

Report on an unannounced inspection of

# **HMP/YOI Isis**

by HM Chief Inspector of Prisons

**17–28 February 2014**

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# Introduction

Located in south east London, adjacent to Belmarsh and Thameside prisons, HMP/YOI Isis is a relatively new establishment, just over three years old. Unusually for a new prison it is operated by the public sector. Isis is a category C establishment and is almost unique in holding young men from the age of 18 to 30. This is our second inspection of Isis. When we first visited in 2011 we described a prison that had made some progress since opening, but which was dealing with significant challenges. At this inspection we found there had been some further improvement but outcomes were not sufficiently good against any of our four healthy prison tests. There should have been more progress and there remained much to do.

In late 2013, staff shortages had led to a restricted emergency regime which although intended to be temporary, was still in place at the time of this inspection. This meant that prisoners from the two main house blocks accessed the regime and services of the prison separately. This in turn had led to curtailment of routines, more limited access to facilities, and a significant negative impact on the life of the prison.

In our survey nearly a third of prisoners reported feeling unsafe and many were concerned about victimisation from other prisoners. Incidents of violence remained high and too many were serious, concerted or involved weapons. Arrangements to support violence reduction were unsophisticated, and based almost exclusively on punishment or sanction. In contrast, some very interesting and seemingly effective partnership work was taking place, particularly with the police to try and confront the problems associated with gang affiliations. The restricted regime had facilitated a temporary strategy to keep gangs apart but it was also a crude and unsophisticated response that did not offer a long term solution.

In contrast to the violence reduction work, support for those at risk of self-harm was reasonably good. The prison was also exploring the means to develop effective adult safeguarding protocols. Drug testing data suggested the use of illegal substances was only just above target, and prisoners did not indicate to us that it was easy to obtain drugs. There was however, some emerging evidence to suggest that new psychoactive substances were becoming more of a concern.

Use of segregation had reduced since we last inspected but still remained too high. Lengths of stay were also higher than we would have expected. The facility was clean but access to amenities was needlessly restricted with prisoners lacking anything purposeful to do. Use of force had reduced significantly, but when force was used a fairly high proportion involved the full use of restraint techniques. Our observations and assessment of records suggested that use of force was generally accountable, but we were not as assured that use of special accommodation was always fully justified.

The environment of the prison was modern and generally clean, and most cells were occupied by only one prisoner and adequately equipped. However, some areas were surprisingly scruffy for the age of the prison and were covered in graffiti. The prison had introduced an innovative biometric kiosk arrangement which facilitated access to many administrative services such as shop orders, menu selection and applications. However, the restricted regime limited access to showers and telephones. Similarly it was our view that these restrictions limited opportunities for staff and prisoners to engage with each other, and frustration at the amount of lock-up experienced by prisoners undermined good relationships between them. Our observation of engagement between staff and prisoners was often encouraging, but in our survey just 51% of prisoners thought staff treated them with respect and less than half thought there was a member of staff they could turn to for help. These were concerning findings.

Work to promote diversity was disappointing with a number of minority groups reporting negative perceptions of their experiences. Prisoners from black and minority ethnic backgrounds, despite accounting for approximately 70% of the population, were often over-represented in negative aspects of the prison regime, and these issues were inadequately investigated. Services for, and consultation with, most minority groups were limited.

There were a significant number of complaints in the prison although the complaints we sampled were dealt with adequately. However, prisoners suggested they had little confidence in the system and it was concerning that complaints about staff were not investigated adequately. Health care provision was very good. The quality of food was satisfactory, although prisoners were critical of it.

The prison's restricted regime greatly limited prisoners' access to time out of cell and there were insufficient training and work places to fully occupy the population. Both features were poor for a training prison. Despite this, if a prisoner was able to access learning, provision was good. Education and vocational training were well managed: prisoners were inducted and introduced properly to the services on offer and there was useful initial assessment of individual need. About three-quarters of the population attended at least some education, but vocational training was more limited. The quality of teaching was mostly good and most learners achieved well. Library provision was particularly impressive but access to physical education less so.

As we often see, offender management, sentence planning, and work to support resettlement were not well coordinated. Too many prisoners arrived at Isis without an assessment of their offending behaviour needs or risk issues, and not enough were reviewed once they arrived. During the inspection approximately half of the prison's population did not have an up-to-date assessment. Much sentence planning was inconsistent, as was contact with designated supervisors. In our survey only 38% of prisoners understood that they had a sentence plan and only 12% believed someone was working with them to achieve their targets. Work to support prisoners on resettlement was much better and some work was excellent. There was comprehensive work to address accommodation need, and support for those with debt issues was increasingly effective. It was encouraging that three-quarters of recently released prisoners had gone into sustainable training or employment. Work to help support links with children and families was good and the prison was looking to provide effective offending behaviour interventions predicated on an analysis of need.

This is a critical report, but we recognise the challenge of delivering an effective prison at Isis is considerable. Few prisons hold a more challenging population than HMP/YOI Isis. The location of the prison, the volatile population it holds and continuing staff shortages mean the risks and challenges it faces are significant. Opening any new prison is complicated and although Isis has now been open for three years it is still in a settling-phase. The prison is generally better than when we last inspected and we believe managers and staff care about improving the prison further. That said some key challenges – notably ensuring safety among the prisoner population, improving relationships between staff and prisoners, and being prepared to run a training regime for young people with confidence and creativity – need to be addressed with greater sophistication, assurance and determination.

**Nick Hardwick**  
HM Chief Inspector of Prisons

August 2014

# Fact page

**Task of the establishment**

HMP/YOI Isis is a young adult and category C training prison for young adult and adult males up to the age of 30.

**Prison status**

Public

**Region**

Greater London

**Number held**

617

**Certified normal accommodation**

478

**Operational capacity**

622

**Date of last full inspection**

September 2011

**Brief history**

HMP/YOI Isis is in South East London and is the first bespoke establishment of its kind in the London region, being a young adult and category C training prison for young men and adults up to the age of 30. The prison was constructed within the perimeter of HMP Belmarsh and received its first prisoners on 26 July 2010. Prisoners who turn 21 have the opportunity to remain to continue their sentence, if in the interest of successful completion of their sentence plan and they are intending to resettle locally. Isis is the first whole-build public sector prison to be built in the last 20 years.

**Short description of residential units**

The two house blocks, Thames and Meridian, are both of a similar size, with four spurs radiating from a central hub with three landings on each spur. On average there is accommodation for about 80 prisoners on each spur in a mixture of single and double cells. There are also a few fully-equipped cells for prisoners with disabilities.

**Name of governor**

Grahame Hawkings

**Escort contractor**

Serco

**Health service provider**

Care UK

**Learning and skills provider**

A4e

**Independent Monitoring Board chair**

David Pinchin





# About this inspection and report

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

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

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

**Safety** prisoners, particularly the most vulnerable, are held safely

**Respect** prisoners are treated with respect for their human dignity

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

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

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

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

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

## This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<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 *The reception experience was reasonable for most, and first night assessments were good. Induction was mostly consistent but lacked some necessary and timely local information. Prisoners' perceptions across a range of safety indicators were very poor, and the extremely limited regime increased tensions considerably. There was a high number of violent incidents, many serious, and yet the strategy to address perpetrators was almost solely punitive and failed to reinforce positive behaviour. Arrangements to support prisoners at risk of self-harm were good. Safeguarding arrangements were underdeveloped. Security procedures were broadly proportionate, and there was some active work to tackle gangs, although they sometimes had a disproportionate effect on the regime and some decision making. The incentives and earned privileges (IEP) scheme was applied consistently. There had been a large reduction in the use of force. Prisoners were positive about staff support in the segregation unit, but while some aspects of the regime were good, it was unacceptable that prisoners could not shower or use telephones daily. Substance misuse services were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 *At the last inspection in September 2011 we found that outcomes for prisoners at Isis were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of safety. At this follow-up inspection we found that 10 of the recommendations had been achieved, six had been partially achieved, and seven had not been achieved.*

S3 Prisoners' journeys to the prison were mostly short but some escort vans were dirty and covered in graffiti, and some escort staff we observed appeared dismissive and reluctant to engage prisoners. There were often long delays before prisoners were disembarked, particularly over lunch periods. Relationships between prisoners and reception staff were reasonable but primarily focused on processes. The reception holding areas were dirty and some prisoners spent too long there.

S4 First night risk assessments were conducted well and were properly focused but first night accommodation was poor. Prisoners did not have routine access to showers and telephone calls on their first night, which was unacceptable. Handover arrangements to night staff, including routine checks during the first night, were good. Induction by partner agencies was consistent but there was no structured information specific to Isis and we were not assured that all prisoners received all the local information they needed in a timely way, including how to use the biometric system, which was the means for them to make applications, book visits, order food and buy from the shop.

S5 Prisoner perceptions of their safety were very poor in nearly all key areas of our survey. Over a third of respondents said that they did not feel safe at the time of the inspection and more than half said that they had felt unsafe at some time. The security department's collection and analysis of data to evaluate the risk of violence was very good, but the coordination of its use at safer custody meetings required improvement.

S6 The number of violent incidents was high and many involved multiple perpetrators and were of a serious nature. The formal violence management (VM) programme was a fairly blunt instrument used to deal with perpetrators in an almost exclusively punitive way. VM case reviews were cursory and there was little to assure us that there was progress in encouraging positive learning and behaviour.

- S7 Suicide prevention was generally well promoted and staff and prisoners understood procedures. The number of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was reasonably low and initial screening arrangements were good, and there was no evidence of risk averse practices. The incidence of self-harm was not excessive and the quality of individual care plans was generally good.
- S8 Since September 2013 significant restrictions on the regime had limited the amount of time prisoners could spend out of their cells. The restricted regime was primarily due to staff shortages but also facilitated a temporary strategy to keep gangs apart. This was not a long-term solution and not tackling the issues effectively. The random mandatory drug testing positive rate was higher than the target partly due to a specific supply route that had been disrupted, resulting in a downward trend. Security arrangements other than this were broadly proportionate and the security team was properly focused on trying to maintain a safer environment.
- S9 Our observations indicated that the IEP scheme generally operated consistently across the prison. The regime for the few prisoners on basic included some association, but they were not allowed daily access to telephones. There was evidence that residential managers administered the scheme properly, but prisoners had poor perceptions of its fairness.
- S10 The number of adjudications was high and some charges were for petty reasons that could have been better dealt with less formally. The records we sampled were of a variable standard, some showed insufficient enquiry before a finding of guilt, and we were not assured that quality assurance was effective.
- S11 There was now good oversight of most aspects of the use of force, which had reduced significantly since the last inspection. Around two-thirds of use of force records we sampled indicated the full use of control and restraint techniques, but most incidents appeared to be de-escalated reasonably quickly. Many records were incomplete but the overall standard of most documentation was adequate and showed some efforts to de-escalate. Use of handcuffs and relocation to the segregation unit were not routine, which was positive. We were not assured that use of special accommodation was always warranted, some records were inadequate with the reasons for location unclear, and prisoners did not always remain there for the shortest period once calm. The routine use of strip clothing there was inappropriate. Batons had been drawn on six occasions between August 2013 and January 2014. Incidents were properly followed up and we were assured that the actions of staff were proportionate.
- S12 Throughput of the segregation unit remained high. The environment was generally good but some cells contained graffiti and filthy unscreened toilets. It was unacceptable that prisoners in the unit could not have a daily shower or telephone call and only had 30 minutes of daily exercise. However, segregated prisoners could access offending behaviour programmes, the gym, and televisions and kettles by risk assessment. Prisoners were mostly positive about relationships with unit staff and we observed some impressive interactions.
- S13 There was little need for opiate substitute treatment and only two prisoners were prescribed methadone. Care was coordinated well and dual diagnosis services (for prisoners with both mental health and substance misuse needs) were very good. The psychosocial support team engaged actively with many prisoners. Interventions were innovative and included family, dual diagnosis and gang work as well as peer support.

## Respect

*S14 The prison was generally clean but some communal areas and cells required attention. Prisoner access to showers and telephones was poor, due to the restrictions on the regime. Although prisoner perceptions of relationships with staff were mostly negative, we saw positive engagement, but the limited regime created tensions. Formal arrangements to promote equality and diversity were poor, as were consultation arrangements for all minority groups. Faith provision was good and the chaplaincy offered good support. Formal complaints were dealt with appropriately. Health services were good. Many prisoners were critical about the food but we found the meals adequate.*  
**Outcomes for prisoners were not sufficiently good against this healthy prison test.**

*S15 At the last inspection in September 2011 we found that outcomes for prisoners at Isis were not sufficiently good against this healthy prison test. We made 36 recommendations in the area of respect. At this follow-up inspection we found that 18 of the recommendations had been achieved, three had been partially achieved, and 15 had not been achieved.*

S16 The environment was generally clean and reasonably maintained but some communal areas on residential units were dirty. Cells were generally clean but there was too much graffiti on walls and doors, and toilets were filthy. For a prison only three years old, it should have been cleaner. It was unacceptable that prisoners could not shower daily, and prisoner access to telephones was sometimes restricted and they could not make calls after 5pm, which limited the already restricted opportunities to contact family and friends.

S17 In our survey, too many prisoners were negative about their relationships with staff – only about half of respondents said that staff treated them with respect or that they had someone they could turn to for help with a problem. Our observations indicated that relationships were more positive and much improved, and we saw most officers engaging well with prisoners, with some particularly good examples. There was also evidence that staff of all grades were aware of the needs of their prisoners and had a high level of interest in them. However, we also noticed some obvious tensions between staff and prisoners around curtailment of the regime due to staff shortages.

S18 The promotion of diversity throughout the prison was inadequate and the strategic management of equality work was poor. Many prisoners from minority groups had negative perceptions about their treatment, and there was inadequate consultation to investigate and address this. Many prisoners said they had little confidence in the discrimination incident reporting form process but those we sampled had been investigated well and subject to effective external quality assurance. Race monitoring data had been out of range for several important areas over a significant period and this had not been thoroughly investigated.

S19 Provision for foreign national prisoners was inadequate. Disabled prisoners were negative about their treatment and provision for managing this group was underdeveloped. There was under identification of Gypsy, Romany and Traveller and gay/bisexual prisoners and support for these groups was limited. Faith provision was good and the chaplaincy was integrated well into prison life, but the banning of all prisoners placed on violence monitoring from attending corporate worship was a disproportionate sanction.

S20 Although prisoners said they had no confidence in the complaints process, the number of complaints was high for the type of prison. Most complaints we sampled were respectful and answered the issue raised. However, a minority of complaints about staff were not investigated thoroughly.

- S21 Governance of health care was effective with systems and processes to ensure safe care. Initial health screening of new arrivals and secondary health assessment were reasonable. A suitable range of primary care services were in place which included physiotherapy, ultrasound and an orthopaedic clinic which we do not normally see and was helping to reduce escorts to external clinics. Dental provision was adequate and waiting times were short. Medicines management was reasonable and risk assessment for in-possession medication was proportionate. Primary mental health services were commendable, with access to a range of interventions, and the small number of prisoners with severe and enduring mental illness were cared for well.
- S22 Prisoners were negative about the food but we found the quality and quantity to be reasonable. However, food was served too early, serving management was poor and the cold lunch was served at the cell door, which was disrespectful and meant that prisoners did not have an opportunity to interact with others, reinforcing their isolation. Consultation arrangements about the food and the prison shop were effective.

## Purposeful activity

S23 *The restricted regime meant that prisoner opportunities for time out of cell were poor for a training prison. There was a significant shortfall of activity places and far too many prisoners were locked in their cells with nothing meaningful to do. Strategic planning of learning and skills provision had improved, and the provision and quality of education and vocational training were good for those prisoners who could access them, as were their achievement outcomes. The library was well resourced and the opportunities for learning were good. The gym facilities were good but access was poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S24 *At the last inspection in September 2011 we found that outcomes for prisoners in Isis were not sufficiently good against this healthy prison test. We made 20 recommendations in the area of purposeful activity. At this follow-up inspection we found that 14 of the recommendations had been achieved, two had been partially achieved, three had not been achieved and one was no longer relevant.*

- S25 There was a significant lack of activity spaces to occupy prisoners purposefully, and the temporary regime restricted the time that prisoners could spend out of cell. The prison separated access to purposeful activity between the two house blocks, Thames and Meridian, which, in effect meant that only half the prison attended activities during the main working day from Monday to Thursday. We calculated that most prisoners could only spend a maximum six hours out of cell on three weekdays and about 1.5 hours on two, and most only got about two hours a day at weekends, which was poor. We found around 40% of the population locked up during the working day, which was unacceptable for a training prison. The limited time allowed out of cell, including association, exercise and domestic periods, was not usually cancelled, although we observed occasional slippage due to late unlocking, and exercise was restricted to half an hour a day.
- S26 The prison had demonstrated good strategic management of the learning and skills provision since the last inspection, and significant changes had led to improvements in attendance, punctuality and the breadth of activities available. However, the current restricted regime had effectively halved the time available for activity.

- S27 The allocation of prisoners to activities was effective and initial assessments were being used to ensure prisoners' needs were met. The range of education provision had improved and mostly met the requirements of learners, with well-advanced plans to extend the provision. The vocational training offered was good, with some progression routes leading to some employment and education opportunities on release.
- S28 Teaching, learning and assessment were good, staff had respectful relationships with learners and the management of classroom behaviour was good. Lesson planning was effective in education, using individual learning plans to set short- and long-term targets for learners. Good support for learners also included use of learning mentors and excellent resources to assess and manage prisoners' dyslexia and attention deficit hyperactivity disorder (ADHD).
- S29 Outcomes for prisoners taking part in activities were good, as were achievement rates in education, with most learners completing their courses achieving the qualification. Prisoners gained good employability skills in vocational training, although some provision remained unaccredited.
- S30 The library was welcoming and managed well with a range of materials to meet demand and support learning and training. Again attendance was being limited by the restricted regime but access for those on educational and vocational training was good. The library also offered a good outreach service to the segregation unit. The Toe by Toe reading mentoring project for prisoners was well supported by eight trained mentors. Prisoners could purchase educational books if they preferred a personal copy.
- S31 The gym and sports facilities were very good and had been improved by the addition of more showers, better equipment, including a range of cardiovascular equipment, and enhanced supervision. The manual handling and Heartstart courses (life support training) were provided at induction but only one other course was offered due to staff shortages. However, only 32% of prisoners used the gym, which was very low.

## Resettlement

S32 *Sentence planning was poor, there was no coordinated interdepartmental approach to prisoner resettlement and insufficient regular contact with prisoners. A very substantial offender assessment system (OASys) assessment backlog included some high risk cases, among a population that contained many convicted of violent offences. Public protection arrangements were mostly good but were potentially undermined by some deficiencies in risk assessment procedures. Resettlement pathway provision had improved, with some positive outcomes. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S33 *At the last inspection in September 2011 we found that outcomes for prisoners in Isis were reasonably good against this healthy prison test. We made 19 recommendations in the area of resettlement. At this follow-up inspection we found that 11 of the recommendations had been achieved, two had been partially achieved, and six had not been achieved.*

S34 The strategic management of offender management and reducing reoffending, covering the resettlement function, was broadly appropriate and both had policies that were comprehensive with targets clearly identified. There had also been comprehensive analyses of prisoner needs for resettlement pathway provision, which had led to some appropriate planned developments. However, despite this, the links between both functions required better coordination, especially in regard to prisoner induction and pre-release; information for instance, gathered during induction, was not routinely used to inform prisoner

progression and pre-release planning. The limited available resources meant that priorities needed to be more clearly defined to meet the needs of the population and ensure better integration across the establishment.

- S35 The quality and range of work by the offender management unit (OMU) were too variable. Many prisoners arrived at Isis without an OASys assessment<sup>2</sup>, too few had them updated and around half the population did not have an up-to-date assessment. This was of particular concern given that almost 60% of prisoners were convicted of a violent offence. In our survey, a worrying figure of 73% of prisoners said that *no one* in the prison was working with them to achieve sentence plan targets. A higher proportion of high risk prisoners had up-to-date assessments, and we saw some excellent casework by some offender supervisors. However, too many prisoners – even some high risk cases – were released without an OASys and with minimal, or no, contact with offender supervisors. Quality assurance and casework supervision of offender supervisors to ensure consistency of services varied too much across the department, as did the practice of individual staff.
- S36 Public protection arrangements were good, multidisciplinary meetings were comprehensive and liaison with agencies to manage release was appropriate in most cases. However, the shortfall in OASys assessments meant that some risk factors could be overlooked.
- S37 OMU staff were generally involved in the release planning of prisoners identified as high or very high risk of harm, although this did vary. There was less involvement with medium and low risk prisoners, although this was largely offset by good pre-release planning through the resettlement pathways.
- S38 Accommodation support was very good with excellent integration by the Depaul UK providers into key aspects of pre-release planning, including the inter departmental risk management and Trident (Metropolitan police anti-gangs initiative) meetings. Depaul UK saw approximately half of all prisoners and provided good information during induction. In our survey, significantly more respondents than the comparator knew who to speak to in the prison about accommodation support. The number of prisoners released without accommodation was low.
- S39 There was an effective accredited pre-release resettlement employability course, and good links with internal and external agencies for employment opportunities. A recent job fair attended by local employers had resulted in 49 job offers for prisoners. A significant proportion of prisoners were released into education, training or employment, and this was tracked.
- S40 Support for finance, benefit and debt needs had developed well, and prisoners could open bank accounts before their release and attend a money management course. The development of debt management work through Depaul UK was a positive initiative with growing demand for the service, but there were no data on outcomes.
- S41 Health care staff saw all prisoners before release and gave them advice about registering with a local GP and dentist, and a supply of any prescribed medication. There were effective links with community mental health teams for prisoners with severe and enduring mental health needs. There were good throughcare arrangements for substance misusers, and substance misuse workers provided some post-release follow up.

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<sup>2</sup> An assessment system used by both prisons and the probation service, providing a framework for assessing the likelihood of reoffending and the risk of harm to others



- S42 There was good support for families from the prison and the Spurgeons children's charity, which ran the visitors' centre, with a regular range of programmes, including Family Man and Time To Connect to help prisoners develop better relationships with their families, as well as family visits. Visits had also improved with better furniture, the use of visitor wristbands rather than bibs to identify prisoners and a better range of food in the snack bar. Visitors were generally positive about their experience.
- S43 The prison was developing a clear and appropriate plan for offending behaviour work following a detailed and comprehensive analysis of prisoner need in 2013. This included the Resolve programme, working with violent offenders, to complement the Thinking Skills Programme (TSP). Appropriate non-accredited programmes were also available, including the Leap and Silence the Violence courses addressing violent offenders, but their impact and effectiveness had still to be fully analysed. The provision of the Sycamore Tree victim awareness programme was positive

## Main concerns and recommendations

- S44 **Concern:** Notwithstanding the severely restricted regime, the number of violent incidents, including assaults and fights, was high and included some that were serious and involved weapons. Prisoners had poor perceptions about their safety, and in our survey a number of indicators of safety were negative.

