6
<b>Mixed</b>		
White and black Caribbean	47	7.3
White and black African	3	0.5
White and Asian	4	0.6
Other mixed	8	1.2
<b>Asian or Asian British</b>		
Indian	13	2
Pakistani	28	4.2
Bangladeshi	5	0.8
Chinese	0	0
Other Asian	6	0.9
<b>Black or black British</b>		
Caribbean	42	6.4
African	30	4.6
Other black	13	2
<b>Other ethnic group</b>		
Arab	0	0
Other ethnic group	26	3.9
Not stated	13	2
<b>Total</b>	<b>659</b>	<b>100</b>

<b>Religion</b>	<b>18–21-year-olds</b>	<b>%</b>
Baptist	0	0
Church of England	35	5.3
Roman Catholic	117	17.8
Other Christian denominations	154	23.4
Muslim	123	18.7
Sikh	6	0.9
Hindu	3	0.5
Buddhist	2	0.3
Jewish	0	0
Other	3	0.5
No religion	216	32.8
<b>Total</b>	<b>659</b>	<b>100</b>

<b>Other demographics</b>	<b>18–21 year-olds</b>	<b>%</b>
Veteran (ex-armed services)	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**Sentenced prisoners only**

Length of stay	18–21-year-olds	
	Number	%
Less than 1 month	80	16.3
1 month to 3 months	87	17.8
3 months to six months	114	23.3
six months to 1 year	149	30.4
1 year to 2 years	60	12.2
2 years to 4 years	0	0
4 years or more	0	0
<b>Total</b>	<b>490</b>	<b>100</b>

**Sentenced prisoners only**

	18–21-year-olds	%
Foreign nationals detained post sentence expiry	0	
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	103	21
<b>Total</b>		

**Unsentenced prisoners only**

Length of stay	18–21-year-olds	
	Number	%
Less than 1 month	69	40.8
1 month to 3 months	57	33.7
3 months to six months	30	17.8
six months to 1 year	9	5.3
1 year to 2 years	4	2.4
2 years to 4 years	0	0
4 years or more	0	0
<b>Total</b>	<b>169</b>	<b>100</b>



## Appendix III: Summary of prisoner questionnaires and interviews

### Young adult survey methodology

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

### Sampling

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

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 31 March 2014 the young adult population at HMYOI Glen Parva was 650. Using the method described above, questionnaires were distributed to a sample of 217 young adults.

We received a total of 190 completed questionnaires, a response rate of 88%. This included three questionnaires completed via interview. Twelve respondents refused to complete a questionnaire, nine questionnaires were not returned and six were returned blank.

Wing/Unit	Number of completed survey returns
1	18
2	6
5	20
8	9
9	27
10	26
11	23
12	23
14	24
15	12
Segregation unit	2

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMYOI Glen Parva.

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMYOI Glen Parva in 2014 compared with responses from young adults surveyed in all other young adult prisons. This comparator is based on all responses from young adult surveys carried out in 11 young adult prisons since April 2009.
- The current survey responses from HMYOI Glen Parva in 2014 compared with the responses of young adults surveyed at HMYOI Glen Parva in 2009.
- A comparison within the 2014 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2014 survey between the responses of Muslim young adults and non-Muslim young adults.
- A comparison within the 2014 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.

## Survey summary

### Section I: About You

<b>Q1.1</b>	<b>What wing or houseblock are you currently living on?</b> See shortened methodology		
<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		158 (84%)
	<i>21 - 29</i>		31 (16%)
	<i>30 - 39</i>		0 (0%)
	<i>40 - 49</i>		0 (0%)
	<i>50 - 59</i>		0 (0%)
	<i>60 - 69</i>		0 (0%)
	<i>70 and over</i>		0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i>		135 (71%)
	<i>Yes - on recall</i>		6 (3%)
	<i>No - awaiting trial</i>		26 (14%)
	<i>No - awaiting sentence</i>		18 (10%)
	<i>No - awaiting deportation</i>		4 (2%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<i>Not sentenced</i>		48 (26%)
	<i>Less than 6 months</i>		11 (6%)
	<i>6 months to less than 1 year</i>		17 (9%)
	<i>1 year to less than 2 years</i>		32 (17%)
	<i>2 years to less than 4 years</i>		60 (32%)
	<i>4 years to less than 10 years</i>		17 (9%)
	<i>10 years or more</i>		1 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>		0 (0%)
	<i>Life</i>		2 (1%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship.)</b>		
	<i>Yes</i>		26 (14%)
	<i>No</i>		162 (86%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		186 (98%)
	<i>No</i>		4 (2%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		184 (97%)
	<i>No</i>		5 (3%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	103 (54%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	9 (5%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	11 (6%)	<i>Mixed race - white and black Caribbean</i> 15 (8%)
	<i>Black or black British - Caribbean</i>	13 (7%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	11 (6%)	<i>Mixed race - white and Asian</i> 0 (0%)

<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i>	3 (2%)
<i>Asian or Asian British - Indian</i>	4 (2%)	<i>Arab</i>	1 (1%)
<i>Asian or Asian British - Pakistani</i>	11 (6%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	3 (2%)		

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

Yes	10 (5%)
No	172 (95%)

**Q1.10 What is your religion?**

<i>None</i>	61 (32%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	29 (15%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	42 (22%)	<i>Muslim</i>	38 (20%)
<i>Protestant</i>	3 (2%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	7 (4%)	<i>Other</i>	3 (2%)
<i>Buddhist</i>	3 (2%)		

**Q1.11 How would you describe your sexual orientation?**

<i>Heterosexual/ Straight</i>	181 (95%)
<i>Homosexual/Gay</i>	5 (3%)
<i>Bisexual</i>	4 (2%)

