

Report on an unannounced inspection of

HMP North Sea Camp

by HM Chief Inspector of Prisons

14–25 July 2014

Glossary of terms

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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons>

Printed and published by:
Her Majesty's Inspectorate of Prisons
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30–34 Kingsway
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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	43
Section 4. Resettlement	49
Section 5. Summary of recommendations and housekeeping points	57
Section 6. Appendices	65
Appendix I: Inspection team	65
Appendix II: Prison population profile	67
Appendix III: Summary of prisoner questionnaires and interviews	71

Introduction

HMP North Sea Camp is an open prison near Boston in Lincolnshire. The prison holds a complex population of about 400 men, most of whom are coming to the end of long sentences. At the time of the inspection, 60% were serving indeterminate sentences, almost half were assessed as posing a high risk of harm and almost half were sex offenders. Nearly all were subject to multi-agency public protection arrangements (MAPPA). The important task of the prison was to test these men's readiness for release and to prepare them for it.

A vital tool for the prison's work should have been the use of release on temporary licence (ROTL) which, when properly managed, provides a means to carefully test a prisoner as they gradually experience work, rehabilitation services, the wider community and family relationships outside the prison. We know that ROTL assists the rehabilitation process and the failure rates nationally are very low – in 2012–13 less than 1% of all releases on temporary licence were recorded as failures and the proportion of failures that led to an arrestable offence were 6.7%, or less than seven in every 100,000 releases. However, in the summer of 2013 there were a series of catastrophic ROTL failures when serious offences were committed. The Justice Secretary asked me to review the circumstances of three of those cases. I submitted my report to him in January 2014 and that report will be published once the criminal trials of the men involved have been concluded. However, it was clear that the process had become slack, ROTL had come to be seen as an automatic entitlement rather than a carefully controlled privilege and there were insufficient appropriately trained and supervised staff in the prisons concerned to safely manage a population that was becoming more complex. As the number of prisoners serving indeterminate sentences for public protection and who were reaching the end of their tariffs grew, so did the number of prisoners who became eligible for ROTL. The Justice Secretary quickly accepted all my recommendations and has instigated further changes; as a result we have already begun to see ROTL processes improve nationally.

One of the most serious cases I reviewed had occurred at North Sea Camp and the consequences of that failure had profound effects on the prison. At the time of this inspection ROTL processes at North Sea Camp had improved and were much safer, but the prison was struggling to manage the extra work involved and these pressures were exacerbated by major staff shortages in the offender management unit which should have been at the heart of the process. Only seven out of 19 offender supervisor posts were filled, there was just one member of the psychology team (although this was due to increase to six), only two out of nine probation posts were filled and the head of public protection post was vacant. Despite these challenges, there was a reasonably good resettlement strategy, public protection work had correctly been prioritised and ROTL processes were being completed correctly. The Jubilee Units, former staff quarters just outside the prison, were an excellent resource which allowed carefully selected prisoners to live as independently as possible while still under the supervision of officers. Prisoners in the units shopped and catered for themselves, often for the first time in many years, and went to work in placements out in the community.

However, the offender management unit simply could not cope with demand and often felt as though it was under siege from prisoners who wanted help and advice about the completion of their sentences but could not get a response from over-stretched staff. The prison could not safely process all the required ROTL applications and therefore prisoners who would have appropriately benefited from resettlement opportunities outside the prison were unable to take up these opportunities, or were significantly delayed in doing so.

The lack of reassurance and information about offender management processes and the anxiety many men felt in open conditions after years in closed prisons undoubtedly contributed to the poor perceptions of safety we recorded in our survey. However, prisoners also reported higher levels of bullying than we see in similar establishments and the prison was not doing enough to understand and address prisoners' concerns.

Security arrangements were generally good and alcohol was less easily available than in some other open prisons. However, despite low drug testing rates, there was a significant problem with the availability of new psychoactive substances such as 'Black Mamba', which was not detectable with current methods, and the diversion of prescribed medication. However, despite these challenges, the prison was reasonably safe overall. There was very little self-harm, but assessment, care in custody and teamwork (ACCT) case management processes for prisoners at risk of suicide or self-harm needed tightening up. Discipline measures were proportionate, and there was very little use of force and no segregation unit.

Prisoners reported good relationships with staff and the needs of minority groups were generally met reasonably well. In the prison as a whole, staff were stretched and responses to applications and other domestic processes were slow. However, the excellent prisoner advice centre, staffed by prisoner peer workers and open seven days a week, provided very good information and support to prisoners on a wide range of issues and appropriately took pressure off staff. Health services were good and the food, which used fresh produce from the prison's farm, was the best we have seen in any prison for a long time. The external environment was very good but some of the older units with dormitories were shabby and worn.

Prisoners were not locked in their rooms or dormitories and had access around the camp for most of the day. Although it took longer than in the past for prisoners to obtain an external work placement on ROTL, the prison had made up the shortfall and there were sufficient activity places in the prison. The prison had a clear learning, skills and work strategy but this was still work in progress. The quality of teaching and learning was good. However, not enough prisoners gained qualifications. Over half of the population was engaged in a prison job or training for which there was no opportunity to receive accreditation or any other form of recognition for the vocational and employability skills they acquired. The number of work experience and education placements in the community was too few for the number of prisoners risk-assessed as suitable and the range of placements available did not sufficiently build on what was available in the prison or on preparing prisoners for employment on release.

At the time of this inspection North Sea Camp was recovering from a difficult period. In view of its staff shortages, it had got its priorities right and was concentrating on making sure the men it held were managed safely while they were in the prison. However, the progress it has made needs to continue so that it does more, not just to hold men safely during their sentence, but to reduce the risk they pose of reoffending after release.

Nick Hardwick
HM Chief Inspector of Prisons

November 2014

Fact page

Task of the establishment

HMP North Sea Camp is an open male category D prison holding a large proportion of indeterminate-sentenced prisoners, and those convicted of sex offences.

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

Public

Region/Department

East Midlands

Number held

390

Certified normal accommodation

420

Operational capacity

420

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

Full inspection: May 2009

Short follow-up inspection: April 2012

Brief history

HMP North Sea Camp was originally a borstal, which opened in 1935. The original staff and trainees were from HMP Stafford and they established a tented camp at the site while they began to build permanent buildings. They also built a new sea bank to reclaim land from The Wash. This work was completed in 1979. In 1988 North Sea Camp re-rolled to become an adult male open prison.

Short description of residential units

Accommodation is provided in six residential units, with single accommodation available for up to 40 prisoners and the remaining facilities being shared and consisting of cells and dormitories. In addition to this, there are a further 67 beds within five detached houses, which are used for long-term prisoners living independently.

Name of governor/director

Paul Yates

Escort contractor

GeoAmey

Health service providers

Lincolnshire Partnership NHS Foundation Trust

Learning and skills providers

Milton Keynes College

Independent Monitoring Board chair

Margaret Smith

About this inspection and report

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

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

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

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

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

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

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

This report

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

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

Summary

Safety

S1 *Early days and induction arrangements were mostly good, and enhanced by effective peer support. Levels of violence were low but sex offenders faced offence-related intimidation and many prisoners told us that they felt unsafe because of uncertainty about being in an open prison and the lack of communication with the offender management unit. Oversight of safety arrangements was insufficiently well focused. Support for prisoners at risk of suicide and self-harm was generally appropriate. Security arrangements were broadly proportionate and disciplinary procedures managed fairly. Illicit drugs were easily available but too little action was taken to address this issue. Substance misuse services were very good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S2** Prisoners reported long journeys to the establishment, including some which took several days, with stopovers at a number of establishments. Document checks on arrival caused further waits for some prisoners, sometimes in very hot vans, outside reception.
- S3** There was good support for new arrivals on the induction unit. Staff conducted first night safety interviews in private, which were suitably focused on vulnerability and risk. A well-used team of induction orderlies provided information and support to new arrivals, although many new prisoners expressed anxiety while adapting to open conditions. Some prisoners had to wait far too long to be able to use their PIN telephone and were unable to contact family and friends. The first night accommodation was shabby and prisoners did not always receive adequate bedding, including pillows, on their first night.
- S4** Induction was timely, detailed and multidisciplinary, and most prisoners said that it covered the relevant areas. Following induction, prisoners were required to find their own accommodation to move on to.
- S5** The prison was not sufficiently sighted on all safety issues. The safer custody meeting did not establish trends through analysis of data (much of which was inaccurate), and there was no up-to-date prisoner safety survey and no action plan indicating how to make the prison safer. Recorded levels of violence were low but twice as many prisoners as at other open prisons said that they felt unsafe and that they were victimised by other prisoners. Prisoners convicted of sex offences reported bullying, and many prisoners reported significant frustration with the offender management unit (OMU), an underlying uncertainty about being in open conditions and a fear of being transferred back to closed conditions as key issues that made them feel unsafe.
- S6** The number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management processes for prisoners at risk of suicide or self-harm was small. ACCT assessments were generally reasonable, with some good and detailed staff interactions and evidence of good care and support in most documents. The prison failed to keep an accurate record of the number and nature of self-harm incidents. The team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was well used by prisoners and there was evidence that the prison had made appropriate changes in response to their feedback.

- S7 Physical security was proportionate for an open establishment and prisoners enjoyed appropriate and free movement across the site. A good flow of intelligence reports was analysed by the security department and led to appropriate strategic objectives being set. There had been four absconds over the previous six months, which was a large reduction over the preceding six months. Despite the large, open perimeter and low staff numbers, alcohol was not easily available. However, in our survey more prisoners than at similar prisons said that drugs were readily available. The number of prisoners testing positive for drugs was low but this did not reflect the use of undetectable new psychoactive substances, particularly Black Mamba, and steroids. Too little action was taken to address these issues and the prison lacked both an overall substance use strategy and a more specific supply reduction strategy.
- S8 Many prisoners were anxious about being returned to closed conditions for minor or spurious reasons. In reality, around 20 prisoners a month underwent such transfers and we considered the decisions to have been appropriate and defensible in the cases we reviewed.
- S9 The number of adjudications was low. Adjudications took place for appropriate reasons, with clear punishment tariffs, but there was no quality assurance and little data analysis. Force was rarely used. The prison managed well without a segregation unit.
- S10 There was little demand for clinical services for substance users but the provision was good, with regular reviews and effective support. A wide range of psychosocial interventions was available for both drug and alcohol misuse but prisoners told us that they were reticent to ask for help for fear of being sent back to closed conditions.

Respect

S11 *The grounds were well maintained and attractive. Residential areas were clean but older units were shabby and some accommodation was cramped, with single cells continuing to be used for two. The Jubilee accommodation was excellent. Prisoners had little confidence in the application system. The prisoner advice centre was an excellent initiative. Prisoners were mostly very positive about relationships and support from staff. Equality and diversity work had only recently restarted but the needs of minority groups were mostly met. Complaints, although well managed, were not sufficiently well analysed. Health services were good. The quality and quantity of the food provided were very good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S12 Outside areas and gardens were clean and attractive. Residential areas were generally clean, although the older North and South units were shabby and little attempt had been made to mitigate the condition of the larger dormitories, which were in a poor condition and insufficiently private. Some very small single rooms were used as doubles and were cramped, with insufficient furniture. The quality of accommodation provided by the Jubilee resettlement units outside the prison perimeter was excellent. Across the site, prisoners could shower daily and facilities were clean and generally well maintained. Laundered items were often still grubby, smelly and damp on return to prisoners.
- S13 Applications were freely available but not tracked and prisoners were negative about the timeliness and fairness of responses. The prisoner advice centre, run by prisoners, provided an excellent range of information and support.

- S14 In our survey, most prisoners said that they had a member of staff they could turn to for help and that staff treated them respectfully. Although some prisoners complained about some unhelpful staff, we saw good staff–prisoner interaction and engagement. Electronic case note entries were regular but not sufficiently detailed. Consultation with prisoners was developing.
- S15 Work on equality issues had lapsed but had re-focused with leadership from the governor and the appointment of a full-time equality officer. A variety of prisoner equality representatives and volunteers had been introduced, and the equality and safer custody centre provided a good focal point where prisoners could receive peer support and information. There were regular prisoner forums for each of the protected characteristics but there was no monitoring of the treatment and conditions of minority groups.
- S16 Black and minority ethnic prisoners reported generally similarly to white prisoners. There were relatively large numbers of older prisoners and those with disabilities, and most felt that their needs were met.
- S17 The chaplaincy provided for all major faiths but wider resettlement links with faith communities were underdeveloped. Arrangements for Ramadan were satisfactory.
- S18 The number of complaints was relatively high but responses were timely and appropriate. Quality assurance was effective but there was no wider monitoring or analysis of data to identify trends or emerging problems.
- S19 Prisoners were generally satisfied with the overall quality of health services. Primary care arrangements, including those for long-term conditions, were very good, and support and care options for the large number of older patients were particularly effective. Medicine administration was not sufficiently confidential. The operation of separate health and substance misuse prescribing systems potentially compromised patient safety. Pharmacy services were good. There was an excellent range of emotional support and mental health services, offering a wide range of therapeutic approaches.
- S20 The quality and quantity of food provided were excellent, often using fresh produce from the farm. Facilities for self-catering were limited to the Jubilee units, where prisoners could budget for, purchase and cook their own food.

Purposeful activity

- S21** *Prisoners were unlocked all day and had much free access around the prison, but recreational activities were limited. The prison had a clear learning and skills and work strategy to support the resettlement of prisoners but plans were not yet fully realised. Although there were sufficient activity places, vocational training opportunities were too limited and opportunities to accredit work and employability skills were missed. The quality of teaching and learning and achievement of qualifications for those who took them were good. Library services and access were very good. The PE facilities were well used but equipment was in poor condition, and there was minimal health promotion. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S22 Prisoners were allowed free movement around the site for most of the day and were never locked in their rooms. Leisure and recreational activities were limited.
- S23 Strategic plans were focused on learning and skills and work provision to prepare prisoners to gain work or study on release. However, these plans were not fully realised and progress in areas such as increasing the volume of work outside the prison was limited. The education and training provider's quality assurance ensured high standards of teaching and learning. However, monitoring arrangements for prison provision were underdeveloped. There was sufficient activity for the population and most places were of good quality, but prisoners were not allocated learning and skills and work placements in the prison according to identified needs.
- S24 The range of education provision was narrow and there was not enough emphasis on English and mathematics. The range of vocational training was appropriately focused but catered for only a small number of prisoners. There were insufficient opportunities for prisoners to progress, with too little provision above level 2.
- S25 The quality of teaching and learning in education and training were good. Well-trained peer mentors were used effectively across the prison.
- S26 Success rates were good on most vocational and education courses. However, too many prisoners were engaged in an activity for which there was no opportunity to receive accreditation or any other form of recognition for the vocational or employability skills acquired. Punctuality and attendance were good.
- S27 Library facilities and services were excellent but there was no computer access. Many prisoners used the services, and opening hours were good and included evenings and weekends. The library ran the Storybook Dads scheme (in which prisoners record stories for their children).
- S28 PE services were well used and facilities suitable, but much of the equipment was shabby and in poor condition. Too few vocational PE courses were provided. Dedicated sessions for older prisoners and those with disabilities were provided but there was very limited promotion of healthy living.

Resettlement

S29 *The strategic management of resettlement was reasonably good. Severe staff shortages hampered the delivery of effective offender management, hindering prisoners' progression and causing considerable frustration. The new national release on temporary licence (ROTL) processes were being introduced and ROTL risk assessments had improved. However, delays in processes and poor communication increased prisoners' levels of anxiety. Home detention curfew processes were good. Public protection arrangements were mostly sound but there was insufficient focus on multi-agency public protection arrangements (MAPPA) cases. Some resettlement pathway provision was underdeveloped and opportunities for suitably risk assessed prisoners to work outside on ROTL were limited. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S30 The prison managed a highly complex population; over half of the prisoners were serving indeterminate sentences, almost half were high risk of harm and almost half had been convicted of sex offences. A recent analysis provided a good overview of resettlement needs but did not explore the needs of specific groups. The up-to-date reducing reoffending

strategy was clearly linked to the resettlement needs analysis and set out other key priorities, such as offender management and public protection. Strategic oversight had improved with the reintroduction of a reducing reoffending committee but the action plan was not regularly updated, making it difficult to evidence progress or obstacles.

- S31 Severe OMU staff shortages severely hampered the delivery of effective offender management, including release on temporary licence (ROTL), and hindered progress for many prisoners. Too many offender assessment system (OASys) reviews were late and the quality of assessments, including those for high risk of harm prisoners, was not always good enough. Risk management plans were not always focused on life in an open prison and few included measures to manage ROTL.
- S32 As a consequence of some high-profile ROTL failures in 2013, including one from North Sea Camp, local practices to assess and approve ROTL had been reviewed to incorporate recent national changes to procedures and processes. Following these changes, ROTL was no longer promoted as an automatic entitlement, and the quality of assessments, analysis and reviews of cases we saw was satisfactory and had improved. However, we found delays in some key processes, much confusion among prisoners and very poor communication from the OMU, which increased prisoners' level of anxiety, frustration and uncertainty. Home detention curfew processes were sound and engaged prisoners well.
- S33 Public protection was a key priority, given the high-risk population. Prisoners were screened on arrival, and appropriate restrictions were applied quickly and reviewed following requests for child contact. The role of the public protection meeting was unclear and we were not assured that the interdepartmental risk management team provided effective oversight of high-risk cases or was sufficiently focused on multi-agency public protection arrangements (MAPPA) cases. Half of the MAPPA cases did not have a management level set, despite being in open conditions and potentially having regular, unsupervised ROTL.
- S34 Resettlement issues were assessed during induction and referrals made for support as needed. Needs were reviewed again 12 weeks before release, in order to identify and address remaining issues. The Jubilee units provided an excellent transition towards independent living.
- S35 Many prisoners were released into approved premises and very few were released homeless, but there was no specialist housing advice available.
- S36 Careers advice and guidance were good. The Lincolnshire Action Trust (LAT) provided prisoners with good support, funding and guidance to help them find employment and training, although independent job search provision for prisoners was inadequate and undermined by a lack of internet access across the site and no connection to the virtual campus (internet access for prisoners to community education, training and employment opportunities).
- S37 Too few eligible prisoners had work placements or jobs in the community. ROTL placements available were not of adequate quality to provide suitable preparation for future employment and did not sufficiently build on the vocational training that prisoners had received or their aspirations for work on release. There were limited and largely undeveloped links with employers.
- S38 Health-focused preparation for release was very good. High-quality palliative care was provided and used prisoner EPOC (early presentation of cancer) ambassadors.

