

Report on an unannounced inspection of

HMP Garth

by HM Chief Inspector of Prisons

11–22 August 2014

Glossary of terms

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Introduction

HMP Garth is a category B training prison in Lancashire. At the time of this inspection it held 780 adult men who were serving long sentences for serious offences. Like too many prisons we have been to recently, the prison was beset by chronic staff shortages which impacted adversely on many aspects of its work. The prison had recently taken on a new role as a national category B sex offender treatment hub and two wings holding about 200 men had been re-roled to fulfil this. Despite the pressures the prison was under, it had managed the establishment of this new function well.

Most prisoners, including the newly arrived sex offender population, told us they felt safe and the prison was generally calm and well ordered. However, for a minority there were significant concerns. Cells on the first night wing were dirty and badly prepared. Reception and induction processes were haphazard and prisoners had a poor introduction to the prison. Some problematic and difficult to manage prisoners were located alongside new arrivals on the first night wing, which was an inappropriate mix. Support for those at risk of suicide or self-harm varied from very good to poor. The number of violent incidents had been rising steadily and there was a sharp increase in the two months before the inspection. We found frightened prisoners seeking sanctuary in the segregation unit and lodged on the drug recovery wing and the inaptly named 'reintegration wing' which held non-offence-related vulnerable prisoners – some of whom had been there for two years. There was no clear strategy to get these men safely back into normal location.

Drug treatment services were good but undermined by the too readily available drugs and alcohol, and the lodging of prisoners on the drug recovery wing for their protection rather than their need for treatment. There had been some significant finds of drugs and - despite the fact this was a category B prison - bottles of alcohol. The mandatory drug testing rates did not reflect the availability of new psychoactive substances such as 'Spice'. Rising levels of violence and substance misuse were reflected in a greater use of disciplinary processes. The number of adjudications had increased steadily over the previous six months. Use of force had also increased and we were concerned that governance of its use was weak. The segregation unit was very busy and, in addition to those seeking protection, held some very challenging men. Some prisoners spent a long time on the unit, conditions were poor and the regime was limited.

Physical conditions were mostly good and the prison was generally clean. However, relationships between staff and prisoners were undermined by a lack of continuity of staff on the wings. Staff shortages impacted on the delivery of some basic processes such as applications, complaints and mail. The management of equality and diversity issues was weak. In our survey, prisoners with protected characteristics reported more negatively than the population as a whole in many areas and they repeated this to us during the inspection. The prison's own monitoring was limited and too little was done to understand these concerns, so the prison was not able to provide us with assurance they were not justified. Health services were generally satisfactory and mental health services were very good. The Beacon Unit was an excellent therapeutic resource for prisoners with personality disorders.

Staff shortages meant the prison was running a restricted regime. All lunchtime and late evening unlock periods had ceased and weekend association was reduced. Although HMP Garth is a training prison, most prisoners could only attend education or work for three-and-a-half days a week, and morning activity sessions were routinely shortened as staff were unavailable to supervise movement to and from activities. This was particularly frustrating because the prison had sufficient, good quality activity places, but the regime restrictions were largely responsible for them not being fully utilised. The library and gyms were also good resources but the reduced regime restricted access. The curtailment of the regime was well planned and prisoners were usually notified well in advance, which helped avoid the tension that might otherwise have occurred.

The strategic management of resettlement was reasonably good but needed an up-to-date needs assessment to take account of the new sex offender population. Staff shortages and the reorganisation of offender supervisor roles badly affected offender management work. Contact between prisoners and their offender supervisors, including some high risk prisoners, was too infrequent, of insufficient quality and did not adequately drive the prisoner's sentence. The prison held a high risk population and public protection arrangements were sound. Few prisoners were released directly into the community and practical resettlement services were generally satisfactory for those who were. The men in HMP Garth were serving long sentences and there was insufficient support to help them maintain and develop relationships with their families. A wide range of offending behaviour programmes, including sex offender treatment, was available and a new needs assessment would help ensure it was adequate for the population the prison now held.

HMP Garth has an important and difficult role and some of the significant challenges it faced at this inspection were caused by staff shortages outside its direct control. For the most part these pressures were well managed: priorities were managed proactively and the successful introduction of the new sex offender population was a real achievement in these circumstances. Nevertheless, the weaknesses in some critical areas – safety, equalities, activities and offender management – undermined its core function as a training prison for serious offenders.

Nick Hardwick
HM Chief Inspector of Prisons

January 2015

Fact page

Task of the establishment

HMP Garth is a category B training prison.

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

Public

Region/Department

North-West

Number held

780

Certified normal accommodation

811

Operational capacity

846

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

Full inspection: March 2009

Short follow-up inspection: April 2012

Brief history

Garth opened in 1988 and holds long-term and indeterminate-sentenced prisoners. E wing opened in 1997 and houses a substance misuse therapeutic community and a drug recovery unit, which is run in conjunction with Greater Manchester West. In September 2007, two new units, F and G wings, were opened. In April 2014, F and G wings were re-roled to take category B sex offenders, and the sex offender treatment programme was introduced in May 2014. In March 2014, a 48-space personality disorder treatment unit (the Beacon unit) was opened, in conjunction with Merseycare NHS trust.

Short description of residential units

A, B, C and D wings are the original wings and built to the same design, of three landings and spurs. Each of these wings has a certified normal accommodation of 128 and an operational capacity of 133. D1 landing holds prisoners who are separated from the main population and B1 landing holds the Beacon unit. E wing provides accommodation on two landings, with spaces for 118 prisoners: 44 on the therapeutic community and 74 on the recovery unit (the Bridges unit). F and G wings provide a total of 179 cells, with an operational capacity of 194, and are used to hold sex offenders.