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

Yes	40 (21%)
No	149 (79%)

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

Yes	5 (3%)
No	181 (97%)

**Q1.14 Is this your first time in prison?**

Yes	97 (51%)
No	93 (49%)

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

Yes	41 (22%)
No	149 (78%)

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

<i>Less than 2 hours</i>	101 (53%)
<i>2 hours or longer</i>	80 (42%)
<i>Don't remember</i>	8 (4%)

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

<i>My journey was less than two hours</i>	101 (53%)
Yes	44 (23%)
No	41 (22%)
<i>Don't remember</i>	3 (2%)

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

<i>My journey was less than two hours</i>	101 (53%)
Yes	5 (3%)
No	79 (42%)

	<i>Don't remember</i>		4 (2%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		82 (44%)
	No		91 (49%)
	<i>Don't remember</i>		14 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes		143 (76%)
	No		37 (20%)
	<i>Don't remember</i>		7 (4%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>		
	<i>Very well</i>		22 (12%)
	<i>Well</i>		85 (45%)
	<i>Neither</i>		51 (27%)
	<i>Badly</i>		16 (9%)
	<i>Very badly</i>		9 (5%)
	<i>Don't remember</i>		5 (3%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>		
	<i>Yes, someone told me</i>		115 (61%)
	<i>Yes, I received written information</i>		12 (6%)
	<i>No, I was not told anything</i>		60 (32%)
	<i>Don't remember</i>		3 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>		
	Yes		167 (89%)
	No		17 (9%)
	<i>Don't remember</i>		3 (2%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>		
	<i>Less than 2 hours</i>		129 (68%)
	<i>2 hours or longer</i>		48 (25%)
	<i>Don't remember</i>		12 (6%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>		
	Yes		149 (79%)
	No		29 (15%)
	<i>Don't remember</i>		11 (6%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>		
	<i>Very well</i>		33 (17%)
	<i>Well</i>		94 (50%)
	<i>Neither</i>		44 (23%)
	<i>Badly</i>		11 (6%)
	<i>Very badly</i>		7 (4%)
	<i>Don't remember</i>		0 (0%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	<i>Loss of property</i>	27 (15%)	<i>Physical health</i> 15 (8%)
	<i>Housing problems</i>	26 (14%)	<i>Mental health</i> 35 (19%)

<i>Contacting employers</i>	6 (3%)	<i>Needing protection from other prisoners</i>	15 (8%)
<i>Contacting family</i>	57 (31%)	<i>Getting phone numbers</i>	56 (31%)
<i>Childcare</i>	2 (1%)	<i>Other</i>	10 (5%)
<i>Money worries</i>	30 (16%)	<i>Did not have any problems</i>	49 (27%)
<i>Feeling depressed or suicidal</i>	36 (20%)		

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

<i>Yes</i>	37 (20%)
<i>No</i>	97 (53%)
<i>Did not have any problems</i>	49 (27%)

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

<i>Tobacco</i>	167 (89%)
<i>A shower</i>	136 (72%)
<i>A free telephone call</i>	151 (80%)
<i>Something to eat</i>	132 (70%)
<i>PIN phone credit</i>	109 (58%)
<i>Toiletries/ basic items</i>	114 (61%)
<i>Did not receive anything</i>	3 (2%)

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

<i>Chaplain</i>	110 (60%)
<i>Someone from health services</i>	132 (72%)
<i>A Listener/Samaritans</i>	33 (18%)
<i>Prison shop/ canteen</i>	49 (27%)
<i>Did not have access to any of these</i>	28 (15%)

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

<i>What was going to happen to you</i>	70 (39%)
<i>What support was available for people feeling depressed or suicidal</i>	63 (35%)
<i>How to make routine requests (applications)</i>	66 (37%)
<i>Your entitlement to visits</i>	65 (36%)
<i>Health services</i>	87 (49%)
<i>Chaplaincy</i>	84 (47%)
<i>Not offered any information</i>	55 (31%)

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

<i>Yes</i>	128 (68%)
<i>No</i>	50 (27%)
<i>Don't remember</i>	9 (5%)

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

<i>Have not been on an induction course</i>	29 (16%)
<i>Within the first week</i>	77 (42%)
<i>More than a week</i>	73 (39%)
<i>Don't remember</i>	6 (3%)

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

<i>Have not been on an induction course</i>	29 (16%)
<i>Yes</i>	60 (32%)
<i>No</i>	78 (42%)

*Don't remember* 18 (10%)

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

*Did not receive an assessment* 36 (19%)  
*Within the first week* 39 (21%)  
*More than a week* 84 (45%)  
*Don't remember* 26 (14%)

**Section 4: Legal rights and respectful custody**

**Q4.1 How easy is it to.....**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	9 (5%)	47 (26%)	28 (15%)	42 (23%)	37 (20%)	20 (11%)
<i>Attend legal visits?</i>	18 (10%)	65 (37%)	29 (16%)	15 (9%)	16 (9%)	33 (19%)
<i>Get bail information?</i>	6 (3%)	20 (12%)	29 (17%)	29 (17%)	40 (23%)	49 (28%)

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

*Not had any letters* 21 (11%)  
*Yes* 95 (51%)  
*No* 70 (38%)

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

*Yes* 43 (23%)  
*No* 27 (15%)  
*Don't know* 114 (62%)