- S39 A wide range of resettlement opportunities was available to prisoners with drug and alcohol issues, including help to arrange accommodation on release, community-based support services and an in-house support helpline for families.
- S40 There was no structured finance, benefit and debt service provided, and only those on ROTL could open a bank account before release.
- S41 The visitors' waiting area was clean and in good order but had no refreshment facilities, despite the fact that many visitors had travelled long distances. Visits provision met demand and the visits facilities were relaxed and welcoming. Regular, structured family visits were held but other family work was underdeveloped.
- S42 Most prisoners had completed necessary accredited offending behaviour courses before their arrival and a few had been able to complete programmes in the community. There was too little focus on victim awareness or relapse prevention work, compounded by the lack of offender supervisors and psychologists.

Main concerns and recommendations

- S43 Concern: Too many prisoners said that they felt unsafe and that the level of victimisation from other prisoners was high. Some sex offenders faced offence-related victimisation and many prisoners told us that they felt unsafe due to anxieties about being in open conditions, difficulties with offender management and the threat of returning to closed conditions. Consultation with prisoners on safety matters was inadequate, the prison was not fully sighted on the issues, and oversight of safety, including the accuracy of data, was poor.

Recommendation: Prisoners should be consulted about their feelings of safety, and data on safety should be accurate and analysed and should inform an action plan to make prisoners feel safer.

- S44 Concern: Learning and skills and work activities were not sufficiently focused on prisoners gaining work, training or education on release, and opportunities for independent job search for prisoners was inadequate, with no internet access, no virtual campus and no Jobcentre Plus provision.

Recommendation: The range of education classes and the number of vocational training opportunities should be increased and prisoners should have the opportunity to have their work and employability skills recognised and recorded. They should have access to job search facilities, including the virtual campus and Jobcentre Plus staff.

- S45 Concern: Severe staff shortages in the offender management unit severely hampered the delivery of effective offender management, including ROTL, and hindered progress for many prisoners. There were delays in OASys reviews and in some ROTL processes, and very poor communication, which increased prisoners' level of anxiety, frustration and uncertainty

Recommendation: There should be sufficient staff resources to deliver effective offender management, including timely and better quality offender assessment system (OASys) reviews and release on temporary licence, and communication with prisoners should be improved significantly.

- S46 Concern: Too many prisoners (including indeterminate-sentenced prisoners and high risk of harm cases) who required management under MAPPA did not have a management level or plan in place, despite being in open conditions and potentially going on regular unsupervised day release in the community.

Recommendation: All multi-agency public protection arrangements (MAPPA) prisoners should have their management level set on arrival in open conditions, and where necessary a multi-agency plan should be in place to manage risk of harm during unsupervised day release.

- S47 Concern: There were too few external work and education placements for those prisoners who had been assessed as suitable for ROTL. Those in place did not build on the training or education received in the prison and were not of adequate quality to provide suitable preparation for future employment.

Recommendation: The number of external work placements should be increased and provide suitable preparation for employment on release.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Some prisoners had long journeys to the establishment and experienced delays waiting on vans outside reception. Not all prisoners arrived with the correct paperwork. Prisoner escort records were completed correctly.*

I.2 Some prisoners had two- or three-day journeys to the establishment, with stopovers at other prisons. In our survey, 64% of respondents said that they had spent more than two hours on an escort van, against a comparator of 45%. Sandwiches and refreshments were provided on the longer journeys. The van we saw during the inspection was clean and had functioning air conditioning.

I.3 Staff and prisoners alike reported delays waiting in sometimes very hot vans outside reception while staff checked documentation such as recategorisation paperwork.

Recommendation

I.4 Prisoners should not be held on escort vans for long periods.

Early days in custody

Expected outcomes:

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

I.5 *Reception processes were reasonable. First night accommodation was shabby but support on the induction unit was good. Some prisoners did not have basic items of bedding, and others had to wait far too long to call family and friends. Many new arrivals were extremely anxious about the transition from closed to open conditions. Prisoners were expected to find their own accommodation on another unit in order to leave the induction wing.*

I.6 The reception area was small but functional and a reasonable amount of helpful information was displayed. All new arrivals underwent a rub-down search and were offered a drink, and a team of three orderlies helped staff and welcomed prisoners. In our survey, more respondents than at comparator establishments said that they had spent less than two hours in reception (79% versus 66%).

- I.7** Most new prisoners were accommodated on South I, the first night and induction wing. The accommodation was shabby and in a poor state of decoration (see also section on residential units). Some prisoners used bed sheets as curtains and others reported difficulties in getting basic bedding such as pillows, and we saw one prisoner using a bag as a pillow. In our survey, fewer respondents than at comparator establishments said that they had been offered a free telephone call on arrival (18% versus 46%). Compounding the issue, some prisoners waited too long to access PIN telephone numbers, sometimes up to a week. This was particularly problematic for those who had transferred in from private prisons, as their PIN accounts would have been closed down on transfer.
- I.8** There was good support for new arrivals. An induction officer conducted a first night interview in private which included suitable safety questions about self-harm and suicide, and cell sharing risks. In addition, a newly formed team of seven induction orderlies provided a wide range of information to new prisoners, as well as coordinating the detailed and multidisciplinary one-week rolling induction programme. In our survey, nearly all prisoners said that they had undergone this programme, with most saying that it had covered everything they needed to know.
- I.9** In our survey, fewer prisoners than at other open prisons (80% versus 90%) said that they had felt safe on their first night. Many new prisoners told us that they were extremely anxious about the transition from closed to open conditions and felt very uncertain about what was expected of them (see main recommendation S43).
- I.10** Prisoners remained on the first night and induction unit for around two weeks, after which they were expected to find their own accommodation on another unit. Staff and prisoners said that it was accepted practice for prisoners to walk around the units, identify where there were empty bed spaces and ask the current occupants if they could share with them; this was inappropriate and caused some prisoners anxiety.

Recommendations

- I.11 The accommodation on South I should be fit for purpose and provide all basic facilities such as bedding and pillows.**
- I.12 New prisoners should be able to contact family and friends as soon as possible after arrival.**
- I.13 Unit staff should allocate accommodation to prisoners moving on from the induction unit.**

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.14 *The prison was not fully sighted on all safety issues; the safer custody meeting did not analyse the data presented, much of which was inaccurate and there was no action plan. Recorded levels of violence were low, but prisoners in our survey expressed safety concerns. Violence reduction booklets were used to monitor bullying but not all were timely or meaningful.*

I.15 The safer custody team was established during the inspection. Monthly safer custody meetings took place but did not analyse data to establish trends (see main recommendation S43). Much of the data conflicted with that held by the safer custody manager and there was no action plan. Attendance at the meetings was usually multidisciplinary, although the security department was often not represented.

I.16 Recorded levels of violence were low. There had been one assault on staff, two assaults on prisoners and two fights in the previous six months. However, our survey results were of concern: 33% of prisoners (against the 17% comparator) said that they had felt unsafe at some point at the prison, and 15% that they currently felt unsafe, which was over double the comparator (7%) and five times more than at the time of the previous full inspection (3%). Over a quarter (28%) said that they had been victimised by other prisoners, with 13% attributing it to their offending, and during the inspection sex offenders in particular told us that they were victims of offence-related victimisation.

I.17 Many prisoners said that they felt unsafe because of uncertainty around being in open conditions and an underlying fear of transfer back to closed conditions and an overwhelming number reported significant frustration with the offender management unit (see section on offender management and planning), and anxieties about assessments and progression as key issues in making them feel unsafe. The prison was not fully sighted on these concerns, and identified the main safety issues as low-level bullying related to debt and drugs. Although these factors were present, they were not the primary concern for prisoners. There had been no recent violence reduction prisoner survey, and a useful safer custody exit survey was not being used, which prevented the prison from identifying prisoner safety concerns accurately (see main recommendation S43).

I.18 Over the previous six months, seven perpetrators had been monitored for bullying, using violence reduction booklets. All cases had been investigated, usually through discussion with both parties, but many of the subsequent contact logs were superficial. Not all booklets were opened quickly enough; for example, one had not been initiated until two weeks after the incident. Mediation was undertaken in some cases, although this was facilitated by staff who were not trained mediators. The 'immediate suitability review' meeting and the 'suitability and monitoring board' were more robust and meaningful management forums for considering alleged perpetrators of serious bullying (among others) (see section on security).

Recommendation

I.19 Staff facilitating mediation between prisoners should be appropriately trained.

Housekeeping point

I.20 The use of violence reduction booklets to monitor behaviour should be timely and meaningful.

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.21 *The number of prisoners subject to assessment, care in custody and teamwork (ACCT) processes was small. Not all relevant staff had received up-to-date ACCT training. ACCT assessments were generally reasonable but some care plans lacked detail and one we saw was inappropriate. The prison failed to keep an accurate record of the number and nature of self-harm incidents. There was a well-used Listener team.*

I.22 The number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management processes was small, with 10 in the previous six months; there were none open at the time of the inspection. Nine staff were trained as ACCT assessors. There was a programme of ACCT refresher training but some staff had not completed it for a number of years.

I.23 The ACCT assessments we looked at were generally reasonable, with some good and detailed staff interactions and evidence of good care and support in most documents. However, some care plans lacked detail and one we saw inappropriately identified maintaining contact with a recently separated partner and her child as the only action point, despite risks posed to the child.

I.24 The prison failed to keep an accurate record of the number and nature of self-harm incidents. Records indicated that there had been no incidents in the previous six months, but on inspection it was evident that two prisoners had harmed themselves and subsequently been placed on an ACCT. The safer custody meeting had not discussed these two incidents (see also section on bullying and violence reduction and main recommendation S43).

I.25 There was a readily accessible team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were supported by the Samaritans and well used by prisoners. However, there was no training available for them, with the prison relying on experienced Listeners transferring in to take up the role. Listeners attended safer custody meetings and there was evidence that the prison had made appropriate changes in response to their feedback. Prisoners could call a Samaritans freephone number on their PIN telephones and there was also a dedicated Samaritans telephone which prisoners could use in private if required.

Recommendation

- I.26 All relevant staff should have up-to-date assessment, care in custody and teamwork (ACCT) training, and Listeners should receive training for the role.**

Housekeeping point

- I.27** A structured quality assurance process should be in place for ACCT documentation.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.28** *A recently developed safeguarding policy and toolkit were useful but were not yet embedded into practice. The governor attended local adult safeguarding meetings, and the telephone numbers of support agencies were available to prisoners.*

- I.29** There was a reasonable safeguarding children and vulnerable adults policy, which had been approved by the Lincolnshire local authority safeguarding board and published in March 2014. An accompanying safeguarding toolkit contained clear definitions of abuse, and guidance for staff on reporting concerns. There was also a draft policy on the management of sexual assaults, due to be published in the near future. While these documents were useful, their development was recent and they were not yet embedded into practice; for example, some staff were unaware of the policy, were confused about the meaning of 'safeguarding adults' and had not undergone training.

- I.30** The governor attended local authority adult safeguarding meetings in the community. There were helpful information leaflets available in a number of locations throughout the prison, which encouraged prisoners to talk to staff or attend a well-being clinic in the health care department and included the telephone numbers of national organisations offering support to abused men.

Recommendation

- I.31 Staff should complete adult safeguarding training to ensure that they are aware of and understand their reporting responsibilities in line with the policy and guidance.**

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

Security

Expected outcomes:

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

- I.32** *Physical security was proportionate. The monthly security committee was well attended. The embedding of a police liaison officer in the prison intelligence unit ensured good links with police services throughout the UK and better intelligence sharing. There was a good flow of information reports. The number of absconds was decreasing. The number of prisoners returned to closed conditions was high but justified. Mandatory drug testing rates were low but the availability of (undetectable) new psychoactive substances, steroids and diverted medication was high. The prison lacked a strategic approach to drug supply reduction.*
- I.33** Physical security was proportionate and there were few restrictions on prisoner movement within the prison grounds. Sufficient attention was given to the potential risks posed by the population. All cell searches undertaken were intelligence led but not all those requested by security staff were carried out.
- I.34** Attendance at the monthly security meetings was good. Security objectives were reviewed at each meeting and, where appropriate, amended to meet prevailing or perceived threats. There was a good flow of (security) information reports (IRs) and most were directly correlated with the security objectives. IRs were analysed, actioned and monitored.
- I.35** A police liaison/intelligence officer was part of the prison intelligence team and facilitated excellent links with police services throughout the country, which helped to manage risk. The number of absconds each year had reduced. Release on temporary licence failures were reviewed to identify improvements to risk management.
- I.36** Many prisoners we spoke to said that the prison managed risks by adopting an over-zealous approach to returning prisoners to closed conditions. A total of 151 had been returned in the previous six months; we examined a sample of these cases and found the reasons to be justified and defensible.
- I.37** Despite the large, open perimeter and low staff numbers, alcohol was not easily available. In our survey, more than at comparator prisons (42% versus 35%) said that it was easy to get drugs at the prison, and 5% (against the 2% comparator) that they had developed a problem with drugs since being there.
- I.38** Random mandatory drug testing (MDT) positive rates were extremely low, at 0% in the previous six months, but the availability of new psychoactive substances (NPSs), steroids and diverted medication was high. Prisoners told us that NPSs such as Black Mamba were commonly used, along with diverted medication – especially the painkiller tramadol. Neither of these drugs was detectable under the current random MDT test panel. Out of 16 suspicion tests conducted in the previous six months, 25% had been positive, which demonstrated some good intelligence.
- I.39** The drug strategy committee met bimonthly. Attendance and reporting from key stakeholders were sporadic. Although there had been some recent large drug finds of drugs, and some key drug dealers had been moved back to closed conditions, the prison lacked an overall substance use strategy and a specific supply reduction strategy.

Recommendations

- I.40** All requested intelligence-led searches should be carried out.
- I.41** A drug and alcohol strategy should be developed and include a specific supply reduction approach, detailed action plans and performance measures.

Incentives and earned privileges

Expected outcomes:

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

- I.42** *Staff and prisoners understood the operation of the incentives and earned privileges scheme and governance was appropriate.*

- I.43** The published behavioural management policy described the operation of the incentives and earned privileges (IEP) scheme, and staff and prisoners understood its implementation. New prisoners maintained the level attained at their previous establishment and could apply for promotion after three months. Ninety-one per cent were on the enhanced level of the scheme and none were subject to the basic level at the time of the inspection.
- I.44** Governance arrangements were appropriate. Review boards were chaired by a custodial manager, with contributions by prisoners, and wing and work staff. Comment in P-Nomis (electronic case notes) varied (see section on staff–prisoner relationships) but there were some positive entries about prisoners and examples of them being warned verbally about poor behaviour in the first instance.
- I.45** Three warning slips triggered an IEP review but prisoners did not sign for receipt of these and some said that they did not always receive them. Some also complained that staff ‘threatened’ them with warnings. However, we saw evidence of warnings being overturned on appeal if deemed appropriate. Prisoners’ pay was not linked to their IEP level.

Housekeeping point

- I.46** Incentives and earned privileges review warning slips should be signed by prisoners to evidence receipt.

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.47 *The number of formal adjudications was low. Hearings were conducted fairly and recording was comprehensive but there was limited management oversight. There were very few incidents involving the use of force. The prison managed well without a segregation unit.*

Disciplinary procedures

- I.48** The number of formal adjudications in the previous year had been low. The adjudication records we examined were comprehensive and showed that they had been conducted properly, openly and fairly. There was no evidence that prisoners had been returned to closed conditions as a direct adjudication decision.
- I.49** Adjudication tariff guidelines had been produced in May 2014 but the overall managerial oversight of adjudications was inadequate. There was no quality assurance and little data analysis, and no standardisation meeting had taken place in the previous 12 months.

Recommendation

- I.50** **Management oversight of adjudication processes and the analysis of data should be improved.**

The use of force

- I.51** The number of incidents involving the use of force was low, with only three in the previous year, all of which had been spontaneous. Recording of these was reasonable.

Segregation

- I.52** The prison managed well without a segregation unit. When the behaviour of prisoners warranted being placed in a segregation unit, they were returned to closed conditions. These transfers were managed quickly and well.

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.53 *A wide range of psychosocial interventions was available, addressing recovery issues as well as basic information on drugs. However, the take-up was low as prisoners were reticent to ask for help, for fear of being sent back to closed conditions. The six prisoners in clinical treatment received a good level of care.*

I.54 Only six prisoners were receiving opiate substitution treatment at the time of the inspection. The medication was administered by specialist Addaction nurses from HMP Lincoln and in-house Addaction workers. All six prisoners were on reducing doses, which were reviewed regularly. Addaction staff, primary health care staff and a pharmacist met weekly to discuss all aspects of prescribing but Addaction staff did not have access to the SystmOne medical database (see section on health services and recommendation 2.95).

I.55 A wide range of psychosocial interventions was available, addressing some of the wider issues of recovery, such as stress management and alternative lifestyles as well as harm reduction information on the drugs most commonly abused in the prison. Treatment options included one-to-one work and a wide range of drug- and alcohol-related group-work modules plus weekly Alcoholics Anonymous and Narcotics Anonymous meetings. However, the take-up of these services was low, even though more prisoners in our survey than at comparator establishments said that they had had a problem with drugs (16% versus 10%) or with alcohol (20% versus 10%) on arrival. Only 52 prisoners (13% of the population) were on the psychosocial team caseload. Prisoners had drop-in access to a peer mentor but take-up for this service was also very low. Prisoners repeatedly told us that they were reticent to ask for help with drug or alcohol problems for fear of being sent back to closed conditions.

Recommendation

I.56 **The prison and substance use service providers should ensure that prisoners are made aware that they can access services without fear of negative consequences.**

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 but the older units were shabby. Many shared rooms and dormitories were overcrowded. The Jubilee units provided excellent accommodation. Laundry facilities needed improving. Applications were freely available but not tracked. The prisoner advice centre was an excellent initiative.*

2.2 Outside areas and gardens were clean and attractive. Accommodation units were clean but the older North and South units were shabby. Half of all single rooms on Harrison and Llewellyn units had double occupancy, and were small, cramped and had insufficient storage space and furniture. Not all prisoners had keys to room safes.

2.3 South units had eight dormitories for three to seven prisoners. These dormitories were scruffy and overcrowded, with sheets up in the windows as curtains, insufficient furniture, storage and no privacy. Little had been done to mitigate the inadequate conditions of these units.

2.4 The well-maintained Jubilee units comprised five refurbished semi-detached houses, four of which were located just outside the prison perimeter and one inside. They provided excellent independent living for 67 prisoners in shared accommodation.

2.5 All prisoners had room keys and free access to toilets, washing facilities and the external grounds. Prisoners could shower daily, and toilets and showers were generally clean and well maintained. In our survey, fewer respondents than at comparator establishments (52% versus 68%) said that they had weekly access to room cleaning materials.