**Recommendation: The number of fights and assaults should be reduced and the prison should monitor and address prisoner perceptions about their safety.**

- S45 **Concern:** Black and minority ethnic prisoners held negative perceptions about their treatment, there was limited consultation with prisoners from minority groups, the equality action plan did not cover the needs of prisoners from each diversity strand, many prisoners had no confidence in the discrimination incident reporting form system, and race monitoring data were consistently out of range but the prison had not investigated or addressed this.

**Recommendation: The prison should make effective use of monitoring data and revise its equality and diversity plan to identify and address the concerns of black and minority ethnic prisoners, show how the needs of prisoners within each diversity strand will be addressed and provide assurance that allegations of discriminatory behaviour will be effectively addressed. (Repeated recommendation HP48.)**

- S46 **Concern:** The prison had been running a restricted regime since September 2013, which had a negative, cross-cutting impact on all aspects of life at Isis. The restricted regime limited the time that prisoners could spend out of their cell each day to as little as 90 minutes on two weekdays and around two hours on each weekend day. This limited access to a full regime meant that prisoners could not shower every day, and they had poor access to telephones, which they could not use after 5pm. The separation of regime between the two house blocks also had negative consequences for a training prison, as only half the population could access activities at any time.

**Recommendation: Prisoners should be able to spend a reasonable amount of time out of their cell and be able to access a full prison regime every day, including all planned activities and opportunities to maximise their learning.**

S47 **Concern:** Many prisoners arrived at Isis without an up-to-date or completed OASys assessment, and too few were completed once they had arrived. Around half the population had no up-to-date assessment or sentence plan. Sentence plans that were completed often included objectives that were too vague, and many prisoners said that they were not involved in the setting of these targets. As a consequence, prisoners' ability to progress through their sentence or, in some cases, to have their risk of harm fully evaluated, was limited.

**Recommendation: All appropriate prisoners should have a completed and up-to-date OASys assessment, and sentence plans based on this information should be improved and informed by contributions from departments across the prison.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

**1.1** *Journey times for prisoners were usually short but escort vans were dirty and covered in graffiti. There were some delays in disembarking prisoners from escort vehicles. Some relationships between escort staff and prisoners were poor.*

**1.2** All prisoner transfers to Isis were planned, mostly from other London prisons, which meant that journey times were generally short. Some escort vans we looked at were dirty and covered in graffiti. The relationships we saw between escort staff and prisoners were mixed; some were very good but others were dismissive, with poor staff attitudes towards and about prisoners. As the reception was not staffed routinely at lunchtime, prisoners arriving on escort vans after noon were not likely to be disembarked until staff returned from their lunch break at around 1.30pm, and had to sit in the vans until then.

### Recommendations

**1.3** **Prison escort vans should be clean and free from graffiti.** (Repeated recommendation 1.6)

**1.4** **Escort staff should be more concerned about prisoners' needs and the support they require.**

**1.5** **Prisoners arriving during the staff lunch period should be disembarked from escort vans immediately.** (Repeated recommendation 1.7)

## Early days in custody

### Expected outcomes:

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

**1.6** *Although staff focused on the reception process, prisoners could spend longer than two hours there and in holding rooms that were dirty. First night risk assessments were thorough but first night accommodation was poor. New arrivals had inadequate access to showers and free telephone calls. Handover arrangements to night staff were good. The multidisciplinary induction programme was mostly consistent but lacked specific timely information about Isis.*

- I.7** Planned transfers to Isis arrived on Mondays and Thursdays with an average of 25 new prisoners a week. Once disembarked, prisoners received a friendly welcome. Strip searching was not routine.
- I.8** Communal areas in reception were reasonably clean but the three holding rooms were grubby with filthy toilets. Only one holding room had a television, but all had newspapers and written information about Isis. Staff processed prisoners quickly, including completion of a first night risk assessments and health care interview; these took place confidentially, before location onto the first night centre. During the inspection, the process was delayed by late attendance of health care staff, which meant that new arrivals often spent more than three hours in reception unnecessarily. There was evidence to indicate delays in reception were common.
- I.9** First night risk assessments were properly focused; staff were aware of potential vulnerabilities and conducted interviews sensitively. Prisoners were located in designated first night cells on Thames G spur. Cells all had filthy toilets and a lot of graffiti, and some also lacked pillows and kettles. New arrivals during the inspection described their first night accommodation as 'horrible' and 'disgusting'. Prisoners were generally locked up on arrival at the wing without having either a shower or telephone call. Staff and prisoners told us that it was common for new arrivals to wait up to 24 hours to access showers and telephone calls, which was unacceptable. This was due in part to the restricted regime, where all prisoners were locked up by 5.30pm, but also to competing factors, including induction and secondary health screening, the day after arrival. Prisoners did not receive a free telephone call but were given £1 telephone credit, which was repayable. Handover arrangements to night staff about new arrivals were thorough, and staff made enhanced checks on new arrivals throughout their first night.
- I.10** New arrivals were given some written information about Isis but this was only available in English. Peer mentors and a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) lived on G spur but had limited access to new arrivals on their first night. We were concerned that such access was sometimes not available to a new arrival until the following afternoon. As a result, new prisoners were not shown how to use the biometric system, which they relied on to apply for a range of services at Isis (see paragraph 2.7).
- I.11** Induction started the day after arrival. All new arrivals were seen consistently by a range of departments and partner agencies, including the chaplaincy, Depaul UK workers (a charity providing accommodation and finance, benefit and debt advice and support), Lifeline (the substance misuse service), health care and the offender management unit (OMU). The gym and education inductions took place up to a week later. In our survey, only 36% of prisoners said that induction covered everything they needed to know, against the comparator of 63%. There was a significant gap in the provision of specific and timely information about Isis routines and arrangements, in a format that could be understood by all prisoners. New prisoners were locked up when they were not actively involved with their induction programme, but allocation to activities was fairly swift.

## Recommendations

- I.12 All reception holding rooms should have televisions and/or sufficient prison information to keep prisoners occupied.**
- I.13 Reception procedures should be completed more swiftly.**

- I.14 All new arrivals should be able to shower and make a free telephone on their first night.**
- I.15 Induction should include specific and timely information about Isis in a format understood by all prisoners.**

### Housekeeping point

- I.16** First night cells should be properly prepared, with clean toilets and be free from graffiti.

## 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.17** *Levels of violence were high. Prisoners had very poor perceptions of their safety, especially those on the safer custody unit. The formal violence management programme was overly punitive and case management arrangements needed development.*

- I.18** Although opportunities for bullying had been restricted by the prison regime that meant prisoners were often locked in their cells during the day, the number of fights and assaults was high. There had been 254 fights and assaults in 2013, with 120 in the previous six months. Many incidents were serious, and more than we usually see involved weapons. There appeared to have been many planned assaults involving a number of assailants on a single prisoner, and some incidents were known to be gang related (see paragraphs I.43 and I.44, and main recommendation S44).
- I.19** Too many prisoners reported that they felt unsafe. In our survey, about a third of respondents (32%) said that they felt unsafe at the moment or that they had been victimised by other prisoners (34%), but only 33% of those said that they would report victimisation to staff (see main recommendation S44).
- I.20** The prison had reviewed its arrangements to deal with violence since the last inspection and introduced a violence management (VM) programme – a simple system to enforce prisoner compliance and change violent behaviour. However, the programme was based exclusively on sanctions and punishments. VM case reviews were cursory and there was little to assure us that the prison monitored or acted on prisoner's progress in changes to their behaviour or circumstances. There were no individual care plans for prisoners, behaviour targets were not meaningful and there was no evidence that staff were engaged in planning for prisoners to progress. In practice, prisoners were taken off the programme if they were not violent for 21 days.
- I.21** The regime for prisoners on VM was very poor; they spent nearly all day locked in their cells and were not permitted to attend work, education or communal religious services (see paragraph 2.40 and housekeeping point 2.43). Most were placed on closed visits (see paragraph I.47 and recommendation I.50), had separate exercise, limited access to telephones and could shower only four times a week. At the time of inspection, about 24 prisoners were on the programme and 44 were affected by closed visits, which was

unnecessarily punitive. There was little evidence of formal support for victims of violence. Those identified as victims or vulnerable to bullying or intimidation were located on to the 'safer custody' unit on C spur (see below).

- I.22** The collection of data by the security department to evaluate the risk of violence was very good, but the coordination of its use at the monthly safer custody meetings required improvement. Attendance at these meetings was inconsistent, and they tended to discuss self-harm and suicide prevention and did not emphasise violence. Although there was a database of violent incidents based on a range of information, details were limited and there was no analysis of wider trends, such as age of those involved in incidents. There was also little consideration at meetings about how the very limited prison regime led to prisoner boredom and frustration and affected behaviour.
- I.23** The two safer custody officers were often not available for safer custody duties, and the time they spent in the role was insufficient to allow them oversight of processes, offer guidance to residential staff or carry out quality checks of all associated documentation. Violence reduction prisoner representatives had been appointed but they had not been trained. Many prisoners we spoke to were unaware of how to contact them, and their role was not well promoted.
- I.24** The 'safer custody' unit on Meridian C spur was used to house vulnerable prisoners. Although prisoners there were usually kept separate from other prisoners, they were able to access a similar regime. However, their perceptions of safety were particularly poor. In our survey, three-quarters of respondents on this wing said that they had felt unsafe at some time at Isis and half said that they had been victimised by prisoners.

## Recommendations

- I.25 Governance arrangements for prisoners on formal violence reduction measures should be improved, and there should be a purposeful and structured regime for such prisoners.**
- I.26 The prison should introduce a casework approach to deal with levels of violence, including planned interventions to address bullying behaviour and to support victims.**
- I.27 Safer custody officers should have enough time to carry out their duties.**

## 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** *Suicide prevention was generally well promoted and procedures were understood by staff and prisoners. The number of case management documents was reasonably low and initial screening arrangements were good. The incidence of self-harm was not excessive and case management arrangements through the safer custody team, residential managers and health care staff were very good. Care planning and levels of care for prisoners in crisis were generally good.*

- I.29** The safer custody manager managed the implementation of the safer custody policy document, including the management of prisoners at risk from self-harm, and was also a central point for advice and guidance for staff. Staff were aware of the role and knew where to go to if they needed advice.
- I.30** The monthly safer custody meeting monitored the overall management of the suicide prevention strategy. The meeting had a reasonable focus on relevant issues concerning individual cases and general issues on suicide prevention, but attendance was inconsistent and prisoner representatives often did not attend (see also paragraph I.22). The meeting discussed a wide range of information, provided by the safer custody team, to identify trends and patterns of behaviour, and to develop the strategy and update action plans.
- I.31** There had been 58 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm opened in the previous six months, which was low for the type of prison. The number of self-harm incidents was reasonably low at 27 in the same period, a reduction of about 10 compared with a similar period at the last inspection. The incidents were minor and involved slight cuts and bruises. There had been no serious self-inflicted injuries or deaths in custody at Isis since it opened.
- I.32** Staff entries in ACCT documents showed a dynamic response to meeting prisoner needs, and many showed detailed levels of observation. There was written evidence that necessary actions were taken, and our observations were that staff usually knew and cared about the personal circumstances of individual prisoners in crisis. Reviews took place on time, were multidisciplinary and had consistently good input from health care staff.
- I.33** There was a shortage of trained Listeners, with only four in place. Their role was not well promoted and they often did not attend the safer custody meeting. Many prisoners said that they did not know who they were or how to contact them, and in practice they were rarely called upon.
- I.34** There was routine use of strip clothing for prisoners when there was no immediate risk of self-harm, which was often too risk averse leading to potentially punitive outcomes, (see paragraph I.65). We found an example where a prisoner in the segregation unit holding room was left in strip clothing after he was restrained to prevent him from self-harming. Record keeping was poor and did not assure us that the use of strip clothing was appropriate, properly authorised or used in exceptional circumstances after all other options had been considered.

## Recommendations

- I.35** **The number of Listeners should be increased.**
- I.36** **Strip clothing should only be used in exceptional circumstances when all other options have been exhausted, and should be properly authorised.**

## Housekeeping point

- I.37** Listeners should be able to attend all safer custody meetings.

## 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>3</sup>**

**I.38** *The prison was beginning to develop specific approaches to deal with prisoners at risk because of their mental or other disability or illness.*

**I.39** The prison was beginning to develop a formal structure to deal with prisoners at risk because of their mental or other disability, or illness, and had begun to make links with the Greenwich borough safeguarding board. Safeguarding had recently been added as a standing agenda item to the safer custody meeting to ensure its development in a multidisciplinary forum. However, the prison had not yet developed protocols setting out action for staff to take if they became aware that a prisoner was at risk. Staff we spoke to said they were not aware of formal protocols, but appeared focused on relevant issues and their personal responsibility in protecting prisoners at risk. There was also staff training and local screening procedures, and assessments of risk during prisoners' first few days, were reasonably good.

### Recommendation

**I.40** **The governor should develop the prison's contacts with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to create local safeguarding processes.**

## 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.41** *Security arrangements were broadly proportionate and focused on trying to make the prison safer. Gang issues were monitored appropriately and there was some innovative work on the management of gangs. The security committee was informed by a comprehensive intelligence report, and security information was shared with other departments. Requests for suspicion drug tests were too frequently not acted upon. Although the mandatory drug testing rate was higher than the target it was on a downward trend.*

<sup>3</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).



- I.42** Most security arrangements were proportionate to the risks. We were also concerned by the routine segregation of the few prisoners recategorised to category B while at Isis, which was disproportionate given that the physical security measures were at least to a category B specification.
- I.43** The prison had faced considerable challenges with high levels of violence and some gang conflict. The imposition of a restricted regime had presented a temporary solution as it assisted in confronting antisocial behaviour by keeping identified gangs apart, but this was an unsophisticated plan and inadequate as a long-term solution. Expansion of the regime will present a real challenge as the current restrictions artificially facilitate keeping a significant number of prisoners who do not integrate well apart from each other (see also main recommendation S46). However, free flow arrangements for prisoner movement to activities were relaxed.
- I.44** The security team had a measured and proportionate approach to the management of a broad spectrum of gang-related issues. There was multidisciplinary input from internal and external agencies, including Trident (the group within the Metropolitan Police responsible for tackling gang violence) and the London Probation Trust. A comprehensive database of known gang affiliations and other known conflicts was used actively to help make Isis a safer place. While the prison engaged in a range of innovative initiatives to identify and manage gang issues (see also paragraphs 1.21, 1.88, 4.23 and 4.28), the security department was also properly focused on the broader concern of trying to reduce violence in the prison, but acknowledged that the two were often linked.
- I.45** The prison received a good level of security information, with 2,183 reports between August 2013 and January 2014. They were processed efficiently but some resulting actions, including target searches, were not always responded to promptly. A monthly intelligence report analysed received information and allowed the prison to set appropriate security objectives. The security committee monitored progress against those objectives and information was shared effectively with other departments.
- I.46** Prisoners did not report high levels of drug availability and in our survey, fewer than the comparator said it was easy to get illegal drugs in the prison. In the previous six months, the random mandatory drug testing (MDT) positive rate averaged 8.7%, above the target of 6%. The rate had dropped significantly after November 2013, when a supply route had been identified and disrupted. Of the 67 suspicion tests in the previous six months, 25% were positive, but the MDT programme was only staffed three times a week and 50% of requests for suspicion tests were not met. Hooch (illegal alcohol) finds were infrequent, and in our survey fewer respondents than the comparator said it was easy to get alcohol. Diverted medication was not an issue, and all positive drug tests related to cannabis. Recently received intelligence suggested that 'spice' (a new psychoactive substance) was available, and the prison was actively trying to establish whether this was the case. Despite some positive work, the prison had not yet developed a detailed drug supply reduction strategy or action plan.
- I.47** At the time of the inspection, six prisoners were subject to closed visits and a further 22 had been affected since August 2013, but not all were related directly to the trafficking of unauthorised items through visits. Reviews were regular and the restriction was generally removed if there was no further intelligence to support it. A further 44 prisoners were affected by closed visits because of the violence management strategy (see paragraph 1.21), which was applied for a minimum of 42 days. This measure was inappropriate and unnecessarily punitive.

## Recommendations

- I.48** The mandatory drug testing programme should be sufficiently resourced to undertake the required level of suspicion testing.
- I.49** The prison should develop a detailed drug supply reduction strategy and action plan.
- I.50** Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support it. (Repeated recommendation 7.11)

## Good practice

- I.51** *The prison had engaged actively with internal departments and external agencies, including Metropolitan police officers from the Trident team (responsible for tackling gang violence) and the London Probation Trust, to manage known gang members and prisoners with known conflicts to reduce the potential for conflict and violence in the prison, and before and on release to reduce the risk to the public.*

## Incentives and earned privileges<sup>4</sup>

### 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.52** *The incentives and earned privileges (IEP) scheme was properly administered by residential managers, but prisoners had poor perceptions about its fairness.*

- I.53** At the time of inspection, most prisoners were on the standard level of the IEP scheme, a third were on enhanced and comparatively few (3%) were on basic. The scheme offered the standard differentials in access to private cash, computer games, visits and time out of cell, and it was generally applied consistently across the prison. While prisoners on basic had access to part-time work and exercise, they could not have a shower or always make a telephone call every day.
- I.54** Although our observations indicated that residential managers administered the scheme properly, prisoners had poor perceptions about its fairness. In our survey, only 34% of respondents felt that they had been treated fairly under the scheme, against the comparator of 54%, and only 39%, against 47%, agreed that it helped to encourage good behaviour.

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

## Recommendations

- I.55** The regime for prisoners on basic should be improved and include access to showers and telephones every day.
- I.56** The prison should explore and address prisoners' poor perceptions of the incentives and earned privileges scheme, to ensure the scheme is both legitimate and effective.

## 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.57** *The number of adjudications was high but too many charges were for petty reasons. There was insufficient enquiry before a finding of guilt in some cases and quality assurance did not always address this effectively. Use of force had reduced. Too many records were incomplete but there was evidence that incidents were de-escalated well. We were not assured that all uses of special accommodation were warranted or for the shortest time, and the routine use of strip clothing was inappropriate. Although reduced, use of segregation remained too high and some prisoners remained there for long periods. It was unacceptable that segregated prisoners could not use showers and telephones every day but other aspects of the regime were reasonable. Relationships between unit staff and prisoners were very good.*

## Disciplinary procedures

- I.58** The number of adjudications had increased since the last inspection with 848 between August 2013 and January 2014. The most common charges were for threatening and abusive behaviour, followed by fights and assaults. Throughout the inspection, prisoners and staff told us that some adjudications were for petty reasons. We found some evidence to support this, and some charges could have been better dealt with less formally.
- I.59** Hearings were conducted in a relaxed environment. The records of hearings we sampled showed that prisoners were given sufficient time to prepare their case and could seek legal assistance. The regular adjudication standardisation meeting was informed by comprehensive data but a minority of records whilst thorough showed insufficient enquiry before a finding of guilt, and we were not assured that the formal quality assurance process addressed this shortfall effectively.
- I.60** Prisoners from a black or minority ethnic background had been over-represented in all aspects of disciplinary procedures for some time. While the prison had highlighted this, it had not investigated the matter thoroughly or taken action to address it (see also main recommendation S45).

## Recommendation

- 1.61 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.**

## The use of force

- 1.62** Given the continued high number of violent incidents and increased population, it was encouraging that the use of force had reduced significantly since the last inspection, with 160 instances between August 2013 and January 2014. However, around two-thirds of the records we sampled showed the full use of control and restraint techniques, including about 11% that resulted in full and sustained use of force, which was high. Over a third of incidents were as a result of 'non-compliance' by prisoners to instructions from staff. We were not assured that all such uses were a last resort, although the prison had addressed some of these issues. During the inspection we observed a fight involving three prisoners, all of whom were restrained, but the incident was de-escalated very well and force was used appropriately.
- 1.63** Almost a third of the use of force records we sampled were incomplete. However, the overall standard of most documentation was adequate and indicated some efforts to de-escalate incidents. Relocation of prisoners to the segregation unit and use of handcuffs were not routine, but in some cases compliant prisoners had handcuffs applied, which appeared unnecessary and disproportionate.
- 1.64** Planned interventions were normally filmed and reviewed. Those we watched showed that most incidents were managed well, but we were concerned by some of the contents, including alleged unprofessionalism during an incident on one film, which we referred to the governor who then commissioned an investigation.
- 1.65** There had been six uses of special accommodation between August 2013 and January 2014. Some records were inadequate and we were not assured that all uses were justified or for the shortest period once prisoners were calm. The use of strip clothing for prisoners in special accommodation was routine but was not properly justified, and appeared punitive in the absence of any active self-harm concerns (see recommendation 1.36).
- 1.66** Batons had been drawn but not used on six occasions between August and January 2014 and the records assured us that most were justified. There was appropriate scrutiny of such incidents to ensure proportionality and follow-up action or guidance to staff where required.
- 1.67** A use of force committee met regularly and was informed by a range of data, which were used meaningfully to help reduce the need for force. Oversight of most issues was adequate.

## Recommendations

- 1.68 Use of force, particularly as a consequence of prisoner non-compliance, and use of handcuffs should be further reduced.**
- 1.69 The quality and timeliness of use of force records should be improved.**
- 1.70 Special accommodation should only be used in exceptional circumstances, and accountability for its use should be improved.**

## Segregation

- I.71** Use of segregation had reduced slightly since the last inspection but, at 210 instances between August 2013 and January 2014, was still high. Over half of prisoners segregated were serving a punishment of cellular confinement and around a quarter were awaiting adjudication. The remainder were for reasons of good order or prisoners who were seeking protection. The average length of stay was around 15 days, which was high for the type of prison, but was skewed by a number of long-term residents, some there seeking protection. The segregation monitoring group met regularly and was informed by comprehensive data, which were discussed but not always used in a meaningful way to reduce the use of segregation or address emerging themes, such as: ascertaining why use of segregation was so high; how many of the prisoners segregated were seeking own protection and why; why the average length of stay was so high; or why black and minority ethnic prisoners were over-represented among the segregated population, and had been for a significant period.
- I.72** Communal areas in the segregation unit were clean and well maintained. The exercise yard was large and had two benches and some grass. Cells were generally clean and properly furnished but many contained graffiti and had filthy, unscreened toilets. The special accommodation cells were dirty.
- I.73** Segregated prisoners could only access 30 minutes of daily outside exercise, and showers and telephone calls every other day, which was poor. All residents had access to a radio, kettle and library books and, subject to their behaviour, some were permitted televisions at night. The education department did not provide outreach support, but some prisoners could attend the gym and offending behaviour courses following risk assessment. During the inspection, an exercise bike was installed on the unit and was well used. However, many prisoners complained of a lack of constructive activity during their period of segregation, and an officer commented that 'prisoners were sleeping their time away'.
- I.74** Prisoners were routinely strip searched on entry to the unit but unlock protocols were proportionate to the risk. Despite the overall negative responses in our survey, most prisoners were positive about their treatment by segregation unit staff, and we observed relationships that were relaxed and friendly and some very good individual interactions. Staff were knowledgeable about residents, although entries in daily history sheets did not reflect this.
- I.75** On average, two prisoners a month were transferred out of the prison from the segregation unit, mostly for reasons relating to their safety. Others, including some long-term residents, were reintegrated back to locations within Isis. There was evidence of some informal reintegration planning for longer-term residents, but care planning for many prisoners was limited. Documents authorising segregation were not always completed well and left us unsure why some prisoners were segregated. Many targets set for prisoners were perfunctory and did not address the reasons why they were segregated.