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

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	79 (42%)	102 (55%)	5 (3%)
<i>Are you normally able to have a shower every day?</i>	39 (21%)	148 (79%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	111 (60%)	68 (37%)	6 (3%)
<i>Do you normally get cell cleaning materials every week?</i>	39 (21%)	143 (76%)	6 (3%)
<i>Is your cell call bell normally answered within five minutes?</i>	29 (15%)	150 (80%)	9 (5%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	78 (42%)	106 (57%)	1 (1%)
<i>If you need to, can you normally get your stored property?</i>	29 (16%)	121 (65%)	36 (19%)

**Q4.5 What is the food like here?**

*Very good* 1 (1%)  
*Good* 24 (13%)  
*Neither* 40 (21%)  
*Bad* 61 (33%)  
*Very bad* 61 (33%)

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

*Have not bought anything yet/ don't know* 3 (2%)  
*Yes* 79 (43%)  
*No* 103 (56%)

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

*Yes* 66 (36%)  
*No* 38 (21%)  
*Don't know* 81 (44%)

<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	85 (46%)
	No	41 (22%)
	Don't know/ N/A	60 (32%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes	116 (62%)
	No	15 (8%)
	Don't know/ N/A	56 (30%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i>	31 (17%)
	Very easy	44 (24%)
	Easy	50 (27%)
	Neither	17 (9%)
	Difficult	14 (8%)
	Very difficult	6 (3%)
	Don't know	22 (12%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	139 (76%)
	No	38 (21%)
	Don't know	6 (3%)
<b>Q5.2</b>	<b>Please answer the following questions about applications</b> <i>(If you have not made an application please tick the 'not made one' option)</i>	
		Not made one Yes No
	Are applications dealt with fairly?	18 (10%) 71 (40%) 88 (50%)
	Are applications dealt with quickly (within seven days)?	18 (10%) 58 (33%) 100 (57%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	116 (63%)
	No	39 (21%)
	Don't know	30 (16%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints</b> <i>(If you have not made a complaint please tick the 'not made one' option)</i>	
		Not made one Yes No
	Are complaints dealt with fairly?	58 (32%) 39 (21%) 85 (47%)
	Are complaints dealt with quickly (within seven days)?	58 (33%) 46 (26%) 74 (42%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	40 (22%)
	No	140 (78%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i>	72 (40%)
	Very easy	10 (6%)
	Easy	20 (11%)
	Neither	28 (16%)
	Difficult	29 (16%)
	Very difficult	21 (12%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	9 (5%)
	Yes	70 (38%)
	No	91 (49%)
	<i>Don't know</i>	16 (9%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	9 (5%)
	Yes	86 (48%)
	No	72 (40%)
	<i>Don't know</i>	14 (8%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	40 (22%)
	No	145 (78%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	125 (68%)
	Very well	4 (2%)
	Well	10 (5%)
	Neither	16 (9%)
	Badly	12 (6%)
	Very badly	18 (10%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	119 (65%)
	No	63 (35%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	117 (63%)
	No	68 (37%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	51 (27%)
	No	136 (73%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	11 (6%)
	Never	45 (24%)
	Rarely	39 (21%)
	Some of the time	48 (26%)
	Most of the time	23 (12%)
	All of the time	21 (11%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	82 (44%)
	<i>In the first week</i>	28 (15%)
	<i>More than a week</i>	50 (27%)

*Don't remember* 26 (14%)

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

*Do not have a personal officer/ I have not met him/ her* 82 (46%)  
*Very helpful* 25 (14%)  
*Helpful* 26 (15%)  
*Neither* 14 (8%)  
*Not very helpful* 17 (10%)  
*Not at all helpful* 13 (7%)

**Section 8: Safety**

**Q8.1 Have you ever felt unsafe here?**

*Yes* 87 (47%)  
*No* 99 (53%)

**Q8.2 Do you feel unsafe now?**

*Yes* 38 (21%)  
*No* 145 (79%)

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

<b>Never felt unsafe</b>	99 (54%)	<i>At meal times</i>	28 (15%)
<i>Everywhere</i>	23 (13%)	<i>At health services</i>	16 (9%)
<i>Segregation unit</i>	9 (5%)	<i>Visits area</i>	17 (9%)
<i>Association areas</i>	42 (23%)	<i>In wing showers</i>	52 (28%)
<i>Reception area</i>	10 (5%)	<i>In gym showers</i>	27 (15%)
<i>At the gym</i>	27 (15%)	<i>In corridors/stairwells</i>	38 (21%)
<i>In an exercise yard</i>	36 (20%)	<i>On your landing/wing</i>	35 (19%)
<i>At work</i>	34 (19%)	<i>In your cell</i>	17 (9%)
<i>During movement</i>	47 (26%)	<i>At religious services</i>	8 (4%)
<i>At education</i>	30 (16%)		

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

*Yes* 70 (38%)  
*No* 115 (62%)

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

<i>Insulting remarks (about you or your family or friends)</i>	42 (23%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	38 (21%)
<i>Sexual abuse</i>	5 (3%)
<i>Feeling threatened or intimidated</i>	52 (28%)
<i>Having your canteen/property taken</i>	29 (16%)
<i>Medication</i>	6 (3%)
<i>Debt</i>	18 (10%)
<i>Drugs</i>	12 (6%)
<i>Your race or ethnic origin</i>	13 (7%)
<i>Your religion/religious beliefs</i>	15 (8%)
<i>Your nationality</i>	10 (5%)
<i>You are from a different part of the country than others</i>	17 (9%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	6 (3%)
<i>Your age</i>	6 (3%)
<i>You have a disability</i>	6 (3%)
<i>You were new here</i>	27 (15%)
<i>Your offence/ crime</i>	15 (8%)
<i>Gang related issues</i>	21 (11%)