2.6 All prisoners wore their own clothes and prisoners on the enhanced level of the incentives and earned privileges scheme could have their own bedding. Prisoners had weekly access to a central laundry, and the Jubilee units had their own facilities. The laundry struggled to meet demand and prisoners complained that items were returned unclean and damp. We saw laundered sheets that were stained and had an unpleasant smell, and laundered towels in poor condition.

2.7 Applications were freely available and logged on receipt by wing officers; however, they were not tracked. In our survey, fewer prisoners than at comparator establishments said that applications were dealt with fairly or in a timely manner.

2.8 There was good access to telephones, although many telephones were in busy corridors so could not be used in private. Mail processes were efficient.

2.9 Prisoners could obtain information seven days a week from the prisoner advice centre, which was staffed by peer workers and displayed a variety of information. A total of 4,800 men had used the centre between March and June 2014.

Recommendations

- 2.10** Rooms designed for one should not accommodate two and the number of beds in the larger dormitories should be reduced to make them less cramped.
- 2.11** All prisoners should have keys to room safes to enable them to store their possessions and medications securely.

Housekeeping point

- 2.12** Applications should be tracked and prisoner dissatisfaction with the system investigated and addressed.

Good practice

- 2.13** *The prisoner-run prisoner advice centre, which was open seven days a week, provided good-quality and timely support and information.*

Staff-prisoner relationships

Expected outcomes:

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

- 2.14** *Staff–prisoner relationships were good. The quality of personal officer entries in P-Nomis was variable.*

- 2.15** Although some prisoners complained about a few unhelpful staff, most reported positively about relationships and the support they received. In our survey, most prisoners, and more than at similar prisons, said that they had a member of staff they could turn to for help and that staff treated them respectfully, and we saw good interactions throughout the prison.
- 2.16** Prisoners were positive about the personal officer scheme. In our survey, more respondents than at other local prisons (91% versus 69%) said that they had a personal officer. Personal officers made regular entries in P-Nomis (electronic case notes), although comments varied in quality; although there were some positive comments, too many lacked evidence of actual contact and provided no insight into prisoner aspirations or needs.
- 2.17** Prisoner consultation was developing and a variety of monthly focus groups had been introduced to gain prisoners' views on a range of topics. There was a published timetable for these, which included prisoner consultation meetings for each unit, the first of which had been held in June 2014.

Housekeeping point

- 2.18** The quality of personal officer comments in P-Nomis should be improved by including evidence of interaction with prisoners.

Equality and diversity

Expected outcomes:

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

2.19 *Equality and diversity work had lapsed but was developing again, with strong leadership. There were prisoner groups for each protected characteristics but they had no staff input. No data were available from the Prison Service equality monitoring tool. Outcomes for prisoners with protected characteristics were generally good but in our survey, responses from those with a disability were negative in some areas of safety and respect.*

Strategic management

- 2.20** Equality and diversity work had lapsed but had been refocused with leadership from the governor and a full-time equality officer. The equality policy (dated May 2014) included all protected characteristics but was not based on a needs analysis. The action plan was being updated at the time of the inspection.
- 2.21** Monthly equality action team (EAT) meetings, chaired by the deputy governor, had been re-introduced in January 2014 after lapsing, and took place quarterly. Attendance was improving and had included prisoners and external representatives at the most recent meeting.
- 2.22** Minutes evidenced much discussion about strategic developments but little about prisoner need or feedback from groups (see below). A variety of prisoner equality orderlies and volunteers had been introduced, and there was also a veteran's representative. The equality and safer custody centre provided a focal point for prisoners to obtain support and information. Data from the Prison Service equality monitoring tool was not available, so no monitoring of the treatment of, or conditions for, minority groups had been carried out.
- 2.23** Discrimination incident report forms (DIRFs) were freely available and 19 had been submitted in the year to date (compared with nine during 2013), most of which had been low level. Responses had been generally appropriate and two external agencies had agreed to quality-assess completed investigations in the near future.
- 2.24** Prisoner support groups for each protected characteristics were mostly managed by prisoner equality representatives and met every five weeks. The senior managers allocated to lead each strand of diversity were not involved, even though their presence at these groups could have increased prisoner confidence and enhanced discussion at EAT meetings (see also section on protected characteristics).

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

Recommendations

- 2.25** The equality policy should be based on a needs analysis.
- 2.26** Data from the equality monitoring tool should be available and analysed.
- 2.27** Lead staff should be involved in prisoner support groups, and issues raised there should be discussed and addressed by the equality action team (EAT).

Protected characteristics

- 2.28** Twenty-four per cent of the population was from a black and minority ethnic background. In our survey, this group generally reported similarly to white prisoners and said that there was little discrimination.
- 2.29** Two per cent of the population identified as Gypsy/Romany/Traveller. Minutes of their group in June 2014 reported that these prisoners felt unfairly treated and fearful of a transfer out if they complained. Neither of these was recorded as an action point, and feedback from the meeting had not been discussed at the EAT meeting on the following day.
- 2.30** At the time of the inspection, there were only 13 foreign national prisoners, all of whom spoke English. There was a published list of prisoner and staff interpreters, and staff had access to a professional telephone interpreting service. Foreign national prisoners could attend prisoner 'race' forums but had no dedicated foreign national prisoner forum. No independent immigration advice was available.
- 2.31** Older prisoners and those with disabilities that we spoke to felt that their needs were met, but in our survey prisoners with disabilities reported more negatively than those without across some safety and respect indicators. Older men reported more positively than others across several indicators of safety and respect, although 29% (against 14% of younger prisoners) said that they had felt threatened or intimidated by others.
- 2.32** The number of prisoners with a disability was relatively high, with over 70 prisoners reporting a range of disabilities. Prisoners were invited to self-report disabilities on arrival, and the equality officer saw and recorded all such individuals. North unit accommodated many older prisoners and those with physical disabilities. This accommodation was all on one level and included a purpose-built toilet and shower facility for those with disabilities. There were no specifically designed and fully adapted rooms but three were designated as single accommodation for those with disabilities and contained individual adaptations. Some prisoners had their own wheelchairs and a minority owned an electric scooter. Four paid 'buddies' were allocated to prisoners who needed additional help. None of the other units had these facilities, and they all had showers with a 'lip' that had to be stepped over, without grab rails, pull-down seats or lowered telephones to assist those using a wheelchair. Not all areas of the prison were accessible to those using a wheelchair; at the time of the inspection, a needs assessment was being undertaken for two such prisoners.
- 2.33** The four prisoners with personal emergency evacuation plans (PEEPs) lived on North unit. One PEEP did not state why the prisoner was in need of help, although the unit officer knew the prisoner's circumstances. Some prisoners who were older, had disabilities or were receiving palliative care had care plans recorded on SystmOne (the health care electronic clinical record). However, there were no multidisciplinary care planning meetings involving the prisoner and a wider staff group outside of the health care department, and no social care plans accessible to staff on the wings.

- 2.34** Twenty-eight per cent of prisoners were aged 50 or over. Many appreciated the Age UK twice-weekly groups, which offered a range of activities, including exercise, carpet bowls, board games, quizzes and a book club. Retirees received £9 and did not pay for their TV. Gym staff ran an over-50s class.
- 2.35** Good support was available to the small number of veterans held, including a prisoner-led initiative which included physical activities and contact with agencies supporting veterans in custody.
- 2.36** Four per cent of the prison population were gay or bisexual. The equality officer and equality orderlies had received homophobia and sexual orientation awareness training, and it was planned to deliver this to all staff and prisoners. A sexual orientation group had been held in July 2014, attended by orderlies, the equality officer and a health care representative. This had been by invitation only, rather than an open forum.
- 2.37** A comprehensive transgender policy was included in the equality policy, and published staff guidance was also provided on working with transgender prisoners.

Recommendations

- 2.38** **The EAT should investigate the dissatisfaction expressed in our survey by Gypsy/Romany/Traveller prisoners and those with disabilities, and take any necessary action.**
- 2.39** **Care planning for older prisoners and those with disabilities should be multidisciplinary.**

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.

- 2.40** *Prisoners were reasonably positive about faith provision. The post of managing chaplain had been filled after a period of 18 months. A variety of activities took place in the chapel. No faith-based resettlement work was undertaken.*

- 2.41** The chaplaincy provided for all major faiths. The post of managing chaplain had been vacant for approximately 18 months but a full-time managing chaplain was due to take up the post in August 2014. The team provided pastoral care and was well integrated into the life of the prison. We were told that faith-based resettlement work had lapsed following the departure of the previous managing chaplain; however, the new manager was aware of this shortfall and planned to address it.
- 2.42** Prisoners were reasonably positive about faith provision, and in our survey 53% of respondents, in line with the comparator, said that their religious beliefs were respected. Muslim prisoners were satisfied with arrangements for Ramadan.

- 2.43** Newly arrived prisoners were seen by a member of the team and told about faith provision. Information about faith-related activities was well advertised. Prisoners could attend weekly worship in the chapel and multi-faith room, and the chapel was accessible until 8pm. The chapel was also used to host a variety of faith-based and other activities, including prisoner focus groups, Bible study, guitar lessons, chess club, quiz evenings and band practice.

Recommendation

- 2.44** Faith-based resettlement work should be introduced.

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.

- 2.45** *Our survey results in relation to complaints being dealt with fairly and quickly were similar to those at comparator prisons. Complaint forms and boxes were readily available and responses were generally polite and addressed the issues raised. Quality assurance was reasonable but there was insufficient monitoring of trends.*

- 2.46** A total of 288 complaints had been submitted in the previous six months. In our survey, more prisoners than at comparator prisons said that it was easy to make a complaint. Most complaints were about offender management unit issues (see section on offender management and planning) and property. There was a general perception among prisoners that making a complaint would lead to a transfer out but we were satisfied that this was not the case.
- 2.47** Complaint forms were available on all wings and complaint boxes were emptied daily. Responses were timely, generally polite and addressed the issues raised, and in our survey similar numbers of respondents to those at comparator prisons said that they were dealt with fairly and in a timely fashion. Quality assurance was in place but there was no analysis of emerging trends or evidence of prisoner consultation.
- 2.48** There was good access to the Independent Monitoring Board, and an applications box had been installed in the communal dining hall.

Recommendation

- 2.49** Complaints should be monitored to identify trends, issues and themes.

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.

2.50 *There was little demand for legal assistance and prisoners were very positive about the range of information available to them. Legal visits were held regularly but lacked privacy.*

2.51 There was little demand for legal services, and in our survey prisoners were generally positive about their access to legal information and advisers. There were no dedicated legal services officers but prisoners could access the community legal advice helpline. A wide range of written legal information was available.

2.52 Legal visits were held regularly and there were adequate spaces to meet demand, but they took place in the main visits room, so were not sufficiently private.

Recommendation

2.53 Legal visits should take place in sufficient privacy.

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.

2.54 *Prisoners were generally satisfied with the quality of the health service received. There was no up-to-date health needs analysis. The health centre provided a good environment. Medicines administration was not sufficiently confidential. Support and care options for older patients were good. Primary care arrangements, including those for long-term conditions, were very good and effective partnership working had driven down did-not-attend rates. There were unnecessary risks in operating separate health and substance misuse clinical systems. Pharmacy services were good. There was an excellent range of emotional support and mental health services.*

Governance arrangements

2.55 NHS England, East Midlands Health and Justice Commissioning Unit commissioned the health services and they were provided by Lincolnshire Partnership NHS Trust. The health needs analysis was out of date and there was no associated prison health action plan. A partnership board met regularly to oversee health services at both North Sea Camp and HMP Lincoln. Partnership working was very good. Trust clinical governance systems were in place and generally functioned effectively. There had been no serious incidents in the previous year.

- 2.56** There was no patient forum but health care was a standing agenda item at the prison forum. Prisoner health care representatives encouraged other prisoners to consider their health care needs and seek help.
- 2.57** In our survey, 66% of prisoners, in line with the comparator, said that they were satisfied with the overall quality of health care. Health services staff conducted in-house surveys, including surveying families and friends, and these showed high levels of satisfaction.
- 2.58** SystmOne was used for clinical record keeping, and administrative systems complied with best practice.
- 2.59** A senior nurse manager was in charge of primary care, supported by a wide range of clinical staff with primary care competencies, and an able administrative team. They offered a service from 7.30am to 6.30pm, with a shorter day at the weekend.
- 2.60** Staff were up to date with mandatory training. They had access to clinical supervision but not all staff undertook this and not all supervision meetings were recorded. A locum GP had been used for some time as it was difficult to recruit GPs, but the same individual had attended, so there was a degree of consistency.
- 2.61** Treatment plans were used appropriately and mirrored national clinical guidance. Trust policies on the control of communicable diseases and on information management were in use but there was no local information-sharing protocol to guide staff in exchanging information with non-clinicians.
- 2.62** The health centre was very accessible, suitable for purpose and clean. However, the bathroom was located directly off the waiting room, which was inappropriate. There was an annual independent audit of infection control compliance and weekly checks on cleanliness; both achieved high scores.
- 2.63** Responses to medical emergencies had improved following recommendations from Prisons and Probation Ombudsman reports on deaths in custody, although there was still work to do. Nearly two-thirds of custody officers had been trained to use automated external defibrillators (AEDs). AEDs were placed strategically on units but Harrison unit did not have one; when we pointed this out, a new one was ordered. Health services staff were available by radio and trained to intermediate life support standard; they had access to oxygen, suction and airway support equipment. A medical emergency occurred on Jubilee units during the inspection and was dealt with efficiently, although a call for ambulance assistance had to be routed through the gate lodge, which delayed proceedings.
- 2.64** We saw professional and caring interactions between health services staff and patients. Nurses knew their patients well.
- 2.65** A total of 115 prisoners were aged over 50 and received good care from health services staff. A nursing team leader led on the care of older adults, and all registered nurses were involved in their care. Well-man checks and dementia screening were available. Health services staff contributed to the over-50s gym class and encouraged people to attend. Physiotherapy and occupational therapy assessments were undertaken as appropriate.
- 2.66** Newly arrived prisoners were given information on how to access health services, and the pamphlet was available in an easy-read format and in languages other than English, on request.
- 2.67** Prisoners knew how to comment or complain about their care and treatment and they could choose to use either the general prison or Trust complaints systems. The prison complaints system was not confidential. Only eight health care complaints had been dealt with in the

first six months of 2014, four of which had been about cancelled external hospital appointments. Responses to these complaints had been appropriate.

- 2.68** Prisoners had access to disease prevention and screening programmes. An influenza awareness programme was being planned to encourage immunisation the following autumn.
- 2.69** There was no prison-wide strategy on health and well-being but there was good health promotion in the health facilities and in some communal places, such as the covered walkway.
- 2.70** There was a lot of information displayed on noticeboards about blood-borne viruses and the problems that can arise from substance misuse. There was a blood-borne virus clinic and access to external specialists. Barrier protection was advertised and freely available to all prisoners. Smoking cessation was available and encouraged.

Recommendations

- 2.71** There should be an up-to-date health needs analysis.
- 2.72** There should be a patient forum.
- 2.73** There should be a local information-sharing protocol.
- 2.74** Access to the bathroom in the primary care centre should not be from a public area.
- 2.75** Resuscitation equipment should be promptly accessible in all parts of the prison, and clinicians should have direct telephone access to the ambulance service.
- 2.76** There should be a prison well-being and health promotion strategy.

Housekeeping point

- 2.77** All health services staff should receive documented clinical supervision.

Delivery of care (physical health)

- 2.78** Health screening was undertaken in reception but there was no private room for this and no access to SystmOne. The reception screen was recorded in longhand and entered into a computer later, which was an unnecessary duplication. There was no reference to learning disability in the reception screening. Professional telephone interpreting services were available, if required.
- 2.79** Patients were involved and consulted when planning their care and treatment. The local out-of hours GP service was used when necessary. The appointment system was efficient, and effective partnership working had driven down did-not-attend rates to 12%, compared with 24% in January 2014. Nurses offered triage and access to a GP on the same day in urgent cases.
- 2.80** There was a wide range of primary care services, including nurse-led, GP and life-long conditions clinics, and clinics were also held by visiting allied health professionals, such as the optician, physiotherapist and podiatrist. Before the inspection, there had been a wait of up to

eight weeks to see the optician but this had been cleared by offering extra clinics. Clinical records were maintained on SystmOne, which contained individualised care plans, as appropriate. Patients requiring inpatient care were transferred to other prisons.

- 2.81** At the time of the inspection, the health care department was requesting four or five escorts daily to accompany patients to external health care appointments, which was double the number required six months earlier. Much of this increase was due to the restrictions on ROTL to allow prisoners to attend appointments. The prison was having difficulty in accommodating these escort requests, and health services staff were being asked to prioritise patients, which was unacceptable.

Recommendations

- 2.82** **There should be a suitable room for health screening in reception which has access to SystmOne.**
- 2.83** **There should be sufficient resources to facilitate external health appointments for prisoners who require them.**

Housekeeping point

- 2.84** The reception screen should alert health services staff to consider the possibility of a prisoner having a learning disability.

Pharmacy

- 2.85** Prisoners had good access to the pharmacist but services such as medicines use reviews were not routinely available. However, patients' medications were kept under review by the pharmacist, technician and nurses, who then advised the GP about prescribing. There was excellent communication between pharmacy and nursing staff, and it was usual for a multidisciplinary team to oversee the supply of medicines to patients.
- 2.86** Almost all (97%) patients received medicines in-possession but not all were able to store them securely (see recommendation 2.11). Patients who needed evening doses of medication were given them in-possession every day as there were no staff available to administer them after the health care department had closed; this increased the risk of diversion. Suitable risk assessments were not always carried out and none were recorded on SystmOne.
- 2.87** A prescribing formulary was in use. Forty to 50 patients were in receipt of prescribed tradable medicines, which appeared high. The substance misuse team did not record prescribed medicines on SystmOne, the electronic recording system used by health services staff and health services staff did not have access to the substance misuse staff prescription charts which presented an unnecessary risk, although there was weekly dialogue between the two teams.
- 2.88** The pharmacy hatch was not sufficiently confidential as conversations could be overheard by other waiting prisoners. Prisoners were not usually supervised by an officer, increasing the risk of bullying and diversion. The follow-up system for patients who did not attend to receive their medicines was not comprehensive.
- 2.89** There was a wide range of patient group directions (PGDs), which authorised appropriate health service professionals to supply and administer prescription-only medicines. Medicines

supplied to patients under PGDs were recorded appropriately, although records were not always made on SystmOne and supplies were not audited. PGDs for antibiotics had not been signed off by a local microbiologist as required by MHRA (Medicines and Healthcare Regulatory Agency) guidance.

- 2.90** Prisoners could obtain medication out-of-hours in an emergency, but were not able to obtain over-the-counter medicines such as paracetamol when the health care department was closed.
- 2.91** Medicines management and clinical governance procedures were mostly very good. Pharmacy staff said that date-checking procedures were carried out regularly but there was no evidence of this and some out-of-date medication was found in an emergency bag. An out-of-date reference book was found in the health care department. A medicines management committee met bimonthly to approve policies and discuss prescribing trends, but had no pharmacy representation.