## Recommendations

- I.76** **The use of segregation should be reduced.**
- I.77** **The regime in the segregation unit should be improved and should include daily access to showers, telephone calls and one hour of outside exercise.**
- I.78** **The quality of documents authorising segregation should be improved and should include meaningful targets for prisoners.**

- I.79 Prisoners segregated for longer than a month should have an individual care plan to monitor their psychological welfare and assist them to reintegrate successfully.**

## Housekeeping points

- I.80** Cells in the segregation unit should be free from graffiti and have clean toilets.
- I.81** Prisoners should only be strip searched on entry to the segregation unit following a robust risk assessment.
- I.82** The quality of staff entries in daily history sheets should be improved and should reflect constructive engagement with prisoners.

## 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.83** *Very few prisoners needed opiate substitution treatment but those who did received well-coordinated care. There was a good range of drug and alcohol interventions but the restricted regime hampered accessibility to them.*

- I.84** Only 19 prisoners had required opiate substitute treatment in the previous six months and currently two received methadone on a reducing basis. Prescribing regimes were flexible and reviewed regularly, but the opiate blocker naltrexone had so far not been on offer. The clinical and the psychosocial support teams worked jointly to ensure well-coordinated care, and there was a comprehensive dual diagnosis service for prisoners experiencing both substance and mental health related problems. Controlled drug administration was safe while numbers were low. The substance misuse strategy was under review and there were no annual action plans for demand and supply reduction; a needs analysis was due to be repeated later in 2014.
- I.85** Substance misuse services were provided by a well-resourced and enthusiastic team from Lifeline. In February 2014, 238 prisoners were actively engaging with the service. The range of interventions included one-to-one work, drug and alcohol awareness modules, family groups (looking at the effect of drug use on the family) and a 12-session motivational Recovery and Change course. The team was undertaking some innovative interactive work to engage with vulnerable service users, and there was a new mentoring scheme on gang membership. However, the prison's temporary limited regime made it difficult for the service to access prisoners and run interventions. Mutual support in the form of peer support schemes and self-help groups was developing, and nine peer supporters covering all the residential units had completed relevant training. A service user group met monthly and ideas for future developments included designated gym sessions (such as 'tackling drugs through PE') and voluntary drug testing.

## Recommendations

- I.86** The clinical substance misuse service should include naltrexone as a treatment option for opiate dependent prisoners wanting to remain drug-free.
- I.87** The drug and alcohol strategy document should be updated, contain detailed development targets and be informed by a comprehensive needs analysis.

## Good practice

- I.88** *The substance misuse team had developed interactive methods of working and innovative interventions, such as mentoring gang members.*





## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1** *The prison was generally clean and reasonably maintained but some areas were dirty and toilets were filthy. Cells were clean although there was some graffiti on walls and doors. Showers were usually clean and working but screening was inadequate and prisoners had insufficient access. Although there were enough telephones, prisoner access was sometimes restricted and they were unable to make calls in the evening.*
- 2.2** There were two house blocks, Thames and Meridian, accommodating up to 620 prisoners, each with four spurs of three landings. Most cells were for single occupancy although there were double cells on each spur. Overall, the residential environment was reasonably clean and well maintained but some areas were surprisingly scruffy given that the prison was only three-years old. Many walls were scuffed and some floors were dirty. Galleried landings were wide and bright, with good sightlines for staff supervision of prisoners. The prison grounds were pleasant and well kept, and exercise yards were clean.
- 2.3** Most cells were clean and adequately furnished, but some were dirty and toilets in many were filthy. There was offensive graffiti on some walls, and built-in shelving was sometimes missing. All cells were fitted with emergency cell call bells, which officers answered promptly. Delays identified during the last inspection had now been dealt with.
- 2.4** Most prisoners had access to necessary toiletries but the provision of general cleaning materials was poor. Showers were reasonably clean but access was poor – prisoners could not shower every day due to restrictions on their time out of cell (see paragraph 3.2 and main recommendation S46).
- 2.5** All prisoners, except those on the basic level, could wear their own clothes but were not allowed to receive replacement or exchange clothes during visits. Prison clothing was of a good standard, but in our survey, only 30% of respondents said that they could receive enough suitable clothing for the week, against the comparator of 68%. The exchange of bedding took place every weekend, but again prisoners complained that they did not receive clean sheets every week – in our survey, only 22% of respondents said that they could receive clean sheets every week, against the comparator of 79%.
- 2.6** There were enough telephones for prisoners on each spur, and innovatively additional telephones were also located on the exercise yards, but we were disappointed that prisoner access was sometimes hindered due to restrictions in the regime. Calls were also not permitted after 5pm, which affected contact with relatives and friends who worked during the day (see main recommendation S46).

- 2.7** There were biometric machines (with electronic screens similar to bank ATMs) on all spurs and in other locations around the prison through which prisoners could access a range of services at Isis. This included choosing meals, shop orders, making appointments and booking visits. The information on them however, was only in English and access was sometimes limited due to the restricted regime. Prisoners were also able to make general applications electronically through the biometric machines. This ensured that applications were received by relevant areas promptly, and progress could be effectively tracked. Prisoners told us that they understood how to use the system, but in our survey only 34% of respondents, against the comparator of 61%, said that applications were dealt with fairly and only 38%, against 48%, that they were dealt with quickly.

## Recommendations

- 2.8 All residential units, including cells and communal areas, should be clean, free from graffiti and properly maintained.**
- 2.9 Prisoners should be able to access adequate clean clothing and bedding consistently.** (Repeated recommendation 2.16)
- 2.10 Prisoners should be able to make telephone calls every day, including some time in the evening.**

## 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.**

- 2.11** *Our survey showed that many prisoners were negative about their relationships with staff, but our observations indicated that relationships were generally more positive. We saw that most officers engaged well with prisoners, and some interactions were particularly good. However, there were noticeable tensions between some staff and prisoners, particularly around curtailment of the regime. The personal officer scheme was underdeveloped.*

- 2.12** Too many prisoners reported that relationships with staff were poor and in our survey, only about half (51%) of respondents said that most staff treated them with respect, less than half (48%) said they had a member of staff that they could turn to with a problem and only 9% said that staff usually spoke to them during association. Our own observations over the week of inspection were more positive and we witnessed many officers who engaged constructively with prisoners on all residential units and some engagement that was particularly good in the education department and on C spur. We saw many examples where staff, particularly residential officers, had a good awareness of the needs of their prisoners.
- 2.13** We also noticed, however, that there existed a tension between prisoners and officers on residential wings. This appeared to relate to anger and anxiety caused by the limited prison regime which meant that there were long periods during the day when prisoners were locked in their cells without access to basic amenities such as showers, association and phones. This lack of access to the most basic of facilities was inherently disrespectful and may have contributed to prisoners poor perceptions about their treatment.

- 2.14** There was a personal officer scheme but little to show that it was effective in supporting prisoners through their sentence. Officer entries in prisoner records were regular and showed contact with prisoners, but there was little to indicate any formal involvement with prisoners' sentence management. Many prisoners were also negative about the scheme. In our survey, only 26% of respondents who said that had a personal officer said that they were helpful, against the comparator of 64%.

## Recommendations

- 2.15** The prison should explore and address prisoners' negative perceptions about their relationships with staff.
- 2.16** 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>5</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.**

- 2.17** *The strategic management of equality work was inadequate. Consultation with minority groups was too limited and identification of prisoners from minority groups was inconsistent. The numbers of complaints about discrimination were high but managed well. Black and minority ethnic prisoners were negative about their treatment and some race monitoring data were consistently out of range and had not been investigated or addressed. Provision for foreign national prisoners was extremely poor and underdeveloped for disabled and gay prisoners.*

## Strategic management

- 2.18** The equality and diversity policy was specific to the population and covered all protected characteristics. The bimonthly meeting was chaired by the deputy governor and was well attended, but the minutes showed limited discussion of many of the protected characteristics, and there were no lead officers for each protected group. The equality action plan was not comprehensive. Not all prisoners from minority groups were identified on arrival, and there was limited consultation with prisoners from minority groups. The equality officer was regularly cross-deployed to other duties and most prisoners told us that they did not know who the officer was, although a photograph was displayed on all wings.
- 2.19** Three prisoner equality representatives were supported well by the equality team. They understood their role and played an active part in the equality meeting. However, they only had access to prisoners who lived on their spur.

<sup>5</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.20** The establishment monitored the impact of its regime through SMART (systematic monitoring and analysis of race equality treatment) monitoring data. The data showed, however, that black and minority ethnic prisoners were regularly over-represented in several key areas of discipline, including use of force, cellular confinement as a punishment and segregation for reasons of good order (see section on discipline). The establishment had recognised this but had not investigated it thoroughly (see main recommendation S45).
- 2.21** Thirty-nine discrimination incident reporting forms (DIRFs) had been submitted in the previous six months, which was high for the type of prison. Forms were readily available on all wings and could be posted in locked boxes, which were emptied by the diversity clerk. Many prisoners told us they had no confidence in the system, but we found that complaints were investigated thoroughly and responses were adequate. The deputy governor and an independent charity, the Zahid Mubarek Trust, scrutinised the investigations separately, and their checks were good. The prison maintained a list of prisoners who had been identified as racist, but there was no programme to challenge racist behaviour.
- 2.22** With the exception of religious festivals, the promotion of diversity was inadequate. Celebrations for black history month had been cancelled and there were few displays in the prison promoting equality and diversity.

## Recommendations

- 2.23** **There should be regular consultation meetings with prisoners from all minority groups about their needs and experiences. Issues raised should be pursued appropriately and any changes implemented communicated to prisoners.**  
(Repeated recommendation 4.10)
- 2.24** **There should be adequately resourced arrangements to cover and support the role of the equality officer.**
- 2.25** **The prison should develop and implement a programme to challenge racist and discriminatory prisoner behaviour at Isis.**
- 2.26** **The prison should promote all aspects of equality and diversity.**

## Housekeeping point

- 2.27** Prisoners from all minority groups should be identified on arrival.

## Protected characteristics

- 2.28** Around 70% of the population were from a black and minority ethnic background. In our survey, black and minority ethnic prisoners were less positive than white prisoners about a range of indicators concerning respectful treatment. Throughout the inspection, many black and minority ethnic prisoners expressed negative perceptions about their treatment and SMART data indicated that their perceptions may have had some basis but the establishment had not investigated this thoroughly. Consultation with this group was limited and there had been no follow up to address the issues raised (see main recommendation S45). There was under identification of Gypsy, Romany and Traveller prisoners on arrival. The prison had held some focus groups for this group but had not addressed many of the issues raised. In our survey, Muslim respondents were more positive than non-Muslims across a number of areas.

- 2.29** There were 83 foreign national prisoners at the time of the inspection, including five detainees held beyond the end of their sentence, with one still held three months past his 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 two weeks before the end of their sentence, which created anxiety for many. Home Office immigration staff attended the prison twice monthly, although many foreign national prisoners said they were unaware of this as the service was not well promoted. There was no independent immigration advice.
- 2.30** Offender supervisors managed foreign national prisoners' cases but there was no coordinated approach to managing their specific needs. There was limited information available in foreign languages and the use of professional interpreting services was low. The biometric system used by prisoners to access a range of services was only available in English (see paragraph 2.7). Many foreign national prisoners said they felt isolated and did not know who to go to for help and advice.
- 2.31** Prisoners with disabilities were identified on arrival through a health care questionnaire, although this did not separate long-term conditions from disclosed disabilities and we were not assured that all prisoners with disabilities were identified. Information was not shared adequately between the health care and equality teams. At the time of the inspection, no prisoners had personal emergency evacuation plans (PEEPs), although we saw some prisoners with limited mobility who we would have expected to have one. Each wing had a cell that had been adapted for prisoners with disabilities, and we saw evidence that the prison had made reasonable adjustments for prisoners who required them. In our survey, prisoners with disabilities were less positive about aspects of safety than those without disabilities, and those we spoke to had negative perceptions of their treatment. There had been no consultation with disabled prisoners.
- 2.32** In our survey, two prisoners had identified themselves as gay or bisexual but the prison had not identified anyone. There were some displays promoting positive images of gay people but there was no access to any specific support.

## Recommendations

- 2.33** **Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment.**
- 2.34** **Foreign national prisoners should have access to free independent immigration advice.**
- 2.35** **The prison should provide a coordinated approach to managing the needs of foreign national prisoners, and ensure that essential information covering all aspects of safety, respect, purposeful activity and resettlement is translated into the necessary languages.**
- 2.36** **There should be support available for gay or bisexual prisoners.**

## Housekeeping points

- 2.37** The prison should ensure that all foreign nationals are aware of and have access to the regular immigration advice surgeries.

**2.38** All prisoners requiring a personal emergency evacuation plan should have one.

## 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.**

**2.39** *Prisoner access to religious leaders and faith services was sometimes too restricted. The chaplaincy was integrated well into the prison and provided valuable care.*

**2.40** The restricted regime (see paragraph 3.2) limited prisoner access to chaplains, and in our survey, fewer respondents than the comparator said they could speak to a religious leader in private. Despite this, the chaplaincy was integrated well into prison life, including attending ACCT reviews and a range of meetings. Provision for major faiths was good. Muslim prisoners had raised concerns with the Muslim chaplain about the separation of halal from non-halal food in the kitchen, but this had been addressed (see paragraph 2.87). Faith facilities were adequate for the number of prisoners attending corporate worship but they had to apply to attend rather than access being unrestricted. Prisoners covered by the violence management programme (see paragraph 1.20) were banned from corporate worship, which was a disproportionate sanction, without individual assessment of risk. The chaplaincy provided and facilitated a wide range of classes, groups and pastoral care.

### Recommendation

**2.41** Prisoner access to religious leaders should be improved.

### Housekeeping points

**2.42** Prisoners should not have to apply to attend corporate worship.

**2.43** Prisoners subject to violence management measures should be individually risk assessed to attend faith services.

## 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.**

**2.44** *The number of complaints was high. The majority of responses were appropriate. Prisoners expressed negative perceptions about the formal complaints system. Some complaints against staff required more thorough investigation.*

**2.45** In our survey, only 25% of respondents felt complaints were dealt with fairly, against the comparator of 34%, and 27%, against 18%, said they had been prevented from making a complaint. Complaint forms were readily available on each wing and locked complaints boxes were emptied daily by the complaints clerk. In the previous six months, there had been 1,460 complaints, which was high. The most common complaints were about property and violence management reviews. The complaints clerk checked 10% of responses to complaints, and this had led to some improvement in their quality. The senior management team analysed trends regularly. Responses to most complaints we examined were polite, investigated thoroughly and answered the issue raised. However, a few complaints about staff had not been investigated thoroughly enough. The prisoners' perspective had not been thoroughly reviewed and some had taken the staff member's version without appropriate enquiry.

## Recommendation

**2.46** Complaints about staff should be investigated thoroughly.

## 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.**

**2.47** *Legal service provision was adequate but not promoted well. Prisoners had insufficient access to legal telephone calls.*

**2.48** Offender supervisors directed prisoners to legal representation when requested, but legal service provision was not covered during the induction process. The restricted regime inhibited prisoner access to telephones and consequently legal representatives, although there was adequate access to legal visits. In our survey, only 25% of respondents said that it was easy to communicate with their legal representative, against the comparator of 48%, and only 33%, against 52%, said it was easy to attend a legal visit. There was a suitable range of legal texts in the library.

## Housekeeping point

**2.49** Legal services should be better promoted to new arrivals.

## 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.**

**2.50** *Health care provision was good and its supervision and management were effective. Health screening of new arrivals was reasonable. Prisoner access to nurses and GP clinics was good, and the range of primary care services reflected population needs. Management of long-term conditions included effective care plans. Medicines management was reasonable and risk assessment for in-possession medication was proportionate. Dental waiting times were short. Primary mental health services were commendable – prisoners had access to a range of interventions and were well cared for.*

### Governance arrangements

- 2.51** Health services were commissioned by NHS England and provided by Care UK with subcontracts with South London and Maudsley NHS Foundation Trust (SLAM) for mental health, alongside several other specialist providers. Regular partnership board meetings for the prison cluster that included Isis had appropriate membership. Cohesive and effective working between the different services supported positive outcomes for prisoners, but the health needs assessment did not provide robust information about population health needs and was out of date.
- 2.52** Regular meetings included staff meetings, clinical governance, medicines management and plans for a complex needs meeting to ensure information sharing and planning for prisoners with more challenging needs. The inclusion of nurses in the morning house block staff handover meetings was commendable.
- 2.53** Clinical staff had completed appropriate training, including resuscitation skills, safeguarding vulnerable adults, minor illness and dental triage. Management supervision arrangements were clear and nurses and the GP had formal arrangements for clinical supervision. The regular inclusion of a clinical topic presentation at the staff meeting enabled useful peer discussion and learning. There had been some training on the risks associated with use of force, and nurses understood their role in monitoring of use of force on prisoners.
- 2.54** Responses to health complaints were prompt, polite and addressed the complaint appropriately. There was no independent health complaints system and so prisoners could only complain through the main prison system, which lacked the appropriate confidentiality. Clinical incidents were well reported, with follow-up investigation and learning actions. Health staff attended house block prisoner consultation meetings, and regular patient feedback surveys showed overall satisfaction with services. Prisoners we spoke to were generally positive about their experience of health care provision.
- 2.55** Age-appropriate health promotion materials were visible and accessible in most health care rooms, but there was nothing in foreign languages (see recommendation 2.35). Professional interpreting was used with prisoners with limited English.



- 2.56** Health care policies were accessible to staff through the organisation's intranet and included appropriate clinical and health protection policies, but the blood-borne virus policies were badly out of date. There had been recent infection control audits, which required some actions.
- 2.57** The main health care facility was pleasant and clean with suitable consultation space. Treatment rooms on the house blocks were clean with suitable space and clinical equipment. Some rooms had basin taps that did not comply with infection control requirements. Suitable resuscitation equipment, including automated defibrillators, was accessible to all prison staff, and regular checks were recorded. Too few staff dealing with prisoners had received resuscitation training.

## Recommendations

- 2.58** **There should be a full health needs assessment to ensure that the services commissioned meet the needs of the population.** (Repeated recommendation 5.5)
- 2.59** **All prison staff should have up-to-date resuscitation skills training, including use of the automated defibrillator.**

## Good practice

- 2.60** *Nurses attended house block staff handover meetings, which supported responsive care for prisoners.*

## Delivery of care (physical health)

- 2.61** In our survey, only 61% of respondents, against the comparator of 70%, said that they had seen someone from health care on their arrival. During the inspection nurses arrived at reception late, which delayed the reception process unnecessarily, but we observed that all new arrivals were screened, and clinical records supported this. Reception screening provided an effective risk assessment and early referral where needed, for example, to mental health or substance misuse services. New arrivals received a secondary health assessment the following day, and we observed appropriate referrals to the GP, substance misuse and mental health services. Prisoners were asked to consent to information sharing with other departments, although they were given a pre-completed form to read and sign, which did not enable them to make a properly informed independent decision.
- 2.62** Prisoners made applications for appointments through the biometric system and were then given an appointment slip (see paragraph 2.7). They could see a nurse each day on the house blocks for their medication and to discuss minor illness or concerns. Most requests to see the GP were triaged by a nurse and access to the GP was prompt. The GP care we observed was thorough, attentive to patient concerns and clinically robust, including use of diagnostic tests. Most prisoners told us that the quality of GP care was good.
- 2.63** There was an overall 12% loss of internal clinical appointments mainly due to the restricted regime (see paragraph 3.2), and prisoners often had to choose between attending a health appointment and having a shower or telephone call. A few health staff had been cleared to collect and return prisoners for appointments, but this risked further loss of clinical time. Prisoners complained of waiting long periods in a busy holding room, and our observations confirmed this.

- 2.64** There was a helpful range of primary care services, including physiotherapy, ultrasound and orthopaedic clinics. Waiting times were short, which reduced the need for prisoners to go out for appointments. External hospital appointments were rarely cancelled. Prisoners were offered age-appropriate screening and immunisations for blood-borne viruses and sexually transmitted diseases. Access to smoking cessation clinics was prompt. Arrangements for out-of-hours medical cover were reasonable and included a protocol for emergency ambulance access.
- 2.65** Care for long-term conditions was reasonable and included effective use of care plans. Staff had been identified and started training to increase the number of long-term conditions clinics. Prisoners with insulin-dependent diabetes could keep their insulin pens in their possession. There were advanced plans for a complex needs meeting to coordinate care for prisoners with multiple health needs.

## Recommendation

- 2.66** **Prisoners should be able to access health care appointments without having to choose between basic priorities, like a shower or telephone call.**

## Housekeeping point

- 2.67** Prisoner consent should be properly sought to enable informed patient choice.

## Pharmacy

- 2.68** The pharmacy service was in house and open daily. There was effective coordination with GP clinic times, and a pharmacist was on call 24 hours. However, patients did not have access to the pharmacist, and could only seek pharmacist advice if a nurse arranged a medicines use review.
- 2.69** Medication was administered from house block treatment rooms three times a day. Medicines were generally supplied on a named patient basis with an effective audit trail for prescriptions and dispensed medicines. Approximately 40% of medicines were given in possession, which was reasonable for the type of prison. This was supported by appropriate risk assessments. Medicines were prescribed both on paper charts and electronically. Poor location of the SystemOne IT system in the house block treatment rooms meant that it was not used for medicines administration. The use of duplicate prescriptions caused confusion and was a risk. Patient refusal of medication was recorded on the prescription charts but not always considered when repeat prescriptions were ordered. We saw a box of tablets for one prisoner with several loose strips of Risperidone (a schizophrenia treatment) with different expiry dates and batch numbers, which was not good practice. The prescription chart showed that the patient frequently refused tablets, and it was not clear how his care and refusals were monitored.
- 2.70** Patients could only obtain the less potent 'pharmacy only' medicines through the GP, as there was no minor ailments scheme. Some nursing staff were unclear whether the authority for administering some non-prescription medicines (such as paracetamol) was from a patient group direction (PGD, authorising appropriate health care professionals to supply and administer prescription-only medicine) or a special sick policy (the process for reporting sick outside of the normal surgery arrangements). Nurses told us that they could administer or give out asthma inhalers from the special sick cupboard in an emergency, but these were

given to patients whose prescriptions had run out and therefore without the authority of a prescription or a PGD.

- 2.71** The out-of-hours medicines cupboard was regularly checked and restocked. The pharmacy and treatment rooms were clean and tidy, with medicines stored appropriately and safely. Standard operating procedures were suitable, and PGDs enabled patients to receive a range of medicines. Some staff had been trained in the use of PGDs. An agreed formulary was largely adhered to and provided continuity between the regular and locum GPs and psychiatrists.

## Recommendations

- 2.72** **A single prescription should be used, and there should be appropriate monitoring of missed doses patients.**
- 2.73** **Prescription-only medicines should only be supplied under the appropriate authority, and nurses should be clear about the specific authority for administering a medication.**

## Housekeeping points

- 2.74** Patients should be able to see a pharmacist.
- 2.75** Prescribed medicines should remain in their original patient pack.