Name of governor/director

Steve Lawrence

Escort contractor

GEOAmey

Health service commissioner and providers

Commissioner: NHS England

Provider: Lancashire Care NHS Foundation Trust

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Peter Guy

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** *Reception processes were inadequate. First night conditions were poor and there was little support for new arrivals. Induction was unstructured, with little staff oversight. Most prisoners told us they felt safe but there was an accelerating increase in the number of violent incidents and a significant minority of prisoners sought protection in various parts of the prison with no clear strategy for their management. Good arrangements had been made to keep the newly arrived sex offender population safe. Suicide and self-harm arrangements were variable. Security was mostly proportionate and well managed but drug and alcohol availability was high. Governance of use of force, including use of the special cell, was poor. Prisoners spent too long in poor conditions in the segregation unit. Substance misuse services were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** Many prisoners travelled considerable distances to the establishment and often had multiple stops along the way. On disembarkation, prisoners were routinely handcuffed, and remained so until they entered the reception area. Video-link facilities were used well to reduce the necessity for court productions.
- S3** All prisoners entering and leaving the establishment were strip-searched, without a risk assessment. The reception area was generally clean but untidy, with a large amount of prisoners' property lying around. Reception processes did not adequately assess and support new arrivals, and we saw new prisoners who arrived just before lunch located immediately into cells on the induction landing, with no personal safety interview.
- S4** Conditions on the induction wing were basic; communal areas and showers were poorly maintained and cells were dirty and ill-prepared. The induction wing was also being used to accommodate prisoners who were being reintegrated from the segregation unit and this was not conducive to a calm environment for new arrivals. All prisoners underwent a brief private interview on the first night centre to assess vulnerabilities and need. There was no routine additional support from staff for newly arrived prisoners during their first night, and no peer support. The induction process was unstructured and haphazard. There was no tracking system and we were not assured that all prisoners undertook the full programme.
- S5** In our survey, fewer prisoners than at comparator establishments said that they felt unsafe and relatively low levels of victimisation were reported. The number of recorded assaults had risen steadily, with a marked increase in the previous two months. A significant minority of prisoners sought protection from others on the segregation unit, DI (also known as the 'reintegration wing') and E wing. There was no clear strategy to manage these vulnerable prisoners, many of whom experienced a limited regime. The challenging antisocial behaviour system was not effective in challenging perpetrators of violence or bullying, or supporting victims adequately.
- S6** The monthly 'Safer Garth' meeting considered a wide range of information, and trends were identified and discussed. There was good consultation with prisoners about safer custody through a survey and regular meetings with prisoner safer custody representatives. There were good arrangements to keep the newly arrived sex offender population safe.

- S7 The quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm varied considerably; in some cases there were comprehensive assessments, with helpful care plans and records of positive interactions, but in others case management and involvement with prisoners in distress were poor. The only constant observation cell used was located in the segregation unit, which was an inappropriate location for prisoners in distress. There was a well-trained team of Listeners but fewer prisoners than elsewhere said that they were able to speak to them at any time and Listeners told us that staff were reluctant to escort them to other wings in the evenings.
- S8 Security arrangements were mostly proportionate. The well-attended monthly security committee considered a wide range of data that focused attention on emerging threats. There was an excellent flow of intelligence reports, with effective analysis and subsequent action.
- S9 More prisoners than at similar prisons said that it was easy to get drugs and alcohol at the prison, and the number of drug and alcohol finds was high. One in 10 prisoners said that they had developed a drug problem while at the prison. The number of prisoners testing positive for drugs did not reflect the use of undetectable new psychoactive substances, particularly 'spice'. Day-to-day supply-reduction initiatives were carried out but there was not an integrated, longer-term strategic approach to tackling the availability of drugs and alcohol.
- S10 The incentives and earned privileges strategy was well understood by staff and prisoners and offered reasonable incentives. The few prisoners on the basic level were allowed adequate access to the regime, including activities, and regular reviews were held.
- S11 The number of adjudications had increased steadily over the previous six months. Procedures were appropriate, but the lack of available cells in the segregation unit impacted on the prison's ability to operate the range of punishments fully. Use of force had also increased over this period. There was no use of force committee to monitor trends or provide managerial oversight. Use of special accommodation was high and recording was poor and failed to provide sufficient information to justify its use in some cases.
- S12 The segregation unit was poorly maintained and dirty. The unit was large and usually full, mostly with prisoners seeking protection, and staff dealt with a number of very problematic prisoners. Too many prisoners spent long periods on the unit, many staying three to five months, without any reintegration plans in place, and many were eventually transferred to other prisons without their issues having been addressed. The regime on the unit was limited, which particularly disadvantaged long-term residents.
- S13 The quality of treatment for prisoners with substance misuse issues was good, although the demand for opiate substitution was low. Prisoners expressed high levels of satisfaction with their treatment. Psychosocial services included a comprehensive range of interventions catering for a wide range of needs. The therapeutic community delivered an effective programme for drug- and alcohol-dependent prisoners but the recovery wing was undermined by the presence of a large numbers of prisoners on the wing who were not on the programme.

Respect

- S14** *Conditions on the residential units were mostly good but many showers were in a poor condition. Prisoners were relatively negative about relationships with staff, which were undermined by a lack of continuity of staff on the wings. The management of equality and diversity was weak, and data on the treatment and conditions of minority groups were not analysed, leaving the prison ill-equipped to explain the concerning results in our survey for black and minority ethnic prisoners, Muslim prisoners and those with disabilities. Faith provision was reasonable. Prisoner applications and complaints were poorly managed. Health services were adequate and mental health provision very good. Food and prison shop arrangements were mostly good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S15** Wings and outside areas were mostly clean, although the four older residential units were drab and difficult to supervise. Laundry facilities on the wings were good but showers on the older units were shabby, with no privacy screening. Some cells designed for single occupancy housed two prisoners and were too cramped, with insufficient furniture and inadequately screened toilets. Applications were poorly managed, with no tracking or monitoring of responses, and prisoners had little confidence in the system. Delays in the delivery of mail and in authorising telephone numbers adversely affected the ability of many prisoners to have timely contact with family and friends.
- S16** Fewer prisoners than at similar prisons said that they had a member of staff they could turn to for help, that staff treated them respectfully and that staff routinely spoke to them. There was limited interaction between staff and prisoners on most wings and the lack of continuity of staff meant that prisoners struggled to get things done. Monthly consultation meetings with prisoner representatives allowed them to voice their concerns but too many issues remained unresolved.
- S17** The strategic management of diversity was weak and the strategy and action plan did not adequately identify the needs of the population. The diversity and equality action team meetings did not analyse data on the treatment and conditions of minority groups, leaving the prison ill-equipped to explain the concerning results in our survey for black and minority ethnic prisoners, Muslim prisoners and those with disabilities. Some of the discrimination incident report forms we inspected were of poor quality and there was no formal quality assurance process. There was a dedicated team of trained prisoner diversity representatives, but support groups were not available for all protected characteristics. Those that were available were sometimes cancelled and were often poorly attended.
- S18** Professional telephone interpreting services were not used for the few foreign national prisoners who spoke little or no English. There were no care plans for prisoners with disabilities and not all wing staff were familiar with, or could locate, personal emergency evacuation plans. Contrary to the policy, prisoner carers were not paid for this role. There was no specific provision for older prisoners, beyond a designated gym session, although in our survey they reported more positively than younger prisoners across most areas.
- S19** A wide range of services, classes and pastoral support was delivered by the chaplaincy, and all main faiths were catered for, despite vacancies in the team. Prisoners on the 'reintegration unit' were unable to attend corporate worship.
- S20** Prisoners reported negatively in our survey on the effectiveness and timeliness of complaints and many we spoke to expressed little confidence in the system. Too many responses were late, some by several weeks, and there was no formal quality assurance process.