<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	74 (40%)
	No	111 (60%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	36 (19%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	22 (12%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	28 (15%)
	<i>Medication</i>	3 (2%)
	<i>Debt</i>	8 (4%)
	<i>Drugs</i>	6 (3%)
	<i>Your race or ethnic origin</i>	11 (6%)
	<i>Your religion/religious beliefs</i>	8 (4%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	12 (6%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	9 (5%)
	<i>You have a disability</i>	2 (1%)
	<i>You were new here</i>	25 (14%)
	<i>Your offence/ crime</i>	13 (7%)
	<i>Gang related issues</i>	10 (5%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<b>Not been victimised</b>	83 (51%)
	Yes	35 (21%)
	No	46 (28%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	19 (10%)	20 (11%)	48 (26%)	33 (18%)	48 (26%)	16 (9%)
	The nurse	22 (12%)	22 (12%)	56 (31%)	34 (19%)	37 (20%)	12 (7%)
	The dentist	35 (19%)	10 (5%)	27 (15%)	26 (14%)	47 (26%)	37 (20%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	22 (12%)	28 (16%)	65 (36%)	36 (20%)	23 (13%)	5 (3%)
	The nurse	20 (11%)	27 (15%)	71 (40%)	34 (19%)	21 (12%)	4 (2%)
	The dentist	58 (33%)	12 (7%)	39 (22%)	33 (19%)	23 (13%)	10 (6%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i>					16 (9%)	
	<i>Very good</i>					23 (13%)	
	<i>Good</i>					63 (35%)	
	<i>Neither</i>					42 (23%)	
	<i>Bad</i>					23 (13%)	
	<i>Very bad</i>					14 (8%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes					53 (29%)	
	No					132 (71%)	

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i>	132 (72%)
	<i>Yes, all my meds</i>	23 (13%)
	<i>Yes, some of my meds</i>	5 (3%)
	<i>No</i>	24 (13%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	<i>Yes</i>	63 (34%)
	<i>No</i>	120 (66%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)</b>	
	<i>Do not have any emotional or mental health problems</i>	120 (67%)
	<i>Yes</i>	34 (19%)
	<i>No</i>	26 (14%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	<i>Yes</i>	47 (26%)
	<i>No</i>	135 (74%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i>	32 (18%)
	<i>No</i>	149 (82%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i>	23 (13%)
	<i>Easy</i>	25 (14%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	6 (3%)
	<i>Very difficult</i>	23 (13%)
	<i>Don't know</i>	94 (52%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i>	9 (5%)
	<i>Easy</i>	10 (6%)
	<i>Neither</i>	12 (7%)
	<i>Difficult</i>	11 (6%)
	<i>Very difficult</i>	29 (16%)
	<i>Don't know</i>	108 (60%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i>	8 (4%)
	<i>No</i>	174 (96%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i>	6 (3%)
	<i>No</i>	174 (97%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	127 (73%)
	<i>Yes</i>	23 (13%)
	<i>No</i>	24 (14%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	149 (82%)
	Yes	15 (8%)
	No	18 (10%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	146 (82%)
	Yes	24 (13%)
	No	8 (4%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	11 (6%)	13 (7%)	45 (25%)	22 (12%)	56 (31%)	34 (19%)
	Vocational or skills training	26 (15%)	15 (8%)	59 (33%)	33 (18%)	27 (15%)	19 (11%)
	Education (including basic skills)	14 (8%)	25 (14%)	69 (39%)	30 (17%)	24 (14%)	13 (7%)
	Offending behaviour programmes	44 (25%)	10 (6%)	43 (24%)	33 (19%)	28 (16%)	20 (11%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<b>Not involved in any of these</b>						48 (27%)
	Prison job						84 (47%)
	Vocational or skills training						16 (9%)
	Education (including basic skills)						46 (26%)
	Offending behaviour programmes						7 (4%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	37 (23%)	62 (39%)	47 (29%)	15 (9%)		
	Vocational or skills training	48 (32%)	53 (35%)	31 (21%)	19 (13%)		
	Education (including basic skills)	29 (19%)	74 (47%)	33 (21%)	20 (13%)		
	Offending behaviour programmes	54 (37%)	33 (23%)	37 (26%)	21 (14%)		
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>						23 (13%)
	Never						84 (47%)
	<i>Less than once a week</i>						46 (26%)
	<i>About once a week</i>						22 (12%)
	<i>More than once a week</i>						2 (1%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i>						60 (35%)
	Yes						59 (34%)
	No						53 (31%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>						
	<i>Don't want to go</i>						31 (17%)
	0						52 (29%)
	1 to 2						56 (31%)
	3 to 5						35 (20%)
	More than 5						5 (3%)

<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	20 (11%)
	<i>0</i>	37 (21%)
	<i>1 to 2</i>	64 (36%)
	<i>3 to 5</i>	39 (22%)
	<i>More than 5</i>	17 (10%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	2 (1%)
	<i>0</i>	6 (3%)
	<i>1 to 2</i>	58 (33%)
	<i>3 to 5</i>	82 (47%)
	<i>More than 5</i>	28 (16%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i>	63 (35%)
	<i>2 to less than 4 hours</i>	19 (11%)
	<i>4 to less than 6 hours</i>	21 (12%)
	<i>6 to less than 8 hours</i>	41 (23%)
	<i>8 to less than 10 hours</i>	12 (7%)
	<i>10 hours or more</i>	11 (6%)
	<i>Don't know</i>	11 (6%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	<i>Yes</i>	52 (29%)
	<i>No</i>	127 (71%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i>	111 (61%)
	<i>No</i>	70 (39%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i>	78 (43%)
	<i>No</i>	102 (57%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	25 (14%)
	<i>Very easy</i>	21 (12%)
	<i>Easy</i>	30 (17%)
	<i>Neither</i>	7 (4%)
	<i>Difficult</i>	31 (17%)
	<i>Very difficult</i>	58 (33%)
	<i>Don't know</i>	6 (3%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	48 (27%)
	<i>Yes</i>	98 (54%)
	<i>No</i>	35 (19%)