## Dentistry

- 2.76** Dental services were provided by a private dental practice. Access was good with prisoners waiting less than four weeks for a routine first appointment. Prisoners could obtain the full range of NHS treatment. There was a high 'did not attend' rate and the dentist was working to improve this by overbooking sessions and building confidence with hard-to-reach groups, such as dental phobics. Despite this, in our survey fewer prisoners than the comparator (34% against 42%) said the quality of dental care was good.
- 2.77** Consultations and treatment were recorded on paper cards, which were securely stored, and on SystemOne; the dentist prescribed using SystemOne. The dentist had received up-to-date resuscitation training and there was a kit including automated defibrillator in the suite. The dental suite was clean and clinically appropriate, with separate decontamination facilities. Equipment was regularly maintained and serviced.

## Delivery of care (mental health)

- 2.78** Primary mental health care was provided by Care UK who worked alongside a specialist team from SLAM (see paragraph 2.51). Prisoners with mental health needs could self-refer or were referred by any member of staff. All referrals were discussed at a weekly multidisciplinary meeting that agreed prioritisation on a scale that included urgency and complexity, with urgent referrals seen within 24 hours or sooner, and routine referrals within one week. Prisoners with the most acute or significant needs were monitored and supported several times a week by a mental health professional who best met their needs.

- 2.79** There were 24 prisoners on the primary mental health caseload. Clinical records confirmed their effective monitoring and follow up. Arrangements for physical monitoring of anti-psychotic medication was good. There was a commendable range of clinical professionals and interventions, including cognitive behavioural techniques, counselling, a sleep clinic, therapeutic group work and access to a regular psychiatrist clinic.
- 2.80** All prisoners were offered screening for attention deficit hyperactivity disorder (ADHD) through the specialist Concerta (an ADHD treatment) in adult offenders (Ciao) trial and also for the outreach and support in south London (Oasis) identification of early psychosis programme, which had been adapted to cater for men with post-traumatic stress disorder (PTSD). Some prisoners on the Ciao programme to whom we spoke were experiencing some stability of behaviour for the first time in their lives. However, prisoners on this trial were released with no take-home supply of medication, and there were not usually equivalent community services to refer them to.
- 2.81** Prisoners using the mental health services told us that they felt well supported and knew the name of their regular practitioners. There had been no transfers to secure NHS beds under the Mental Health Act in the previous year. Too few prison staff had received mental health awareness training.

## Recommendations

- 2.82** **There should be efforts to ensure the continued prescribing of medication and ongoing specialist support for prisoners started on the Ciao trial following their release.**
- 2.83** **There should be mental health awareness training for officers.** (Repeated recommendation 5.55)

## 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.**

**2.84** *Prisoners were negative about the food; although meals were repetitive we found the quality and quantity were reasonable. Meals were served too early and lunch was delivered to cells, which was disrespectful. Serveries were grubby and unsupervised but the kitchen was managed well. Consultation arrangements were effective.*

- 2.85** Throughout the inspection, prisoners were negative about the quality and quantity of food, although the meals we sampled were hot and tasty and portions were reasonable. The menu operated over a four-week cycle and while it provided for a range of diets it was repetitive. Fresh fruit and vegetables were available daily. Breakfast packs were issued at lunch the day before they were to be eaten, which was inappropriate.
- 2.86** Lunch was a sandwich, which was unusually served at the cell door and meant that prisoners had no opportunity to interact with staff or other prisoners, reinforcing their confinement to cells. Lunch and the evening meal were served too early. With the exception of D wing (which held enhanced prisoners with special privileges), prisoners could not dine out of cell

and had to eat next to unscreened toilets. Some serveries were grubby with dirty trays left in sinks up to 18 hours after they had been used. Servery workers were correctly dressed but used gloved hands to serve food rather than utensils, which was unhygienic. Supervision of the servery was poor and prisoners said that bullying for food was common.

- 2.87** The kitchen was clean and well maintained. Halal food was stored, prepared and cooked separately. The Muslim chaplain visited the kitchen regularly to provide assurance to Muslim prisoners that procedures were followed. Prisoners who worked there could only achieve a food hygiene certificate.
- 2.88** Prisoners were consulted about the food through a twice yearly survey, the prisoner consultative meeting and food comments books, all of which were used to make changes.

## Recommendations

- 2.89** **Breakfast packs should be issued on the day they are to be eaten.**
- 2.90** **Meals should be served at standard meal times and the lunch should be served from the servery.**
- 2.91** **Prisoners should be able to dine out of their cells.** (Repeated recommendation 8.9)
- 2.92** **There should be sufficient staff oversight of serveries to ensure the appropriate management of food and consistent portion control, food should only be served with the correct utensils, and serveries, including equipment, should be cleaned after each meal service.**

## Housekeeping point

- 2.93** The menu cycle should be varied.

## Purchases

### Expected outcomes:

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

- 2.94** *New arrivals could buy a reception pack but many waited too long for their first shop order. Shop consultation arrangements were responsive.*

- 2.95** New arrivals could buy a smoker's or non-smoker's shop pack. Prisoners used the biometrics system to place their shop order but, depending on the day they arrived, they could wait up to 12 days for their first order. This was too long and could lead to them getting into debt. In our survey, 42% of respondents said the shop sold a wide enough range of goods to meet their needs against only 26% at the last inspection. Shop consultation arrangements were good and the range of goods available broadly met the needs of the population.

- 2.96** There were several catalogues that prisoners could order from, but there were no current clothing catalogues, which affected prisoners' ability to replace their clothing. There was a delivery charge on catalogue orders, but this varied as it was shared between all those ordering at the same time. Newspapers and magazines were available from a local newsagent.

### **Recommendation**

- 2.97** **New arrivals should be able to buy items from the prison shop within their first 24 hours.**

### **Housekeeping point**

- 2.98** Clothing catalogues should be available to all prisoners.

## 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>6</sup>**

**3.1** *The temporary regime severely restricted the time that prisoners could spend out of cell, which was poor for a training prison. The time allowed out of cell, including association, exercise and domestic periods, was not usually cancelled, although there was occasional slippage due to late unlocking.*

**3.2** Since September 2013, the prison had run what was described as an emergency regime that limited the time that prisoners could spend out of their cells. We were told that this was necessary due to staff shortages and was likely to remain in place until at least September 2014. In effect, the prison operated two regimes that separated access to purposeful activity for the two house blocks. This meant that on two days a week one house block was locked down to allow prisoners from the other to attend workshops and education. So, for example, prisoners on the Meridian house block attended off-wing activities in the morning and afternoon on Tuesday and Wednesdays while prisoners on Thames attended main activities on Monday and Thursday. Both house blocks had limited access to the main activity areas on Friday morning, and all prisoners remained on house blocks on Friday afternoons. This meant that half the prison attended activities during the main working day from Monday to Thursday, and slightly more on Friday morning, and the rest remained on the house block and had access to some association and domestic periods when they could use the telephones, shower and clean their cells.

**3.3** Our observations suggested that, during the week, most prisoners could spend a maximum of six hours out of cell on three days and about 1.5 hours on two, which was insufficient for a training prison. Prisoners were unable to have a shower every day and there was no opportunity for anyone to be unlocked after 5pm. Periods when prisoners were unlocked were also limited to two hours each weekend day (see main recommendation S46). The limited time allowed out of cell, including association and domestic periods, was not usually cancelled, although we observed occasional slippage due to late unlocking. Exercise was often limited to half an hour a day.

**3.4** During roll checks at various times during the core working day we consistently found between 38% and 41% of prisoners locked in their cells, which was poor.

### Recommendation

**3.5** **The prison should offer prisoners at least one hour's exercise in the fresh air each day.** (Repeated recommendation 6.7)

<sup>6</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.**

**3.6** *Leadership and management of learning, skills and the Offender Learning and Skills Service (OLASS) provision were good. The number of activity places was not sufficient to meet the needs of the population. The restricted regime limited the amount of activity prisoners could undertake. The prison offered a good range of activities from entry through to Open University programmes. Achievement rates were good, including English and mathematics. Teaching and learning were good with behaviour well managed, and the majority of prisoners in learning were actively engaged. Quality assurance of the provision was thorough with a comprehensive system to observe and improve the quality of teaching, learning and assessment. The library was well managed, easily accessible, stocked appropriately and used well.*

**3.7** *Ofsted<sup>7</sup> made the following assessments about the learning and skills and work provision:*

*Overall effectiveness of learning and skills and work: Good*

*Achievements of prisoners engaged in learning and skills and work: Good*

*Quality of learning and skills and work provision: Good*

*Leadership and management of learning and skills and work: Good*

### Management of learning and skills and work

**3.8** The management of learning, skills and work and the OLASS provision was good. Managers had a clear strategic vision and well-established plans for further development. The provision had improved significantly since the previous inspection. The prison worked well with the provider, A4E, which delivered education and most of the vocational training. Relationships between all partner organisations were good. Allocation of prisoners to activities was fair and speedy.

**3.9** Induction was particularly effective. Prisoners received a very clear briefing on the courses available to them, including an excellent presentation by a peer mentor who used personal experience and other examples to encourage involvement and inspire new prisoners to take the opportunities offered. Initial diagnostic assessments of English and mathematics were effective. Clear short-term learning goals and longer-term career aspirations were identified by the National Careers Service, and this information was shared systematically with tutors.

<sup>7</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** There had been significant changes since the previous inspection with improvements in attendance, punctuality and the range of activities available. Managers used feedback from prisoners regularly to inform curriculum planning. They had recognised the need to introduce more courses at higher levels and plans were well advanced to include qualifications in English, information and communications technology (ICT) and business studies at level 3.
- 3.11** Quality improvement measures had been introduced and were now well established with a quality cycle that was monitored through the quality improvement group. Observations of teaching, learning and assessment were used effectively to identify action points, which were followed up through structured continuing professional development. The self-assessment process included all staff, and the report was appropriately critical and identified many of the strengths and areas for improvement we found on inspection.

### Provision of activities

- 3.12** There were insufficient purposeful activity places for the population. There were approximately 465 places, including 156 full-time-equivalent education places. Too many prisoners, approximately 50%, were locked up at any one time (see paragraph 3.2 and main recommendation S46). Jobs included full-time orderlies, cleaners, painters, Listeners, mentors, catering workers in the Quays restaurant and work in waste management, grounds maintenance and kitchens. The range of purposeful activity was too narrow for prisoners on C spur, the safer custody unit, who could not access construction skills training and the main education department.
- 3.13** The prison's current regime limited opportunities for prisoners to engage in full-time education. Approximately 75% of the population attended education sessions and only about 80 prisoners were in vocational training, which was low for a training prison. There were plans to increase the range of work and vocational training provision to include lighting assembly and interior fitting programmes.
- 3.14** A variety of programmes in education were designed to meet the needs and aspirations of most learners. Popular programmes included business, accounting, ICT, creative crafts, music technology and radio production. Many learners were studying successfully through the Open University and other distance learning programmes.
- 3.15** Employability training was a high priority for the prison. A needs analysis had identified that construction and hospitality programmes were key areas for employment and had arranged suitable vocational training, but construction programmes were available only at level 1. Learners working in the kitchen could progress into the staff restaurant and work towards level 2 national vocational qualifications (NVQs) and could also achieve barista awards. Barbering and cleaning were also offered at level 2. In-class and outreach support for prisoners with additional support needs was particularly well managed, except for residents of the segregation unit where there was no outreach support. Approximately 80 learners received good individual support to develop their English and mathematics skills in learning sessions and on the residential units. However, those on the safer custody unit received too little support. The Safer Ground charity provided a highly successful series of family relationship personal development programmes, primarily to prisoners on the safer custody unit (see paragraph 1.24).
- 3.16** English and mathematics at level 1 were compulsory programmes that learners had to complete before they could engage in certain purposeful activities. These essential employment-related skills were well taught in discrete sessions and integrated into some vocational and educational programmes, but further development was needed.

- 3.17** The prison was unaware of the number of prisoners needing English for speakers of other languages (ESOL) support. A small minority who needed ESOL support had been placed in an English session with support from a teaching assistant. There were no classroom-based ESOL sessions.

## Recommendations

- 3.18** The prison should improve the range of work opportunities to ensure that all prisoners can engage in purposeful activity.
- 3.19** The prison should provide higher level accredited learning programmes in construction skills.
- 3.20** The prison should provide a better range of vocational training and education programmes for prisoners on the safer custody unit (C spur).
- 3.21** The prison should identify those prisoners needing English for speakers of other languages (ESOL) support and provide appropriate support to meet their needs fully.

## Quality of provision

- 3.22** Teaching, learning and assessment in most education and vocational training programmes were good. Individual learning plans were used to set short- and long-term targets for learners, and there was good support for learners, including use of learning mentors and excellent resources to assess and manage dyslexia and attention deficit hyperactivity disorder (ADHD). Staff used a very effective range of learning strategies, including group work and stimulating practical tasks, to reinforce learning, and planned lessons well. In most classes the more able learners were given challenging tasks and peer mentors provided encouraging support for the less able. Tutors gave good practical demonstrations and allowed learners to 'have a go' and make mistakes in a controlled environment. Some learners displayed good practical skills in painting and decorating and were used to mentor the less able. These learners often progressed successfully to a peer mentoring programme, which boosted their confidence and self-esteem.
- 3.23** Tutors managed sessions and behaviour well and learners displayed a high level of maturity and mutual respect. The construction multi-skills programme was effective in providing learners with basic skills at level 1 but did not offer any higher level qualifications. The Quays restaurant provided high quality learning and practical experiences in cooking, food production and front-of-house skills, and the barista skills accreditation gave learners good employability skills.
- 3.24** English and mathematics were well integrated into teaching and learning in several vocational training sessions – for example, measuring and cutting wood, estimating paint quantities and measuring pipe diameters. However, the integration of these subjects into education sessions was insufficiently planned. Learners' written portfolio work was assessed well, and tutors made supportive comments and written remarks to encourage improvement.
- 3.25** Good classrooms and resources, including information learning technology, were used effectively for all education programmes. For example, the creative crafts classroom had a wide range of artistic materials and the radio broadcasting room had an operational broadcast studio.

## Education and vocational achievements

- 3.26** Most learners who remained in the prison long enough made good progress towards their learning aims and achieved well on most educational and vocational training programmes. Learners developed their levels of confidence, interpersonal skills and English and mathematics ability on a range of programmes that focused on enhancing their future employment prospects. Prisoners gained good employability skills in vocational training, although some provision remained unaccredited. Achievements on resettlement employability programmes were good but a minority did not finish programmes due to the need to carry out other requirements of their sentence plan. Learners who received additional learning support progressed and achieved well through their learning aims.
- 3.27** Standards of learners' work were very good in barbering and catering programmes and learners developed strong employability skills. Creative arts learners produced high quality drawings, and some radio broadcast productions were of such a good standard that they received national prison radio service awards.
- 3.28** The majority of learners achieved English and mathematics functional skills qualifications, but achievement was low for English at level 2. Progression was good and many learners completed successive levels on the same programmes.

## Recommendation

- 3.29** **The prison should improve the achievements of functional English at level 2 and in resettlement employability programmes.**

## Library

- 3.30** The library facilities provided by Greenwich Leisure were good and a significant improvement since the last inspection. Access was good for prisoners on education and vocational classes, and those on the safer custody and segregation units got reasonable access to books. The library was well stocked, provided a welcoming and relaxed atmosphere with some imaginative seating, and was really appreciated by prisoners.
- 3.31** Helpful library staff were supported by two prisoner orderlies. There was a good range of books, including a very popular selection of urban fiction, as well as periodicals, newspapers, DVDs, CDs, legal publications and Prison Service Orders. A large majority of prisoners were library members, with approaching half active members. Access however, could have been much better if it were not for the restricted regime. Prisoners said that they enjoyed using the library. They could also purchase educational books if they preferred a personal copy. The Toe by Toe reading mentoring scheme was offered to prisoners and supported by eight mentors. Storybook Dads, enabling prisoners to record a story for their children, was available to all prisoners with young children, with no limit on the number who could use the service.

## 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.**

**3.32** *Prisoners had appropriate access to a limited variety of structured activities and physical training facilities. The range of vocational qualifications was very limited. Healthy living, diet and the principles of fitness were included in the gym induction and reinforced by staff through a variety of activities.*

**3.33** Physical education was effectively promoted to all prisoners at induction. A limited range of activities included basketball, volleyball, football, weights and cardiovascular exercise. All prisoners completed a manual handling course and the Heartstart (basic life support) programme at induction. The only other qualification offered was a level 2 award in gym instruction. Five prisoners worked as orderlies in the gym.

**3.34** Every prisoner was assessed by health care staff before their induction and also completed a fitness questionnaire. All prisoners completed an appropriate gym induction, which included a variety of information about health and fitness. Staff monitored the use of the gym, and only around 32% of the population were regular users, which was low. Access to physical exercise was available during the day and at weekends, within the confines of the restricted regime, and sessions had often been cancelled due to staff shortages.

**3.35** PE resources were very good and well maintained and included a large sports hall of very high quality and two outdoor artificial pitches. The facilities had been managed to increase the range of cardiovascular equipment, and decrease the weights available. The four gym staff were well qualified but at the time of inspection there was two vacancies. Relationships between staff and prisoners were good. Changing facilities were good and additional showers had been added and privacy screens fitted.

### Recommendations

**3.36** **The prison should increase prisoner use of the gym.**

**3.37** **The prison should increase PE staffing to the full complement to reduce session cancellations, and expand the range of accredited courses.**

## 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 offender management and reducing reoffending functions of the prison were managed separately and were not sufficiently integrated. Policy documents were broadly appropriate and there had been prisoner needs analyses to inform planned developments.*

**4.2** The offender management and reducing reoffending functions of the prison were managed separately, with resettlement the responsibility of the reducing reoffending team. Strategically this model worked reasonably well, although the links between both required further development. For instance, in both the induction and pre-release stages for prisoners, each department operated in isolation of the other, which diminished the overall effectiveness. Other departments across the prison were also not sufficiently integrated into the overall work of offender management and resettlement. Personal officers, for example, rarely played an active role in sentence planning or supporting reintegration planning. In our survey, only 9% of prisoners said that any member of staff had helped them prepare for release.

**4.3** The reducing reoffending and offender management functions each had their own clearly defined policies outlining their key functions and activities. Both policies were very comprehensive and included identified objectives and targets. However, due to cross deployment of the offender management unit (OMU) staff the full range of activity outlined, especially for offender management, was proving difficult to implement, and there needed to be greater consideration given to those activities to be prioritised. In addition to this, most offender supervisors and all managers in the department had been in post for less than 12 months and were relatively inexperienced.

**4.4** There had been two comprehensive prisoner needs analyses within the last 12 months to inform the development of resettlement provision. In January 2013, a questionnaire, completed by 215 prisoners, had covered a wide range of issues, including safer custody and most aspects of resettlement, and some findings had been incorporated into the subsequent reducing reoffending policy document (although much had not). In November 2013, there had been a detailed needs analysis by Greater London psychological services of the specific offending behaviour needs of the population of Isis, with the results published in January 2014. There was already evidence that this document had been used to plan programme provision for 2014-15.

**4.5** The reducing reoffending strategy group met quarterly throughout 2013 and was reasonably well attended by resettlement pathway representatives and providers. Although representatives from offender management attended, the meeting had relatively little focus on offender management or public protection issues.

## Recommendations

- 4.6** The reducing reoffending and offender management functions of the establishment should be better integrated to ensure coordination of provision to meet prisoner needs, and there should be a clear plan to rectify the offender management shortfall caused by offender management unit (OMU) staff deployment.
- 4.7** The prison should pursue a 'whole prison' approach to resettlement and encourage and support staff from all departments, especially personal officers, to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending. (Repeated recommendation 9.7)

## 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** *The quality and range of the OMU's work was too variable. Many prisoners arrived at Isis with no offender assessment system (OASys) assessment, and there were too few new or reviewed assessments at Isis – in all, over half the population had no up-to-date OASys. Sentence planning, when it occurred, was inconsistent and subsequent contact with prisoners was variable, although there were some examples of good casework. Public protection arrangements were generally good but potentially undermined by the low number of up-to-date OASys assessments.*

- 4.9** The OMU consisted of three probation officers and eight whole-time-equivalent prison officers. This team of offender supervisors was divided up into five separate pods, each covering specific London boroughs. The principle of this model was appropriate and attempted to offer a central point of contact for each borough, although given the fluctuating population and levels of demand this was not always possible. Approximately 92% of the population were subject to offender management, with around one-third identified as a high risk of harm. This group of prisoners were allocated primarily to probation offender supervisors with the remaining 400, identified as low and medium risk of harm, managed by officers. Caseloads averaged around 60 per supervisor.
- 4.10** A representative from the OMU saw all prisoners during induction, usually on their second day at the prison, with cases allocated shortly after, and most prisoners saw their allocated offender supervisor within a fortnight of their arrival. However, the role of the offender supervisor was unclear, and the quality, range and frequency of their engagement varied considerably. This was compounded by the regular cross-deployment of prison officer offender supervisors to other tasks, reducing their time for planned, focused contact with prisoners.
- 4.11** Many prisoners arrived at Isis without an up-to-date OASys, and in many cases there was no OASys at all. Too few assessments were subsequently undertaken at Isis, and even where they had been completed, later reviews were often out of date. This had been a problem at the prison for well over 12 months but was getting steadily worse. In March 2012, approximately one-third of the population did not have an up-to-date OASys, but this had

risen to approximately half (312 prisoners) by the time of the inspection. While this shortfall primarily affected prisoners assessed as low and medium risk (the responsibility of the Prison Service), we found several high risk cases too. In our survey, only 38% of prisoners said that they had a sentence plan, against the 70% comparator and 58% at our last inspection. This lack of up-to-date assessments diminished prisoners' ability to progress through their sentence, affected assessments for recategorisation and home detention curfew (HDC), and even impacted on full assessments of risk (see main recommendation S47).