- S21 In our survey, prisoners were mostly negative about access to, and the quality of, health services, but we found the general provision of these services to be adequate. Clinical governance arrangements were generally satisfactory but staffing problems had impacted on the range and quality of services available, including chronic disease management. Access to some services was problematic. Too many prisoners waited too long for external hospital appointments, the sex offender population and segregated prisoners waited too long to access primary care services, and prisoners had unacceptably long waits for dental services, although the latter were very good. Pharmacy services were reasonably good; there had been some difficulties with the timeliness of supply, but this was being addressed. Medication administration was poorly supervised and offered too many opportunities for diversion. Mental health provision was generally very good and enhanced by The Beacon Unit, for those prisoners with a personality disorder (see paragraph S42).
- S22 Prisoners were relatively satisfied with the quality of food provided, and the standard of the food we tasted was satisfactory. Breakfast packs were issued to prisoners at lunchtime for the next day, and at weekends not all prisoners were provided with breakfast. Consultation about the food was not meaningful. Some servery areas were dirty. There was good and effective consultation with prisoners about the prison shop list but an administration charge was applied for all for catalogue orders.

Purposeful activity

S23 *The restricted regime, introduced as a result of staff shortages, reduced prisoners' time unlocked and access to activities. Most prisoners could attend education and work for only three and a half days a week. There were sufficient, suitable learning and skills and work places available but not all places were fully utilised. The quality of teaching and learning and coaching was good. Prisoners achieved well but the take-up of vocational awards at work was low. Peer workers were used effectively across the provision. The library and recreational PE were good but access was problematic. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S24 Regime restrictions and new daily regimes, introduced as a result of chronic staff shortages due to staff vacancies, reduced the amount of association and time unlocked, particularly during the evening and weekends. The restricted regime running at the time of the inspection reduced the amount of time available for purposeful activity as Monday effectively ran as a weekend day with prisoners unlocked but with very limited access to learning and working and skills activities. It also reduced the amount of association and time unlocked, particularly during lunchtimes, evenings and weekends. Cancellations were mostly planned and known in advance but compromised contact with family and friends. Most prisoners experienced an average of around eight hours out of their cells each day but this was much lower for those not engaged in activities. All prisoners were locked up too early, at 6.15pm at the latest. In our spot checks during the working day, we found 25% of prisoners locked in their cells, which was too many for a training establishment.
- S25 The prison had a clear focus on delivering learning, skills and work to its changing population. Access to learning and skills and work was reduced substantially as a result of early finishes to morning activities imposed because of staff shortages and due to a temporary Monday activity shut down (which along with a permanent Friday afternoon shut down meant prisoners were only purposefully engaged for three and a half days per week). There were sufficient activity places for the population. However, even when activities were occurring, places were not utilised fully, with only about 70% in activity at any one time. Access to learning and skills and work was reduced substantially as a result of a temporary Monday

activity shutdown and early finishes to morning activities imposed because of staff shortages. The learning and skills provider, The Manchester College, had effective quality improvement arrangements. The prison had recently introduced similar arrangements but they had yet to be established.

- S26 The range of education, work and vocational opportunities were good but the take-up of vocational awards at work was low and there was less choice of vocational training opportunities for sex offenders than for other prisoners. There were too many wing workers and most were underemployed.
- S27 Teaching in education classes and individual coaching in workshops were good or better for most prisoners, and there was good additional learning support. Qualified peer mentors supported prisoners well. The development of the virtual campus (internet access for prisoners to community education, training and employment opportunities) was well advanced, with good learning materials to support individual learning.
- S28 Prisoners' achievement of education and vocational awards was good. Standards of work were high and prisoners took pride in their work. Prisoners in industrial workshops developed a good work ethic and team-working skills.
- S29 The library was well managed and provided a good service but access was reduced owing to escorting staff shortages. The Storybook Dads programme (in which prisoners record stories for their children) was run but it was underused.
- S30 The two PE facilities were of a high standard and well maintained. Gym staff worked effectively with the health care department to provide specialist sessions. Access to recreational gym was generally satisfactory, although the evening meal clashed with PE sessions, which limited attendance. No accredited PE courses were offered.

Resettlement

S31 *The strategic management of resettlement was reasonably good but lacked an up-to-date needs analysis. Offender supervisor vacancies, routine cross-deployment and the limited training of some offender supervisors led to inadequate offender management. Public protection arrangements for the increasingly complex population were generally sound. Recategorisations and approved transfers were delayed. Demand for most resettlement services was low. Needs were assessed and most pathway provision was good but work with children and families was underdeveloped. The range of offending behaviour work was good and the newly developed Beacon unit for prisoners with personality disorders was promising. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S32 The current reducing reoffending needs analysis was limited and did not reflect the new, complex and high-risk population of sex offenders and other long-term prisoners. The reducing reoffending committee met regularly and the action plan covered the resettlement pathways, but lacked updated information about progress made. The public protection unit was well integrated into the offender management unit.
- S33 Some offender supervisors were inadequately trained and lacked confidence in their role. This, combined with offender supervisor vacancies and frequent cross-deployment, hindered the quality of provision to many prisoners. We found adequate contact between prisoners and offender supervisors in some cases but in many, including high-risk cases, it was infrequent and ad hoc and did not adequately monitor and motivate progression. Some

prisoners did not have an initial offender assessment system (OASys) assessment on arrival, and too many reviews were late. Some risk management plans were of high quality but the overall quality of OASys assessments was too variable, and in some high-risk cases was poor.