<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	83 (46%)
	<i>No contact</i>	58 (32%)
	<i>Letter</i>	15 (8%)
	<i>Phone</i>	3 (2%)
	<i>Visit</i>	26 (14%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	<i>Yes</i>	98 (57%)
	<i>No</i>	74 (43%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	48 (27%)
	<i>Yes</i>	75 (41%)
	<i>No</i>	58 (32%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	106 (59%)
	<i>Very involved</i>	19 (10%)
	<i>Involved</i>	25 (14%)
	<i>Neither</i>	16 (9%)
	<i>Not very involved</i>	8 (4%)
	<i>Not at all involved</i>	7 (4%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	106 (59%)
	<i>Nobody</i>	31 (17%)
	<i>Offender supervisor</i>	18 (10%)
	<i>Offender manager</i>	18 (10%)
	<i>Named/ personal officer</i>	11 (6%)
	<i>Staff from other departments</i>	13 (7%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	106 (58%)
	<i>Yes</i>	57 (31%)
	<i>No</i>	10 (5%)
	<i>Don't know</i>	9 (5%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	106 (58%)
	<i>Yes</i>	19 (10%)
	<i>No</i>	41 (22%)
	<i>Don't know</i>	17 (9%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	106 (58%)
	<i>Yes</i>	33 (18%)
	<i>No</i>	19 (10%)
	<i>Don't know</i>	24 (13%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	<i>Yes</i>	18 (10%)
	<i>No</i>	71 (40%)
	<i>Don't know</i>	87 (49%)

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

Yes	25 (14%)
No	150 (86%)

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

	<i>Do not need help</i>	Yes	No
Employment	41 (24%)	53 (31%)	78 (45%)
Accommodation	45 (26%)	54 (32%)	72 (42%)
Benefits	43 (25%)	49 (29%)	79 (46%)
Finances	44 (26%)	32 (19%)	91 (54%)
Education	41 (24%)	51 (30%)	78 (46%)
Drugs and alcohol	55 (33%)	43 (26%)	68 (41%)

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

<i>Not sentenced</i>	48 (27%)
Yes	82 (46%)
No	50 (28%)

## Main comparator and comparator to last time



### Prisoner survey responses HMYOI Glen Parva 2014

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

#### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>190</b>	<b>1679</b>	<b>190</b>	<b>118</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	84%	80%	84%	91%
1.3	Are you sentenced?	75%	89%	75%	78%
1.3	Are you on recall?	3%	7%	3%	9%
1.4	Is your sentence less than 12 months?	15%	26%	15%	22%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	7%	0%	2%
1.5	Are you a foreign national?	14%	12%	14%	12%
1.6	Do you understand spoken English?	98%	99%	98%	
1.7	Do you understand written English?	97%	98%	97%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	35%	36%	35%	26%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	6%	3%
1.1	Are you Muslim?	20%	18%	20%	12%
1.11	Are you homosexual/gay or bisexual?	5%	2%	5%	3%
1.12	Do you consider yourself to have a disability?	21%	11%	21%	12%
1.13	Are you a veteran (ex-armed services)?	3%	2%	3%	
1.14	Is this your first time in prison?	51%	47%	51%	42%
1.15	Do you have any children under the age of 18?	22%	22%	22%	26%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	42%	41%	42%	26%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	50%	47%	50%	
2.3	Were you offered a toilet break?	6%	9%	6%	
2.4	Was the van clean?	44%	46%	44%	
2.5	Did you feel safe?	77%	79%	77%	
2.6	Were you treated well/very well by the escort staff?	57%	60%	57%	59%
2.7	Before you arrived here were you told that you were coming here?	61%	66%	61%	
2.7	Before you arrived here did you receive any written information about coming here?	6%	7%	6%	
2.8	When you first arrived here did your property arrive at the same time as you?	89%	87%	89%	90%
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	68%	71%	68%	

## Main comparator and comparator to last time

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3.2	When you were searched in reception, was this carried out in a respectful way?	79%	78%	79%	85%
3.3	Were you treated well/very well in reception?	67%	62%	67%	63%
	When you first arrived:				
3.4	Did you have any problems?	73%	60%	73%	62%
3.4	Did you have any problems with loss of property?	15%	15%	15%	9%
3.4	Did you have any housing problems?	14%	17%	14%	15%
3.4	Did you have any problems contacting employers?	3%	5%	3%	4%
3.4	Did you have any problems contacting family?	31%	24%	31%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	4%
3.4	Did you have any money worries?	17%	18%	17%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	20%	14%	20%	14%
3.4	Did you have any physical health problems?	8%	5%	8%	
3.4	Did you have any mental health problems?	19%	10%	19%	
3.4	Did you have any problems with needing protection from other prisoners?	8%	8%	8%	8%
3.4	Did you have problems accessing phone numbers?	31%	21%	31%	18%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	28%	27%	28%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	89%	89%	89%	94%
3.6	A shower?	72%	40%	72%	60%
3.6	A free telephone call?	80%	68%	80%	46%
3.6	Something to eat?	70%	70%	70%	83%
3.6	PIN phone credit?	58%	41%	58%	
3.6	Toiletries/ basic items?	61%	52%	61%	
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	60%	54%	60%	
3.7	Someone from health services?	72%	65%	72%	
3.7	A Listener/Samaritans?	18%	24%	18%	
3.7	Prison shop/ canteen?	27%	16%	27%	5%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	39%	49%	39%	52%
3.8	Support was available for people feeling depressed or suicidal?	35%	48%	35%	44%
3.8	How to make routine requests?	37%	43%	37%	35%
3.8	Your entitlement to visits?	36%	51%	36%	44%
3.8	Health services?	49%	60%	49%	57%
3.8	The chaplaincy?	47%	54%	47%	45%
3.9	Did you feel safe on your first night here?	68%	78%	68%	68%