- 4.12** Where sentence planning did occur, its quality varied too much. It was relatively rare for other prison departments to contribute directly to the process. For example, although the education, training and employment provider undertook individual assessments during induction, these were not included in subsequent sentence planning reviews. In most cases sentence planning reviews only included the prisoner and offender supervisor or, for high risk cases, the offender manager. Targets were too often vague – such as 'increase employability skills' or 'improve pro-social modelling' – and many were imposed rather than agreed in consultation with prisoners. In our survey, only 36% of prisoners with a sentence plan said that they were involved in its development, against the comparator of 55% and 71% at the last inspection.
- 4.13** Even beyond sentence planning, offender supervisor contact with prisoners was inconsistent and, in many cases, non-existent. Most contact was following a prisoner application, invariably to obtain information such as eligibility for HDC or recategorisation. Many prisoners told us that contact with the OMU was difficult, and in our survey only 12% said their offender supervisor was working with them to achieve sentence plan targets – even more worryingly, 73% said that *no one* was working with them. This was of particular concern given that the needs analysis published in November 2013 found that almost 60% of the population were convicted of a violent offence.
- 4.14** Despite these limitations, we did see some examples of good, comprehensive and detailed sentence plans, mostly completed on high risk prisoners, as well as very good casework with prisoners, in particular by probation offender supervisors. However, the work undertaken was variable and compounded by a lack of clearly defined role for offender supervisors, who were largely left to define the frequency of contact and focus of their work themselves. There was little direction and support to help offender supervisors prioritise their work and focus on prisoners most likely to benefit from it. Although probation staff received regular professional supervision, which did focus on casework, this was not extended to uniformed staff, and there were no formal opportunities for staff to share information on their work to develop good practice.
- 4.15** In the previous six months, of the 104 prisoners considered for HDC only 24 (23%) were successful. The cases we reviewed indicated that the decisions were appropriate and based on a good range of information. Six cases had initially been recommended for release and subsequently overturned, but these decisions were based on solid evidence. The reason for the relatively low number of successful applications was broadly due to the nature of offences. However, there were often considerable delays in decisions, and it was relatively rare that prisoners granted HDC were released on their earliest possible date. There were often substantial delays in the return of reports by community offender managers, in some cases over two months, which was unacceptably slow.
- 4.16** Since our last inspection, the range of release on temporary licence (ROTL) provision had improved and a clear policy had been developed. However, few prisoners took up ROTL, with only two in the previous six months for a total of 23 occasions (see also paragraph 4.37). The prison hoped to develop the range of possible placements, but continued to find it difficult to identify appropriate prisoners.

## Recommendations

- 4.17 Prisoners should not be transferred to Isis without an up-to-date offender assessment system (OASys) assessment.**
- 4.18 Prison officer offender supervisors should be allocated consistent and sufficient time to complete offender management tasks.** (Repeated recommendation 9.17)
- 4.19 There should be casework reviews and regular professional supervision for all offender supervisors to ensure consistent standards of service delivery and effective case management.**
- 4.20 The prison should develop a protocol with the London Probation Trust to improve the speed with which reports for home detention curfew are returned.**
- 4.21 Opportunities for release on temporary licence (ROTL) should be improved.** (Repeated recommendation 9.20)

## Public protection

- 4.22** Public protection arrangements and processes were generally managed well. All prisoners were appropriately screened on arrival, and those identified as a potential MAPPAs (multi agency public protection agency) case were reviewed by the senior probation officer. Attendance at the monthly inter departmental risk management team (IDRMT) meeting was good and included a wide range of departments. Prisoners thought to be a potential public protection risk could be brought to the IDRMT, even if they did not meet the criteria on the basis of their current or previous offence, which was positive. However, although all the cases we reviewed were appropriate, including three considered by the IDRMT in the last few months without an up-to-date OASys, the overall number of prisoners without an OASys or an up-to-date assessment meant that there was a potential for such prisoners with significant risk factors to be missed.
- 4.23** The prison had developed good links with the Metropolitan police Trident anti-gang initiative, to identify and manage prisoners with a known, high level gang association in the community. There were monthly multi-departmental and agency meetings to consider potential resettlement requirements and, while these meetings had only been in place for four months, initial indications were positive. However, there was considerable overlap with the function of the IDRMT and a clearer distinction was required.

## Housekeeping point

- 4.24** There should be a clear distinction between the role of the Trident monthly meeting and that of the inter departmental risk management team.

## Categorisation

- 4.25** In the last five months of 2013, the prison had held recategorisation reviews of 105 prisoners, of whom six were recategorised. The process then followed had been formulaic with relatively little consideration of individual issues and circumstances. Since January 2014, the process had changed with greater emphasis to prisoner representation and need. In this time, nine cases were reviewed of which three were successfully downgraded. There were relatively few difficulties in transferring category D prisoners or young adults classified for



open conditions. At the time of the inspection, there was only one category D prisoner and one young adult suitable for open conditions.

## Indeterminate sentence prisoners

- 4.26** The prison had five indeterminate-sentenced prisoners (ISPs), two of whom were sentenced to an indeterminate sentence for public protection (IPP). All ISPs were allocated to one of the probation officer offender supervisors. Although we saw one example of reasonably regular contact, we had the same concerns as for determinate-sentenced prisoners with no clear identification of the role of the offender supervisor in such cases (see also recommendation 4.19).

## 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.**

**4.27** *The prison managed reintegration reasonably well, but too many prisoners were released without an up-to-date OASys or even one at all. Information on work by resettlement pathway providers was not routinely shared with offender supervisors, although provision was generally good. Housing support was comprehensive, and there were initiatives to meet the financial concerns of prisoners. There was some good support to help prisoners in to education, training or employment. There was positive support and mentoring for some prisoners with substance misuse issues, and adequate arrangements for health support after release. Children and family support was much improved, as was the general visits experience. The range of accredited and non-accredited programmes to address offending behaviour was based appropriately on a needs analysis of the population.*

- 4.28** The prison released an average of around 37 prisoners a month. Offender supervisors were meant to take an active role in release planning for prisoners assessed as high risk, and/or subject to management through the IDRMT or Trident meetings, and to liaise with community offender managers. However, their role with low and medium risk prisoners was less well defined and likely to mean little or no contact with the prisoner, liaison with pathway providers or direct link with the offender manager to coordinate release planning.
- 4.29** We found several prisoners, including a few who were high risk, due to be released in the next few weeks who had had no contact with their offender supervisor in this pre-release phase. Some were also released with no OASys at all or one that was out of date.
- 4.30** Although resettlement provision was generally good across all the pathways, providers did not routinely share information with offender supervisors to inform offender managers.

## Recommendation

- 4.31** **Offender supervisors should effectively collate and manage reintegration management with offender managers, including work undertaken by resettlement pathway providers.**

## Accommodation

- 4.32** Accommodation support and advice was provided by Depaul UK, a charity helping mainly young people who are homeless, vulnerable and disadvantaged. Depaul UK was high profile and had developed an excellent reputation at the prison, attending many interdepartmental meetings, including the IDRMT and Trident monthly boards. Depaul UK workers saw all prisoners during induction, and relevant information was widely available across the prison. In our survey, more prisoners than the comparator said they knew who to speak to at the prison about problems with housing and accommodation support.
- 4.33** In our survey, 21% of prisoners said they had housing problems when they first arrived at Isis, against the 15% comparator, and approximately half the population accessed some support or advice from Depaul UK before their release. As well as helping individual prisoners with finding accommodation, Depaul UK was also involved in innovative projects, including family conciliation, to increase the likelihood of prisoners returning to live with parents, and a project developed in conjunction with a community housing association to provide supported accommodation in a property set up just for prisoners released from Isis. Eight prisoners had used this project in the last 13 months.
- 4.34** Most prisoners were released to appropriate accommodation, and in the previous six months only six had been released without an identified address, equating to less than 2.5%.

## Education, training and employment

- 4.35** The National Careers Service provision by Prospects, subcontracted to Working Links (a voluntary sector organisation which helps people secure employment), was good. Working Links was based in the prison and provided prisoners with support for writing curriculum vitae, interview skills and dealing with disclosure. The organisation's employment team had identified employers and job opportunities, and in several cases matched prisoners with jobs and helped with applications. Some prisoners had moved on to catering positions with an external charity, Switchback, and into full employment. Working Links also provided good mentor support to prisoners through the gate and into the community for up to a year following release.
- 4.36** The prison provided a range of vocational training programmes relevant to employment opportunities, but were limited to level 1 accredited awards in construction trades and offered few higher level awards (see recommendation 3.19).
- 4.37** Prisoners were offered a good non-accredited resettlement employability course before release but the programme needed to be better coordinated with sentence planning to maximise prisoner benefits. Too few prisoners benefited from ROTL opportunities and more needed to be done to extend participation (see recommendation 4.21). However, a recent jobs fair with local employers had resulted in 49 job offers for prisoners. More than 75% of recently released prisoners went into sustainable employment or training, which was confirmed by data from a charity-funded research project.

## Recommendation

- 4.38** **The prison should coordinate the resettlement employability programmes with its activities programme and sentence planning needs of prisoners to ensure prisoners gain the maximum benefit.**

## Health care

- 4.39** Health care staff saw all prisoners approximately a week before their release and gave advice about registering with a community GP and dentist, as well as a seven-day take-home supply of any prescribed medication. The department made effective links with community mental health teams for prisoners with severe and enduring mental health needs, including a pre-release care programme approach review. There was some early development work on palliative and end-of-life care but no current policy.

## Recommendation

- 4.40** **The prison should have a palliative care policy that supports prisoners with life-limiting conditions both in prison and after discharge into the community.**

## Drugs and alcohol

- 4.41** The substance misuse service was represented at interdepartmental meetings, such as drug strategy, risk management, clinical governance, dual diagnosis and clinical reviews. The team held continuity of care meetings for prisoners six weeks before their release to coordinate post-release support with other providers, such as the housing service and OMU. Prisoners received harm reduction information before release and release plans were of good quality. Prison exit workers from community agencies visited the establishment, and members of the substance misuse team had escorted some high need clients to community appointments. The team's gang worker could offer mentoring for six sessions after release.

## Finance, benefit and debt

- 4.42** Support for prisoners under this pathway had developed well since our last inspection. Prisoners could now open bank accounts before their release, and Depaul UK had negotiated with Santander to facilitate 10 such accounts a month, which broadly met demand. Money management courses were available through the education department. During 2013, Depaul UK had begun a debt management project offering prisoners advice and support in managing their outstanding debts. Initially scheduled to operate two days a week, it had been extended to three days a week due to high demand. At the time of the inspection, around 70 prisoners were offered such support. However, no detailed outcome data were collected to evaluate the project's impact or effectiveness.

## Housekeeping point

- 4.43** The prison should agree the outcome data to be monitored for the Depaul UK debt management service, and use it to evaluate outcomes.

## Children, families and contact with the outside world

- 4.44** The visitors' centre was operated by Spurgeons, a children's charity, and was shared with HMP Belmarsh. Facilities were generally good and staff were on hand to offer advice and guidance to visitors. There was also a separate office in the small area outside Isis where visitors booked in for their visit. Staff were available there before, during and after visits sessions. Visitors spoke positively of their experience and the support available.

- 4.45** Arrangements for booking visits continued to cause some problems. Although a relatively efficient system, many prisoners complained of difficulties in booking visits. Prisoners booked their own visits on the biometric system and first comers were able to block-book sessions and then cancel those not wanted, which left available slots unused. This was a particular problem for new arrivals, who told us it could take up to a month to receive a visit. There was also an inconsistency in that prisoners transferring into the prison could use unused sessions carried over from their former establishment, while visiting orders issued at Isis were only available for 28 days after their arrival.
- 4.46** The visits experience had also improved. Austere fixed seating had been replaced, which supported a more relaxed environment. Prisoners on visits no longer had to wear a bright coloured bib but visitors wore discrete wristbands instead. The snack bar offered a good and popular range of drinks and snacks, and prisoner orderlies helped staff it. There was a small children's play area, although this was not always staffed by workers from Spurgeons and only limited toys were available for children when this was the case.
- 4.47** There was a good range of provision to support links between prisoners and their families. These included four family visits a year, an extension of the Storybook Dads initiative (see also paragraph 3.31), and the Time to Connect and Family Man courses to help prisoners develop better relationships with their families and children.

## Recommendations

- 4.48** **The period for validity of visiting orders should be extended, and the system for booking visits should ensure equality of access for all prisoners.** (Repeated recommendation, 9.60)
- 4.49** **Play areas in all visits sessions should be staffed by supervised play workers.** (Repeated recommendation, 9.61)

## Attitudes, thinking and behaviour

- 4.50** Since the last inspection, the P-ASRO (Prison – Addressing Substance Related Offending) drug misuse programme had stopped running at Isis and the only formally accredited programme was now the Thinking Skills Programme (TSP). Although the current team of facilitators had reduced due to staff shortages, the prison had negotiated outside support to ensure the completion of programmes for the year. Following on the 2013 needs analysis by Greater London psychological services (see paragraph 4.4), the prison planned to introduce the Resolve programme, to help prisoners with histories of violence, with six TSP and two Resolve programmes planned for 2014-15.
- 4.51** There were three further non-nationally accredited programmes – the Sycamore tree victim awareness programme was delivered four times a year and the Leap leadership and conflict programme and Silence the Violence courses, both designed to address conflict and violence in relationships, were scheduled to be delivered four times each. However, these latter two programmes had not been fully evaluated and any impact they had was not clear.

## Recommendation

- 4.52** **The prison should fully evaluate the Silence the Violence and Leap programmes to ensure that they have a positive impact on the population of Isis.**

## Section 5. Summary of recommendations and housekeeping points

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

### Main recommendations

To the governor

- 5.1** The number of fights and assaults should be reduced and the prison should monitor and address prisoner perceptions about their safety. (S44)
- 5.2** The prison should make effective use of monitoring data and revise its equality and diversity plan to identify and address the concerns of black and minority ethnic prisoners, show how the needs of prisoners within each diversity strand will be addressed and provide assurance that allegations of discriminatory behaviour will be effectively addressed. (S45, repeated recommendation HP48)
- 5.3** Prisoners should be able to spend a reasonable amount of time out of their cell and be able to access a full prison regime every day, including all planned activities and opportunities to maximise their learning. (S46)
- 5.4** All appropriate prisoners should have a completed and up-to-date OASys assessment, and sentence plans based on this information should be improved and informed by contributions from departments across the prison. (S47)

### Recommendation

To the Home Office

Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment. (2.33)

### Recommendation

To the deputy director of custody

- 5.6** Prisoners should not be transferred to Isis without an up-to-date offender assessment system (OASys) assessment. (4.17)

### Recommendations

To Prisoner Escort and Custody Services

#### Courts, escort and transfers

- 5.7** Prison escort vans should be clean and free from graffiti. (1.3, repeated recommendation 1.6)
- 5.8** Escort staff should be more concerned about prisoners' needs and the support they require. (1.4)

## Recommendations

To the governor

### Courts, escort and transfers

- 5.9** Prisoners arriving during the staff lunch period should be disembarked from escort vans immediately. (1.5, repeated recommendation 1.7)

### Early days in custody

- 5.10** All reception holding rooms should have televisions and/or sufficient prison information to keep prisoners occupied. (1.12)
- 5.11** Reception procedures should be completed more swiftly (1.13)
- 5.12** All new arrivals should be able to shower and make a free telephone on their first night. (1.14)
- 5.13** Induction should include specific and timely information about Isis in a format understood by all prisoners. (1.15)

### Bullying and violence reduction

- 5.14** Governance arrangements for prisoners on formal violence reduction measures should be improved, and there should be a purposeful and structured regime for such prisoners. (1.25)
- 5.15** The prison should introduce a casework approach to deal with levels of violence, including planned interventions to address bullying behaviour and to support victims. (1.26)
- 5.16** Safer custody officers should have enough time to carry out their duties. (1.27)

### Self-harm and suicide

- 5.17** The number of Listeners should be increased. (1.35)
- 5.18** Strip clothing should only be used in exceptional circumstances when all other options have been exhausted, and should be properly authorised. (1.36)

### Safeguarding

- 5.19** The governor should develop the prison's contacts with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to create local safeguarding processes. (1.40)

### Security

- 5.20** The mandatory drug testing programme should be sufficiently resourced to undertake the required level of suspicion testing. (1.48)
- 5.21** The prison should develop a detailed drug supply reduction strategy and action plan. (1.49)
- 5.22** Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support it. (1.50, repeated recommendation 7.11)

### Incentives and earned privileges

- 5.23** The regime for prisoners on basic should be improved and include access to showers and telephones every day. (1.55)
- 5.24** The prison should explore and address prisoners' poor perceptions of the incentives and earned privileges scheme, to ensure the scheme is both legitimate and effective. (1.56)

### Discipline

- 5.25** 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. (1.61)
- 5.26** Use of force, particularly as a consequence of prisoner non-compliance, and use of handcuffs should be further reduced. (1.68)
- 5.27** The quality and timeliness of use of force records should be improved. (1.69)
- 5.28** Special accommodation should only be used in exceptional circumstances, and accountability for its use should be improved. (1.70)
- 5.29** The use of segregation should be reduced. (1.76)
- 5.30** The regime in the segregation unit should be improved and should include daily access to showers, telephone calls and one hour of outside exercise. (1.77)
- 5.31** The quality of documents authorising segregation should be improved and should include meaningful targets for prisoners. (1.78)
- 5.32** Prisoners segregated for longer than a month should have an individual care plan to monitor their psychological welfare and assist them to reintegrate successfully. (1.79)

### Substance misuse

- 5.33** The clinical substance misuse service should include naltrexone as a treatment option for opiate dependent prisoners wanting to remain drug-free. (1.86)
- 5.34** The drug and alcohol strategy document should be updated, contain detailed development targets and be informed by a comprehensive needs analysis. (1.87)

### Residential units

- 5.35** All residential units, including cells and communal areas, should be clean, free from graffiti and properly maintained. (2.8)
- 5.36** Prisoners should be able to access adequate clean clothing and bedding consistently. (2.9, repeated recommendation 2.16)
- 5.37** Prisoners should be able to make telephone calls every day, including some time in the evening. (2.10)

### Staff-prisoner relationships

- 5.38** The prison should explore and address prisoners' negative perceptions about their relationships with staff. (2.15)
- 5.39** The personal officer scheme should be better developed to support prisoners effectively through their sentence. (2.16)

### Equality and diversity

- 5.40** There should be regular consultation meetings with prisoners from all minority groups about their needs and experiences. Issues raised should be pursued appropriately and any changes implemented communicated to prisoners. (2.23, repeated recommendation 4.10)
- 5.41** There should be adequately resourced arrangements to cover and support the role of the equality officer. (2.24)
- 5.42** The prison should develop and implement a programme to challenge racist and discriminatory prisoner behaviour at Isis. (2.25)
- 5.43** The prison should promote all aspects of equality and diversity. (2.26)
- 5.44** Foreign national prisoners should have access to free independent immigration advice. (2.34)
- 5.45** The prison should provide a coordinated approach to managing the needs of foreign national prisoners, and ensure that essential information covering all aspects of safety, respect, purposeful activity and resettlement is translated into the necessary languages. (2.35)
- 5.46** There should be support available for gay or bisexual prisoners. (2.36)

### Faith and religious activity

- 5.47** Prisoner access to religious leaders should be improved. (2.41)

### Complaints

- 5.48** Complaints about staff should be investigated thoroughly. (2.46)

### Health services

- 5.49** There should be a full health needs assessment to ensure that the services commissioned meet the needs of the population. (2.58, repeated recommendation 5.5)
- 5.50** All prison staff should have up-to-date resuscitation skills training, including use of the automated defibrillator. (2.59)
- 5.51** Prisoners should be able to access health care appointments without having to choose between basic priorities, like a shower or telephone call. (2.66)
- 5.52** A single prescription should be used, and there should be appropriate monitoring of missed doses patients. (2.72)
- 5.53** Prescription-only medicines should only be supplied under the appropriate authority, and nurses should be clear about the specific authority for administering a medication. (2.73)



- 5.54** There should be efforts to ensure the continued prescribing of medication and ongoing specialist support for prisoners started on the Ciao trial following their release. (2.82)
- 5.55** There should be mental health awareness training for officers. (2.83, repeated recommendation 5.55)

### Catering

- 5.56** Breakfast packs should be issued on the day they are to be eaten. (2.89)
- 5.57** Meals should be served at standard meal times and the lunch should be served from the servery. (2.90)
- 5.58** Prisoners should be able to dine out of their cells. (2.91, repeated recommendation 8.9)
- 5.59** There should be sufficient staff oversight of serveries to ensure the appropriate management of food and consistent portion control, food should only be served with the correct utensils, and serveries, including equipment, should be cleaned after each meal service. (2.92)

### Purchases

- 5.60** New arrivals should be able to buy items from the prison shop within their first 24 hours. (2.97)

### Time out of cell

- 5.61** The prison should offer prisoners at least one hour's exercise in the fresh air each day. (3.5, repeated recommendation 6.7)

### Learning and skills and work activities

- 5.62** The prison should improve the range of work opportunities to ensure that all prisoners can engage in purposeful activity. (3.18)
- 5.63** The prison should provide higher level accredited learning programmes in construction skills. (3.19)
- 5.64** The prison should provide a better range of vocational training and education programmes for prisoners on the safer custody unit (C spur). (3.20)
- 5.65** The prison should identify those prisoners needing English for speakers of other languages (ESOL) support and provide appropriate support to meet their needs fully. (3.21)
- 5.66** The prison should improve the achievements of functional English at level 2 and in resettlement employability programmes. (3.29)

### Physical education and healthy living

- 5.67** The prison should increase prisoner use of the gym. (3.36)
- 5.68** The prison should increase PE staffing to the full complement to reduce session cancellations, and expand the range of accredited courses. (3.37)

### Strategic management of resettlement

- 5.69** The reducing reoffending and offender management functions of the establishment should be better integrated to ensure coordination of provision to meet prisoner needs, and there should be a clear plan to rectify the offender management shortfall caused by offender management unit (OMU) staff deployment. (4.6)
- 5.70** The prison should pursue a 'whole prison' approach to resettlement and encourage and support staff from all departments, especially personal officers, to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending. (4.7, repeated recommendation 9.7)

### Offender management and planning

- 5.71** Prison officer offender supervisors should be allocated consistent and sufficient time to complete offender management tasks. (4.18, repeated recommendation 9.17)
- 5.72** There should be casework reviews and regular professional supervision for all offender supervisors to ensure consistent standards of service delivery and effective case management. (4.19)
- 5.73** The prison should develop a protocol with the London Probation Trust to improve the speed with which reports for home detention curfew are returned. (4.20)
- 5.74** Opportunities for release on temporary licence (ROTL) should be improved. (4.21, repeated recommendation 9.20)

### Reintegration planning

- 5.75** Offender supervisors should effectively collate and manage reintegration management with offender managers, including work undertaken by resettlement pathway providers. (4.31)
- 5.76** The prison should coordinate the resettlement employability programmes with its activities programme and sentence planning needs of prisoners to ensure prisoners gain the maximum benefit. (4.38)
- 5.77** The prison should have a palliative care policy that supports prisoners with life-limiting conditions both in prison and after discharge into the community. (4.40)
- 5.78** The period for validity of visiting orders should be extended, and the system for booking visits should ensure equality of access for all prisoners. (4.48, repeated recommendation, 9.60)
- 5.79** Play areas in all visits sessions should be staffed by supervised play workers. (4.49, repeated recommendation, 9.61)
- 5.80** The prison should fully evaluate the Silence the Violence and Leap programmes to ensure that they have a positive impact on the population of Isis. (4.52)

## Housekeeping points

### Early days in custody

- 5.81** First night cells should be properly prepared, with clean toilets and be free from graffiti. (1.16)

### Self-harm and suicide

- 5.82** Listeners should be able to attend all safer custody meetings. (1.37)

### Discipline

- 5.83** Cells in the segregation unit should be free from graffiti and have clean toilets. (1.80)
- 5.84** Prisoners should only be strip searched on entry to the segregation unit following a robust risk assessment. (1.81)
- 5.85** The quality of staff entries in daily history sheets should be improved and should reflect constructive engagement with prisoners. (1.82)