- S34 The prison had an increasingly complex and high-risk population, resulting in a large volume of public protection work. Work was up to date and restrictions were identified and applied quickly, and were reviewed appropriately. Appropriate high risk of harm cases and all multi-agency public protection arrangements (MAPPA) level 2 and 3 cases were appropriately allocated to a specialist group of offender supervisors, which included probation officers. The interdepartmental risk management team was effective in monitoring all cases before release.
- S35 The quality of categorisation reviews was reasonable but too many were late, which hindered progression. Too many prisoners were waiting for a transfer out of the establishment and, due to population pressures across the estate and little proactive management, some waited a long time.
- S36 With few prisoners released directly into the community, the demand for most reintegration services was low. Peer workers provided support to new prisoners and referred them on as necessary, and remaining issues were checked before release.
- S37 A wide range of accommodation support was provided by Shelter. No prisoners had been released without accommodation in the previous 12 months, with many going to approved premises.
- S38 The National Careers Service provided good, responsive and efficient education, training and employment information, advice and guidance services.
- S39 Pre-discharge health care arrangements were reasonable and there was good discharge planning for prisoners with severe and enduring mental health needs. For prisoners with substance misuse issues, there were good links with community-based agencies, and the FLAMES (Families and Loved ones accessing Mutual and Emotional Support) project for residents of the therapeutic community and their families was an example of good practice.
- S40 The demand for finance and debt advice was growing, and Shelter staff and peer workers provided a wide range of support.
- S41 The children and families pathway was underdeveloped and lacked management oversight. Access to visits sessions was often delayed, resulting in significantly late starts. There were no specific parenting courses, family days were no longer provided and there was a shortage of POPS (Partners of Prisoners and Families Support Group) workers to supervise the crèche or provide additional support. The visitors forum was a good way of consulting families and visitors.
- S42 A wide and appropriate range of accredited offending behaviour programmes was available and the sex offender treatment programme had been introduced following the arrival of around 200 sex offenders. The demand for this programme was unclear as not all prisoners had been assessed, and there was no strategy to manage those judged to be unsuitable or in denial. The Beacon unit for prisoners with personality disorders had begun to deliver a structured programme aimed at changing beliefs and behaviour, and looked promising.

Main concerns and recommendations

S43 Concern: Chronic staff shortages as a result of staff vacancies meant that the prison was running a restricted regime in which prisoners had only three and a half days of purposeful learning and skills and work activity each week and reduced access to the library and PE. Time out of cell and association was also reduced.

Recommendation: Staff shortages should be addressed as a matter of urgency to enable the restricted regime to be lifted and for prisoners to have full access to learning and skills and work activities during the week and increased time unlocked and association.

S44 Concern: Newly arrived prisoners were not always assessed before being located in cells on the induction wing. The induction wing housed prisoners who were being relocated from segregated conditions and this was not conducive to a calm and welcoming environment. Conditions on the induction wing were dirty and new arrivals received no first night support from staff or peers.

Recommendation: All new prisoners should be interviewed and assessed, including by health services staff, before being located on the induction wing. The induction wing should be dedicated to newly arrived prisoners and cells should be clean and prepared. New arrivals should be supported by staff and peer workers during their first night.

S45 Concern: The segregation unit was usually full, mostly with prisoners seeking protection. Many stayed there too long (3–5 months), with little done to address the reasons for their segregation or to reintegrate them. The unit was dirty and poorly maintained, with a limited regime, especially for those staying long periods.

Recommendation: The conditions and regime of the segregation unit should be improved. Prisoners should have the reasons for their segregation addressed and timely plans made for reintegration or transfer.

S46 Concern: There was little dedicated support, consultation or provision for most prisoners with protected characteristics. There was evidence that the needs of prisoners from minority groups were not being identified or met, yet no data were collected to monitor the equality of their treatment or their access to the regime.

Recommendation: The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring.

S47 Concern: Offender supervisor vacancies, routine cross-deployment, and the limited training and lack of confidence of some offender supervisors led to inadequate offender management. Contact between prisoners and offender supervisors in some cases, including high-risk cases, was infrequent and ad hoc and did not adequately monitor and motivate progression.

Recommendation: All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm and who provides support, motivation and challenge, and actively monitors progression.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Escort vans were clean and in good condition. Some transfers to the prison took too long, and often involved overnight stays in prisons en route. Prisoners were routinely handcuffed on arrival. Reception did not remain open over lunchtime to receive and process prisoners efficiently.*

I.2 Prisoners transferred to the prison from all parts of the country. Escort journeys were sometimes very long, involving detours to other prisons en route and resulting in unnecessary delays and overnight stays. Reception closed for an hour at lunchtime, which meant that prisoners arriving at this time were either detained outside in the van or taken directly to a cell on the induction landing (see also section on early days in custody).

I.3 Escort vehicles were clean and well equipped. On disembarkation, prisoners were routinely handcuffed (without being subject to a risk assessment) and remained so until they entered the reception area. Consideration was given to the needs of vulnerable prisoners, and staff ensured that they did not come into unsupervised contact with other prisoners.

I.4 The prison made good use of video-link facilities to reduce the number of court appearances.

I.5 Most prisoners told us that they had received at least 24 hours' notice before transfer and been given the opportunity to contact family and friends.

Recommendations

I.6 **Journeys to the establishment should not include unnecessary overnight stops at other prisons.**

I.7 **Reception opening times should be sufficient to ensure the timely entry and processing of prisoners into the prison.**

I.8 **New receptions should only be handcuffed if it is necessary and proportionate.**

Early days in custody

Expected outcomes:

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

1.9 *Reception and first night arrangements were inadequate. Poor attention was paid to safety and the wider vulnerability issues. Prisoners' property was not held securely. First night/induction cells were basic, dirty and frequently unprepared. The induction process was unrecorded and haphazard.*

1.10 In our survey, fewer respondents than at comparator prisons (69% versus 73%) said that that they had been treated well in reception. The area was clean but untidy, with large amounts of prisoners' property lying on the floor or on trolleys, insecure and waiting to be stored, collected or issued.

1.11 Reception processes were poor. All arriving and departing prisoners underwent a full strip-search without being subject to a risk assessment. Not all prisoners were subject to routine reception processes and we saw several prisoners who arrived just before lunch being located directly into cells on the first night/induction landing after being searched, with no initial welcome, interview, risk assessment or health screen. These new arrivals were returned to reception later in the day to undertake a full reception and safety screening but when they were first placed in cells too little had been done to assess and manage any risk (see main recommendation S44).