Recommendations

- 2.92** Prisoners should have regular access to pharmacy clinics, including medicines use reviews.
- 2.93** 'Not in-possession' medications should be administered as clinically indicated.
- 2.94** Documented risk assessments should be completed before in-possession medication is considered and these should be recorded on SystmOne.
- 2.95** A single clinical system for the prescribing and recording of the administration of medicines should be implemented.
- 2.96** Prisoners should be able to receive over-the-counter remedies when the health care department is closed.
- 2.97** Administration of medicines at the pharmacy hatch should be carried out in a confidential manner and the queue should be supervised.

Housekeeping points

- 2.98** The system for following up patients who did not attend to receive their medicines should be comprehensive.
- 2.99** The supply and stock of medication under patient group directions (PGDs) should be regularly audited. All medication supplied under a PGD should be recorded on SystmOne and PGDs for antibiotics should be signed off by a local microbiologist.
- 2.100** Out-of-date medicines and reference materials should be discarded.
- 2.101** A member of pharmacy staff should attend the medicines management committee.

Good practice

- 2.102** *There was excellent communication between pharmacy and nursing staff. It was usual for a multidisciplinary team to oversee the supply of medicines to patients.*

Dentistry

- 2.103** Prisoners could access dental care in the community when on release on temporary licence (ROTL) but new arrivals had to wait 12 weeks to access routine care owing to revised ROTL procedures (see section on offender management and planning).
- 2.104** Dental triage and urgent treatment were available from the GP and nurses. Patients requiring urgent care could be escorted to the dentist. At the time of the inspection, there was no waiting list.

Delivery of care (mental health)

- 2.105** Custody staff had a good awareness of what to do when a prisoner's behaviour was out of character and 36% had been trained in mental health awareness since 2011.
- 2.106** The primary care centre offered a 'listening' clinic, which was well advertised. Prisoners could discuss contemporary emotional problems and consider solutions. Up to 15 patients were seen each week.
- 2.107** The mental health unit provided a good environment, although some prisoners said that the sign 'mental health' above the door was off-putting. There was an open referral system; urgent referrals were seen within a day and non-urgent cases waited around two weeks. The Trust provided counselling, and primary and secondary mental health care, with an emphasis on evidence-based approaches such as cognitive behavioural therapy. The average caseload was 30. Appropriate therapy was available for patients with post-traumatic stress disorder and there was a fast-track system for veterans.
- 2.108** Patients requiring inpatient care for mental health problems were transferred to a prison with health care beds, although this was rare.

Housekeeping point

- 2.109** The stigmatising title over the entrance to the mental health unit should be changed.

Good practice

- 2.110** *The Trust provided counselling, and primary and secondary mental health care, with an emphasis on evidence-based approaches.*

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.

- 2.111** *The quality and quantity of the food provided were excellent, and appreciated by prisoners. Self-catering facilities were limited to the Jubilee units.*

- 2.112** The quality and quantity of the food provided were excellent, and in our survey far more respondents than at comparator prisons (83% versus 35%) said that the food provided was very good.
- 2.113** Meals were chosen in advance from a five-week menu cycle and all diets were appropriately catered for. Prison-grown vegetables were regularly used. Themed monthly meals from other countries and cultures were popular and Muslim prisoners commented favourably on catering for Ramadan. A cooked breakfast was provided, which prisoners appreciated.
- 2.114** The main kitchen was clean, appropriately equipped and well managed. Prisoners working there received food hygiene training and could gain levels 1 and 2 national vocational qualifications in food preparation.
- 2.115** Meals were served directly to prisoners from the kitchen servery in the communal dining hall. Prisoners living on the Jubilee units could choose to self-cater fully, an important step towards independent living, for which they received a contribution of £14 weekly to buy their food. Prisoners living elsewhere did not have self-catering provision.

Purchases

Expected outcomes:

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

2.116 *The range of goods available was adequate for most prisoners but new arrivals had to wait too long to access the shop. Consultation had improved.*

- 2.117** In our survey, more respondents than at comparator establishments were satisfied with the range of goods available on the prison shop list. However, black and minority ethnic prisoners were less satisfied than their white counterparts and there had been an ongoing problem with a lack of access to some scented oils for Muslim prisoners that were available at other prisons.
- 2.118** A consultation forum had been introduced to discuss shop issues and amend the goods list. Orders were placed on a Tuesday morning, which meant that prisoners arriving later in the week could wait up to 10 days to receive their first order; reception packs were provided to mitigate this delay. Delivery of shop goods was well organised and adequately supervised.
- 2.119** Prisoners could order newspapers and buy goods from a range of catalogues, without incurring an administration charge.

Recommendation

2.120 **Prisoners should have access to the prison shop within 24 hours of arrival.**

Housekeeping point

2.121 Scented oils available in other prisons should be available at North Sea Camp.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

3.1 *There was good time out of cell and prisoners were never locked in their rooms. Some units did not have an association room and some equipment was missing or poorly maintained. The chapel provided a wide range of activity.*

3.2 Prisoners were never locked in their rooms and had free access to all areas within the prison boundaries until 8pm; after this, they were expected to stay on their own unit, and in their own room from midnight. Regular roll checks were undertaken.

3.3 There were no suitably equipped association rooms on Harrison and Llewellyn units. All prisoners could use the association rooms on North and South I units but capacity and seating were limited. Pool, table tennis and table football were provided; however, the pool and table tennis equipment was missing on North I, and the pool table on South I was poorly maintained.

3.4 The attractive grounds were equipped with seating and were used and appreciated by prisoners.

3.5 A variety of activities was available in the chapel (see section on faith and religious activity) and weekly activities were provided for older men (see section on equality and diversity).

Recommendation

3.6 Association rooms should be properly equipped and maintained on all units.

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

Learning and skills and work activities

Expected outcomes:

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

3.7 *Strategic plans were focused on providing learning and skills and work to prepare prisoners for release, but implementation was incomplete. Quality assurance of prison-funded provision was underdeveloped. There were sufficient activity spaces for the population but very little opportunity for accreditation of skills gained in work roles. Teaching and learning were good but the range of education and vocational training was limited. Too many prisoners left the prison without a qualification in English or mathematics and not enough gained qualifications overall, although success rates were high for those who took them. There was good attendance at activities. The library offered a very good service.*

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

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

Management of learning and skills and work

3.9 Strategic plans were soundly based on a detailed analysis of prisoners' needs and extensive labour market information. They were suitably aspirational and appropriately focused on prisoners getting jobs or entering education and training on release, but were not yet fully realised.

3.10 Close working between the prison and Milton Keynes College (MKC), the provider of education and vocational training, contributed well to the effective operational management of education and training. This led to tangible benefits, such as mentor training for prisoners working in a wide range of functions. A quality improvement group drew together a range of partners to implement actions to improve provision. However, progress on initiatives such as increasing the number of work placements in the community for suitably risk assessed prisoners was slow and hampered by a lack of staff at the prison to implement them.

3.11 The education and vocational training provision provided by Milton Keynes College was good, and there were effective arrangements to assure and improve its quality. These included regular and productive observations of teaching and learning. However, monitoring of the quality of prison-funded provision was not sufficiently well developed.

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

- 3.12** Data on prisoners' achievement were accurate and readily available. MKC used them routinely to identify subjects whose achievement was too low and acted effectively in response. Analysis of the achievement of different groups of prisoners, such as those of different ethnicities, was regular and appropriate, and showed no significant gaps in performance.
- 3.13** Self-assessment was satisfactory. The prison's self-assessment report provided a thorough overview of activity across the prison, and was suitably evaluative. The MKC self-assessment report made effective use of data in arriving at its conclusions and was mainly accurate.

Recommendations

- 3.14** The plans for developing learning and skills and work provision that are focused on prisoners getting jobs or entering education and training on release should be implemented.
- 3.15** The quality of prison-funded provision should be monitored and evaluated thoroughly and include observations of teaching and learning.

Provision of activities

- 3.16** There were sufficient activity places for the population. Most work roles were purposeful and of high quality but few provided the opportunity to obtain a qualification.
- 3.17** The planning of education was responsive. MKC regularly adapted the mix of courses it offered as the needs of the population changed. However, the range of education provision was narrow and very little was above level 2 (see main recommendation S44). A small number of prisoners followed more advanced distance learning or Open University courses. Their progress was hampered by a lack of access to computer facilities for producing assignments and carrying out research. Although the vocational training provided enabled prisoners to gain valuable qualifications for employment on release, it catered for only a small number of prisoners and the range was limited (see main recommendation S44).
- 3.18** There was insufficient emphasis on prisoners improving and gaining qualifications in English and mathematics. Provision relied too heavily on prisoners attending day-long classes in the education department. It was not possible to study English or mathematics in prison workplaces or elsewhere.
- 3.19** Flexible arrangements allowed prisoners to combine work with attendance at classes in the education department. The prison pay policy provided good incentives for prisoners to take education classes. Induction arrangements suitably prioritised courses to meet prisoners' educational needs. However, processes for allocating prisoners to work roles did not take into account priorities identified in sentence plans or by the National Careers Service.

Recommendations

- 3.20** The prison should provide sufficient access to computers with up-to-date software and printing facilities for prisoners to use when studying higher-level courses.
- 3.21** The benefits for prisoners of improving their English and mathematics should be promoted more effectively, and provision offered more widely.

3.22 Allocations to work should match needs identified in sentence plans and by the National Careers Service.

Quality of provision

- 3.23** Teaching and learning in education classes and vocational training sessions were good. On vocational courses, tutors planned theory sessions well and made good use of a wide variety of suitable resources. Practical sessions effectively motivated prisoners to apply their theoretical learning and enabled them to make good progress in developing their vocational skills. Instruction in workplaces was good.
- 3.24** Tutors structured education classes well to provide a wide variety of relevant, interesting and carefully sequenced activities. Most teaching was dynamic and engaging. Prisoners worked together productively, learning from each other and improving their abilities to collaborate. Tutors were highly skilled in helping prisoners become confident as learners.
- 3.25** Additional learning support in education classes was good. Prisoners' additional needs were identified accurately at initial assessment and induction. Prisoners who received additional support made good progress and achieved well, although there was not enough provision to meet the needs of all who could benefit.
- 3.26** Peer mentors were highly effective across the prison. They were well trained and understood clearly the impact of their role in enabling other prisoners to make progress. They provided good individual support in classrooms and acted effectively in prison workplaces.
- 3.27** Tutors monitored prisoners' progress well and provided feedback in sessions and on their written work. However, they did not always use questions sufficiently well in learning sessions to check and extend prisoners' understanding.
- 3.28** Advice and guidance were good. The induction to education and training was thorough and timely. Prisoners received a clear and detailed overview of the courses available, and their benefits. Orderlies working in the well-stocked prisoner advice centre (see section on residential units) provided an effective service. The centre was used regularly by prisoners seeking information on a wide range of topics, such as courses at local colleges.

Recommendation

- 3.29 The provision of additional learning support should be increased.**

Housekeeping point

- 3.30** Tutors should receive training to use questioning more effectively to check and extend learning.

Education and vocational achievements

- 3.31** The achievement of qualifications by those taking education and vocational courses was good. Most prisoners who started a course completed it successfully. In a small minority of courses, including mathematics at levels 1 and 2, success rates were too low.

- 3.32** Not enough prisoners gained qualifications. Over half of the population was engaged in a prison job or a work placement for which there was no opportunity to receive accreditation or any other form of recognition for the vocational skills and employability skills they acquired (see main recommendation S44). Too many prisoners left the prison without a qualification in English or mathematics.
- 3.33** The quality of prisoners' work was good in vocational training and in work places. In the construction workshop, standards in bricklaying were high. Prisoners in many work places developed a good work ethic. Punctuality and attendance were good at learning and skills and work activity across the prison. In all activities, prisoners treated staff and each other with high levels of respect.

Recommendation

- 3.34 A higher proportion of prisoners should obtain English and mathematics qualifications before leaving the prison.**

Library

- 3.35** The library, provided by Lincolnshire County Council, offered a very good service. It was friendly and welcoming, with sufficient space for reading and private study. Access was good. The library opened for morning, afternoon and evening sessions, seven days a week. Around half the prisoners were regular borrowers. In our survey, 70% of respondents said that they went to the library at least once a week, which was considerably more than at similar prisons.
- 3.36** The range and amount of stock were good. Book displays were attractive and well organised. There was a wide range of fiction and non-fiction books, including recipe books aimed at those catering for themselves and books which supported education and training courses. The range of books in foreign languages and for those who were not fluent readers was suitable. A growing loan collection of DVD films was very popular. Of those responding to our survey, 75% said that the library had a wide enough range of materials to meet their needs, well above the percentage at similar prisons.
- 3.37** The library was well managed. Five well-trained orderlies assisted a skilled, enthusiastic librarian. Stock loss was very low. A simple computer-based system tracked borrowing effectively and enabled the librarian to make informed decisions about what new stock to buy. However, there were no computer facilities for prisoners' use (see recommendation 3.20).
- 3.38** The library promoted reading well through participation in initiatives such as World Book Night, and ran the Storybook Dads scheme (in which prisoners record stories for their children). It also facilitated prisoner's access to libraries in the community when on temporary release.

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.

3.39 *Recreational PE provision was adequate. Facilities were suitable, although much of the equipment was in poor condition. There were very few vocational PE qualifications available and the promotion of healthy living was not sufficiently effective.*

- 3.40** Induction to the gym was timely and appropriate. Recreational PE provision was adequate. Sessions took place twice daily, seven days a week and on six evenings a week. A large proportion of prisoners had used the facilities recently. However, in our survey only 39% said that they visited the gym at least three times a week, which was considerably lower than the comparator.
- 3.41** In the previous year, the prison had offered few vocational PE qualifications. It expected the imminent recruitment of an additional PE staff member to enable this to increase. Existing staff were appropriately qualified and experienced.
- 3.42** Facilities were suitable and included a sports hall and separate weights and cardiovascular rooms, but much of the equipment was in poor condition and in need of repair or replacement. A large outdoor playing field was rarely used.
- 3.43** PE staff provided good support for prisoners to aid their recovery from substance misuse. A regular dedicated PE session was available for older and retired prisoners (see also section on equality and diversity). Healthy living was not promoted sufficiently. Although links with the health care department were good, there was low take-up of activities by prisoners referred for remedial PE because of health problems. Few prisoners took part in initiatives offered by the PE department, such as weight loss programmes.
- 3.44** Through links with the local authority, prisoners participated effectively in supporting a group of adults with learning disabilities, who visited each week for a PE session. A local charity provided indoor bowling events, which were popular with older prisoners.

Recommendations

- 3.45** **PE equipment in poor condition should be repaired or replaced, and outdoor facilities used effectively.**
- 3.46** **The gym should provide a suitable range of vocational qualifications.**
- 3.47** **The promotion and take-up of healthy living initiatives should be increased.**

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 establishment held a very complex population. Strategic oversight of resettlement was adequate but the needs analysis did not make use of offender assessment system (OASys) assessments and the action plan was not regularly updated. Some significant improvements had been made to release on temporary licence. Some offender supervisors lacked adequate training and support to undertake some of the more complex tasks.*

4.2 The establishment held a highly complex prisoner population in open conditions: 60% were indeterminate-sentenced prisoners (ISPs), almost half were high risk of harm, almost half had been convicted of sex offences and nearly all fell under multi-agency public protection arrangements (MAPPA).

4.3 A needs analysis had been undertaken recently. It was a useful document, based on prisoner survey responses and data from P-Nomis (electronic case notes) but it did not make use of offender assessment system (OASys) assessments to provide a sufficiently robust profile of offending-related needs. The needs of specific groups of prisoners – for example, long-term compared with short-term prisoners – had not been analysed, so it was difficult to see differing needs or respond to them.

4.4 The analysis directly informed the reducing reoffending strategy, which highlighted some gaps in provision – for example, accommodation advice and support with finance benefits and debts (see section on reintegration planning). The strategy included the key priorities for the establishment, including public protection and offender management, alongside the seven resettlement pathways.

4.5 The strategy was supported by an action plan. Oversight of delivery against the plan had been improved through the reintroduction of a monthly reducing reoffending committee. However, not all functional lead managers provided regular updates, which limited evidence of progress and made it more difficult to keep the actions live or hold people to account.

4.6 Following three serious release on temporary licence (ROTL) failures in 2013, including one from North Sea Camp, HMI Prisons undertook a review of the procedures and processes for assessing risk and allowing ROTL. The establishment had responded to our criticisms quickly, with a comprehensive review of their ROTL strategy and some significant changes to the assessment and review processes (see section on offender management and planning). ROTL was no longer seen as an automatic entitlement by staff and prisoners, and the need to better manage time away from the prison was more evident. While this had led to a reduction in the number of ROTL events over recent months, they remained an important part of the resettlement strategy and were used effectively to help prisoners to prepare for release, including work, college and promoting family contact.

- 4.7** Some offender supervisors lacked training in the management of risk of harm and felt overwhelmed by undertaking specialist tasks such as the preparation of parole reports or contributing to hearings.

Recommendation

- 4.8** **Offender supervisors should be adequately trained in the management of risk of harm and indeterminate-sentenced prisoners.**

Housekeeping points

- 4.9** Offender assessment system (OASys) data should be used to provide more robust evidence of offending-related needs, and the needs of specific types of prisoners, such as long-term prisoners, should be explored.
- 4.10** The reducing reoffending action plan should be regularly and thoroughly updated to monitor progress and take necessary remedial action.

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.

- 4.11** *The offender management unit was overwhelmed owing to high demand from prisoners and severe staff shortages. This directly hindered progression for some prisoners. Communication with prisoners was poor and slippage in the completion of some important tasks had led to unnecessary frustration and anxiety which impacted on prisoners' perceptions about safety. Some important improvements to the release on temporary licence assessment processes had been made but more needed to be done. Home detention curfew assessments were not always completed on time.*

- 4.12** In our survey, more prisoners than at other open prisons knew they had an offender supervisor. However, the offender management unit (OMU) was severely short-staffed and, as a result, overwhelmed. Only seven out of 19 offender supervisors were in post. At the time of the inspection, there was only one member of the psychology team in post, although this was set to increase to six. Only two of nine probation staff were in post and there was no head of public protection. This made it extremely difficult to deliver effective offender management and contributed to the OMU being under siege from prisoners wanting support and better communication. The lack of staff hindered progression for some prisoners, including access to ROTL. Very poor communication from the OMU was by far the main complaint from prisoners during the inspection (see section on complaints) and this was contributing directly to their negative perceptions about safety (see main recommendation S43 and section on bullying and violence reduction).
- 4.13** The lack of effective offender management was a serious concern, given the nature of the population held in open conditions at the establishment. For example, too many OASys reviews were late, 50 prisoners had not had an offender supervisor for over two months, and contact with prisoners was generally ad hoc or in reaction to events rather than

providing meaningful support with a focus on risk management. Prisoners we spoke to described varying frequencies of contact, with some only seeing their offender supervisor by application. Others said that some applications were not answered or that they had received an unhelpful response (see main recommendation S45).