## Main comparator and comparator to last time

### Key to tables

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3.10	Have you been on an induction course?	84%	88%	84%	88%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	39%	57%	39%	49%
3.12	Did you receive an education (skills for life) assessment?	81%	72%	81%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	31%	38%	31%	40%
4.1	Attend legal visits?	47%	48%	47%	53%
4.1	Get bail information?	15%	18%	15%	25%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	51%	37%	51%	42%
4.3	Can you get legal books in the library?	23%	28%	23%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	43%	55%	43%	53%
4.4	Are you normally able to have a shower every day?	21%	69%	21%	83%
4.4	Do you normally receive clean sheets every week?	60%	70%	60%	87%
4.4	Do you normally get cell cleaning materials every week?	21%	55%	21%	39%
4.4	Is your cell call bell normally answered within five minutes?	15%	40%	15%	31%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	42%	56%	42%	44%
4.4	Can you normally get your stored property, if you need to?	16%	35%	16%	26%
4.5	Is the food in this prison good/very good?	13%	27%	13%	9%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	42%	43%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	43%	36%	45%
4.8	Are your religious beliefs are respected?	46%	52%	46%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	56%	62%	47%
4.10	Is it easy/very easy to attend religious services?	51%	52%	51%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	76%	70%	76%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	45%	63%	45%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	37%	47%	37%	49%
5.3	Is it easy to make a complaint?	63%	54%	63%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	31%	32%	31%	39%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	38%	35%	38%	51%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	22%	22%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	24%	17%	19%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	47%	38%	50%

## Main comparator and comparator to last time

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6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	53%	48%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	17%	22%	15%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	23%	40%	23%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	65%	69%	65%	63%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	63%	73%	63%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	29%	27%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	21%	24%	28%
7.5	Do you have a personal officer?	56%	71%	56%	68%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	54%	60%	54%	65%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	47%	35%	47%	43%
8.2	Do you feel unsafe now?	21%	15%	21%	15%
8.4	Have you been victimised by other prisoners here?	38%	22%	38%	27%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	23%	12%	23%	14%
8.5	Hit, kicked or assaulted you?	21%	8%	21%	8%
8.5	Sexually abused you?	3%	2%	3%	1%
8.5	Threatened or intimidated you?	28%	14%	28%	
8.5	Taken your canteen/property?	16%	6%	16%	5%
8.5	Victimised you because of medication?	3%	2%	3%	
8.5	Victimised you because of debt?	10%	4%	10%	
8.5	Victimised you because of drugs?	7%	2%	7%	3%
8.5	Victimised you because of your race or ethnic origin?	7%	4%	7%	2%
8.5	Victimised you because of your religion/religious beliefs?	8%	3%	8%	0%
8.5	Victimised you because of your nationality?	5%	5%	5%	
8.5	Victimised you because you were from a different part of the country?	9%	6%	9%	10%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	3%	2%	3%	2%
8.5	Victimised you because of your age?	3%	2%	3%	1%
8.5	Victimised you because you have a disability?	3%	2%	3%	1%
8.5	Victimised you because you were new here?	15%	7%	15%	9%
8.5	Victimised you because of your offence/crime?	8%	5%	8%	4%
8.5	Victimised you because of gang related issues?	11%	6%	11%	6%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	40%	26%	40%	30%

## Main comparator and comparator to last time

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Percentages which are not highlighted show there is no significant difference					
Since you have been here, have staff:					
8.7	Made insulting remarks about you, your family or friends?	19%	13%	19%	16%
8.7	Hit, kicked or assaulted you?	12%	6%	12%	4%
8.7	Sexually abused you?	2%	2%	2%	1%
8.7	Threatened or intimidated you?	15%	13%	15%	
8.7	Victimised you because of medication?	2%	1%	2%	
8.7	Victimised you because of debt?	4%	1%	4%	
8.7	Victimised you because of drugs?	3%	2%	3%	3%
8.7	Victimised you because of your race or ethnic origin?	6%	6%	6%	8%
8.7	Victimised you because of your religion/religious beliefs?	4%	4%	4%	4%
8.7	Victimised you because of your nationality?	3%	4%	3%	
8.7	Victimised you because you were from a different part of the country?	7%	4%	7%	9%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.7	Victimised you because of your age?	5%	2%	5%	3%
8.7	Victimised you because you have a disability?	1%	1%	1%	4%
8.7	Victimised you because you were new here?	14%	5%	14%	10%
8.7	Victimised you because of your offence/crime?	7%	3%	7%	5%
8.7	Victimised you because of gang related issues?	5%	4%	5%	4%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	43%	34%	43%	25%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	37%	46%	37%	26%
9.1	Is it easy/very easy to see the nurse?	43%	64%	43%	34%
9.1	Is it easy/very easy to see the dentist?	20%	22%	20%	10%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
9.2	The doctor?	59%	59%	59%	59%
9.2	The nurse?	62%	65%	62%	64%
9.2	The dentist?	44%	47%	44%	32%
9.3	The overall quality of health services?	52%	55%	52%	44%
9.4	Are you currently taking medication?	29%	24%	29%	21%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	54%	56%	54%	
9.6	Do you have any emotional well being or mental health problems?	34%	23%	34%	25%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	57%	52%	57%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	26%	30%	26%	30%