1.12 First night and induction procedures started on the induction landing but the level of assessment and support was often poor. Induction staff carried out a private first night interview, which, if completed thoroughly, assessed prisoners' safety and vulnerability issues but we saw some prisoners arriving late in the afternoon who did not receive the full first night induction interview and their brief risk assessment did not identify all risks adequately. This was compounded by night staff only carrying out additional observations on new arrivals if any specific issues had been identified at this interview. Prisoner peer supporters were not routinely used on the first night and prisoners rarely saw them until the following day (see main recommendation S44).

1.13 The first night cells were poorly prepared to receive new arrivals and not all of them had adequate furniture or bedding. The communal areas and showers on the landing were dirty. This landing was also used to accommodate prisoners who were being reintegrated from the segregation unit and whose behaviour had caused concern; this was inappropriate and not conducive to a calm and supportive environment for new arrivals (see main recommendation S44).

1.14 All new arrivals received an induction booklet (available only in English), which gave some information about the prison, and staff told prisoners that they would receive input from education, health services, safer custody and chaplaincy staff, as well as Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) over the following seven to 10 days. However, there was no recording or tracking system to ensure that this induction took place and we were not assured that all prisoners undertook the full process. Induction staff had poor knowledge of which stage prisoners were at in the induction process, and some prisoners who had

been in the prison several days told us that they had yet to receive induction support from staff from around the prison. In our survey, fewer than at comparator prisons said that the induction process had covered all they needed to know (59% versus 68%). Only 42% (against the 52% comparator) said that they had received information on arrival about what was going to happen to them. .

Recommendations

- I.15 Prisoners' property should be stored securely at all times.**
- I.16 Prisoners arriving from other prisons should only be strip-searched if there is intelligence to support it.**
- I.17 The first night/induction landing should not be used as a location for prisoners who are difficult to locate elsewhere or to reintegrate prisoners from the segregation unit.**
- I.18 The induction process should be recorded and progress tracked.**

Housekeeping point

- I.19** Induction material should be available in an appropriate range of languages.

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.20 *Prisoners reported feeling relatively safe but the number of incidents of violence had risen recently. The strategic management of violence reduction was reasonable and consultation with prisoners was well developed. The challenging antisocial behaviour system was ineffective. The new sex offender population were held safely. Too many prisoners were separated from the rest of the population because of concerns about their safety.*

- I.21** In our survey, only 10% of respondents said that they currently felt unsafe, which was better than at other, similar prisons (15%) and than at the time of the previous inspection (21%). They also reported comparatively positively about victimisation by other prisoners and by staff. However, there had been a steady rise in the number of violent incidents over the previous three years and a sharp rise in the previous two months.
- I.22** There was a comprehensive safer custody strategy, covering both violence reduction and self-harm and suicide. A monthly 'Safer Garth' team meeting reviewed incidents of violence and identified immediate actions in response, as well as monitoring trends and the continuous improvement plan. Although prisoners attended part of the meeting, attendance by other relevant prison departments, including health care and security, was not reliable.

- I.23** The safer custody team had a good awareness of safety issues in the prison through an annual survey of prisoners and a monthly meeting with prisoner safer custody representatives. Our examination of wing observation books showed that violent incidents were reliably recorded by the safer custody team. The annual safer custody report considered trends and identified objectives for the coming year. There were prisoner safer custody representatives on all wings, and they provided a valuable service in supporting prisoners, advising safer custody staff and contributing to team meetings.
- I.24** Prisoners who were suspected of violence or bullying and those who were victims of such behaviour were monitored under the prison's challenging antisocial behaviour (CAB) process. Although the system was well used, with 125 prisoners being formally monitored in the previous six months, its value was limited as it involved merely increasing staff awareness and monitoring the prisoners involved. Incidents were not always monitored and the booklets we examined did not identify meaningful targets for improving behaviour or supporting victims, and were poorly completed.
- I.25** A major concern was the minority of prisoners who felt unsafe on the wings because of a range of factors, including debt, external conflicts and vulnerability to bullying. Most of the prisoners on the segregation unit had sought sanctuary there (see section on discipline), and there were up to 20 prisoners lodged on the substance misuse recovery wing who could not be located safely elsewhere. In addition, the D1 landing, which was named the 'reintegration wing', was effectively isolated from the rest of the prison, holding around 45 non-sex offender vulnerable prisoners, some of whom had been there for more than two years. Limited work and education were provided for them but they did not have access to corporate worship or weekly access to the library. The prison did not have a strategy to progress prisoners who were unsafe, protect them and ensure that they had access to an adequate regime.

Recommendations

- I.26** **The challenging antisocial behaviour process should set meaningful targets which are aimed at changing the behaviour of prisoners involved in violence and bullying, based on an assessment of their needs, and are monitored.**
- I.27** **The prison should develop a strategy for reducing the number of prisoners who cannot safely live on normal location and for ensuring that those who do not feel safe have equitable access to a constructive regime and progression in their sentence.**

Housekeeping point

- I.28** The full range of relevant prison departments should be represented at all meetings of the 'safer Garth' team.

Vulnerable prisoners

- I.29** Since March 2014, the prison had accommodated sex offenders and was beginning to provide treatment programmes for those who were suitable (see section on reintegration planning). At the time of the inspection, there were 194 sex offenders accommodated on the modern and bright F and G wings, which were separated from the rest of the establishment.

- I.30** In our survey, sex offender prisoners reported more positively than the rest of the population about safety, with only 14% saying that they had ever felt unsafe at the establishment, compared with 37% of other prisoners.
- I.31** These prisoners had equitable access to education but not to the main library; they could use the wing library but this had suffered some closures during the summer. Their access to work and accredited training was limited, and less than that for mainstream prisoners (see also section on learning and skills and work activities).