- 4.14** Nevertheless, significant improvements had been made to ROTL procedures following our review (see section on strategic management of resettlement) and in line with national instructions from the National Offender Management Service. The assessment phase had been increased to 12 weeks to enable a more thorough risk assessment to take place, including consultation with the community offender manager about day release. Risk assessments were completed using the correct paperwork. The quality of ROTL assessments was satisfactory but information was not always updated when a review was taking place.
- 4.15** Offender supervisors were not always able to attend ROTL boards but the managers chairing them were competent and had a clear understanding of their role in managing risk of harm during temporary release. The boards we observed were managed very well and held the prisoner to account in planning for ROTL or reviewing his last period of temporary release. However, too little time was allocated to each case, resulting in late or postponed board hearings, which led to significant frustration and anxiety for prisoners. The recommendation of the board was reviewed by a governor and, if ROTL was approved, licences were signed; however, here, too, there were sometimes delays, causing further frustration and uncertainty for prisoners (see main recommendation S45). Licence conditions were appropriate and changes to dates, time or venue for ROTL required a full board review.
- 4.16** Good attention was given to approving time-limited, purposeful day releases, with clear evidence of monitoring compliance – for example, through reporting to the local police station or collecting evidence of activities. The use of ‘thought diaries’ (where prisoners wrote down their planned activities for the day) to further monitor prisoners on ROTL was a good idea but was not sufficiently well targeted and not used fully by offender supervisors.
- 4.17** Psychological case reviews for high-risk, MAPPA and ISP cases had been introduced, in line with national instructions. At North Sea Camp, this included almost all prisoners before starting or moving on to the next stage of ROTL. Two-thirds of these had been completed at the time of the inspection and appropriate priority was being given to completing the remaining ones within the next few weeks.
- 4.18** OASys assessments were reviewed on arrival at the establishment, to reflect the move to open conditions. The quality of assessments, including those for high risk of harm prisoners, was not always good enough. Although, in our survey, more prisoners than at other open prisons said that they had a sentence plan, the quality of plans was inadequate; they generally referred to ROTL but the objectives were vague, lacked specific timescales and did not address key issues. Recording of contact with prisoners by offender supervisors was not always detailed or timely enough and P-Nomis was not used as the central recording system (see main recommendation S45).
- 4.19** A total of 61 home detention curfew (HDC) applications had been considered in the previous six months and most (55) of these had been awarded. HDC assessment processes were sound but in some of the cases we reviewed, the prisoner had been released late, mainly because they had arrived at the establishment with little time left to serve. However, in a couple of cases, the process had been started late, not giving enough time to achieve the earliest eligibility date. Prisoners were actively engaged in the enhanced review process for HDC.

Recommendation

- 4.20 Information in release on temporary licence risk assessments should be updated to reflect each review.**

Public protection

- 4.21** There were satisfactory arrangements to support public protection, which was a key priority, given the high-risk population. Prisoners were screened on arrival, and contact restrictions were applied quickly and thoroughly reviewed on request for child contact.
- 4.22** Too many risk of serious harm analyses and plans were of inadequate quality. We saw several examples where the new plan had not been updated to reflect life in an open prison or new circumstances for the prisoner, and ROTL was rarely referred to.
- 4.23** The interdepartmental risk management team (IRMT) met regularly and was preceded by a public protection meeting. Offender supervisors did not attend, and the role and function of the public protection meeting remained unclear. The IRMT reviewed high risk of harm cases on arrival but we were not assured that this oversight was always effective for high-risk cases. For example, we saw actions set which were subsequently not met. The IRMT was not sufficiently clearly focused on MAPPA and the management of these before release, including day release.
- 4.24** MAPPA procedures were not effectively used in some cases. Almost half of the MAPPA-eligible cases we reviewed did not have a level set, despite being in open conditions and potentially having regular, unsupervised day release in the community (see main recommendation S46).
- 4.25** When MAPPA was involved at level 2 or 3, it worked well but only for overnight release; involvement in day release was not evident. The quality of reports from the offender supervisor to multi-agency public protection meetings was adequate.

Recommendations

- 4.26 The quality of risk of harm analyses and plans should be improved.**
- 4.27 The role of the interdepartmental risk management team (IRMT) and public protection meeting should be clarified and actions set by the IRMT should be regularly reviewed to ensure that they are achieved.**

Categorisation

- 4.28** Changes in behaviour or increased risks which could indicate a change in categorisation were discussed at multidisciplinary meetings to ensure that decisions to return a prisoner to closed conditions were defensible (see also section on security).

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.

4.29 *Resettlement needs were reviewed on arrival and before release, and referrals made for help as needed. More prisoners than at other open prisons felt prepared for release. The Jubilee units provided excellent opportunities for the transition to independent living. Most of the resettlement pathways were underdeveloped. For example, there was no specialist debt and benefits advice, no access to Job Centre Plus at the prison, no virtual campus and there were too few community work placements or jobs for suitably risk assessed prisoners. Health care and substance misuse pathways were better. Visits arrangements were generally adequate but other support for families was limited.*

4.30 Resettlement needs were identified on arrival by induction staff and referrals made as necessary. Needs were checked again 12 weeks before release, in order to identify and address remaining issues. The Jubilee units, which were old staff houses, mostly just outside the perimeter of the prison, provided an excellent half-way house model for community reintegration for long term prisoners. Prisoners were risk assessed and selected to live in the houses and they provided a good focus on independent living and life skills as prisoners were responsible for their own cleaning, laundry, budgeting, food shopping, and cooking.

4.31 In our survey, more prisoners than at other open prisons said that they had plans to complete some of their sentence plan targets in the community, and more said that they had been on a preparation for release course and felt prepared for release.

Accommodation

4.32 Only three prisoners had been released homeless in the previous six months, and many of the ISP and high-risk prisoners were released to an approved hostel or supported accommodation as part of their licence conditions. However, this left a number of prisoners potentially requiring help with accommodation. Not enough support or advice was offered, except for those working with Addaction. Very few staff were trained to give housing advice and there was no trained peer mentor.

Recommendation

4.33 **More housing support and advice should be available from trained staff and peer mentors.**

Good practice

4.34 *The Jubilee Units provided an excellent halfway house model and community re-integration for long term prisoners with a focus on independent living and life skills.*

Education, training and employment

- 4.35** A wide variety of short courses helped to prepare prisoners for release, and there was an effective careers service. LAT provided good support, funding and guidance to help prisoners to find employment and training. They organised short courses in the community to develop prisoners' skills in using digital and other modern technology. The quality of the careers service, subcontracted to Future Advice Skills and Employment (FASE) by the National Careers Service was good. Staff from FASE and LAT worked well together, providing prisoners with help in making job applications and in preparing CVs and disclosure letters.
- 4.36** However, arrangements and facilities for prisoners to search for jobs were inadequate. Jobcentre Plus staff did not visit the prison to help prisoners look for jobs. The prison was not connected to the virtual campus (internet access for prisoners to community education, training and employment opportunities) and no alternative internet access was available. Only those on ROTL could use public facilities to look for jobs (see main recommendation S47).
- 4.37** Too few prisoners (less than 50) had work placements or jobs in the community. A significant number of prisoners had been risk assessed as suitable for external work placements but they were waiting allocation as no placements were available. The ROTL placements available were not of adequate quality to provide suitable preparation for future employment and did not sufficiently build on the vocational training that prisoners had received at the prison, or their aspirations for work (see main recommendation S47). There were limited and largely undeveloped links with employers.

Health care

- 4.38** Arrangements for the health discharge of patients were good and included assistance with finding a GP and dentist, take-home medication as required and direct communication with receiving agencies. Nurses checked with the hostels where those on ROTL stayed, to ensure that medications were being taken as prescribed and not being hoarded or diverted.
- 4.39** Palliative care was of high quality, using the Macmillan gold standard framework. The prison had several prisoner Macmillan EPOC (early presentation of cancer) ambassadors. Their role was to educate others to identify early signs of cancer and other major illnesses, and seek assistance. They campaigned on bowel and prostate cancer and on testicular examination. 'Buddies' were available to patients in palliative care.

Good practices

- 4.40** *Nurses followed up prisoners on release on temporary licence in hostels, to minimise the potential for medication to be abused or diverted.*
- 4.41** *EPOC (early presentation of cancer) ambassadors educated other prisoners to identify early signs of cancer and other major illnesses, and seek assistance.*

Drugs and alcohol

- 4.42** Addaction workers had good links with local community-based drug and alcohol services. National Association for the Care and Resettlement of Offenders (NACRO) workers helped to arrange accommodation on release for prisoners with substance misuse problems.

Prisoners also had access to the national Addaction network of community-based substance use support services, and an in-house support helpline was available for families.

Good practice

- 4.43** *The Addaction in-house telephone helpline service offered support and information to friends and families affected by prisoners' drug and alcohol misuse.*

Finance, benefit and debt

- 4.44** Despite evidence in the prison's needs analysis of a large number of prisoners being in debt, there was little support available. Jobcentre Plus did not attend the prison to set up benefit claims or give advice about the range of entitlements. Citizens Advice contributed to a finance course run by the education department, but did not provide one-to-one advice. Only those on ROTL could open a bank account before release or get further support with debts.

Recommendation

- 4.45** **Prisoners should be able to access specialist support and advice about finance benefit and debts, and should be able to open a bank account before release.**

Children, families and contact with the outside world

- 4.46** Many prisoners were able to use day and overnight ROTL to maintain contact with their family and friends. Those not yet accessing ROTL were able to arrange visits at the prison on Wednesday mornings, and Saturday and Sunday mornings and afternoons. There were sufficient visiting times to meet demand.
- 4.47** Visits could be booked by telephoning the gate house at set times of the day but some visitors said that it often took a long time for the staff to answer the telephone. There was also an information poster in the visits hall advising visitors that they could book online; however, this option was not currently available.
- 4.48** Just outside the gate there was a small cabin which was used as a waiting room for visitors. Toilets were provided but not refreshments, despite the fact that many visitors had travelled long distances. A small number of leaflets describing support organisations were on display but there was no other support for visitors.
- 4.49** Visits took place in a clean and well-equipped visits hall, which was relaxed and welcoming. This facility was enhanced by benches and tables in a well-maintained outside garden area. Refreshments were available, including hot snacks, drinks and confectionary.
- 4.50** The prison was located in an isolated area, with no public transport. Reduced-rate taxi services were available to and from the train station but few prisoners or visitors were aware of it. Many prisoners told us that they did not receive social visits because it was too far for their relatives and friends to travel.
- 4.51** Several family days were held throughout the year, during school holidays. However, other work to support families of prisoners, such as a parenting course or family support worker, was underdeveloped and there was no action plan to develop services.

Recommendations

- 4.52** The visits booking system should be reviewed and improved.
- 4.53** The children and family pathway should be developed, in consultation with prisoners and their families, to meet need.

Housekeeping point

- 4.54** The reduced-rate taxi service from the train station should be advertised more widely.

Attitudes, thinking and behaviour

- 4.55** Most prisoners had completed accredited necessary offending behaviour courses before coming to the establishment and a few had been able to complete programmes in the community while on ROTL. However, there was some unmet need for further offending behaviour work but there was no such provision. The planned recruitment of five more psychologists and the eventual recruitment of a full team of offender supervisors (see section on offender management and planning) would help to provide more time for structured one-to-one work, including victim awareness, and important work around relapse prevention, particularly for those convicted of sex offences.

Recommendation

- 4.56** Structured offending behaviour work should be provided to support previous work undertaken or address remaining issues.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1** Prisoners should be consulted about their feelings of safety, and data on safety should be accurate and analysed and should inform an action plan to make prisoners feel safer. (S43)
- 5.2** The range of education classes and the number of vocational training opportunities should be increased and prisoners should have the opportunity to have their work and employability skills recognised and recorded. They should have access to job search facilities, including the virtual campus and Jobcentre Plus staff. (S44)
- 5.3** There should be sufficient staff resources to deliver effective offender management, including timely and better quality offender assessment system (OASys) reviews and release on temporary licence, and communication with prisoners should be improved significantly. (S45)
- 5.4** All multi-agency public protection arrangements (MAPPA) prisoners should have their management level set on arrival in open conditions, and where necessary a multi-agency plan should be in place to manage risk of harm during unsupervised day release. (S46)
- 5.5** The number of external work placements should be increased and provide suitable preparation for employment on release. (S47)

Recommendations

To the governor

Courts, escort and transfers

- 5.6** Prisoners should not be held on escort vans for long periods. (1.4)

Early days in custody

- 5.7** The accommodation on South 1 should be fit for purpose and provide all basic facilities such as bedding and pillows. (1.11)
- 5.8** New prisoners should be able to contact family and friends as soon as possible after arrival. (1.12)
- 5.9** Unit staff should allocate accommodation to prisoners moving on from the induction unit. (1.13)

Bullying and violence reduction

- 5.10** Staff facilitating mediation between prisoners should be appropriately trained. (1.19)

Self-harm and suicide

- 5.11** All relevant staff should have up-to-date assessment, care in custody and teamwork (ACCT) training, and Listeners should receive training for the role. (1.26)

Safeguarding

- 5.12** Staff should complete adult safeguarding training to ensure that they are aware of and understand their reporting responsibilities in line with the policy and guidance. (1.31)

Security

- 5.13** All requested intelligence-led searches should be carried out. (1.40)
- 5.14** A drug and alcohol strategy should be developed and include a specific supply reduction approach, detailed action plans and performance measures. (1.41)

Discipline

- 5.15** Management oversight of adjudication processes and the analysis of data should be improved. (1.50)

Substance misuse

- 5.16** The prison and substance use service providers should ensure that prisoners are made aware that they can access services without fear of negative consequences. (1.56)

Residential units

- 5.17** Rooms designed for one should not accommodate two and the number of beds in the larger dormitories should be reduced to make them less cramped. (2.10)
- 5.18** All prisoners should have keys to room safes to enable them to store their possessions and medications securely. (2.11)

Equality and diversity

- 5.19** The equality policy should be based on a needs analysis. (2.25)
- 5.20** Data from the equality monitoring tool should be available and analysed. (2.26)
- 5.21** Lead staff should be involved in prisoner support groups, and issues raised there should be discussed and addressed by the equality action team (EAT). (2.27)
- 5.22** The EAT should investigate the dissatisfaction expressed in our survey by Gypsy/Romany/Traveller prisoners and those with disabilities, and take any necessary action. (2.38)
- 5.23** Care planning for older prisoners and those with disabilities should be multidisciplinary. (2.39)

Faith and religious activity

- 5.24** Faith-based resettlement work should be introduced. (2.44)

Complaints

- 5.25** Complaints should be monitored to identify trends, issues and themes. (2.49)

Legal rights

- 5.26** Legal visits should take place in sufficient privacy. (2.53)

Health services

- 5.27** There should be an up-to-date health needs analysis. (2.71)
- 5.28** There should be a patient forum. (2.72)
- 5.29** There should be a local information-sharing protocol. (2.73)
- 5.30** Access to the bathroom in the primary care centre should not be from a public area. (2.74)
- 5.31** Resuscitation equipment should be promptly accessible in all parts of the prison, and clinicians should have direct telephone access to the ambulance service. (2.75)
- 5.32** There should be a prison well-being and health promotion strategy. (2.76)
- 5.33** There should be a suitable room for health screening in reception which has access to SystemOne. (2.82)
- 5.34** There should be sufficient resources to facilitate external health appointments for prisoners who require them. (2.83)
- 5.35** Prisoners should have regular access to pharmacy clinics, including medicines use reviews. (2.92)
- 5.36** 'Not in-possession' medications should be administered as clinically indicated. (2.93)
- 5.37** Documented risk assessments should be completed before in-possession medication is considered and these should be recorded on SystemOne. (2.94)
- 5.38** A single clinical system for the prescribing and recording of the administration of medicines should be implemented. (2.95)
- 5.39** Prisoners should be able to receive over-the-counter remedies when the health care department is closed. (2.96)
- 5.40** Administration of medicines at the pharmacy hatch should be carried out in a confidential manner and the queue should be supervised. (2.97)

Purchases

- 5.41** Prisoners should have access to the prison shop within 24 hours of arrival. (2.120)

Time out of cell

- 5.42** Association rooms should be properly equipped and maintained on all units. (3.6)

Learning and skills and work activities

- 5.43** The plans for developing learning and skills and work provision that are focused on prisoners getting jobs or entering education and training on release should be implemented. (3.14)
- 5.44** The quality of prison-funded provision should be monitored and evaluated thoroughly and include observations of teaching and learning. (3.15)
- 5.45** The prison should provide sufficient access to computers with up-to-date software and printing facilities for prisoners to use when studying higher-level courses. (3.20)
- 5.46** The benefits for prisoners of improving their English and mathematics should be promoted more effectively, and provision offered more widely. (3.21)
- 5.47** Allocations to work should match needs identified in sentence plans and by the National Careers Service. (3.22)
- 5.48** The provision of additional learning support should be increased. (3.29)
- 5.49** A higher proportion of prisoners should obtain English and mathematics qualifications before leaving the prison. (3.34)

Physical education and healthy living

- 5.50** PE equipment in poor condition should be repaired or replaced, and outdoor facilities used effectively. (3.45)
- 5.51** The gym should provide a suitable range of vocational qualifications. (3.46)
- 5.52** The promotion and take-up of healthy living initiatives should be increased. (3.47)

Strategic management of resettlement

- 5.53** Offender supervisors should be adequately trained in the management of risk of harm and indeterminate-sentenced prisoners. (4.8)

Offender management and planning

- 5.54** Information in release on temporary licence risk assessments should be updated to reflect each review. (4.20)
- 5.55** The quality of risk of harm analyses and plans should be improved. (4.26)
- 5.56** The role of the interdepartmental risk management team (IRMT) and public protection meeting should be clarified and actions set by the IRMT should be regularly reviewed to ensure that they are achieved. (4.27)

Reintegration planning

- 5.57** More housing support and advice should be available from trained staff and peer mentors. (4.33)
- 5.58** Prisoners should be able to access specialist support and advice about finance benefit and debts, and should be able to open a bank account before release. (4.45)
- 5.59** The visits booking system should be reviewed and improved. (4.52)
- 5.60** The children and family pathway should be developed, in consultation with prisoners and their families, to meet need. (4.53)
- 5.61** Structured offending behaviour work should be provided to support previous work undertaken or address remaining issues. (4.56)