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10.2	Did you have a problem with alcohol when you came into this prison?	18%	23%	18%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	20%	27%	15%
10.4	Is it easy/very easy to get alcohol in this prison?	11%	10%	11%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	5%	4%	2%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	3%	4%	3%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	49%	69%	49%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	45%	81%	45%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	75%	81%	75%	80%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	32%	24%	32%	
11.1	Vocational or skills training?	41%	29%	41%	
11.1	Education (including basic skills)?	54%	47%	54%	
11.1	Offending behaviour programmes?	30%	23%	30%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	47%	35%	47%	35%
11.2	Vocational or skills training?	9%	20%	9%	13%
11.2	Education (including basic skills)?	26%	38%	26%	31%
11.2	Offending behaviour programmes?	4%	10%	4%	8%
11.3	Have you had a job while in this prison?	77%	71%	77%	74%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	50%	52%	50%	45%
11.3	Have you been involved in vocational or skills training while in this prison?	68%	71%	68%	62%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	51%	64%	51%	57%
11.3	Have you been involved in education while in this prison?	81%	84%	81%	77%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	58%	65%	58%	71%
11.3	Have you been involved in offending behaviour programmes while in this prison?	63%	66%	63%	59%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	36%	54%	36%	52%
11.4	Do you go to the library at least once a week?	14%	40%	14%	19%
11.5	Does the library have a wide enough range of materials to meet your needs?	34%	35%	34%	
11.6	Do you go to the gym three or more times a week?	22%	23%	22%	13%
11.7	Do you go outside for exercise three or more times a week?	32%	47%	32%	43%
11.8	Do you go on association more than five times each week?	16%	49%	16%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	8%	6%	9%

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<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	41%	29%	44%
12.2	Have you had any problems with sending or receiving mail?	61%	49%	61%	67%
12.3	Have you had any problems getting access to the telephones?	43%	34%	43%	41%
12.4	Is it easy/ very easy for your friends and family to get here?	29%	32%	29%	
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	74%	76%	74%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	60%	43%	60%	
13.2	Contact by letter?	15%	22%	15%	
13.2	Contact by phone?	3%	16%	3%	
13.2	Contact by visit?	27%	33%	27%	
13.3	Do you have a named offender supervisor in this prison?	57%	56%	57%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	56%	65%	56%	58%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	59%	59%	59%	57%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	42%	41%	42%	
13.6	Offender supervisor?	24%	40%	24%	
13.6	Offender manager?	24%	26%	24%	
13.6	Named/ personal officer?	15%	15%	15%	
13.6	Staff from other departments?	17%	17%	17%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	75%	77%	75%	81%
13.8	Are there plans for you to achieve any of your targets in another prison?	25%	19%	25%	
13.9	Are there plans for you to achieve any of your targets in the community?	44%	31%	44%	
13.10	Do you have a needs based custody plan?	10%	8%	10%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	22%	14%	17%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	40%	36%	40%	
13.12	Accommodation?	43%	35%	43%	
13.12	Benefits?	38%	32%	38%	
13.12	Finances?	26%	22%	26%	
13.12	Education?	40%	37%	40%	
13.12	Drugs and alcohol?	39%	41%	39%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	62%	55%	62%	64%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMYOI Glen Parva 2014

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>67</b>	<b>123</b>	<b>26</b>	<b>162</b>	<b>38</b>	<b>150</b>
1.3	Are you sentenced?	67%	79%	70%	76%	58%	79%
1.5	Are you a foreign national?	15%	13%			16%	13%
1.6	Do you understand spoken English?	97%	98%	92%	99%	95%	99%
1.7	Do you understand written English?	99%	97%	84%	100%	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			38%	35%	87%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	8%	17%	4%	3%	6%
1.1	Are you Muslim?	50%	4%	24%	20%		
1.12	Do you consider yourself to have a disability?	11%	27%	24%	21%	11%	24%
1.13	Are you a veteran (ex-armed services)?	1%	3%	8%	2%	2%	2%
1.14	Is this your first time in prison?	52%	50%	65%	50%	61%	48%
2.6	Were you treated well/very well by the escort staff?	52%	60%	50%	58%	50%	59%
2.7	Before you arrived here were you told that you were coming here?	53%	66%	65%	61%	55%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	66%	86%	57%	83%	61%	84%
3.3	Were you treated well/very well in reception?	55%	74%	70%	67%	55%	71%
3.4	Did you have any problems when you first arrived?	77%	71%	80%	72%	73%	73%
3.7	Did you have access to someone from health care when you first arrived here?	69%	73%	73%	72%	67%	73%
3.9	Did you feel safe on your first night here?	69%	68%	62%	70%	55%	72%
3.10	Have you been on an induction course?	74%	90%	92%	83%	71%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	31%	25%	32%	28%	32%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	43%	44%	42%	41%	44%
4.4	Are you normally able to have a shower every day?	12%	25%	32%	19%	11%	23%
4.4	Is your cell call bell normally answered within five minutes?	17%	15%	20%	15%	14%	16%
4.5	Is the food in this prison good/very good?	12%	14%	12%	14%	8%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	32%	48%	52%	41%	35%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	25%	42%	22%	38%	24%	39%
4.8	Do you feel your religious beliefs are respected?	48%	45%	40%	47%	60%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	56%	60%	63%	79%	58%
5.1	Is it easy to make an application?	69%	80%	70%	77%	69%	77%
5.3	Is it easy to make a complaint?	61%	63%	60%	63%	59%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	43%	43%	37%	25%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	48%	46%	48%	57%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	22%	27%	20%	12%	24%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	51%	73%	64%	65%	46%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	44%	74%	70%	62%	53%	67%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	17%	27%	24%	24%	17%	25%
7.4	Do you have a personal officer?	39%	65%	57%	56%	38%	61%
8.1	Have you ever felt unsafe here?	44%	48%	48%	47%	49%	46%
8.2	Do you feel unsafe now?	29%	16%	25%	20%	27%	19%
8.3	Have you been victimised by other prisoners?	33%	40%	44%	37%	46%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	23%	31%	32%	27%	30%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	6%	8%	6%	17%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	6%	12%	8%	17%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	3%	12%	4%	8%	5%