Recommendation

- I.32** **Sex offender prisoners should have equitable access to education, vocational training, the gym and library facilities.**

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.33 *The number of assessment, care in custody and teamwork (ACCT) documents opened had increased substantially and the quality of ACCT case management was too variable. Prisoners subject to ACCT management were segregated without additional authorisation, and the constant observation cell in the segregation unit was not suitable for prisoners in distress. An adequate team of Listeners was maintained but prisoners reported difficulties accessing them.*

- I.34** In the previous six months, there had been 161 incidents of self-harm, involving 124 different prisoners. All incidents were discussed at the 'safer Garth' meeting (see section on bullying and violence reduction) and trends were analysed.
- I.35** The assessment, care in custody and teamwork (ACCT) case management process was used extensively, with 109 documents opened in the previous six months, and the Safer Garth team had identified that the number opened had increased by 48% over the previous year.
- I.36** Prisoners we spoke to who were on open ACCTs said that they were well cared for. The quality of ACCT documentation varied considerably. We saw some good examples where assessments were thorough, care plans were updated from reviews, and there was mental health team involvement and evidence of meaningful daily interaction with the prisoner. However, too many assessments lacked depth, many review meetings were poorly attended and some records of contact did not include sufficient evidence of interaction with the prisoner.
- I.37** The number of prisoners in segregation who were subject to ACCT monitoring had increased over the previous year. There was no evidence in either ACCT documentation or segregation records that continued segregation after the opening of an ACCT document had been justified on the grounds of exceptional circumstances.

- I.38** Since the previous inspection there had been one death in custody, and the recommendations from the investigation by the Prisons and Probation Ombudsman had been accepted and implemented. Life-threatening self-harm incidents were investigated and those investigations seen during the inspection fully analysed the causes underlying the act but did not sufficiently identify how staff managed the incident and whether anything could have been done to prevent or minimise the effects.
- I.39** There was a constant observation cell in the segregation unit and another had recently been created on A wing, but not yet used. The segregation unit was an unsuitable environment for the constant observation of prisoners in distress.
- I.40** There was a well-trained and supported team of Listeners and more were in the process of being trained to maintain adequate coverage. There was a good Listener suite on E wing. In our survey, only 49% of respondents said that they were able to speak to a Listener at any time, against the 60% comparator, and Listeners told us that staff were often unwilling to escort them to prisoners who had requested them, especially in the evenings, offering a Samaritans telephone instead.

Recommendations

- I.41** **Assessment, care in custody and teamwork (ACCT) case management and interaction should be of a consistently high quality.**
- I.42** **The use of the constant observation cell in segregation should cease.**
- I.43** **The segregation of prisoners subject to ACCT monitoring should only happen in exceptional circumstances, following documented authorisation by a senior manager.**
- I.44** **Investigations into incidents of life-threatening self-harm should include scrutiny of the actions taken by staff to prevent or minimise risk of harm.**
- I.45** **Prisoners should be able to speak to a Listener at any time.**

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.46 *Adult safeguarding processes were not in place but initial discussions with local authorities had been initiated.*

I.47 Prison staff had not been trained in identifying and referring prisoners into safeguarding processes, and links with local social services were not fully developed. However, senior

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).

managers had participated in an area initiative to set up safeguarding links between prisons and local social services.

Recommendation

- 1.48 Work undertaken by the governor in conjunction with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to establish local safeguarding processes should be developed further.**

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.

1.49 *Security measures were mostly proportionate but a lack of knowledge of prisoners among some staff affected the level of dynamic security. Intelligence systems were effective but undermined by the lack of an effective drug supply-reduction policy.*

1.50 Security arrangements were proportionate but a lack of staff continuity and of staff presence on the landings meant that some staff did not have a good enough knowledge about the prisoners in their care to allow for effective dynamic security (see also section on staff–prisoner relationships).

1.51 The security incident reporting process was managed well. There was good engagement from most areas of the prison and the number of reports submitted had consistently risen throughout the year. At the time of the inspection, an average of 500 information reports was submitted each month. These were analysed well and informed the well-attended monthly security meeting, which subsequently set security objectives. The prison was sighted on the recent changes to, and challenges presented by, the population, which had become increasingly complex and high risk with the introduction of the new sex offender wings and the personality disorder treatment unit (see section on health services). Regular support was provided by the regional police intelligence officer.

1.52 In our survey, more respondents than at comparator establishments said that it was easy to get illegal drugs (32% versus 26%) and alcohol (27% versus 23%) at the prison and 10% of prisoners, against the 5% comparator, said that they had developed a drug problem at the prison. The number drug and alcohol finds was high. The positive random mandatory drug testing (MDT) rate for the six months to July 2014 was 7.1%, but the number of prisoners testing positive for drugs did not reflect the use of undetectable new psychoactive substances, particularly 'spice' which could not be detected by current testing methods, but which intelligence and finds data indicated was problematic. Although day-to-day supply-reduction initiatives were carried out, the prison did not have an integrated, whole-prison strategic approach to tackling the availability drugs and alcohol (see section on substance use and recommendation 1.79).

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.53 *There was a clear and well-understood incentives and earned privileges policy, which included sufficient differentiation between levels. Most prisoners said that it was fairly applied. The few on the basic regime were managed well.*

I.54 The incentives and earned privileges (IEP) policy was well understood by staff and prisoners. It clearly stated the behaviour required for promotion under the scheme, and expectations, based on behaviour and compliance with sentence plan objectives, were proportionate and achievable. Wing files contained frequent examples of positive comments to inform assessments of suitability for IEP levels.

I.55 In our survey, similar numbers to those at comparator prisons said that they had been treated fairly in their experience of the IEP scheme and that it encouraged them to change their behaviour.

I.56 There was sufficient differential between the levels of the scheme to encourage good behaviour, and the range of privileges was appropriate. Prisoners on the basic level had adequate access to the regime, including activities, so they could demonstrate improvements in their behaviour, and regular reviews were held.

Discipline

Expected outcomes:

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

I.57 *The number of adjudications, levels of use of force and use of the special accommodation were increasing. There was insufficient management oversight. The segregation unit was dirty, poorly maintained and housed too many prisoners for long periods.*

Disciplinary procedures

I.58 There had been 722 adjudications in the six months before the inspection, which had almost doubled from 368 in the previous six-month period. Most were for possession of unauthorised articles and disobeying lawful orders. Regular adjudication standardisation meetings took place but there had been no quality assurance monitoring for almost a year.

- 1.59** The adjudication room was suitably furnished and sited in the segregation unit, but was sometimes very noisy because of the poor acoustics and the raised voices of the prisoners in the unit. The hearings that we observed were conducted diligently and fairly, with the prisoner engaged throughout.
- 1.60** The adjudication paperwork we reviewed showed a good level of investigation and due consideration in the calling of witnesses and application for assistance. However, the consistently large population of the segregation unit impeded the prison's ability to operate disciplinary procedures fully; for example, the segregation cells were often not available for cellular confinement punishments. This meant that prisoners who had committed serious offences that warranted a temporary period of confinement away from the main population, were returned to normal location immediately after their adjudications.