Housekeeping points

Bullying and violence reduction

- 5.62** The use of violence reduction booklets to monitor behaviour should be timely and meaningful. (1.20)

Self-harm and suicide

- 5.63** A structured quality assurance process should be in place for ACCT documentation. (1.27)

Incentives and earned privileges

- 5.64** Incentives and earned privileges review warning slips should be signed by prisoners to evidence receipt. (1.46)

Residential units

- 5.65** Applications should be tracked and prisoner dissatisfaction with the system investigated and addressed. (2.12)

Staff-prisoner relationships

- 5.66** The quality of personal officer comments in P-Nomis should be improved by including evidence of interaction with prisoners. (2.18)

Health services

- 5.67** All health services staff should receive documented clinical supervision. (2.77)
- 5.68** The reception screen should alert health services staff to consider the possibility of a prisoner having a learning disability. (2.84)

- 5.69** The system for following up patients who did not attend to receive their medicines should be comprehensive. (2.98)
- 5.70** The supply and stock of medication under patient group directions (PGDs) should be regularly audited. All medication supplied under a PGD should be recorded on SystmOne and PGDs for antibiotics should be signed off by a local microbiologist. (2.99)
- 5.71** Out-of-date medicines and reference materials should be discarded. (2.100)
- 5.72** A member of pharmacy staff should attend the medicines management committee. (2.101)
- 5.73** The stigmatising title over the entrance to the mental health unit should be changed. (2.109)

Purchases

- 5.74** Scented oils available in other prisons should be available at North Sea Camp. (2.121)

Learning and skills and work activities

- 5.75** Tutors should receive training to use questioning more effectively to check and extend learning. (3.30)

Strategic management of resettlement

- 5.76** Offender assessment system (OASys) data should be used to provide more robust evidence of offending-related needs, and the needs of specific types of prisoners, such as long-term prisoners, should be explored. (4.9)
- 5.77** The reducing reoffending action plan should be regularly and thoroughly updated to monitor progress and take necessary remedial action. (4.10)

Reintegration planning

- 5.78** The reduced-rate taxi service from the train station should be advertised more widely. (4.54)

Examples of good practice

Residential units

- 5.79** The prisoner-run prisoner advice centre, which was open seven days a week, provided good-quality and timely support and information. (2.13)

Health services

- 5.80** There was excellent communication between pharmacy and nursing staff. It was usual for a multidisciplinary team to oversee the supply of medicines to patients. (2.102)
- 5.81** The Trust provided counselling, and primary and secondary mental health care, with an emphasis on evidence-based approaches. (2.110)

Reintegration planning

- 5.82** The Jubilee Units provided an excellent halfway house model and community re-integration for long term prisoners with a focus on independent living and life skills. (4.34)
- 5.83** Nurses followed up prisoners on release on temporary licence in hostels, to minimise the potential for medication to be abused or diverted. (4.40)
- 5.84** EPOC (early presentation of cancer) ambassadors educated other prisoners to identify early signs of cancer and other major illnesses, and seek assistance. (4.41)
- 5.85** The Addaction in-house telephone helpline service offered support and information to friends and families affected by prisoners' drug and alcohol misuse. (4.43)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Beverley Alden	Inspector
Joss Crosbie	Inspector
Gary Boughen	Inspector
Sam Galisteo	Senior researcher
Alissa Redmond	Researcher
Caroline Elwood	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Helen Boniface	Pharmacist
Matthew Tedstone	CQC
Alastair Pearson	Ofsted inspector
Steve Hailstone	Ofsted inspector
Neil Edwards	Ofsted inspector
Paddy Doyle	Offender management inspector
Gary Smallman	Offender management inspector

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		392	98
Recall		8	2
Convicted unsentenced		0	
Remand		0	
Civil prisoners			
Detainees			
Total		400	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced		0	0
Less than six months		5	1.25
six months to less than 12 months		6	1.50
12 months to less than 2 years		10	2.50
2 years to less than 4 years		55	13.75
4 years to less than 10 years		94	23.5
10 years and over (not life)		13	3.25
ISPP (indeterminate sentence for public protection)		108	27.00
Life		109	27.25
Total		400	100

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	
21 years to 29 years	73	18.25
30 years to 39 years	101	25.25
40 years to 49 years	111	27.75
50 years to 59 years	73	18.25
60 years to 69 years	37	9.25
70 plus years	5	1.25
Please state maximum age here:	81	
Total	400	100

Nationality	18–20-year-olds	21 and over	%
British		387	96.7
Foreign nationals		13	3.30
Total		400	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B			
Category C			
Category D		400	100
Other			
Total		400	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		304	76.00
Irish		4	1.00
Gypsy/Irish Traveller		3	0.75
Other white		12	3.00
		323	80.75
Mixed			
White and black Caribbean		6	1.50
White and black African		0	0
White and Asian		1	0.25
Other mixed		3	0.75
		10	2.50
Asian or Asian British			
Indian		7	1.75
Pakistani		12	3.00
Bangladeshi		1	0.25
Chinese		1	0.25
Other Asian		5	1.25
		26	6.50
Black or black British			
Caribbean		21	5.25
African		5	1.25
Other black		4	1.00
		30	7.50
Other ethnic group			
Arab		1	0.25
Other ethnic group		0	0
		1	0.25
Not stated		10	2.50
Total		400	100

Religion	18–20-year-olds	21 and over	%
Baptist		0	0
Church of England		105	26.25
Roman Catholic		41	10.25
Other Christian denominations		35	8.75
Muslim		29	7.25
Sikh		4	1.00
Hindu		1	0.25
Buddhist		21	5.25
Jewish		1	0.25
Other		8	2.00
No religion		155	38.75
Total		400	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		9	2.25
Total		9	2.25

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			60	15.00
1 month to 3 months			62	15.50
3 months to six months			89	22.25
six months to 1 year			97	24.25
1 year to 2 years			78	19.50
2 years to 4 years			14	3.50
4 years or more			0	
Total			400	100

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry		0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).		289	72.25
Total		289	72.25

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			NA	
1 month to 3 months				
3 months to six months				
six months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total			0	0

Main offence	18–20-year-olds	21 and over	%
Violence against the person		114	28.5
Sexual offences		135	33.75
Burglary		26	6.50
Robbery		37	9.25
Theft and handling		9	2.25
Fraud and forgery		16	4.00
Drugs offences		40	10.00
Other offences		23	5.75
Civil offences			
Offence not recorded /holding warrant			
Total		40	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. 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 14 July 2014, the prisoner population at HMP North Sea Camp was 387. Using the method described above, questionnaires were distributed to a sample of 193 prisoners.

We received a total of 160 completed questionnaires, a response rate of 83%. This included two questionnaires completed via interview. Sixteen respondents refused to complete a questionnaire, 13 questionnaires were not returned and four were returned blank.

Wing/Unit	Number of completed survey returns
Harrison	25
Llewellyn	26
North	33
South	46
Jubilee	30

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP North Sea Camp.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in 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 North Sea Camp in 2014 compared with responses from prisoners surveyed in all other open prisons. This comparator is based on all responses from prisoner surveys carried out in 14 open prisons since April 2009.
- The current survey responses from HMP North Sea Camp in 2014 compared with the responses of prisoners surveyed at HMP North Sea Camp in 2009.
- 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 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 50 and over and those under 50.
- A comparison within the 2014 survey between responses of prisoners who considered themselves to be a veteran and those who did not.

Survey summary

Section I: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for everyone across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2	How old are you?		
	<i>Under 21</i>		0 (0%)
	<i>21 - 29</i>		25 (16%)
	<i>30 - 39</i>		47 (30%)
	<i>40 - 49</i>		43 (28%)
	<i>50 - 59</i>		25 (16%)
	<i>60 - 69</i>		13 (8%)
	<i>70 and over</i>		3 (2%)
Q1.3	Are you on recall?		
	<i>Yes</i>		8 (5%)
	<i>No</i>		140 (95%)
Q1.4	How long is your sentence?		
	<i>Less than 6 months</i>		1 (1%)
	<i>6 months to less than 1 year</i>		1 (1%)
	<i>1 year to less than 2 years</i>		1 (1%)
	<i>2 years to less than 4 years</i>		24 (15%)
	<i>4 years to less than 10 years</i>		34 (22%)
	<i>10 years or more</i>		7 (4%)
	<i>IPP (indeterminate sentence for public protection)</i>		43 (27%)
	<i>Life</i>		47 (30%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>		2 (1%)
	<i>No</i>		155 (99%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		157 (99%)
	<i>No</i>		1 (1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		157 (99%)
	<i>No</i>		1 (1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	119 (77%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	3 (2%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	8 (5%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 0 (0%)

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

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

Yes	3 (2%)
No	152 (98%)

Q1.10 What is your religion?

<i>None</i>	42 (27%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	39 (25%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	25 (16%)	<i>Muslim</i>	13 (8%)
<i>Protestant</i>	1 (1%)	<i>Sikh</i>	2 (1%)
<i>Other Christian denomination</i>	11 (7%)	<i>Other</i>	8 (5%)
<i>Buddhist</i>	12 (8%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	149 (96%)
<i>Homosexual/Gay</i>	4 (3%)
<i>Bisexual</i>	2 (1%)

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

Yes	30 (19%)
No	126 (81%)

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

Yes	18 (11%)
No	139 (89%)

Q1.14 Is this your first time in prison?

Yes	73 (47%)
No	83 (53%)

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

Yes	80 (51%)
No	76 (49%)

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

<i>Less than 2 hours</i>	48 (30%)
<i>2 hours or longer</i>	101 (64%)
<i>Don't remember</i>	9 (6%)

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

<i>My journey was less than two hours</i>	48 (31%)
Yes	90 (58%)
No	16 (10%)
<i>Don't remember</i>	1 (1%)

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

<i>My journey was less than two hours</i>	48 (30%)
Yes	14 (9%)
No	95 (60%)

	<i>Don't remember</i>	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	104 (66%)
	No	49 (31%)
	<i>Don't remember</i>	5 (3%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	131 (84%)
	No	24 (15%)
	<i>Don't remember</i>	1 (1%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	69 (44%)
	Well	52 (33%)
	Neither	22 (14%)
	Badly	11 (7%)
	Very badly	0 (0%)
	<i>Don't remember</i>	4 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	127 (80%)
	Yes, I received written information	15 (9%)
	No, I was not told anything	18 (11%)
	<i>Don't remember</i>	1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	149 (94%)
	No	10 (6%)
	<i>Don't remember</i>	0 (0%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	125 (79%)
	2 hours or longer	28 (18%)
	<i>Don't remember</i>	5 (3%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	132 (86%)
	No	18 (12%)
	<i>Don't remember</i>	4 (3%)
Q3.3	Overall, how were you treated in reception?	
	Very well	63 (40%)
	Well	62 (39%)
	Neither	18 (11%)
	Badly	11 (7%)
	Very badly	4 (3%)
	<i>Don't remember</i>	0 (0%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	16 (10%)
	Housing problems	10 (6%)
	Physical health	11 (7%)
	Mental health	17 (11%)

Contacting employers	2 (1%)	Needing protection from other prisoners	6 (4%)
Contacting family	13 (8%)	Getting phone numbers	24 (16%)
Childcare	0 (0%)	Other	6 (4%)
Money worries	12 (8%)	Did not have any problems	83 (54%)
Feeling depressed or suicidal	12 (8%)		

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

Yes	30 (20%)
No	40 (26%)
Did not have any problems	83 (54%)

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

Tobacco	109 (69%)
A shower	54 (34%)
A free telephone call	28 (18%)
Something to eat	63 (40%)
PIN phone credit	96 (61%)
Toiletries/ basic items	66 (42%)
Did not receive anything	13 (8%)

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

Chaplain	82 (54%)
Someone from health services	116 (76%)
A Listener/Samaritans	71 (46%)
Prison shop/ canteen	51 (33%)
Did not have access to any of these	30 (20%)

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

What was going to happen to you	93 (63%)
What support was available for people feeling depressed or suicidal	69 (47%)
How to make routine requests (applications)	75 (51%)
Your entitlement to visits	64 (43%)
Health services	83 (56%)
Chaplaincy	74 (50%)
Not offered any information	33 (22%)

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

Yes	126 (80%)
No	31 (20%)
Don't remember	0 (0%)

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

Have not been on an induction course	6 (4%)
Within the first week	148 (93%)
More than a week	4 (3%)
Don't remember	1 (1%)

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

Have not been on an induction course	6 (4%)
Yes	106 (68%)
No	40 (26%)
Don't remember	4 (3%)

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

<i>Did not receive an assessment</i>	40 (25%)
<i>Within the first week</i>	64 (41%)
<i>More than a week</i>	32 (20%)
<i>Don't remember</i>	21 (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>	60 (39%)	46 (30%)	9 (6%)	10 (6%)	10 (6%)	19 (12%)
<i>Attend legal visits?</i>	49 (37%)	27 (20%)	13 (10%)	11 (8%)	3 (2%)	31 (23%)

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>	35 (22%)
<i>Yes</i>	45 (28%)
<i>No</i>	78 (49%)

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

<i>Yes</i>	107 (69%)
<i>No</i>	3 (2%)
<i>Don't know</i>	46 (29%)

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

	Yes	No	Don't know
<i>Are you normally able to have a shower every day?</i>	154 (99%)	2 (1%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	113 (74%)	28 (18%)	12 (8%)
<i>Do you normally get cell cleaning materials every week?</i>	80 (52%)	68 (44%)	5 (3%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	127 (82%)	28 (18%)	0 (0%)
<i>If you need to, can you normally get your stored property?</i>	65 (42%)	49 (32%)	40 (26%)

Q4.5 What is the food like here?

<i>Very good</i>	66 (43%)
<i>Good</i>	62 (40%)
<i>Neither</i>	14 (9%)
<i>Bad</i>	7 (5%)
<i>Very bad</i>	5 (3%)

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>	3 (2%)
<i>Yes</i>	82 (54%)
<i>No</i>	68 (44%)

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

<i>Yes</i>	111 (71%)
<i>No</i>	6 (4%)
<i>Don't know</i>	39 (25%)

Q4.8 Are your religious beliefs respected?

<i>Yes</i>	83 (53%)
<i>No</i>	15 (10%)
<i>Don't know/ N/A</i>	59 (38%)

Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	84 (54%)
	No	12 (8%)
	Don't know/ N/A	59 (38%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	42 (27%)
	Very easy	62 (40%)
	Easy	22 (14%)
	Neither	3 (2%)
	Difficult	2 (1%)
	Very difficult	2 (1%)
	Don't know	21 (14%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	138 (88%)
	No	13 (8%)
	Don't know	6 (4%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>).	
		Not made one Yes No
	Are applications dealt with fairly?	13 (9%) 77 (51%) 60 (40%)
	Are applications dealt with quickly (within seven days)?	13 (9%) 60 (41%) 75 (51%)
Q5.3	Is it easy to make a complaint?	
	Yes	90 (58%)
	No	31 (20%)
	Don't know	34 (22%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>).	
		Not made one Yes No
	Are complaints dealt with fairly?	72 (48%) 32 (21%) 45 (30%)
	Are complaints dealt with quickly (within seven days)?	72 (50%) 30 (21%) 41 (29%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	32 (22%)
	No	113 (78%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	28 (19%)
	Very easy	33 (22%)
	Easy	42 (28%)
	Neither	26 (18%)
	Difficult	14 (9%)
	Very difficult	5 (3%)

Section 6: Relationships with staff

Q6.1	Do most staff treat you with respect?	
	Yes	125 (80%)
	No	32 (20%)

Q6.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	126 (80%)
	No	31 (20%)
Q6.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	65 (41%)
	No	92 (59%)
Q6.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	10 (6%)
	<i>Never</i>	33 (21%)
	<i>Rarely</i>	35 (23%)
	<i>Some of the time</i>	30 (19%)
	<i>Most of the time</i>	27 (18%)
	<i>All of the time</i>	19 (12%)
Q6.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	15 (10%)
	<i>In the first week</i>	52 (33%)
	<i>More than a week</i>	78 (50%)
	<i>Don't remember</i>	11 (7%)
Q6.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	15 (10%)
	<i>Very helpful</i>	57 (37%)
	<i>Helpful</i>	37 (24%)
	<i>Neither</i>	18 (12%)
	<i>Not very helpful</i>	11 (7%)
	<i>Not at all helpful</i>	15 (10%)

Section 7: Safety

Q7.1	Have you ever felt unsafe here?	
	Yes	52 (33%)
	No	105 (67%)
Q7.2	Do you feel unsafe now?	
	Yes	23 (15%)
	No	131 (85%)
Q7.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	105 (70%)
	<i>Everywhere</i>	12 (8%)
	<i>Association areas</i>	14 (9%)
	<i>Reception area</i>	4 (3%)
	<i>At the gym</i>	12 (8%)
	<i>In an exercise yard</i>	5 (3%)
	<i>At work</i>	12 (8%)
	<i>During movement</i>	10 (7%)
	<i>At education</i>	2 (1%)
	<i>At meal times</i>	13 (9%)
	<i>At health services</i>	6 (4%)
	<i>Visits area</i>	2 (1%)
	<i>In wing showers</i>	12 (8%)
	<i>In gym showers</i>	4 (3%)
	<i>In corridors/stairwells</i>	11 (7%)
	<i>On your landing/wing</i>	13 (9%)
	<i>In your cell</i>	11 (7%)
	<i>At religious services</i>	1 (1%)
Q7.4	Have you been victimised by other prisoners here?	
	Yes	44 (28%)
	No	113 (72%)

Q7.5	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>	20 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	29 (18%)
	<i>Having your canteen/property taken</i>	2 (1%)
	<i>Medication</i>	3 (2%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	3 (2%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	2 (1%)
	<i>Your from a different part of the country than others</i>	6 (4%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	1 (1%)
	<i>You were new here</i>	4 (3%)
	<i>Your offence/ crime</i>	21 (13%)
	<i>Gang related issues</i>	0 (0%)
Q7.6	Have you been victimised by staff here?	
	Yes	31 (20%)
	No	123 (80%)
Q7.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	10 (6%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (1%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	14 (9%)
	<i>Medication</i>	0 (0%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	0 (0%)
	<i>Your from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	1 (1%)
	<i>You were new here</i>	6 (4%)
	<i>Your offence/ crime</i>	10 (6%)
	<i>Gang related issues</i>	0 (0%)
Q7.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	98 (69%)
	Yes	18 (13%)
	No	26 (18%)

Section 8: Health services

Q8.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	14 (9%)	18 (12%)	66 (43%)	10 (7%)	29 (19%)	15 (10%)
	The nurse	11 (7%)	43 (29%)	68 (46%)	12 (8%)	8 (5%)	5 (3%)

The dentist	28 (19%)	6 (4%)	22 (15%)	11 (7%)	25 (17%)	55 (37%)
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Q8.2 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	20 (13%)	28 (18%)	58 (37%)	16 (10%)	19 (12%)	14 (9%)
The nurse	12 (8%)	52 (34%)	67 (44%)	11 (7%)	5 (3%)	5 (3%)
The dentist	52 (35%)	19 (13%)	29 (20%)	16 (11%)	14 (9%)	18 (12%)

Q8.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	9 (6%)
<i>Very good</i>	33 (21%)
<i>Good</i>	64 (41%)
<i>Neither</i>	23 (15%)
<i>Bad</i>	14 (9%)
<i>Very bad</i>	13 (8%)

Q8.4 Are you currently taking medication?