### Equality and diversity

- 5.86** Prisoners from all minority groups should be identified on arrival. (2.27)
- 5.87** The prison should ensure that all foreign nationals are aware of and have access to the regular immigration advice surgeries. (2.37)
- 5.88** All prisoners requiring a personal emergency evacuation plan should have one. (2.38)

### Faith and religious activity

- 5.89** Prisoners should not have to apply to attend corporate worship. (2.42)
- 5.90** Prisoners subject to violence management measures should be individually risk assessed to attend faith services. (2.43)

### Legal rights

- 5.91** Legal services should be better promoted to new arrivals. (2.49)

### Health services

- 5.92** Prisoner consent should be properly sought to enable informed patient choice. (2.67)
- 5.93** Patients should be able to see a pharmacist. (2.74)
- 5.94** Prescribed medicines should remain in their original patient pack. (2.75)

### Catering

**5.95** The menu cycle should be varied. (2.93)

### Purchases

**5.96** Clothing catalogues should be available to all prisoners. (2.98)

### Offender management and planning

**5.97** There should be a clear distinction between the role of the Trident monthly meeting and that of the inter departmental risk management team. (4.24)

### Reintegration planning

**5.98** The prison should agree the outcome data to be monitored for the Depaul UK debt management service, and use it to evaluate outcomes. (4.43)

## Examples of good practice

**5.99** The prison had engaged actively with internal departments and external agencies, including Metropolitan police officers from the Trident team (responsible for tackling gang violence) and the London Probation Trust, to manage known gang members and prisoners with known conflicts to reduce the potential for conflict and violence in the prison, and before and on release to reduce the risk to the public. (1.51)

**5.100** The substance misuse team had developed interactive methods of working and innovative interventions, such as mentoring gang members. (1.88)

**5.101** Nurses attended house block staff handover meetings, which supported responsive care for prisoners. (2.60)

## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Kieron Taylor	Team leader
Andy Lund	Inspector
Keith McInnis	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Catherine Shaw	Head of research, development and thematics
Ewan Kennedy	Researcher
Gemma Quayle	Research trainee

#### Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Tim Brackpool	Care Quality Commission
Eilean Robson	Pharmacist
Charles Clark	Ofsted inspector
Bob Cowdrey	Ofsted inspector
Mark Shackleton	Ofsted inspector

#### Observers

Collette Daoud	Prospective research trainee, HMIP
Brenda Kirsch	Editor, HMIP
Francette Montgry	Admin, HMIP
Matthew Coffey	Ofsted
Athene Sherwood	Ofsted



## Appendix II: Progress on recommendations from the last report

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

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2011, new arrivals had a reasonable experience of reception, although the process often took too long. First night arrangements were poor. Not all prisoners received an induction programme and for many who did it was disorganised. Many prisoners felt unsafe at the prison and the number of violent incidents was high, although violence reduction and self-harm procedures were good. Prisoners housed on G wing for their own protection had an extremely limited regime. Procedures for managing the relatively low number of prisoners on self-harm monitoring were generally reasonable. Security procedures were broadly proportionate but physical security required improvement. Use of force was high, some incidents could have been avoided and its governance required improvement. The segregation regime was basic but prisoners had reasonable access to amenities. The integrated drug treatment system was well managed and illicit drug use low. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### **Main recommendations**

Problems with systems for reconciling the roll should be urgently resolved so that planned activity can take place consistently without disruption. (HP44)

##### **Achieved**

The prison should understand and effectively address poor prisoner perceptions of their safety. Victims, particularly those seeking refuge on G Wing, should receive effective support and help to reintegrate safely back on to the main wings. (HP45)

##### **Partially achieved**

#### **Recommendations**

Prison escort vans should be clean and free from graffiti. (1.6)

##### **Not achieved** (recommendation repeated 1.3)

Prisoners arriving during the staff lunch period should be disembarked from escort vans immediately. (1.7)

##### **Not achieved** (recommendation repeated 1.4)

Reception holding rooms should have a television and reading material to occupy prisoners, and be more effectively supervised. (1.15)

##### **Partially achieved**

The reception process should be streamlined and take less time. (1.16)

##### **Partially achieved**

The searching of prisoners' in-possession property should be thorough, and religious items should always be handled sensitively. (1.17)

**Achieved**

All new arrivals should have a first night risk assessment interview, and issues they raise should be recorded. (1.23)

**Achieved**

Designated first night cells should be identified and cleaned before occupancy. (1.24)

**Achieved**

Staff should interview new arrivals as soon as they are located on to the first night/induction wing and explain the wing routine. (1.25)

**Not achieved**

There should be formal handovers between day and night staff to discuss the new arrivals and any subsequent issues. (1.26)

**Achieved**

All new arrivals should undertake the induction programme, which should be in line with the published programme and not subject to interruptions. (1.33)

**Partially achieved**

All induction interviews should take place in private. (1.34)

**Achieved**

Governance arrangements for prisoners on formal violence reduction measures should be improved. (3.14)

**Not achieved** (see recommendation 1.25)

Staff entries in assessment, care in custody and teamwork (ACCT) documents should be improved and reflect high levels of prisoner care. (3.23)

**Achieved**

Care mapping should consistently address prisoners' individual circumstances and needs. (3.24)

**Achieved**

Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support it. (7.11)

**Not achieved** (recommendation repeated 1.50)

Senior managers should take action to address staff's over-reliance on issuing behaviour warnings for minor infractions, and formally monitor this to identify learning points. (7.44)

**Achieved**

Records of adjudications should show sufficient enquiry to support the findings, and all actions by adjudicators, such as adjournments, should be fully explained. (7.18)

**Not achieved**

A senior manager should scrutinise all records of incidents where force has been used for prisoner non-compliance to ensure its use is necessary and lawful, and to identify learning points. (7.25)

**Partially achieved**



Use of force data should be analysed across a range of areas to identify and address emerging patterns and trends. (7.26)

**Achieved**

All prisoners located in the segregation unit should be made aware that they are able to attend religious services, subject to a risk assessment, and this should be included in the published regime. (7.34)

**Not achieved**

The segregation monitoring and review group should routinely analyse data for emerging patterns and trends and take appropriate action to address them where necessary. (7.35)

**Partially achieved**

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection, in 2011, the prison environment and accommodation were generally good, as was prisoner access to basic amenities, although there were unacceptable delays in obtaining their stored property. Staff-prisoner relationships were variable and often poor. Some inexperienced staff appeared to lack confidence in their dealings with prisoners. The personal officer scheme was underdeveloped. Prisoners were highly critical of the food. The equality and diversity policy was basic and work on most diversity strands was in its infancy. Black and minority ethnic and Muslim prisoners had more negative perceptions, and issues identified in focus groups had yet to be addressed. Health care, including mental health provision, was underdeveloped and some clinics were poorly attended. There was insufficient dental provision. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

Managers should take urgent steps to ensure cell call bells are answered promptly and monitor this to ensure it happens consistently. Cell call bells should be able to be reset by staff when necessary. (HP46)

**Achieved**

Vacancies should be filled with permanent staff as quickly as possible. Staff training, supervision and development should reinforce the requirement for staff to have active, positive relationships with prisoners (HP47)

**Partially achieved**

The prison should make effective use of monitoring data and revise its equality and diversity plan to identify and address the concerns of black and minority ethnic prisoners, show how the needs of prisoners within each diversity strand will be addressed and provide assurance that allegations of discriminatory behaviour will be effectively addressed. (HP48)

**Not achieved** (repeated main recommendation S45)

### Recommendations

Toilets in all cells should be adequately screened. (2.9)

**Achieved**

Prisoners should be able to access their property in reception without delay. (2.15)

**Achieved**

Prisoners should be able to access adequate clean clothing and bedding consistently. (2.16)

**Not achieved** (recommendation repeated 2.9)

Quality assurance arrangements should be introduced for the applications process. (3.29)

**Achieved**

Links between personal officers and offender supervisors should be improved. (2.31)

**Not achieved**

There should be routine management checks to improve personal officer contact time and the quality of engagement with their prisoners. (2.32)

**Not achieved**

The equality and diversity action team meeting should encompass all diversity strands. (4.9)

**Not achieved**

There should be regular focus meetings for minority groups, including black and minority ethnic prisoners, foreign nationals and prisoners with disabilities, and issues raised should be pursued appropriately and any changes implemented communicated to prisoners. (4.10)

**Not achieved** (recommendation repeated 2.23)

The prison should develop effective mechanisms for consulting Gypsy and Traveller prisoners about their needs and experiences and address these effectively (4.21).

**Partially achieved**

Discrimination incident reporting forms should be thoroughly investigated in a timely manner, and be subject to regular external scrutiny with written feedback to the equality and diversity action team. (4.22)

**Achieved**

The prison should work with foreign national prisoners to address their concerns, and staff, including personal officers, should know the individual circumstances of the foreign national prisoners with whom they are working (4.35)

**Not achieved**

Independent immigration support should be available and all foreign national prisoners should have the opportunity to see the United Kingdom Border Agency monthly. (4.36)

**Not achieved**

All foreign national prisoners should have unrestricted access to a free five-minute international telephone call each month. (4.37)

**Not achieved**

The individual needs of prisoners with disabilities should be assessed at reception and their needs met, and planned through effective personal care plans which are reviewed regularly. (4.44)

**Not achieved**

The prison should make reasonable adjustments for prisoners with disabilities who require them. (4.45)

**Achieved**

The prison should develop its work with gay and bisexual prisoners, including a declaration of and support for gay, bisexual and transgender prisoners. (4.48)

**Not achieved**

There should be a full health needs assessment to ensure that the services commissioned meet the needs of the population. (5.5)

**Not achieved** (recommendation repeated 2.58)

Resuscitation equipment should be relevant to the area and staff who may have to use it, and be readily available at all times. (5.16)

**Achieved**

All clinical records, including waiting lists and care plans, should be accurate, relevant and contemporaneous. (5.17)

**Achieved**

Prisoners should not be denied access to health services staff. (5.28)

**Achieved**

There should be robust management and active follow-up of all prisoners who fail to attend health services appointments. (5.29)

**Achieved**

Prisoners should have free and confidential access to barrier protection. (5.30)

**Achieved**

The in-possession risk assessments of each drug and patient should be documented and any reasons for the determination recorded. (5.38)

**Achieved**

Patient group directions should allow nursing staff to supply a wider range of and more potent medicines, where appropriate. (5.39)

**Achieved**

The medicines and therapeutics committee should meet regularly, with all stakeholders attending. It should agree and ratify policies and a prescribing formulary. (5.40)

**Achieved**

There should be robust and visible caseload management to ensure that all prisoners with emotional well-being and mental health needs are identified and have a plan of care to meet their needs. (5.53)

**Achieved**

Mental health nurses should have dedicated time for their caseload of patients. (5.54)

**Achieved**

There should be mental health awareness training for officers. (5.55)

**Not achieved** (recommendation repeated 2.75)

The quality, range and variety of meals should be improved to meet the needs of prisoners. (8.7)

**Partially achieved**

There should be sufficient staff oversight of serveries to ensure the appropriate management of food and consistent portion control. (8.8)

**Not achieved** (see recommendation 2.92)

Prisoners should be able to dine out of their cells. (8.9)

**Not achieved** (recommendation repeated 2.91)

The kitchen should use separate cooking utensils to prepare halal food (8.10).

**Achieved**

Consultation with prisoners should be extended to ensure that the prison shop meets their needs. (8.16)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2011, opportunities for time out of cell were poor. Too few prisoners were involved in meaningful activity. Many prisoners elected to stay locked in their cells rather than attend activities. Induction to learning and skills was not sufficiently coordinated, but the allocations process was efficient and effective. Vocational training classes were generally full but education and resettlement courses operated below capacity. However, a high percentage of those who did attend classes achieved their qualification. The level and range of education courses was not sufficient to meet the varied needs, prior achievements and aspirations of all prisoners. Leadership and management of learning and skills were satisfactory. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

## Main recommendations

The prison should develop an overarching strategy for learning and skills provision that is ambitious, coherent and achievable and which forms the basis for future development and improvement of the provision. (HP49)

**Achieved**

## Recommendations

All prisoners should be able to fully engage with the prison core day. (6.6)

**Not achieved**

The prison should offer prisoners at least one hour's exercise in the fresh air each day. (6.7)

**Not achieved** (recommendation repeated 3.5)

The prison should implement a structured and systematic quality improvement cycle, linked to integrated self-assessment and thorough action planning. (6.17)

**Achieved**

The prison should devise and implement new strategies to improve the rate of attendance and punctuality in classes. (6.18)

**Achieved**

The curriculum and use of space should fully meet the education, training and resettlement needs of all prisoners. (6.19)

**Partially achieved**

The length of sessions in education and vocational training should be reviewed to ensure they meet the learning needs of prisoners attending. (6.20)

**No longer relevant**

The prison should ensure that induction arrangements for learning and skills are efficiently coordinated and managed. (6.24)

**Achieved**

The prison should support learning and skills teaching staff to include literacy and numeracy fully in vocational training sessions. (6.32)

**Partially achieved**

Tutors should have sufficiently detailed information on the careers guidance that prisoners have received and their sentence plans to help them make learning activities relevant to prisoners' wider aims and future plans. (6.43)

**Achieved**

The prison should give peer mentors access to other prisoners on the wings to support those working in their cells. (6.44)

**Achieved**

Open University tutors should have increased opportunities to support prisoners' studies. (6.45)

**Achieved**

The library should have sufficient permanent staff and provide work and development opportunities for prisoners as library orderlies. (6.50)

**Achieved**

The library should install an appropriate computer system and increase the quality and range of its stock. (6.51)

**Achieved**

All prisoners should have sufficient time in the library to make full use of its facilities. (6.52)

**Achieved**

The library should have greater links with the education and resettlement departments to increase its range of activities to support prisoners' development. (6.53)

**Achieved**

The prison should improve punctuality in the gymnasium. (6.61)

**Achieved**

There should be more showers in the gymnasium. (6.62)

**Achieved**

The weights room should be adequately supervised and not overcrowded. (6.63)

**Achieved**

The range of PE courses and levels of accreditation available should be increased. (6.64)

**Not achieved**

## Resettlement

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

*At the last inspection, in 2011, the strategic management of resettlement and offender management was generally effective and the overarching model appropriate. The multidisciplinary team of offender supervisors was well managed. There was appropriate quality assurance to support staff development, although further emphasis on risk management was needed. Sentence planning procedures were variable, and links between the offender management unit and personal officers were underdeveloped. Public protection arrangements were mostly appropriate and robust. Reintegration planning was reasonable and prisoners were subject to pre-release reviews. Provision for most resettlement pathways was adequate. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Recommendations

The prison should pursue a 'whole prison' approach to resettlement and encourage and support staff from all departments, especially personal officers, to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending. (9.7)

**Not achieved** (recommendation repeated 4.7)

Prison officer offender supervisors should be allocated consistent and sufficient time to complete offender management tasks. (9.17)

**Not achieved** (recommendation repeated 4.18)

The quality of sentence plans and attendance at sentence planning boards should be improved. (9.18)

**Partially achieved** (see main recommendation S47)

There should be improved sharing of information about prisoners across the prison and identification of their behaviour to ensure a greater emphasis on challenging and addressing risk. (9.19)

**Not achieved**

Opportunities for release on temporary licence (ROTL) should be improved. (9.20)

**Partially achieved** (recommendation repeated 4.21)

Pre-release health clinics should be held early enough to give prisoners information and assistance to access health and social care services on release and support when necessary. (9.36)

**Achieved**

There should be a workable palliative care policy in place. (9.37)

**Not achieved**

Clinical supervision should be available to treatment managers to ensure consistent delivery of substance use services (9.52).

**Achieved**

The prison should provide specialist financial and debt management advice services. (9.40)

**Achieved**

Prisoners should be able to open bank accounts before their release. (9.41)

**Achieved**

The period for validity of visiting orders should be extended, and the system for booking visits should ensure equality of access for all prisoners. (9.60)

**Not achieved** (recommendation repeated 4.48)

Play areas in all visits sessions should be staffed by supervised play workers. (9.61)

**Not achieved** (recommendation repeated 4.49)

The refreshments in the visits hall should be improved. (9.62)

**Achieved**

The area and procedures for processing visitors should be improved. (9.63)

**Achieved**

The wooden bars on tables in the visits hall should be removed. (9.64)

**Achieved**

Prisoners should not have to wear bibs during visits. (9.65)

**Achieved**

There should be more opportunities for prisoners to attend family visits. (9.66)

**Achieved**

The provision of the Storybook Dads initiative should be extended. (9.67)

**Achieved**

There should be a wider range of interventions to address the offending behaviour needs of the population. (9.73)

**Achieved**





## Appendix III: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	214	386	97.2
Recall	1	16	2.8
<b>Total</b>	<b>215</b>	<b>402</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Less than six months	5	10	2.4
six months to less than 12 months	6	21	4.4
12 months to less than 2 years	23	55	12.6
2 years to less than 4 years	95	141	38.3
4 years to less than 10 years	71	169	38.9
10 years and over (not life)	11	5	2.6
ISPP (indeterminate sentence for public protection)	1	1	0.3
Life	3	0	0.8
<b>Total</b>	<b>215</b>	<b>402</b>	<b>100</b>

Age	Number of prisoners	%
Under 21 years	215	34.8
21 years to 29 years	402	65.2
<b>Total</b>	<b>617</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	178	349	85.4
Foreign nationals	37	48	13.8
<b>Total</b>	<b>215</b>	<b>397</b>	<b>100 (+0.8% not stated)</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	1	0.2
Category C	4	354	58
Category D	0	1	0.2
Other	210 YOI closed 1 unclassified	4 unclassified 41 YOI closed 1 YOI open	41.7
<b>Total</b>	<b>215</b>	<b>402</b>	<b>100</b>

Ethnicity	18–20 yr olds	21 and over	%
White			
British	53	95	24
Irish	4	6	1.6
Gypsy/Irish Traveller	0	1	0.2
Other white	14	18	5.2
	<b>71</b>	<b>120</b>	<b>31</b>
Mixed			
White and black Caribbean	14	32	7.5
White and black African	5	3	1.3

White and Asian	0	1	0.2
Other mixed	5	10	2.4
	<b>24</b>	<b>46</b>	<b>11.3</b>
Asian or Asian British			
Indian	6	7	2.1
Pakistani	4	11	2.4
Bangladeshi	7	7	2.3
Other Asian	7	16	3.7
	<b>24</b>	<b>41</b>	<b>10.5</b>
Black or black British			
Caribbean	36	79	18.6
African	46	78	20.1
Other black	10	23	5.3
	<b>92</b>	<b>180</b>	<b>44.1</b>
Other ethnic group			
Arab	0	1	0.2
Other ethnic group	2	6	1.3
	<b>2</b>	<b>7</b>	<b>1.5</b>
Not stated	<b>2</b>	<b>8</b>	<b>1.6</b>
<b>Total</b>	<b>215</b>	<b>402</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Church of England	30	53	13.5
Roman Catholic	37	59	15.6
Other Christian denominations	44	69	18.3
Muslim	66	148	34.7
Sikh	1	4	0.8
Hindu	0	4	0.6
Buddhist	1	1	0.3
Jewish	0	2	0.3
Other	0	2	0.3
No religion	36	60	15.5
<b>Total</b>	<b>215</b>	<b>402</b>	<b>100</b>

**Sentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	24	3.9	77	12.5
1 month to 3 months	35	5.7	83	13.5
3 months to six months	64	10.4	72	11.7
Six months to 1 year	53	8.6	112	18.2
1 year to 2 years	33	5.3	42	6.8
2 years to 4 years	6	1	16	2.6
<b>Total</b>	<b>215</b>	<b>34.8</b>	<b>402</b>	<b>65.2</b>

**Sentenced prisoners only**

	18–20 yr olds	21 and over	%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	133	178	50.4
<b>Total</b>	<b>133</b>	<b>178</b>	<b>50.4</b>

**Main offence – information not supplied**

## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>8</sup>. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 17 February 2014 the prisoner population at HMP/YOI Isis was 613. Using the method described above, questionnaires were distributed to a sample of 198 prisoners.

We received a total of 187 completed questionnaires, a response rate of 94%. This included one questionnaire completed via interview. Four respondents refused to complete a questionnaire, five questionnaires were not returned and two were returned blank.

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<sup>8</sup> 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	25
B	21
C	24
D	22
E	23
F	25
G	24
H	21
Segregation unit	2

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP/YOI Isis

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<sup>9</sup> differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP/YOI Isis in 2014 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 40 category C training prisons since April 2008.
- The current survey responses from HMP/YOI Isis in 2014 compared with the responses of prisoners surveyed at HMP/YOI Isis in 2011.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British and those who are foreign nationals.

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<sup>9</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

- A comparison within the 2014 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 21 and under and those over 21.
- A comparison within the 2014 survey between the safer custody wing (C wing) and the rest of the establishment, excluding the segregation unit.

## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		63 (34%)
	<i>21 - 29</i>		124 (66%)
	<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>		170 (91%)
	<i>Yes - on recall</i>		15 (8%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		2 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<i>Not sentenced</i>		2 (1%)
	<i>Less than 6 months</i>		13 (7%)
	<i>6 months to less than 1 year</i>		16 (9%)
	<i>1 year to less than 2 years</i>		34 (19%)
	<i>2 years to less than 4 years</i>		63 (35%)
	<i>4 years to less than 10 years</i>		48 (26%)
	<i>10 years or more</i>		4 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>		1 (1%)
	<i>Life</i>		1 (1%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship)</b>		
	<i>Yes</i>		27 (15%)
	<i>No</i>		154 (85%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		182 (98%)
	<i>No</i>		3 (2%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		182 (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>	36 (20%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i> 4 (2%)
	<i>White - other</i>	14 (8%)	<i>Mixed race - white and black Caribbean</i> 14 (8%)
	<i>Black or black British - Caribbean</i>	37 (20%)	<i>Mixed race - white and black African</i> 4 (2%)
	<i>Black or black British - African</i>	41 (22%)	<i>Mixed race - white and Asian</i> 2 (1%)
	<i>Black or black British - other</i>	4 (2%)	<i>Mixed race - other</i> 2 (1%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i> 4 (2%)
	<i>Asian or Asian British - Pakistani</i>	4 (2%)	<i>Other ethnic group</i> 1 (1%)

Asian or Asian British - Bangladeshi 7 (4%)

<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes		3 (2%)
	No		173 (98%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None	32 (18%)	Hindu 1 (1%)
	Church of England	37 (20%)	Jewish 1 (1%)
	Catholic	21 (12%)	Muslim 70 (39%)
	Protestant	1 (1%)	Sikh 1 (1%)
	Other Christian denomination	15 (8%)	Other 1 (1%)
	Buddhist	1 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight		181 (99%)
	Homosexual/Gay		0 (0%)
	Bisexual		2 (1%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)</b>		
	Yes		20 (11%)
	No		163 (89%)
<b>Q1.13</b>	<b>Are you a veteran (ex-armed services)?</b>		
	Yes		5 (3%)
	No		177 (97%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes		85 (46%)
	No		101 (54%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes		57 (31%)
	No		129 (69%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours		113 (60%)
	2 hours or longer		61 (33%)
	Don't remember		13 (7%)
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>		
	My journey was less than two hours		113 (61%)
	Yes		29 (16%)
	No		39 (21%)
	Don't remember		3 (2%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>		
	My journey was less than two hours		113 (61%)
	Yes		1 (1%)
	No		65 (35%)
	Don't remember		5 (3%)

<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		67 (36%)
	No		101 (54%)
	Don't remember		19 (10%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes		133 (72%)
	No		44 (24%)
	Don't remember		8 (4%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>		
	Very well		16 (9%)
	Well		71 (38%)
	Neither		65 (35%)
	Badly		16 (9%)
	Very badly		11 (6%)
	Don't remember		7 (4%)
<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>		
	Yes, someone told me		61 (33%)
	Yes, I received written information		62 (33%)
	No, I was not told anything		65 (35%)
	Don't remember		3 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>		
	Yes		142 (78%)
	No		36 (20%)
	Don't remember		5 (3%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	Less than 2 hours		70 (38%)	
	2 hours or longer		101 (55%)	
	Don't remember		14 (8%)	
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes		124 (68%)	
	No		35 (19%)	
	Don't remember		23 (13%)	
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		12 (7%)	
	Well		69 (38%)	
	Neither		59 (32%)	
	Badly		22 (12%)	
	Very badly		19 (10%)	
	Don't remember		3 (2%)	
<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>			
	Loss of property	52 (29%)	Physical health	15 (8%)
	Housing problems	37 (21%)	Mental health	19 (11%)
	Contacting employers	7 (4%)	Needing protection from other prisoners	29 (16%)
	Contacting family	61 (34%)	Getting phone numbers	49 (27%)



<i>Childcare</i>	4 (2%)	<i>Other</i>	12 (7%)
<i>Money worries</i>	37 (21%)	<i>Did not have any problems</i>	36 (20%)
<i>Feeling depressed or suicidal</i>	23 (13%)		

<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	<i>Yes</i>		37 (21%)
	<i>No</i>		104 (59%)
	<i>Did not have any problems</i>		36 (20%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	<i>Tobacco</i>		133 (72%)
	<i>A shower</i>		30 (16%)
	<i>A free telephone call</i>		68 (37%)
	<i>Something to eat</i>		111 (60%)
	<i>PIN phone credit</i>		79 (43%)
	<i>Toiletries/ basic items</i>		102 (55%)
	<i>Did not receive anything</i>		11 (6%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	<i>Chaplain</i>		87 (48%)
	<i>Someone from health services</i>		110 (61%)
	<i>A Listener/Samaritans</i>		34 (19%)
	<i>Prison shop/ canteen</i>		39 (22%)
	<i>Did not have access to any of these</i>		45 (25%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	<i>What was going to happen to you</i>		63 (35%)
	<i>What support was available for people feeling depressed or suicidal</i>		44 (24%)
	<i>How to make routine requests (applications)</i>		56 (31%)
	<i>Your entitlement to visits</i>		38 (21%)
	<i>Health services</i>		77 (43%)
	<i>Chaplaincy</i>		80 (44%)
	<i>Not offered any information</i>		54 (30%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>		
	<i>Yes</i>		110 (59%)
	<i>No</i>		61 (33%)
	<i>Don't remember</i>		14 (8%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>		
	<i>Have not been on an induction course</i>		21 (11%)
	<i>Within the first week</i>		83 (45%)
	<i>More than a week</i>		75 (40%)
	<i>Don't remember</i>		7 (4%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>		
	<i>Have not been on an induction course</i>		21 (12%)
	<i>Yes</i>		57 (31%)
	<i>No</i>		87 (48%)
	<i>Don't remember</i>		16 (9%)

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

<i>Did not receive an assessment</i>	23 (13%)
<i>Within the first week</i>	55 (31%)
<i>More than a week</i>	78 (43%)
<i>Don't remember</i>	24 (13%)

**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>	4 (2%)	41 (23%)	36 (20%)	39 (22%)	38 (21%)	20 (11%)
<i>Attend legal visits?</i>	10 (6%)	48 (28%)	47 (27%)	18 (10%)	20 (11%)	31 (18%)
<i>Get bail information?</i>	1 (1%)	8 (5%)	39 (23%)	26 (15%)	44 (26%)	53 (31%)

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

<i>Not had any letters</i>	42 (23%)
<i>Yes</i>	80 (44%)
<i>No</i>	59 (33%)

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

<i>Yes</i>	46 (26%)
<i>No</i>	25 (14%)
<i>Don't know</i>	109 (61%)

**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>	54 (30%)	122 (68%)	3 (2%)
<i>Are you normally able to have a shower every day?</i>	25 (14%)	154 (86%)	1 (1%)
<i>Do you normally receive clean sheets every week?</i>	40 (22%)	135 (76%)	3 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	29 (16%)	147 (82%)	4 (2%)
<i>Is your cell call bell normally answered within five minutes?</i>	19 (11%)	151 (84%)	10 (6%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	101 (57%)	74 (42%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	18 (10%)	121 (69%)	37 (21%)

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

<i>Very good</i>	2 (1%)
<i>Good</i>	42 (23%)
<i>Neither</i>	62 (34%)
<i>Bad</i>	44 (24%)
<i>Very bad</i>	32 (18%)

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

<i>Have not bought anything yet/ don't know</i>	5 (3%)
<i>Yes</i>	75 (42%)
<i>No</i>	99 (55%)

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

<i>Yes</i>	50 (28%)
<i>No</i>	32 (18%)
<i>Don't know</i>	98 (54%)

<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	98 (54%)
	No	35 (19%)
	Don't know/ N/A	48 (27%)
<b>Q4.9</b>	<b>Are you able to speak to a chaplain of your faith in private if you want to?</b>	
	Yes	83 (46%)
	No	19 (10%)
	Don't know/ N/A	79 (44%)
<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>	11 (6%)
	Very easy	34 (19%)
	Easy	57 (32%)
	Neither	19 (11%)
	Difficult	22 (12%)
	Very difficult	14 (8%)
	Don't know	23 (13%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	117 (65%)
	No	52 (29%)
	Don't know	10 (6%)
<b>Q5.2</b>	<b>Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)</b>	
		Not made one    Yes    No
	Are applications dealt with fairly?	18 (10%)    55 (31%)    106 (59%)
	Are applications dealt with quickly (within seven days)?	18 (11%)    55 (34%)    88 (55%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	118 (66%)
	No	42 (23%)
	Don't know	20 (11%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>)</b>	
		Not made one    Yes    No
	Are complaints dealt with fairly?	36 (20%)    36 (20%)    108 (60%)
	Are complaints dealt with quickly (within seven days)?	36 (21%)    41 (24%)    91 (54%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	49 (27%)
	No	132 (73%)
<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>	39 (22%)
	Very easy	12 (7%)
	Easy	34 (19%)
	Neither	46 (25%)
	Difficult	30 (17%)
	Very difficult	20 (11%)

### Section 6: Incentives and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentives and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i>	11 (6%)
	Yes	62 (34%)
	No	86 (47%)
	<i>Don't know</i>	24 (13%)
<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>	11 (6%)
	Yes	71 (39%)
	No	80 (44%)
	<i>Don't know</i>	19 (10%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	32 (17%)
	No	151 (83%)
<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>	128 (72%)
	Very well	8 (5%)
	Well	6 (3%)
	Neither	18 (10%)
	Badly	10 (6%)
	Very badly	7 (4%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	92 (51%)
	No	87 (49%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	87 (48%)
	No	94 (52%)
<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	23 (13%)
	No	158 (87%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	4 (2%)
	Never	62 (34%)
	Rarely	51 (28%)
	Some of the time	48 (26%)
	Most of the time	12 (7%)
	All of the time	5 (3%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	115 (64%)
	<i>In the first week</i>	9 (5%)
	<i>More than a week</i>	33 (18%)

*Don't remember* 24 (13%)

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

*Do not have a personal officer/ I have not met him/ her* 115 (65%)  
*Very helpful* 4 (2%)  
*Helpful* 12 (7%)  
*Neither* 17 (10%)  
*Not very helpful* 13 (7%)  
*Not at all helpful* 16 (9%)

**Section 8: Safety**

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

*Yes* 98 (54%)  
*No* 84 (46%)

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

*Yes* 56 (32%)  
*No* 121 (68%)

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

<i>Never felt unsafe</i>	84 (48%)	<i>At meal times</i>	17 (10%)
<i>Everywhere</i>	36 (21%)	<i>At health services</i>	26 (15%)
<i>Segregation unit</i>	6 (3%)	<i>Visits area</i>	38 (22%)
<i>Association areas</i>	27 (15%)	<i>In wing showers</i>	40 (23%)
<i>Reception area</i>	10 (6%)	<i>In gym showers</i>	23 (13%)
<i>At the gym</i>	21 (12%)	<i>In corridors/stairwells</i>	25 (14%)
<i>In an exercise yard</i>	41 (23%)	<i>On your landing/wing</i>	32 (18%)
<i>At work</i>	21 (12%)	<i>In your cell</i>	17 (10%)
<i>During movement</i>	46 (26%)	<i>At religious services</i>	14 (8%)
<i>At education</i>	40 (23%)		

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

*Yes* 62 (34%)  
*No* 118 (66%)

**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>	27 (15%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	28 (16%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	39 (22%)
<i>Having your canteen/property taken</i>	23 (13%)
<i>Medication</i>	2 (1%)
<i>Debt</i>	5 (3%)
<i>Drugs</i>	6 (3%)
<i>Your race or ethnic origin</i>	9 (5%)
<i>Your religion/religious beliefs</i>	5 (3%)
<i>Your nationality</i>	7 (4%)
<i>You are from a different part of the country than others</i>	5 (3%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	4 (2%)
<i>You have a disability</i>	1 (1%)
<i>You were new here</i>	16 (9%)
<i>Your offence/ crime</i>	7 (4%)
<i>Gang related issues</i>	19 (11%)

<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	78 (43%)
	No	102 (57%)
<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>	34 (19%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (6%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	25 (14%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	11 (6%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	6 (3%)
	<i>You have a disability</i>	1 (1%)
	<i>You were new here</i>	20 (11%)
	<i>Your offence/ crime</i>	14 (8%)
	<i>Gang related issues</i>	13 (7%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<i>Not been victimised</i>	78 (48%)
	Yes	28 (17%)
	No	58 (35%)

### 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	23 (13%)	4 (2%)	52 (30%)	47 (27%)	30 (17%)	20 (11%)
	The nurse	14 (8%)	18 (10%)	69 (40%)	38 (22%)	22 (13%)	13 (7%)
	The dentist	26 (15%)	2 (1%)	18 (10%)	34 (19%)	42 (24%)	55 (31%)
<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	38 (21%)	11 (6%)	58 (32%)	36 (20%)	22 (12%)	14 (8%)
	The nurse	19 (11%)	13 (7%)	63 (36%)	40 (23%)	25 (14%)	14 (8%)
	The dentist	58 (33%)	3 (2%)	38 (21%)	35 (20%)	12 (7%)	31 (18%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<b>Not been</b>					16 (9%)	
	<i>Very good</i>					10 (6%)	
	<i>Good</i>					55 (31%)	
	<i>Neither</i>					50 (28%)	
	<i>Bad</i>					38 (21%)	
	<i>Very bad</i>					11 (6%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes					44 (24%)	
	No					136 (76%)	

<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>	136 (75%)
	<i>Yes, all my meds</i>	11 (6%)
	<i>Yes, some of my meds</i>	10 (6%)
	<i>No</i>	24 (13%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	<i>Yes</i>	33 (18%)
	<i>No</i>	147 (82%)
<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>	147 (82%)
	<i>Yes</i>	16 (9%)
	<i>No</i>	17 (9%)

### 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>	40 (22%)
	<i>No</i>	142 (78%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i>	17 (9%)
	<i>No</i>	164 (91%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i>	32 (18%)
	<i>Easy</i>	9 (5%)
	<i>Neither</i>	8 (4%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	20 (11%)
	<i>Don't know</i>	106 (59%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i>	11 (6%)
	<i>Easy</i>	7 (4%)
	<i>Neither</i>	8 (4%)
	<i>Difficult</i>	8 (4%)
	<i>Very difficult</i>	24 (13%)
	<i>Don't know</i>	122 (68%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i>	6 (3%)
	<i>No</i>	176 (97%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i>	2 (1%)
	<i>No</i>	177 (99%)
<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>	141 (77%)
	<i>Yes</i>	26 (14%)
	<i>No</i>	15 (8%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	164 (90%)
	Yes	12 (7%)
	No	6 (3%)

<b>Q10.9</b>	<b>Was the support or help you received, while in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	150 (82%)
	Yes	25 (14%)
	No	7 (4%)

### Section 11: 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%)	2 (1%)	19 (11%)	27 (15%)	52 (29%)	69 (38%)
	Vocational or skills training	26 (15%)	8 (4%)	47 (26%)	45 (25%)	28 (16%)	24 (13%)
	Education (including basic skills)	12 (7%)	20 (12%)	79 (46%)	33 (19%)	11 (6%)	17 (10%)
	Offending behaviour programmes	41 (23%)	6 (3%)	19 (11%)	42 (24%)	33 (19%)	34 (19%)

<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>	
	<i>Not involved in any of these</i>	43 (24%)
	Prison job	41 (23%)
	Vocational or skills training	22 (12%)
	Education (including basic skills)	91 (51%)
	Offending behaviour programmes	15 (8%)

<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	54 (36%)	31 (21%)	48 (32%)	15 (10%)
	Vocational or skills training	51 (35%)	33 (23%)	33 (23%)	27 (19%)
	Education (including basic skills)	24 (15%)	68 (43%)	42 (27%)	23 (15%)
	Offending behaviour programmes	51 (38%)	31 (23%)	29 (21%)	24 (18%)

<b>Q11.4</b>	<b>How often do you usually go to the library?</b>	
	<i>Don't want to go</i>	11 (6%)
	Never	52 (29%)
	<i>Less than once a week</i>	24 (13%)
	<i>About once a week</i>	68 (38%)
	<i>More than once a week</i>	25 (14%)

<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>	39 (22%)
	Yes	55 (31%)
	No	81 (46%)

<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>	19 (11%)
	0	67 (38%)
	1 to 2	84 (47%)
	3 to 5	6 (3%)
	More than 5	1 (1%)



<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>	22 (12%)
	<i>0</i>	15 (8%)
	<i>1 to 2</i>	41 (23%)
	<i>3 to 5</i>	30 (17%)
	<i>More than 5</i>	71 (40%)
<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>	5 (3%)
	<i>1 to 2</i>	42 (24%)
	<i>3 to 5</i>	127 (71%)
	<i>More than 5</i>	2 (1%)
<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>	59 (33%)
	<i>2 to less than 4 hours</i>	39 (22%)
	<i>4 to less than 6 hours</i>	45 (25%)
	<i>6 to less than 8 hours</i>	16 (9%)
	<i>8 to less than 10 hours</i>	3 (2%)
	<i>10 hours or more</i>	7 (4%)
	<i>Don't know</i>	8 (5%)

### 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>	36 (20%)
	<i>No</i>	144 (80%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i>	107 (59%)
	<i>No</i>	73 (41%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i>	115 (64%)
	<i>No</i>	65 (36%)
<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>	15 (8%)
	<i>Very easy</i>	15 (8%)
	<i>Easy</i>	42 (24%)
	<i>Neither</i>	35 (20%)
	<i>Difficult</i>	32 (18%)
	<i>Very difficult</i>	32 (18%)
	<i>Don't know</i>	7 (4%)

### 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>	2 (1%)
	<i>Yes</i>	118 (67%)
	<i>No</i>	55 (31%)

<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>	57 (32%)
	<i>No contact</i>	55 (31%)
	<i>Letter</i>	27 (15%)
	<i>Phone</i>	11 (6%)
	<i>Visit</i>	43 (24%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	<i>Yes</i>	116 (65%)
	<i>No</i>	62 (35%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	2 (1%)
	<i>Yes</i>	66 (38%)
	<i>No</i>	107 (61%)
<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>	109 (63%)
	<i>Very involved</i>	13 (8%)
	<i>Involved</i>	10 (6%)
	<i>Neither</i>	7 (4%)
	<i>Not very involved</i>	11 (6%)
	<i>Not at all involved</i>	23 (13%)
<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>	109 (62%)
	<i>Nobody</i>	49 (28%)
	<i>Offender supervisor</i>	8 (5%)
	<i>Offender manager</i>	6 (3%)
	<i>Named/ personal officer</i>	1 (1%)
	<i>Staff from other departments</i>	7 (4%)
<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>	109 (63%)
	<i>Yes</i>	21 (12%)
	<i>No</i>	22 (13%)
	<i>Don't know</i>	22 (13%)
<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>	109 (62%)
	<i>Yes</i>	15 (9%)
	<i>No</i>	29 (17%)
	<i>Don't know</i>	22 (13%)
<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>	109 (62%)
	<i>Yes</i>	18 (10%)
	<i>No</i>	26 (15%)
	<i>Don't know</i>	23 (13%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	<i>Yes</i>	14 (8%)
	<i>No</i>	71 (42%)
	<i>Don't know</i>	85 (50%)

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

Yes	15 (9%)
No	157 (91%)

**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	28 (16%)	65 (38%)	80 (46%)
Accommodation	27 (16%)	62 (37%)	78 (47%)
Benefits	26 (16%)	42 (26%)	95 (58%)
Finances	25 (16%)	31 (20%)	102 (65%)
Education	24 (14%)	58 (35%)	85 (51%)
Drugs and alcohol	50 (31%)	44 (28%)	66 (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>	2 (1%)
Yes	93 (55%)
No	75 (44%)



## Main comparator and comparator to last time

### Prisoner survey responses HMP & YOI Isis 2014

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

#### Key to tables

Any percentage highlighted in green is significantly better		HMP & YOI Isis 2014	Category C training prisons	HMP & YOI Isis 2014	HMP & YOI Isis 2011
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>187</b>	<b>6587</b>	<b>187</b>	<b>171</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	34%	2%	34%	73%
1.3	Are you sentenced?	99%	100%	99%	99%
1.3	Are you on recall?	8%	10%	8%	5%
1.4	Is your sentence less than 12 months?	16%	6%	16%	9%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	10%	1%	1%
1.5	Are you a foreign national?	15%	10%	15%	15%
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.)	70%	26%	70%	76%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	4%	2%	3%
1.1	Are you Muslim?	39%	13%	39%	34%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	1%
1.12	Do you consider yourself to have a disability?	11%	18%	11%	4%
1.13	Are you a veteran (ex-armed services)?	3%	6%	3%	
1.14	Is this your first time in prison?	46%	37%	46%	47%
1.15	Do you have any children under the age of 18?	31%	52%	31%	21%
<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?	33%	46%	33%	43%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	41%	73%	41%	
2.3	Were you offered a toilet break?	1%	8%	1%	
2.4	Was the van clean?	36%	66%	36%	
2.5	Did you feel safe?	72%	81%	72%	
2.6	Were you treated well/very well by the escort staff?	47%	71%	47%	56%
2.7	Before you arrived here were you told that you were coming here?	33%	61%	33%	
2.7	Before you arrived here did you receive any written information about coming here?	33%	18%	33%	
2.8	When you first arrived here did your property arrive at the same time as you?	78%	89%	78%	87%
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	38%	52%	38%	
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	84%	68%	69%

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP & YOJ Isis 2014	Category C training prisons	HMP & YOJ Isis 2014	HMP & YOJ Isis 2011
	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				
3.3	Were you treated well/very well in reception?	44%	74%	44%	45%
	When you first arrived:				
3.4	Did you have any problems?	80%	61%	80%	70%
3.4	Did you have any problems with loss of property?	29%	16%	29%	19%
3.4	Did you have any housing problems?	21%	15%	21%	19%
3.4	Did you have any problems contacting employers?	4%	3%	4%	7%
3.4	Did you have any problems contacting family?	34%	20%	34%	33%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%	2%	5%
3.4	Did you have any money worries?	21%	14%	21%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	13%	13%	13%	9%
3.4	Did you have any physical health problems?	8%	12%	8%	
3.4	Did you have any mental health problems?	11%	12%	11%	
3.4	Did you have any problems with needing protection from other prisoners?	16%	4%	16%	9%
3.4	Did you have problems accessing phone numbers?	27%	18%	27%	36%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	26%	37%	26%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	72%	75%	72%	77%
3.6	A shower?	16%	29%	16%	35%
3.6	A free telephone call?	37%	42%	37%	43%
3.6	Something to eat?	60%	62%	60%	76%
3.6	PIN phone credit?	43%	50%	43%	
3.6	Toiletries/ basic items?	55%	44%	55%	
<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?	48%	51%	48%	
3.7	Someone from health services?	61%	70%	61%	
3.7	A Listener/Samaritans?	19%	32%	19%	
3.7	Prison shop/ canteen?	22%	21%	22%	10%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	51%	35%	32%
3.8	Support was available for people feeling depressed or suicidal?	24%	42%	24%	24%
3.8	How to make routine requests?	31%	45%	31%	18%
3.8	Your entitlement to visits?	21%	44%	21%	31%
3.8	Health services?	43%	54%	43%	45%
3.8	The chaplaincy?	44%	49%	44%	29%
3.9	Did you feel safe on your first night here?	60%	83%	60%	74%
3.10	Have you been on an induction course?	89%	91%	89%	85%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better		HMP & YOJ Isis 2014	Category C training prisons	HMP & YOJ Isis 2014	HMP & YOJ Isis 2011
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					
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	36%	63%	36%	40%
3.12	Did you receive an education (skills for life) assessment?	87%	83%	87%	
<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?	25%	48%	25%	31%
4.1	Attend legal visits?	33%	52%	33%	37%
4.1	Get bail information?	5%	15%	5%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	41%	44%	33%
4.3	Can you get legal books in the library?	26%	43%	26%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	30%	68%	30%	20%
4.4	Are you normally able to have a shower every day?	14%	93%	14%	90%
4.4	Do you normally receive clean sheets every week?	22%	79%	22%	34%
4.4	Do you normally get cell cleaning materials every week?	16%	72%	16%	59%
4.4	Is your cell call bell normally answered within five minutes?	11%	37%	11%	15%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	69%	57%	64%
4.4	Can you normally get your stored property, if you need to?	10%	26%	10%	29%
4.5	Is the food in this prison good/very good?	24%	26%	24%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	45%	42%	26%
4.7	Are you able to speak to a Listener at any time, if you want to?	28%	57%	28%	40%
4.8	Are your religious beliefs are respected?	54%	53%	54%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	59%	46%	64%
4.10	Is it easy/very easy to attend religious services?	51%	50%	51%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	65%	83%	65%	
For those who have made an application:					
5.2	Do you feel applications are dealt with fairly?	34%	61%	34%	48%
5.2	Do you feel applications are dealt with quickly (within seven days)?	38%	48%	38%	31%
5.3	Is it easy to make a complaint?	66%	60%	66%	
For those who have made a complaint:					
5.4	Do you feel complaints are dealt with fairly?	25%	34%	25%	23%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	31%	36%	31%	36%
5.5	Have you ever been prevented from making a complaint when you wanted to?	27%	18%	27%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	25%	29%	25%	25%
<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?	34%	54%	34%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	47%	39%	43%