Housekeeping point

- 1.61** Regular quality assurance monitoring of adjudications should take place.

The use of force

- 1.62** There had been 46 recorded control and restraint incidents in the six months before the inspection, which represented a considerable increase from 26 in the previous six-month period.
- 1.63** Use of force dossiers, including some officers' reports, were incomplete and many lacked an appropriately completed F123 (injury to prisoner) form. Processes for video-recording incidents were weak. Multiple incidents were recorded on single DVDs, and some recordings did not show the events in their entirety. There were no reviews of recordings to ensure the proportionality of the use of force or to identify any learning opportunities.
- 1.64** The use of special accommodation was high; there had been 16 uses of this accommodation in the year to date, compared with a total of 11 in 2013 and nine in 2012. We could not be assured that the use of special accommodation was always justified as some documents were incomplete, while others were misfiled or could not be found at all.
- 1.65** There was insufficient management oversight of the use of force, including the special accommodation. Although each incident of use of force was reported at senior management team meetings, there was no use of force committee or analysis of the data.

Recommendation

- 1.66** **The management oversight of use of force and the use of the special accommodation should be improved.**

Housekeeping point

- 1.67** The quality of video-recorded incidents should be improved to ensure a continuous and clear record of any planned incidents.

Segregation

- I.68** In our survey, only 23% of prisoners who had been segregated said that they had been treated well by staff, which was far worse than the 44% comparator. The segregation unit was dirty and poorly maintained. There was significant damage to the fabric, furniture and doors in some of the cells, and the unit had clearly held a number of disruptive and challenging prisoners in recent months. The unit servery was dirty and cluttered. The showers were filthy, with peeling paint and discarded clothing. In the grounds outside the unit, there were three plastic bags containing discarded food, and clothing and sheets from a recent 'dirty protest'. These had been ripped open, probably by vermin, and debris was scattered. We were told that these bags had remained there uncollected for almost three weeks (see main recommendation S45).
- I.69** The unit was large, with 28 cells and a consistently high occupancy rate. Too many prisoners stayed on the unit for too long. At the time of the inspection, eight prisoners had been on the unit for approximately three months, and one for five months. Most were detained there for their own safety. None of the occupants of the unit had a formal reintegration plan and almost all of those we spoke to were hoping for a transfer to another prison. The records we saw indicated that over half of all prisoners were eventually transferred out of the prison from the unit without their issues being addressed (see main recommendation S45).
- I.70** The regime on the unit was minimal. With the exception of prisoners attending the health care department, no off-unit activities took place. There was no gym or PE equipment available and no activities provided. Prisoners only came out of their cell to exercise (for just 30 minutes), shower and to collect their evening meal from the unit servery, which in total amounted to around 45 minutes a day. This was particularly unsuitable and detrimental to the well-being of those prisoners staying on the unit for long periods (see main recommendation S45).

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.71 *Demand for opiate substitution was low but the quality of treatment was good. Psychosocial services delivered a comprehensive range of interventions, catering for a wide range of needs. The recovery wing was undermined by the presence of lodgers. The therapeutic community delivered an effective programme for drug- and alcohol-dependent prisoners but there was insufficient continuity of suitably trained discipline staff to support the programme.*

- I.72** The contract for substance use treatment was held by Greater Manchester West, which delivered clinical treatment directly. Psychosocial treatment, including the drug and alcohol therapeutic community (TC), was delivered by the subcontracted Phoenix Futures organisation. The drug strategy committee met bimonthly but attendance by some key stakeholders was sporadic. There was no strategic action plan to address ongoing supply reduction and demand but each meeting produced minuted action points.

- I.73** Psychosocial services, known as 'Building Futures' (BF), included a wide range of interventions, delivered in a mainly group-based format. These included the BF programme of individually selected modules, SMART (Self-Management And Recovery Training) Recovery, Narcotics Anonymous, Alcoholics Anonymous, 'Here-and-Now' support groups and drama groups. Initial assessments and case management reviews, were conducted every six to eight weeks, on a one-to-one basis, during which prisoners completed the Outcomes Star monitoring tool.
- I.74** The BF team delivered sessions on the recovery wing, which was housed opposite the TC on E wing. This unit was run like a normal wing but included an extra focus on providing one-to-one support and group-work to motivate prisoners into recovery. Some were already abstinent and some were on reducing doses of opiate substitution. The presence of large numbers of prisoners on the wing who were not on the programme had a negative influence on the overall atmosphere, causing the ethos of the wing to be insufficiently well focused on recovery.
- I.75** The TC was a drug- and alcohol-focussed therapeutic community requiring total abstinence from drugs and alcohol. Prisoners took significant responsibility for the running and discipline of the community. The 44-bed unit housed on half of E wing, was a well-run unit including a good range of intensive therapies. The programme could last between 6.5 and 14.5 months and comprised a wide range of activities that effectively filled prisoners' time. Good use was made of graduates who stayed on the unit to work as peer mentors. However, uniformed officers were inconsistently deployed to the wing, some of whom were not sufficiently aware of the ethos of the unit and few of whom had received training on its aims. The lack of serviceable recreational equipment and communal eating facilities for all prisoners in the TC was inappropriate, given its focus on community living.
- I.76** At the time of the inspection, only 14 prisoners were receiving opiate substitution; two were on maintenance doses and the rest were reducing. Prescribing of opiate substitutes was insufficiently flexible as buprenorphine (Subutex) was not available. Medication was administered in an appropriate area, with two uniformed officers supervising the queue.
- I.77** Prisoners were very positive about their treatment. They told us that they had clinical reviews with a specialist substance use nurse every six weeks and a more formal review, which included a GP, every 13 weeks. They could also ask to see a nurse on an ad-hoc basis at any time.
- I.78** Clinical and psychosocial services were not sufficiently integrated, as clinical staff did not regularly co-facilitate BF and TC groups.

Recommendations

- I.79** **The substance misuse strategy committee should oversee a strategic action plan, ensure coordinated working between departments and include representatives from the security department.**
- I.80** **The drug recovery wing should not be undermined by the location of prisoners not on the recovery programme.**
- I.81** **E wing (the therapeutic community and recovery unit) should be staffed by consistently deployed officers who have been specially selected and trained for the task.**

- I.82 Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance.**

Housekeeping point

- I.83** The therapeutic community wing should contain sufficient chairs and tables to enable all prisoners to eat communally, and recreational equipment on the wing should be properly maintained or replaced.