Yes	83 (53%)
No	74 (47%)

Q8.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

<i>Not taking medication</i>	74 (47%)
<i>Yes, all my meds</i>	63 (40%)
<i>Yes, some of my meds</i>	17 (11%)
<i>No</i>	3 (2%)

Q8.6 Do you have any emotional or mental health problems?

Yes	36 (24%)
No	117 (76%)

Q8.7 Are you being helped/ supported by anyone in this prison? (e.g. psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)

<i>Do not have any emotional or mental health problems</i>	117 (77%)
Yes	29 (19%)
No	5 (3%)

Section 9: Drugs and alcohol

Q9.1 Did you have a problem with drugs when you came into this prison?

Yes	24 (15%)
No	131 (85%)

Q9.2 Did you have a problem with alcohol when you came into this prison?

Yes	31 (20%)
No	123 (80%)

Q9.3 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	49 (31%)
<i>Easy</i>	17 (11%)
<i>Neither</i>	4 (3%)
<i>Difficult</i>	3 (2%)
<i>Very difficult</i>	4 (3%)
<i>Don't know</i>	79 (51%)

Q9.4 Is it easy or difficult to get alcohol in this prison?

Very easy	22 (14%)
Easy	16 (10%)
Neither	7 (4%)
Difficult	8 (5%)
Very difficult	9 (6%)
Don't know	94 (60%)

Q9.5 Have you developed a problem with illegal drugs since you have been in this prison?

Yes	8 (5%)
No	147 (95%)

Q9.6 Have you developed a problem with diverted medication since you have been in this prison?

Yes	2 (1%)
No	152 (99%)

Q9.7 Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?

Did not / do not have a drug problem	129 (85%)
Yes	18 (12%)
No	4 (3%)

Q9.8 Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?

Did not / do not have an alcohol problem	123 (81%)
Yes	22 (15%)
No	6 (4%)

Q9.9 Was the support or help you received, whilst in this prison, helpful?

Did not have a problem/ did not receive help	120 (81%)
Yes	27 (18%)
No	2 (1%)

Section 10: Activities**Q10.1 How easy or difficult is it to get into the following activities, in this prison?**

	Don't know	Very Easy	Easy	Neither	Difficult	Very difficult
Prison job	5 (3%)	61 (40%)	61 (40%)	7 (5%)	13 (8%)	6 (4%)
Vocational or skills training	13 (9%)	40 (28%)	42 (29%)	18 (13%)	24 (17%)	6 (4%)
Education (including basic skills)	10 (7%)	53 (38%)	58 (41%)	12 (9%)	5 (4%)	2 (1%)
Offending behaviour programmes	58 (43%)	11 (8%)	22 (16%)	24 (18%)	7 (5%)	13 (10%)

Q10.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	8 (5%)
Prison job	124 (82%)
Vocational or skills training	29 (19%)
Education (including basic skills)	29 (19%)
Offending behaviour programmes	5 (3%)

Q10.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	8 (6%)	72 (54%)	46 (34%)	8 (6%)
Vocational or skills training	18 (16%)	78 (67%)	14 (12%)	6 (5%)
Education (including basic skills)	18 (16%)	68 (62%)	16 (15%)	8 (7%)
Offending behaviour programmes	40 (40%)	40 (40%)	18 (18%)	3 (3%)

Q10.4	How often do you usually go to the library?	
	<i>Don't want to go</i>	8 (5%)
	<i>Never</i>	6 (4%)
	<i>Less than once a week</i>	32 (21%)
	<i>About once a week</i>	33 (21%)
	<i>More than once a week</i>	75 (49%)
Q10.5	Does the library have a wide enough range of materials to meet your needs?	
	<i>Don't use it</i>	13 (8%)
	<i>Yes</i>	115 (75%)
	<i>No</i>	26 (17%)
Q10.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	41 (27%)
	<i>0</i>	42 (27%)
	<i>1 to 2</i>	10 (7%)
	<i>3 to 5</i>	30 (20%)
	<i>More than 5</i>	30 (20%)
Q10.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	4 (3%)
	<i>0</i>	3 (2%)
	<i>1 to 2</i>	11 (7%)
	<i>3 to 5</i>	31 (20%)
	<i>More than 5</i>	105 (68%)
Q10.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	11 (7%)
	<i>0</i>	6 (4%)
	<i>1 to 2</i>	2 (1%)
	<i>3 to 5</i>	5 (3%)
	<i>More than 5</i>	127 (84%)
Q10.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	1 (1%)
	<i>2 to less than 4 hours</i>	5 (3%)
	<i>4 to less than 6 hours</i>	6 (4%)
	<i>6 to less than 8 hours</i>	13 (8%)
	<i>8 to less than 10 hours</i>	26 (17%)
	<i>10 hours or more</i>	88 (57%)
	<i>Don't know</i>	15 (10%)

Section 11: Contact with family and friends

Q11.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	76 (50%)
	<i>No</i>	77 (50%)
Q11.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	38 (25%)
	<i>No</i>	114 (75%)
Q11.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	20 (13%)

No	134 (87%)
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Q11.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	29 (19%)
<i>Very easy</i>	16 (10%)
<i>Easy</i>	19 (12%)
<i>Neither</i>	5 (3%)
<i>Difficult</i>	26 (17%)
<i>Very difficult</i>	55 (36%)
<i>Don't know</i>	4 (3%)

Section 12: Preparation for release**Q12.1 Do you have a named offender manager (home probation officer) in the probation service?**

Yes	147 (95%)
No	7 (5%)

Q12.2 What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)

<i>Do not have an offender manager/ NA</i>	7 (5%)
<i>No contact</i>	27 (18%)
<i>Letter</i>	81 (53%)
<i>Phone</i>	92 (61%)
<i>Visit</i>	57 (38%)

Q12.3 Do you have a named offender supervisor in this prison?

Yes	136 (89%)
No	17 (11%)

Q12.4 Do you have a sentence plan?

Yes	132 (86%)
No	22 (14%)

Q12.5 How involved were you in the development of your sentence plan?

<i>Do not have a sentence plan</i>	22 (14%)
<i>Very involved</i>	51 (33%)
<i>Involved</i>	47 (31%)
<i>Neither</i>	9 (6%)
<i>Not very involved</i>	14 (9%)
<i>Not at all involved</i>	10 (7%)

Q12.6 Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)

<i>Do not have a sentence plan</i>	22 (15%)
<i>Nobody</i>	40 (27%)
<i>Offender supervisor</i>	71 (47%)
<i>Offender manager</i>	64 (43%)
<i>Named/ personal officer</i>	33 (22%)
<i>Staff from other departments</i>	38 (25%)

Q12.7 Can you achieve any of your sentence plan targets in this prison?

<i>Do not have a sentence plan</i>	22 (15%)
Yes	90 (61%)
No	15 (10%)
<i>Don't know</i>	20 (14%)

Q12.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan</i>			22 (15%)
	Yes			12 (8%)
	No			100 (67%)
	Don't know			15 (10%)
Q12.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan</i>			22 (15%)
	Yes			80 (53%)
	No			28 (19%)
	Don't know			21 (14%)
Q12.10	Do you have a needs based custody plan?			
	Yes			10 (7%)
	No			63 (42%)
	Don't know			78 (52%)
Q12.11	Do you feel that any member of staff has helped you to prepare for your release?			
	Yes			62 (41%)
	No			88 (59%)
Q12.12	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	25 (17%)	74 (51%)	46 (32%)
	Accommodation	27 (19%)	57 (40%)	59 (41%)
	Benefits	24 (17%)	56 (40%)	60 (43%)
	Finances	26 (19%)	55 (40%)	58 (42%)
	Education	26 (18%)	77 (55%)	38 (27%)
	Drugs and alcohol	45 (32%)	69 (49%)	27 (19%)
Q12.13	Have you been provided with information on the following? (please tick all that apply to you.)			
			Yes	No
	Resettlement day release		89 (59%)	62 (41%)
	Resettlement overnight release		82 (56%)	64 (44%)
Q12.14	Have you had access to the following? (please tick all that apply to you.)			
			Yes	No
	Resettlement day release		74 (49%)	76 (51%)
	Resettlement overnight release		48 (33%)	98 (67%)
	Special purpose leave		59 (42%)	81 (58%)
Q12.15	Please answer the following questions on your preparation for release?			
			Yes	No
	Were you given up to date information about this prison before you came here		35 (23%)	114 (77%)
	Were you helped to prepare for open conditions before you came here (increased responsibility, freedom etc.)		50 (33%)	100 (67%)
	Do you feel you have been given a greater responsibility here than when you were in closed conditions		110 (74%)	39 (26%)
	Have you been on a preparation for release course		35 (24%)	110 (76%)
	Is this prison near your home area or intended release address		40 (27%)	106 (73%)
	Have you done anything, or has anything happened to you here that will make you less likely to offend in the future		93 (66%)	48 (34%)

Main comparator and comparator to last time



Prisoner survey responses HMP North Sea Camp 2014

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		160	1,805	160	89
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	1%	0%	0%
1.3	Are you on recall?	5%	3%	5%	3%
1.4	Is your sentence less than 12 months?	1%	5%	1%	29%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	27%	10%	27%	0%
1.5	Are you a foreign national?	1%	4%	1%	0%
1.6	Do you understand spoken English?	100%	100%	100%	
1.7	Do you understand written English?	100%	99%	100%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	29%	20%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	4%	2%	
1.1	Are you Muslim?	8%	13%	8%	7%
1.11	Are you homosexual/gay or bisexual?	4%	2%	4%	0%
1.12	Do you consider yourself to have a disability?	19%	11%	19%	11%
1.13	Are you a veteran (ex-armed services)?	12%	7%	12%	
1.14	Is this your first time in prison?	47%	52%	47%	51%
1.15	Do you have any children under the age of 18?	51%	53%	51%	55%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	64%	45%	64%	55%
	For those who spent two or more hours in the escort van:				
2.2	Were you offered anything to eat or drink?	84%	80%	84%	
2.3	Were you offered a toilet break?	13%	10%	13%	
2.4	Was the van clean?	66%	67%	66%	
2.5	Did you feel safe?	84%	84%	84%	
2.6	Were you treated well/very well by the escort staff?	77%	75%	77%	75%
2.7	Before you arrived here were you told that you were coming here?	80%	80%	80%	
2.7	Before you arrived here did you receive any written information about coming here?	9%	14%	9%	

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2.8	When you first arrived here did your property arrive at the same time as you?	94%	92%	94%	93%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	79%	66%	79%	
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	86%	86%	90%
3.3	Were you treated well/very well in reception?	79%	78%	79%	80%
	When you first arrived:				
3.4	Did you have any problems?	46%	42%	46%	61%
3.4	Did you have any problems with loss of property?	11%	9%	11%	9%
3.4	Did you have any housing problems?	7%	8%	7%	12%
3.4	Did you have any problems contacting employers?	1%	2%	1%	7%
3.4	Did you have any problems contacting family?	8%	12%	8%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	1%	0%	1%
3.4	Did you have any money worries?	8%	11%	8%	23%
3.4	Did you have any problems with feeling depressed or suicidal?	8%	4%	8%	15%
3.4	Did you have any physical health problems?	7%	8%	7%	
3.4	Did you have any mental health problems?	11%	5%	11%	
3.4	Did you have any problems with needing protection from other prisoners?	4%	1%	4%	0%
3.4	Did you have problems accessing phone numbers?	16%	10%	16%	13%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	43%	43%	43%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	70%	57%	70%	98%
3.6	A shower?	35%	41%	35%	66%
3.6	A free telephone call?	18%	46%	18%	30%
3.6	Something to eat?	40%	55%	40%	83%
3.6	PIN phone credit?	61%	53%	61%	
3.6	Toiletries/ basic items?	42%	39%	42%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	54%	54%	54%	
3.7	Someone from health services?	76%	73%	76%	
3.7	A Listener/Samaritans?	47%	35%	47%	
3.7	Prison shop/ canteen?	33%	26%	33%	12%

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	63%	65%	63%	58%
3.8	Support was available for people feeling depressed or suicidal?	47%	45%	47%	51%
3.8	How to make routine requests?	51%	56%	51%	63%
3.8	Your entitlement to visits?	43%	59%	43%	62%
3.8	Health services?	56%	65%	56%	69%
3.8	The chaplaincy?	50%	56%	50%	58%
3.9	Did you feel safe on your first night here?	80%	90%	80%	86%
3.10	Have you been on an induction course?	96%	95%	96%	95%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	71%	72%	71%	74%
3.12	Did you receive an education (skills for life) assessment?	75%	86%	75%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	69%	66%	69%	38%
4.1	Attend legal visits?	57%	53%	57%	36%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	29%	27%	29%	36%
4.3	Can you get legal books in the library?	69%	47%	69%	
	For the wing/unit you are currently on:				
4.4	Are you normally able to have a shower every day?	99%	98%	99%	90%
4.4	Do you normally receive clean sheets every week?	74%	78%	74%	93%
4.4	Do you normally get cell cleaning materials every week?	52%	68%	52%	84%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	82%	78%	82%	76%
4.4	Can you normally get your stored property, if you need to?	42%	45%	42%	58%
4.5	Is the food in this prison good/very good?	83%	35%	83%	56%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	47%	54%	31%
4.7	Are you able to speak to a Listener at any time, if you want to?	71%	59%	71%	60%
4.8	Are your religious beliefs respected?	53%	55%	53%	64%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	66%	54%	57%
4.10	Is it easy/very easy to attend religious services?	55%	54%	55%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	88%	86%	88%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	56%	75%	56%	83%

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5.2	Do you feel applications are dealt with quickly (within seven days)?	44%	65%	44%	87%
5.3	Is it easy to make a complaint?	58%	52%	58%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	41%	42%	41%	39%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	42%	45%	42%	67%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	16%	22%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	51%	35%	51%	57%
SECTION 6: Relationships with staff					
6.1	Do most staff, in this prison, treat you with respect?	80%	75%	80%	84%
6.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	80%	74%	80%	82%
6.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	41%	25%	41%	
6.4	Do staff normally speak to you most of the time/all of the time during association?	30%	15%	30%	36%
6.5	Do you have a personal officer?	91%	69%	91%	45%
	For those with a personal officer:				
6.6	Do you think your personal officer is helpful/very helpful?	68%	68%	68%	65%
SECTION 7: Safety					
7.1	Have you ever felt unsafe here?	33%	17%	33%	13%
7.2	Do you feel unsafe now?	15%	7%	15%	3%
7.3	Have you been victimised by other prisoners here?	28%	13%	28%	11%
	Since you have been here, have other prisoners:				
7.5	Made insulting remarks about you, your family or friends?	13%	5%	13%	2%
7.5	Hit, kicked or assaulted you?	3%	1%	3%	2%
7.5	Sexually abused you?	0%	1%	0%	0%
7.5	Threatened or intimidated you?	18%	8%	18%	
7.5	Taken your canteen/property?	1%	1%	1%	1%
7.5	Victimised you because of medication?	2%	1%	2%	
7.5	Victimised you because of debt?	1%	1%	1%	
7.5	Victimised you because of drugs?	2%	1%	2%	0%
7.5	Victimised you because of your race or ethnic origin?	2%	1%	2%	1%
7.5	Victimised you because of your religion/religious beliefs?	1%	1%	1%	0%
7.5	Victimised you because of your nationality?	1%	1%	1%	
7.5	Victimised you because you were from a different part of the country?	4%	2%	4%	0%
7.5	Victimised you because you are from a traveller community?	0%	0%	0%	
7.5	Victimised you because of your sexual orientation?	2%	1%	2%	0%

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7.5	Victimised you because of your age?	2%	1%	2%	
7.5	Victimised you because you have a disability?	1%	1%	1%	0%
7.5	Victimised you because you were new here?	3%	2%	3%	5%
7.5	Victimised you because of your offence/crime?	13%	2%	13%	2%
7.5	Victimised you because of gang related issues?	0%	1%	0%	
SECTION 7: Safety continued					
7.6	Have you been victimised by staff here?	20%	21%	20%	15%
	Since you have been here, have staff:				
7.7	Made insulting remarks about you, your family or friends?	7%	8%	7%	3%
7.7	Hit, kicked or assaulted you?	1%	1%	1%	1%
7.7	Sexually abused you?	2%	0%	2%	0%
7.7	Threatened or intimidated you?	9%	10%	9%	
7.7	Victimised you because of medication?	0%	1%	0%	
7.7	Victimised you because of debt?	0%	0%	0%	
7.7	Victimised you because of drugs?	1%	1%	1%	1%
7.7	Victimised you because of your race or ethnic origin?	2%	2%	2%	2%
7.7	Victimised you because of your religion/religious beliefs?	1%	2%	1%	1%
7.7	Victimised you because of your nationality?	0%	1%	0%	
7.7	Victimised you because you were from a different part of the country?	2%	2%	2%	1%
7.7	Victimised you because you are from a traveller community?	0%	1%	0%	
7.7	Victimised you because of your sexual orientation?	2%	0%	2%	0%
7.7	Victimised you because of your age?	1%	1%	1%	
7.7	Victimised you because you have a disability?	1%	1%	1%	0%
7.7	Victimised you because you were new here?	4%	4%	4%	2%
7.7	Victimised you because of your offence/crime?	7%	2%	7%	1%
7.7	Victimised you because of gang related issues?	0%	1%	0%	
	For those who have been victimised by staff or other prisoners:				
7.8	Did you report any victimisation that you have experienced?	41%	22%	41%	11%
SECTION 8: Health services					
8.1	Is it easy/very easy to see the doctor?	55%	52%	55%	71%
8.1	Is it easy/very easy to see the nurse?	76%	72%	76%	85%
8.1	Is it easy/very easy to see the dentist?	19%	28%	19%	13%