## Diversity analysis

### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	1%	4%	4%	3%	2%	3%
8.6	Have you been victimised by a member of staff?	47%	36%	40%	39%	51%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	15%	20%	15%	21%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	2%	8%	6%	21%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	2%	4%	4%	14%	2%
8.7	Have you been victimised because of your nationality? (By staff)	6%	1%	8%	2%	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	1%	1%	0%	1%	0%	1%
9.1	Is it easy/very easy to see the doctor?	29%	41%	42%	36%	31%	38%
9.1	Is it easy/ very easy to see the nurse?	31%	49%	48%	42%	34%	45%
9.4	Are you currently taking medication?	22%	32%	32%	29%	20%	31%
9.6	Do you feel you have any emotional well being/mental health issues?	26%	39%	29%	35%	25%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	29%	25%	27%	27%	27%
11.2	Are you currently working in the prison?	38%	51%	48%	46%	44%	48%
11.2	Are you currently undertaking vocational or skills training?	12%	8%	0%	10%	6%	10%
11.2	Are you currently in education (including basic skills)?	26%	25%	22%	26%	29%	24%
11.2	Are you currently taking part in an offending behaviour programme?	3%	4%	4%	4%	0%	4%
11.4	Do you go to the library at least once a week?	12%	15%	17%	13%	12%	14%
11.6	Do you go to the gym three or more times a week?	26%	20%	16%	24%	23%	22%
11.7	Do you go outside for exercise three or more times a week?	39%	28%	33%	31%	37%	31%
11.8	On average, do you go on association more than five times each week?	17%	16%	12%	17%	21%	15%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	8%	4%	7%	9%	6%
12.2	Have you had any problems sending or receiving mail?	67%	58%	48%	63%	57%	62%
12.3	Have you had any problems getting access to the telephones?	55%	37%	40%	44%	48%	41%

## Diversity Analysis



### Key question responses (disability) HMYOI Glen Parva 2014

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

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>40</b>	<b>149</b>
1.3	Are you sentenced?	72%	75%
1.5	Are you a foreign national?	15%	14%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	98%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	40%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	13%	4%
1.1	Are you Muslim?	10%	23%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	8%	1%
1.14	Is this your first time in prison?	58%	50%
2.6	Were you treated well/very well by the escort staff?	63%	55%
2.7	Before you arrived here were you told that you were coming here?	63%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	80%
3.3	Were you treated well/very well in reception?	72%	66%
3.4	Did you have any problems when you first arrived?	87%	70%
3.7	Did you have access to someone from health care when you first arrived here?	82%	69%
3.9	Did you feel safe on your first night here?	59%	71%
3.10	Have you been on an induction course?	92%	82%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	31%

## Key to tables

## Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	43%
4.4	Are you normally able to have a shower every day?	28%	19%
4.4	Is your cell call bell normally answered within five minutes?	20%	14%
4.5	Is the food in this prison good/very good?	7%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	41%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	38%	35%
4.8	Do you feel your religious beliefs are respected?	50%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	60%
5.1	Is it easy to make an application?	73%	77%
5.3	Is it easy to make a complaint?	64%	62%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	20%	22%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	62%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	63%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	35%	21%
7.4	Do you have a personal officer?	59%	55%
8.1	Have you ever felt unsafe here?	63%	43%
8.2	Do you feel unsafe now?	30%	19%
8.3	Have you been victimised by other prisoners?	57%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	46%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	17%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	17%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	4%
8.5	Have you been victimised because of your age? (By prisoners)	8%	2%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	14%	1%
8.6	Have you been victimised by a member of staff?	34%	42%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	3%
8.7	Have you been victimised because of your nationality? (By staff)	5%	2%
8.7	Have you been victimised because of your age? (By staff)	2%	5%
8.7	Have you been victimised because you have a disability? (By staff)	5%	0%
9.1	Is it easy/very easy to see the doctor?	46%	34%
9.1	Is it easy/ very easy to see the nurse?	54%	39%
9.4	Are you currently taking medication?	58%	21%
9.6	Do you feel you have any emotional well being/mental health issues?	70%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	33%	25%
11.2	Are you currently working in the prison?	42%	48%
11.2	Are you currently undertaking vocational or skills training?	11%	9%
11.2	Are you currently in education (including basic skills)?	34%	23%
11.2	Are you currently taking part in an offending behaviour programme?	11%	2%
11.4	Do you go to the library at least once a week?	25%	11%
11.6	Do you go to the gym three or more times a week?	24%	22%
11.7	Do you go outside for exercise three or more times a week?	30%	32%
11.8	On average, do you go on association more than five times each week?	19%	15%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	6%
12.2	Have you had any problems sending or receiving mail?	61%	62%
12.3	Have you had any problems getting access to the telephones?	45%	43%