## Main comparator and comparator to last time

### Key to tables

		HMP & YOI Isis 2014	Category C training prisons	HMP & YOI Isis 2014	HMP & YOI Isis 2011
	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				
6.3	In the last six months have any members of staff physically restrained you (C&R)?	18%	5%	18%	22%
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?	29%	40%	29%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	51%	77%	51%	50%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	48%	75%	48%	47%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	13%	29%	13%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	9%	20%	9%	14%
7.5	Do you have a personal officer?	36%	72%	36%	49%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	26%	64%	26%	36%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	54%	32%	54%	45%
8.2	Do you feel unsafe now?	32%	13%	32%	22%
8.4	Have you been victimised by other prisoners here?	34%	23%	34%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	10%	15%	8%
8.5	Hit, kicked or assaulted you?	16%	6%	16%	8%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	22%	14%	22%	
8.5	Taken your canteen/property?	13%	4%	13%	11%
8.5	Victimised you because of medication?	1%	4%	1%	
8.5	Victimised you because of debt?	3%	3%	3%	
8.5	Victimised you because of drugs?	3%	3%	3%	1%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	4%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	1%
8.5	Victimised you because of your nationality?	4%	2%	4%	
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.5	Victimised you because of your age?	2%	2%	2%	1%
8.5	Victimised you because you have a disability?	1%	2%	1%	0%
8.5	Victimised you because you were new here?	9%	4%	9%	10%
8.5	Victimised you because of your offence/crime?	4%	4%	4%	1%
8.5	Victimised you because of gang related issues?	11%	4%	11%	3%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	43%	28%	43%	42%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	19%	10%	19%	17%

## Main comparator and comparator to last time

### Key to tables

		HMP & YOI Isis 2014	Category C training prisons	HMP & YOI Isis 2014	HMP & YOI Isis 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Hit, kicked or assaulted you?	6%	3%	6%	9%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	14%	12%	14%	
8.7	Victimised you because of medication?	3%	4%	3%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	1%	2%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	6%	5%	6%	13%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%	3%	9%
8.7	Victimised you because of your nationality?	2%	3%	2%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	5%
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%	0%
8.7	Victimised you because of your age?	3%	2%	3%	1%
8.7	Victimised you because you have a disability?	1%	2%	1%	1%
8.7	Victimised you because you were new here?	11%	4%	11%	8%
8.7	Victimised you because of your offence/crime?	8%	4%	8%	6%
8.7	Victimised you because of gang related issues?	7%	2%	7%	7%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	33%	39%	33%	47%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	32%	32%	32%	38%
9.1	Is it easy/very easy to see the nurse?	50%	54%	50%	55%
9.1	Is it easy/very easy to see the dentist?	11%	13%	11%	14%
	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?	49%	47%	49%	56%
9.2	The nurse?	49%	59%	49%	55%
9.2	The dentist?	34%	42%	34%	42%
9.3	The overall quality of health services?	40%	43%	40%	48%
9.4	Are you currently taking medication?	24%	47%	24%	24%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	47%	85%	47%	
9.6	Do you have any emotional well being or mental health problems?	18%	26%	18%	17%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	48%	49%	48%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	22%	23%	22%	17%
10.2	Did you have a problem with alcohol when you came into this prison?	9%	17%	9%	10%



## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	31%	23%	8%
10.4	Is it easy/very easy to get alcohol in this prison?	10%	20%	10%	
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	8%	3%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	1%	7%	1%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	63%	64%	63%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	66%	64%	66%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	78%	79%	78%	82%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	12%	43%	12%	
11.1	Vocational or skills training?	31%	38%	31%	
11.1	Education (including basic skills)?	58%	53%	58%	
11.1	Offending behaviour programmes?	14%	21%	14%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	23%	60%	23%	30%
11.2	Vocational or skills training?	12%	16%	12%	14%
11.2	Education (including basic skills)?	51%	26%	51%	47%
11.2	Offending behaviour programmes?	8%	13%	8%	7%
11.3	Have you had a job while in this prison?	64%	83%	64%	69%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	33%	42%	33%	42%
11.3	Have you been involved in vocational or skills training while in this prison?	65%	73%	65%	67%
	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?	35%	58%	35%	58%
11.3	Have you been involved in education while in this prison?	85%	79%	84%	88%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	51%	60%	51%	66%
11.3	Have you been involved in offending behaviour programmes while in this prison?	62%	71%	62%	65%
	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?	37%	53%	37%	44%
11.4	Do you go to the library at least once a week?	52%	47%	52%	17%
11.5	Does the library have a wide enough range of materials to meet your needs?	31%	46%	31%	
11.6	Do you go to the gym three or more times a week?	4%	36%	4%	49%
11.7	Do you go outside for exercise three or more times a week?	56%	46%	56%	67%
11.8	Do you go on association more than five times each week?	1%	74%	1%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	16%	4%	5%

## Main comparator and comparator to last time

### Key to tables

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Percentages which are not highlighted show there is no significant difference					
<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?	20%	35%	20%	31%
12.2	Have you had any problems with sending or receiving mail?	60%	44%	60%	64%
12.3	Have you had any problems getting access to the telephones?	64%	24%	64%	33%
12.4	Is it easy/ very easy for your friends and family to get here?	32%	26%	32%	
<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?	68%	83%	68%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	46%	34%	46%	
13.2	Contact by letter?	22%	38%	22%	
13.2	Contact by phone?	9%	25%	9%	
13.2	Contact by visit?	36%	33%	36%	
13.3	Do you have a named offender supervisor in this prison?	65%	69%	65%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	38%	70%	38%	58%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	36%	55%	36%	71%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	73%	47%	73%	
13.6	Offender supervisor?	12%	36%	12%	
13.6	Offender manager?	9%	27%	9%	
13.6	Named/ personal officer?	1%	13%	1%	
13.6	Staff from other departments?	11%	17%	11%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	32%	65%	32%	70%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	22%	23%	
13.9	Are there plans for you to achieve any of your targets in the community?	27%	29%	27%	
13.10	Do you have a needs based custody plan?	8%	7%	8%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	17%	9%	9%
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?	45%	34%	45%	
13.12	Accommodation?	44%	37%	44%	
13.12	Benefits?	31%	39%	31%	
13.12	Finances?	23%	27%	23%	
13.12	Education?	41%	36%	41%	
13.12	Drugs and alcohol?	40%	45%	40%	
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?	55%	55%	55%	50%



## Diversity analysis

### Key question responses (ethnicity, foreign national and religion) HMP Isis 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>128</b>	<b>55</b>	<b>27</b>	<b>154</b>	<b>70</b>	<b>111</b>
1.3	Are you sentenced?	98%	100%	92%	100%	97%	100%
1.5	Are you a foreign national?	16%	13%			22%	11%
1.6	Do you understand spoken English?	99%	96%	89%	100%	100%	97%
1.7	Do you understand written English?	99%	95%	85%	100%	100%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			74%	69%	89%	57%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	6%	4%	1%	0%	3%
1.1	Are you Muslim?	50%	14%	56%	35%		
1.12	Do you consider yourself to have a disability?	8%	17%	8%	11%	4%	14%
1.13	Are you a veteran (ex-armed services)?	1%	6%	4%	2%	3%	2%
1.14	Is this your first time in prison?	45%	49%	59%	42%	43%	49%
2.6	Were you treated well/very well by the escort staff?	45%	49%	34%	50%	49%	46%
2.7	Before you arrived here were you told that you were coming here?	33%	32%	26%	34%	39%	30%
3.2	When you were searched in reception, was this carried out in a respectful way?	67%	72%	59%	71%	70%	68%
3.3	Were you treated well/very well in reception?	43%	46%	37%	46%	47%	43%
3.4	Did you have any problems when you first arrived?	79%	83%	88%	78%	75%	84%
3.7	Did you have access to someone from health care when you first arrived here?	57%	68%	74%	58%	61%	59%
3.9	Did you feel safe on your first night here?	57%	64%	48%	61%	67%	55%
3.10	Have you been on an induction course?	87%	95%	89%	90%	93%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	28%	23%	26%	31%	23%

## Key to tables

## Diversity analysis

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	26%	38%	39%	29%	31%	30%
4.4	Are you normally able to have a shower every day?	10%	24%	15%	14%	13%	15%
4.4	Is your cell call bell normally answered within five minutes?	8%	17%	18%	9%	7%	13%
4.5	Is the food in this prison good/very good?	27%	19%	18%	26%	30%	21%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	49%	37%	43%	36%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	24%	34%	37%	27%	19%	34%
4.8	Do you feel your religious beliefs are respected?	53%	55%	63%	53%	67%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	45%	37%	49%	54%	42%
5.1	Is it easy to make an application?	71%	53%	65%	67%	62%	68%
5.3	Is it easy to make a complaint?	64%	71%	63%	68%	68%	66%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	46%	23%	35%	28%	35%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	46%	34%	40%	43%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	9%	18%	17%	19%	16%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	51%	50%	42%	54%	58%	47%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	44%	54%	56%	47%	51%	46%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	7%	15%	9%	9%	9%
7.4	Do you have a personal officer?	34%	44%	48%	35%	35%	37%
8.1	Have you ever felt unsafe here?	54%	56%	52%	54%	44%	60%
8.2	Do you feel unsafe now?	33%	29%	32%	32%	24%	36%
8.3	Have you been victimised by other prisoners?	35%	34%	44%	33%	27%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	22%	18%	23%	16%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	7%	0%	6%	3%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	8%	2%	3%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	2%	0%	4%	1%	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%	0%	0%	1%	0%	1%
8.6	Have you been victimised by a member of staff?	45%	42%	31%	44%	36%	49%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	6%	4%	16%	12%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	4%	4%	7%	7%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%	4%	3%	5%	2%
8.7	Have you been victimised because of your nationality? (By staff)	3%	0%	0%	2%	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	1%	0%	0%	1%	0%	1%
9.1	Is it easy/very easy to see the doctor?	29%	36%	23%	34%	31%	33%
9.1	Is it easy/ very easy to see the nurse?	51%	48%	46%	51%	49%	51%
9.4	Are you currently taking medication?	20%	36%	4%	28%	21%	27%
9.6	Do you feel you have any emotional well being/mental health issues?	15%	24%	18%	18%	15%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	29%	18%	23%	20%	26%
11.2	Are you currently working in the prison?	17%	32%	12%	25%	20%	25%
11.2	Are you currently undertaking vocational or skills training?	10%	15%	12%	13%	11%	13%
11.2	Are you currently in education (including basic skills)?	50%	53%	65%	49%	58%	47%
11.2	Are you currently taking part in an offending behaviour programme?	8%	8%	4%	10%	7%	9%
11.4	Do you go to the library at least once a week?	51%	54%	59%	51%	52%	50%
11.6	Do you go to the gym three or more times a week?	4%	4%	0%	4%	1%	6%
11.7	Do you go outside for exercise three or more times a week?	60%	47%	54%	57%	59%	54%
11.8	On average, do you go on association more than five times each week?	1%	0%	0%	1%	0%	1%
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%	6%	4%	4%	1%	6%
12.2	Have you had any problems sending or receiving mail?	63%	49%	46%	62%	54%	61%
12.3	Have you had any problems getting access to the telephones?	62%	67%	56%	64%	57%	66%

## Diversity analysis



### Key question responses (disability, age) HMP Isis 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

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners under the age of 21	Prisoners aged 21 and over
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>20</b>	<b>163</b>		<b>63</b>	<b>124</b>
1.3	Are you sentenced?	100%	99%		100%	98%
1.5	Are you a foreign national?	12%	16%		20%	13%
1.6	Do you understand spoken English?	89%	99%		97%	99%
1.7	Do you understand written English?	85%	99%		95%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	52%	72%		70%	70%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	1%		2%	2%
1.1	Are you Muslim?	17%	41%		42%	37%
1.12	Do you consider yourself to have a disability?	-	-		10%	12%
1.13	Are you a veteran (ex-armed services)?	11%	2%		6%	1%
1.14	Is this your first time in prison?	46%	46%		44%	47%
2.6	Were you treated well/very well by the escort staff?	52%	45%		57%	41%
2.7	Before you arrived here were you told that you were coming here?	32%	33%		33%	33%
3.2	When you were searched in reception, was this carried out in a respectful way?	58%	69%		67%	69%
3.3	Were you treated well/very well in reception?	35%	44%		38%	47%
3.4	Did you have any problems when you first arrived?	95%	78%		82%	79%
3.7	Did you have access to someone from health care when you first arrived here?	70%	59%		59%	62%
3.9	Did you feel safe on your first night here?	35%	62%		65%	57%
3.10	Have you been on an induction course?	100%	88%		90%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	22%	26%		28%	24%

## Key to tables

## Diversity analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	13%	32%	26%	32%
4.4	Are you normally able to have a shower every day?	17%	14%	13%	15%
4.4	Is your cell call bell normally answered within five minutes?	5%	11%	15%	8%
4.5	Is the food in this prison good/very good?	22%	24%	16%	28%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	59%	39%	40%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	26%	30%	27%
4.8	Do you feel your religious beliefs are respected?	50%	54%	61%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	29%	47%	40%	49%
5.1	Is it easy to make an application?	54%	66%	72%	62%
5.3	Is it easy to make a complaint?	54%	67%	66%	66%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	33%	31%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	38%	42%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	19%	28%	12%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	56%	51%	58%	48%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	44%	48%	51%	47%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	5%	9%	11%	8%
7.4	Do you have a personal officer?	22%	38%	33%	38%
8.1	Have you ever felt unsafe here?	78%	52%	47%	58%
8.2	Do you feel unsafe now?	50%	30%	28%	33%
8.3	Have you been victimised by other prisoners?	73%	31%	34%	35%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	50%	19%	18%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	5%	3%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%	2%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	4%	2%	5%
8.5	Have you been victimised because of your age? (By prisoners)	5%	2%	0%	3%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	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)	0%	1%	0%	1%
8.6	Have you been victimised by a member of staff?	61%	42%	40%	45%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	14%	5%	19%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	7%	2%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%	5%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	2%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	4%	5%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	1%	0%	1%
9.1	Is it easy/very easy to see the doctor?	41%	30%	30%	33%
9.1	Is it easy/ very easy to see the nurse?	50%	50%	50%	50%
9.4	Are you currently taking medication?	59%	21%	13%	30%
9.6	Do you feel you have any emotional well being/mental health issues?	44%	15%	11%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	34%	22%	18%	25%
11.2	Are you currently working in the prison?	29%	22%	21%	24%
11.2	Are you currently undertaking vocational or skills training?	6%	13%	16%	11%
11.2	Are you currently in education (including basic skills)?	64%	50%	52%	51%
11.2	Are you currently taking part in an offending behaviour programme?	13%	8%	7%	9%
11.4	Do you go to the library at least once a week?	64%	50%	58%	48%
11.6	Do you go to the gym three or more times a week?	19%	3%	5%	3%
11.7	Do you go outside for exercise three or more times a week?	31%	59%	56%	57%
11.8	On average, do you go on association more than five times each week?	0%	1%	2%	1%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	3%	5%	3%
12.2	Have you had any problems sending or receiving mail?	73%	57%	64%	57%
12.3	Have you had any problems getting access to the telephones?	66%	64%	56%	68%





Prisoner survey responses (safer custody wing analysis) HMP & YOI Isis

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

Key to tables

	Any percentage highlighted in green is significantly better	Safer custody wing (C wing)	A, B, D, E, F, G, H wings
	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>24</b>	<b>161</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	42%	32%
1.3	Are you sentenced?	100%	99%
1.3	Are you on recall?	4%	9%
1.4	Is your sentence less than 12 months?	9%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
1.5	Are you a foreign national?	4%	17%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	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.)	69%	70%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	1%
1.1	Are you Muslim?	26%	40%
1.11	Are you homosexual/gay or bisexual?	0%	1%
1.12	Do you consider yourself to have a disability?	13%	10%
1.13	Are you a veteran (ex-armed services)?	0%	3%
1.14	Is this your first time in prison?	57%	44%
1.15	Do you have any children under the age of 18?	31%	31%
<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?	29%	33%
2.5	Did you feel safe?	75%	71%
2.6	Were you treated well/very well by the escort staff?	46%	47%
2.7	Before you arrived here were you told that you were coming here?	38%	33%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	77%
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	54%	35%
3.2	When you were searched in reception, was this carried out in a respectful way?	57%	70%
3.3	Were you treated well/very well in reception?	54%	43%
When you first arrived:			
3.4	Did you have any problems?	80%	80%
3.4	Did you have any problems with loss of property?	25%	30%
3.4	Did you have any housing problems?	17%	22%

## Key to tables

	Any percentage highlighted in green is significantly better	Safer custody wing (C wing)	A, B, D, E, F, G, H wings
	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		
3.4	Did you have any problems contacting employers?	4%	4%
3.4	Did you have any problems contacting family?	29%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	2%
3.4	Did you have any money worries?	21%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	13%	12%
3.4	Did you have any physical health problems?	17%	7%
3.4	Did you have any mental health problems?	9%	11%
3.4	Did you have any problems with needing protection from other prisoners?	33%	12%
3.4	Did you have problems accessing phone numbers?	17%	29%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	84%	71%
3.6	A shower?	13%	17%
3.6	A free telephone call?	42%	36%
3.6	Something to eat?	62%	59%
3.6	PIN phone credit?	38%	44%
3.6	Toiletries/ basic items?	71%	52%
<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?	31%	50%
3.7	Someone from health services?	65%	60%
3.7	A Listener/Samaritans?	17%	19%
3.7	Prison shop/ canteen?	21%	21%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	41%	34%
3.8	Support was available for people feeling depressed or suicidal?	22%	24%
3.8	How to make routine requests?	18%	33%
3.8	Your entitlement to visits?	18%	21%
3.8	Health services?	46%	42%
3.8	The chaplaincy?	50%	43%
3.9	Did you feel safe on your first night here?	54%	61%
3.10	Have you been on an induction course?	75%	91%
3.12	Did you receive an education (skills for life) assessment?	75%	89%
<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?	18%	27%
4.1	Attend legal visits?	28%	34%
4.1	Get bail information?	0%	6%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42%	45%
4.3	Can you get legal books in the library?	21%	26%

**Key to tables**

	Any percentage highlighted in green is significantly better	Safer custody wing (C wing)	A, B, D, E, F, G, H wings
	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		
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	17%	33%
4.4	Are you normally able to have a shower every day?	17%	14%
4.4	Do you normally receive clean sheets every week?	13%	24%
4.4	Do you normally get cell cleaning materials every week?	21%	16%
4.4	Is your cell call bell normally answered within five minutes?	13%	10%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	58%
4.4	Can you normally get your stored property, if you need to?	17%	9%
4.5	Is the food in this prison good/very good?	21%	25%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	21%	29%
4.8	Are your religious beliefs are respected?	54%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	38%	47%
4.10	Is it easy/very easy to attend religious services?	29%	54%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	84%	63%
5.3	Is it easy to make a complaint?	75%	64%
5.5	Have you ever been prevented from making a complaint when you wanted to?	25%	28%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	26%	25%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	17%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	48%	53%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	29%	51%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	4%	14%
7.4	Do staff normally speak to you most of the time/all of the time during association?	0%	11%
7.5	Do you have a personal officer?	33%	37%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	75%	50%
8.2	Do you feel unsafe now?	41%	30%
8.4	Have you been victimised by other prisoners here?	50%	31%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	22%	14%
8.5	Hit, kicked or assaulted you?	41%	11%
8.5	Sexually abused you?	4%	1%
8.5	Threatened or intimidated you?	36%	19%
8.5	Taken your canteen/property?	22%	11%

### Key to tables

	Any percentage highlighted in green is significantly better	Safer custody wing (C wing)	A, B, D, E, F, G, H wings
	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	Victimised you because of medication?	4%	1%
8.5	Victimised you because of debt?	4%	3%
8.5	Victimised you because of drugs?	10%	3%
8.5	Victimised you because of your race or ethnic origin?	4%	5%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%
8.5	Victimised you because of your nationality?	4%	4%
8.5	Victimised you because you were from a different part of the country?	4%	3%
8.5	Victimised you because you are from a traveller community?	4%	0%
8.5	Victimised you because of your sexual orientation?	4%	1%
8.5	Victimised you because of your age?	4%	2%
8.5	Victimised you because you have a disability?	4%	0%
8.5	Victimised you because you were new here?	22%	7%
8.5	Victimised you because of your offence/crime?	10%	3%
8.5	Victimised you because of gang related issues?	14%	10%
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	65%	41%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	43%	16%
8.7	Hit, kicked or assaulted you?	13%	5%
8.7	Sexually abused you?	4%	1%
8.7	Threatened or intimidated you?	21%	13%
8.7	Victimised you because of medication?	9%	2%
8.7	Victimised you because of debt?	9%	0%
8.7	Victimised you because of drugs?	4%	0%
8.7	Victimised you because of your race or ethnic origin?	4%	7%
8.7	Victimised you because of your religion/religious beliefs?	9%	2%
8.7	Victimised you because of your nationality?	4%	1%
8.7	Victimised you because you were from a different part of the country?	9%	1%
8.7	Victimised you because you are from a traveller community?	4%	0%
8.7	Victimised you because of your sexual orientation?	4%	1%
8.7	Victimised you because of your age?	13%	2%
8.7	Victimised you because you have a disability?	4%	0%
8.7	Victimised you because you were new here?	9%	12%
8.7	Victimised you because of your offence/crime?	13%	7%
8.7	Victimised you because of gang related issues?	17%	6%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	35%	31%

**Key to tables**

	Any percentage highlighted in green is significantly better	Safer custody wing (C wing)	A, B, D, E, F, G, H wings
	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		
9.1	Is it easy/very easy to see the nurse?	61%	48%
9.1	Is it easy/very easy to see the dentist?	9%	12%
9.4	Are you currently taking medication?	29%	24%
9.6	Do you have any emotional well being or mental health problems?	17%	19%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	21%	23%
10.2	Did you have a problem with alcohol when you came into this prison?	4%	10%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	23%
10.4	Is it easy/very easy to get alcohol in this prison?	17%	9%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	4%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	0%	1%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	13%	12%
11.1	Vocational or skills training?	17%	33%
11.1	Education (including basic skills)?	38%	61%
11.1	Offending Behaviour Programmes?	13%	15%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	46%	20%
11.2	Vocational or skills training?	13%	12%
11.2	Education (including basic skills)?	17%	57%
11.2	Offending Behaviour Programmes?	0%	9%
11.4	Do you go to the library at least once a week?	21%	56%
11.5	Does the library have a wide enough range of materials to meet your needs?	18%	34%
11.6	Do you go to the gym three or more times a week?	17%	2%
11.7	Do you go outside for exercise three or more times a week?	50%	58%
11.8	Do you go on association more than five times each week?	4%	1%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	4%
<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?	9%	22%
12.2	Have you had any problems with sending or receiving mail?	57%	59%
12.3	Have you had any problems getting access to the telephones?	64%	64%
12.4	Is it easy/ very easy for your friends and family to get here?	41%	30%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	61%	65%
13.10	Do you have a needs based custody plan?	14%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	9%