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	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:				
8.2	The doctor?	64%	67%	64%	84%
8.2	The nurse?	85%	74%	85%	94%
8.2	The dentist?	50%	54%	50%	26%
8.3	The overall quality of health services?	66%	63%	66%	87%
8.4	Are you currently taking medication?	53%	43%	53%	55%
	For those currently taking medication:				
8.5	Are you allowed to keep possession of some or all of your medication in your own cell?	97%	98%	97%	
8.6	Do you have any emotional well being or mental health problems?	24%	13%	24%	26%
	For those who have problems:				
8.7	Are you being helped or supported by anyone in this prison?	85%	49%	85%	
SECTION 9: Drugs and alcohol					
9.1	Did you have a problem with drugs when you came into this prison?	16%	10%	16%	11%
9.2	Did you have a problem with alcohol when you came into this prison?	20%	10%	20%	12%
9.3	Is it easy/very easy to get illegal drugs in this prison?	42%	35%	42%	29%
9.4	Is it easy/very easy to get alcohol in this prison?	24%	23%	24%	
9.5	Have you developed a problem with drugs since you have been in this prison?	5%	2%	5%	3%
9.6	Have you developed a problem with diverted medication since you have been in this prison?	1%	2%	1%	
	For those with drug or alcohol problems:				
9.7	Have you received any support or help with your drug problem while in this prison?	82%	74%	82%	
9.8	Have you received any support or help with your alcohol problem while in this prison?	78%	84%	78%	
	For those who have received help or support with their drug or alcohol problem:				
9.9	Was the support helpful?	93%	90%	93%	89%
SECTION 10: Activities					
	Is it very easy/ easy to get into the following activities:				
10.1	A prison job?	80%	76%	80%	
10.1	Vocational or skills training?	57%	55%	57%	
10.1	Education (including basic skills)?	79%	70%	79%	
10.1	Offending Behaviour Programmes?	25%	33%	25%	
	Are you currently involved in any of the following activities:				
10.2	A prison job?	82%	72%	82%	75%
10.2	Vocational or skills training?	19%	17%	19%	19%
10.2	Education (including basic skills)?	19%	24%	19%	24%
10.2	Offending Behaviour Programmes?	3%	5%	3%	6%
10.3	Have you had a job while in this prison?	94%	94%	94%	

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	Percentages which are not highlighted show there is no significant difference				
	For those who have had a prison job while in this prison:				
10.3	Do you feel the job will help you on release?	57%	45%	57%	
10.3	Have you been involved in vocational or skills training while in this prison?	84%	80%	84%	
	For those who have had vocational or skills training while in this prison:				
10.3	Do you feel the vocational or skills training will help you on release?	80%	62%	80%	
10.3	Have you been involved in education while in this prison?	84%	86%	84%	
	For those who have been involved in education while in this prison:				
10.3	Do you feel the education will help you on release?	74%	63%	74%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	60%	71%	60%	
	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?	66%	46%	66%	
10.4	Do you go to the library at least once a week?	70%	54%	70%	72%
10.5	Does the library have a wide enough range of materials to meet your needs?	75%	62%	75%	
10.6	Do you go to the gym three or more times a week?	39%	54%	39%	46%
10.7	Do you go outside for exercise three or more times a week?	88%	75%	88%	78%
10.8	Do you go on association more than five times each week?	84%	80%	84%	86%
10.9	Do you spend ten or more hours out of your cell on a weekday?	57%	53%	57%	34%
SECTION 11: Friends and family					
11.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	50%	53%	50%	43%
11.2	Have you had any problems with sending or receiving mail?	25%	22%	25%	30%
11.3	Have you had any problems getting access to the telephones?	13%	13%	13%	13%
11.4	Is it easy/ very easy for your friends and family to get here?	23%	40%	23%	
SECTION 12: Preparation for release					
12.1	Do you have a named offender manager (home probation officer) in the probation service?	95%	93%	95%	
	For those who have an offender manager what type of contact have you had:				
12.2	No contact?	19%	15%	19%	
12.2	Contact by letter?	56%	40%	56%	
12.2	Contact by phone?	64%	58%	64%	
12.2	Contact by visit?	39%	41%	39%	
12.3	Do you have a named offender supervisor in this prison?	89%	79%	89%	
12.4	Do you have a sentence plan?	86%	75%	86%	39%
	For those with a sentence plan:				
12.5	Were you involved/very involved in the development of your plan?	75%	71%	75%	65%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP North Sea Camp 2014	Open prisons comparator	HMP North Sea Camp 2014	HMP North Sea Camp 2009
	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				
	Who is working with you to achieve your sentence plan targets:				
12.6	nobody?	31%	31%	31%	
12.6	Offender supervisor?	55%	50%	55%	
12.6	Offender manager?	50%	39%	50%	
12.6	Named/ personal officer?	26%	18%	26%	
12.6	Staff from other departments?	30%	21%	30%	
	For those with a sentence plan:				
12.7	Can you achieve any of your sentence plan targets in this prison?	72%	75%	72%	72%
12.8	Are there plans for you to achieve any of your targets in another prison?	9%	13%	9%	
12.9	Are there plans for you to achieve any of your targets in the community?	62%	47%	62%	
12.10	Do you have a needs based custody plan?	7%	7%	7%	
12.11	Do you feel that any member of staff has helped you to prepare for release?	41%	31%	41%	34%
	For those that need help do you know of anyone in this prison who can help you on release with following:				
12.12	Employment?	62%	53%	62%	
12.12	Accommodation?	49%	52%	49%	
12.12	Benefits?	48%	51%	48%	
12.12	Finances?	49%	43%	49%	
12.12	Education?	67%	52%	67%	
12.12	Drugs and alcohol?	72%	57%	72%	
	Have you been provided with information on the following:				
12.13	Resettlement day release?	59%	77%	59%	
12.13	Resettlement overnight release?	56%	75%	56%	
	Have you had access to the following:				
12.14	Resettlement day release?	49%	67%	49%	
12.14	Resettlement overnight release?	33%	60%	33%	
12.14	Special purpose leave?	42%	32%	42%	
	Please answer the following about your preparation for release:				
12.15	Were you given up to date information about this prison before you came here?	24%	25%	24%	9%
12.15	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	33%	27%	33%	18%
12.15	Do you feel you have been given greater responsibility here than when you were in closed conditions?	74%	80%	74%	80%
12.15	Have you been on a preparation for release course?	24%	18%	24%	8%
12.15	Is this prison near your home area or your intended release address?	27%	47%	27%	22%
12.15	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	66%	60%	66%	42%

Diversity analysis



Key Question Responses (ethnicity) HMP North Sea Camp 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	Black and minority ethnic prisoners	White 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		
Number of completed questionnaires returned		30	125
1.5	Are you a foreign national?	0%	2%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	2%
1.1	Are you Muslim?	40%	1%
1.12	Do you consider yourself to have a disability?	3%	23%
1.13	Are you a veteran (ex-armed services)?	3%	14%
1.14	Is this your first time in prison?	53%	45%
2.6	Were you treated well/very well by the escort staff?	74%	77%
2.7	Before you arrived here were you told that you were coming here?	77%	81%
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	85%
3.3	Were you treated well/very well in reception?	63%	83%
3.4	Did you have any problems when you first arrived?	51%	47%
3.7	Did you have access to someone from health care when you first arrived here?	73%	77%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White 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		
3.9	Did you feel safe on your first night here?	79%	81%
3.10	Have you been on an induction course?	93%	97%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	67%	69%
4.4	Are you normally able to have a shower every day?	100%	98%
4.5	Is the food in this prison good/very good?	76%	85%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	58%
4.7	Are you able to speak to a Listener at any time, if you want to?	38%	78%
4.8	Do you feel your religious beliefs are respected?	44%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	44%	57%
5.1	Is it easy to make an application?	79%	90%
5.3	Is it easy to make a complaint?	41%	62%
6.1	Do most staff, in this prison, treat you with respect?	79%	80%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	83%
6.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	33%
6.4	Do you have a personal officer?	86%	91%
7.1	Have you ever felt unsafe here?	38%	31%
7.2	Do you feel unsafe now?	17%	14%
7.3	Have you been victimised by other prisoners?	24%	29%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	10%	20%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White 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		
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	0%
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	0%
7.5	Have you been victimised because of your nationality? (By prisoners)	7%	0%
7.5	Have you been victimised because you have a disability? (By prisoners)	0%	1%
7.6	Have you been victimised by a member of staff?	27%	18%
7.7	Have you ever felt threatened or intimidated by staff here?	14%	8%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	0%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
7.7	Have you been victimised because of your nationality? (By staff)	0%	0%
7.7	Have you been victimised because you have a disability? (By staff)	0%	1%
8.1	Is it easy/very easy to see the doctor?	63%	54%
8.1	Is it easy/ very easy to see the nurse?	70%	78%
9.4	Are you currently taking medication?	31%	58%
8.6	Do you feel you have any emotional well being/mental health issues?	14%	27%
9.3	Is it easy/very easy to get illegal drugs in this prison?	24%	46%
10.2	Are you currently working in the prison?	66%	86%
10.2	Are you currently undertaking vocational or skills training?	34%	16%
10.2	Are you currently in education (including basic skills)?	31%	16%
10.2	Are you currently taking part in an offending behaviour programme?	0%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White 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		
10.4	Do you go to the library at least once a week?	66%	73%
10.6	Do you go to the gym three or more times a week?	69%	32%
10.7	Do you go outside for exercise three or more times a week?	73%	92%
10.8	On average, do you go on association more than five times each week?	78%	86%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	31%	64%
11.2	Have you had any problems sending or receiving mail?	27%	24%
11.3	Have you had any problems getting access to the telephones?	3%	15%
	Have you been provided with information on the following:		
12.12	Resettlement day release?	49%	61%
12.12	Resettlement overnight release?	43%	59%
	Have you had access to the following:		
12.13	Resettlement day release?	44%	51%
12.13	Resettlement overnight release?	32%	33%
12.13	Special purpose leave?	41%	42%
	Please answer the following about your preparation for release:		
12.14	Were you given up to date information about this prison before you came here?	18%	25%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	31%	35%
12.14	Do you feel you have been given greater responsibility here than when you were in closed conditions?	60%	78%
12.14	Have you been on a preparation for release course?	26%	23%
12.14	Is this prison near your home area or your intended release address?	26%	29%

Diversity analysis



Key Question Responses (disability and aged over 50) HMP North Sea Camp 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	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		30	126	41	115
1.5	Are you a foreign national?	0%	1%	2%	1%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	100%	99%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	3%	23%	7%	24%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	2%	2%	2%
1.1	Are you Muslim?	0%	10%	5%	10%
1.12	Do you consider yourself to have a disability?			28%	17%
1.13	Are you a veteran (ex-armed services)?	14%	11%	27%	6%
1.14	Is this your first time in prison?	33%	50%	39%	49%
2.6	Were you treated well/very well by the escort staff?	74%	78%	90%	72%
2.7	Before you arrived here were you told that you were coming here?	83%	79%	75%	82%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	88%	90%	84%
3.3	Were you treated well/very well in reception?	80%	79%	93%	74%
3.4	Did you have any problems when you first arrived?	67%	42%	49%	46%
3.7	Did you have access to someone from health care when you first arrived here?	79%	74%	80%	74%

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 aged 50 and over	Prisoners under the age of 50
	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				
3.9	Did you feel safe on your first night here?	80%	81%	83%	79%
3.10	Have you been on an induction course?	97%	96%	100%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	77%	66%	77%	65%
4.4	Are you normally able to have a shower every day?	93%	100%	100%	98%
4.5	Is the food in this prison good/very good?	73%	86%	95%	78%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	54%	54%	61%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	76%	69%	90%	64%
4.8	Do you feel your religious beliefs are respected?	51%	53%	78%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	54%	77%	46%
5.1	Is it easy to make an application?	90%	88%	98%	85%
5.3	Is it easy to make a complaint?	60%	58%	71%	54%
6.1	Do most staff, in this prison, treat you with respect?	76%	81%	90%	75%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	86%	80%	90%	77%
6.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	31%	29%	45%	24%
6.4	Do you have a personal officer?	97%	89%	98%	88%
7.1	Have you ever felt unsafe here?	44%	30%	29%	35%
7.2	Do you feel unsafe now?	23%	14%	12%	16%
7.3	Have you been victimised by other prisoners?	34%	27%	31%	27%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	17%	29%	14%

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 aged 50 and over	Prisoners under the age of 50
	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				
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%	0%	3%
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%
7.5	Have you been victimised because of your nationality? (By prisoners)	0%	2%	0%	2%
7.5	Have you been victimised because of your age? (By prisoners)	3%	2%	2%	2%
7.5	Have you been victimised because you have a disability? (By prisoners)	3%	0%	0%	1%
7.6	Have you been victimised by a member of staff?	28%	17%	16%	22%
7.7	Have you ever felt threatened or intimidated by staff here?	18%	6%	11%	9%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%	0%	3%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	0%	1%
7.7	Have you been victimised because of your nationality? (By staff)	0%	0%	0%	0%
7.7	Have you been victimised because of your age? (By staff)	3%	1%	2%	1%
7.7	Have you been victimised because you have a disability? (By staff)	0%	1%	0%	1%
8.1	Is it easy/very easy to see the doctor?	62%	53%	64%	52%
8.1	Is it easy/ very easy to see the nurse?	93%	72%	76%	76%
9.4	Are you currently taking medication?	90%	44%	71%	47%
8.6	Do you feel you have any emotional well being/mental health issues?	60%	16%	16%	27%
9.3	Is it easy/very easy to get illegal drugs in this prison?	59%	37%	41%	41%
10.2	Are you currently working in the prison?	97%	79%	90%	79%
10.2	Are you currently undertaking vocational or skills training?	17%	20%	17%	20%
10.2	Are you currently in education (including basic skills)?	21%	20%	17%	20%

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 aged 50 and over	Prisoners under the age of 50
	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				
10.2	Are you currently taking part in an offending behaviour programme?	7%	2%	2%	3%
10.4	Do you go to the library at least once a week?	73%	70%	78%	69%
10.6	Do you go to the gym three or more times a week?	10%	46%	15%	50%
10.7	Do you go outside for exercise three or more times a week?	93%	88%	90%	88%
10.8	On average, do you go on association more than five times each week?	86%	83%	87%	83%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	51%	59%	56%	57%
11.2	Have you had any problems sending or receiving mail?	28%	25%	19%	28%
11.3	Have you had any problems getting access to the telephones?	24%	10%	12%	13%
	Have you been provided with information on the following:				
12.12	Resettlement day release?	54%	59%	58%	58%
12.12	Resettlement overnight release?	50%	56%	58%	54%
	Have you had access to the following:				
12.13	Resettlement day release?	71%	44%	47%	49%
12.13	Resettlement overnight release?	50%	29%	32%	34%
12.13	Special purpose leave?	62%	37%	45%	40%
	Please answer the following about your preparation for release:				
12.14	Were you given up to date information about this prison before you came here?	28%	22%	26%	22%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	32%	34%	38%	31%
12.14	Do you feel you have been given greater responsibility here than when you were in closed conditions?	85%	71%	87%	69%
12.14	Have you been on a preparation for release course?	35%	21%	24%	24%
12.14	Is this prison near your home area or your intended release address?	40%	25%	30%	27%

Diversity analysis



Key Question Responses (veterans) HMP North Sea Camp 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	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		18	139
1.5	Are you a foreign national?	0%	2%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	2%
1.1	Are you Muslim?	5%	9%
1.12	Do you consider yourself to have a disability?	23%	19%
1.14	Is this your first time in prison?	50%	46%
2.6	Were you treated well/very well by the escort staff?	84%	76%
2.7	Before you arrived here were you told that you were coming here?	71%	81%
3.2	When you were searched in reception, was this carried out in a respectful way?	95%	84%
3.3	Were you treated well/very well in reception?	89%	78%
3.4	Did you have any problems when you first arrived?	56%	46%
3.7	Did you have access to someone from health care when you first arrived here?	64%	77%
3.9	Did you feel safe on your first night here?	100%	78%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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		
3.10	Have you been on an induction course?	100%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	61%	69%
4.4	Are you normally able to have a shower every day?	100%	99%
4.5	Is the food in this prison good/very good?	88%	83%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	84%	69%
4.8	Do you feel your religious beliefs are respected?	61%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	77%	51%
5.1	Is it easy to make an application?	89%	88%
5.3	Is it easy to make a complaint?	77%	55%
6.1	Do most staff, in this prison, treat you with respect?	89%	79%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	82%
6.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	44%	28%
6.4	Do you have a personal officer?	89%	91%
7.1	Have you ever felt unsafe here?	23%	34%
7.2	Do you feel unsafe now?	5%	16%
7.3	Have you been victimised by other prisoners?	23%	29%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	11%	19%
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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		
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
7.5	Have you been victimised because of your nationality? (By prisoners)	0%	2%
7.5	Have you been victimised because of your age? (By prisoners)	5%	2%
7.5	Have you been victimised because you have a disability? (By prisoners)	0%	1%
7.6	Have you been victimised by a member of staff?	18%	19%
7.7	Have you ever felt threatened or intimidated by staff here?	0%	10%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
7.7	Have you been victimised because of your nationality? (By staff)	0%	0%
7.7	Have you been victimised because of your age? (By staff)	0%	2%
7.7	Have you been victimised because you have a disability? (By staff)	0%	1%
8.1	Is it easy/very easy to see the doctor?	42%	57%
8.1	Is it easy/ very easy to see the nurse?	64%	77%
9.4	Are you currently taking medication?	56%	52%
8.6	Do you feel you have any emotional well being/mental health issues?	28%	24%
9.3	Is it easy/very easy to get illegal drugs in this prison?	61%	39%
10.2	Are you currently working in the prison?	83%	82%
10.2	Are you currently undertaking vocational or skills training?	12%	20%
10.2	Are you currently in education (including basic skills)?	5%	22%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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		
10.2	Are you currently taking part in an offending behaviour programme?	5%	2%
10.4	Do you go to the library at least once a week?	83%	69%
10.6	Do you go to the gym three or more times a week?	46%	38%
10.7	Do you go outside for exercise three or more times a week?	95%	87%
10.8	On average, do you go on association more than five times each week?	64%	86%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	83%	54%
11.2	Have you had any problems sending or receiving mail?	29%	25%
11.3	Have you had any problems getting access to the telephones?	29%	11%
	Have you been provided with information on the following:		
12.12	Resettlement day release?	46%	60%
12.12	Resettlement overnight release?	46%	56%
	Have you had access to the following:		
12.13	Resettlement day release?	29%	52%
12.13	Resettlement overnight release?	24%	33%
12.13	Special purpose leave?	24%	44%
	Please answer the following about your preparation for release:		
12.14	Were you given up to date information about this prison before you came here?	26%	23%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	26%	35%
12.14	Do you feel you have been given greater responsibility here than when you were in closed conditions?	87%	72%
12.14	Have you been on a preparation for release course?	5%	26%
12.14	Is this prison near your home area or your intended release address?	47%	26%