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** *Residential units varied but were mostly clean and prisoners could shower daily. The single cells accommodating two prisoners were cramped and inadequately furnished. The application system was poor. Arrangements for looking after prisoners' stored property were poor. Mail delivery and contact by telephone were not reliably provided.*
- 2.2** Wings and outside areas were mostly clean. The four older wings felt cramped, lacked natural light and were difficult for staff to supervise, but had spacious recreation areas. Showers on these units were mostly in poor condition and lacked privacy screening. The newer wings were of a gallery design, with plentiful light, more modern accommodation, good showers and were easier to supervise. All prisoners could shower daily.
- 2.3** On all except E wing, some single cells were used to accommodate two prisoners. These were too small, had inadequately screened toilets and lacked adequate furniture for two prisoners.
- 2.4** Prisoners in our survey were more negative than at comparator prisons about access to cell cleaning materials and clean clothing. However, we found that prisoners could obtain cell cleaning materials during the limited domestic time, and there were good laundry facilities on the wings. There was an adequate supply of prison clothing, which was required for work and visits. Clean bedding was provided weekly.
- 2.5** Prisoners were negative about accessing stored property. We saw applications to access stored property responded to quickly but many prisoners told us that they often had issues with property not arriving from other establishments or being 'lost' on arrival or during internal moves to the segregation unit (see also section on early days in custody), which may have explained the negative survey results.
- 2.6** In our survey, only 71% of prisoners, against the 84% comparator, said that it was easy to make an application and we found that application forms were not always freely available. Fewer than at comparator prisons and than at the time of the previous inspection said that applications were dealt with fairly and quickly. A system for logging applications electronically, facilitating their speedy allocation and allowing responses to be monitored had fallen into disuse and at the time of the inspection had not been replaced.
- 2.7** In our survey, 26% of respondents (against the 15% comparator) said that they had problems getting access to the telephones. We found access to telephones on the wings to be compromised by the early end to evening association (see also section on time out of cell) and at the time of the inspection too many prisoners were waiting for the telephone numbers of family and friends to be put onto the system. We found 130 applications for telephone contact, dating back as long as two months, waiting for verification and approval.

- 2.8** In our survey, 59% of prisoners (against the 41% comparator) said that they had problems with sending and receiving mail. Mail delivery was subject to long delays, caused in part by staff shortages.

Recommendations

- 2.9** The showers on the older wings should be refurbished and provide privacy.
- 2.10** Single cells should not be used to accommodate two prisoners.
- 2.11** Applications should be monitored and responses should be helpful and received within three days.
- 2.12** Prisoners' telephone numbers should be verified and, if suitable, added to their accounts within one week.
- 2.13** Mail should be delivered to prisoners within one day of its arrival.

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** *Prisoners in our survey were negative about relationships with staff and we observed limited staff interaction with prisoners. The personal officer scheme was ineffective.*

- 2.15** In our survey, only 68% of respondents, against a comparator of 77%, said that there was a member of staff they could turn to if they had a problem and fewer than at comparator prisons said that staff treated them respectfully. There was little continuity of staff on the wings, and this affected relationships with staff and prisoners' ability to get things done or progress.
- 2.16** We saw little interaction between prisoners and staff, especially during domestic and association times, when prisoners were out of their cells. This was reflected in our survey, in which only 22% said that staff spoke to them most of the time during association and only 20% that a member of staff had checked on them in the previous week to see how they were getting on. In addition, too many staff demonstrated poor levels of knowledge of the prisoners in their care.
- 2.17** The operation of the personal officer scheme was inconsistent. In our survey, only 55%, against the 82% comparator, said that they had a personal officer. In the wing files we examined, there were few personal officer entries and there was no evidence of consistent engagement or support from staff.
- 2.18** There was monthly consultation with prisoner representatives but the records of meetings that we saw showed that concerns raised (such as delays in mail and telephone access) had not been addressed.

Recommendations

- 2.19 Prisoners' negative perceptions of staff should be explored and action taken to improve staff-prisoner relationships.**
- 2.20 There should be clear responses to concerns raised by prisoners in consultation, outlining the action taken.**

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.

2.21 *The strategic management of diversity was weak, leaving the prison ill-equipped to explain the concerning results in our survey for black and minority ethnic prisoners, Muslim prisoners and those with disabilities. Support groups were not available for all protected characteristics. Professional telephone interpreting services were not used when needed and the translation of letters written to foreign national prisoners took too long. Care plans were not used and not all wing staff were familiar with, or could locate, personal emergency evacuation plans. Prisoner carers were not paid for the role. Older prisoners reported more positively than younger prisoners across most areas in our survey.*

Strategic management

- 2.22** The strategic management of diversity was weak; the overarching strategy identified the nature of protected characteristics but mostly addressed staff issues and did not set out the diversity needs of the prison's relatively static population and how they would be met. The supporting action plan was out of date and did not robustly set out actions to meet prisoner needs (see main recommendation S46).
- 2.23** The quarterly diversity and equality action team (DEAT) meeting was not attended by either the governor or deputy governor. Discussion about protected characteristics was limited and there was no data analysis, which left the prison ill-equipped to explain the concerning results in our prisoner survey for black and minority ethnic prisoners, Muslim prisoners and those with disabilities, all of whom reported more negatively than their counterparts across a range of areas (see below). The prison did not keep a record of the number of staff who had completed equality and diversity training.
- 2.24** There was a dedicated team of 13 prisoner diversity representatives. All but the three on F wing (the sex offenders unit) attended a monthly DEAT subcommittee with the equality officer, although three of the previous six meetings had been cancelled owing to cross-deployment of this officer, and often the issues raised were not related to equality.

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

- 2.25** A total of 28 discrimination incident report forms had been submitted in the year to date. Some that we inspected were of poor quality and did not adequately investigate the issues. There was no formal quality assurance process requiring the input of senior managers.

Housekeeping points

- 2.26** The prison should keep a central record of staff diversity training.
- 2.27** There should be a formal discrimination incident report form quality assurance process, with oversight by a senior manager.

Protected characteristics

- 2.28** Support groups were not available for all protected characteristics, and those that existed had not met recently (the most recent being the group for older prisoners and those with disabilities, which had met in April 2014). Meetings were sometimes cancelled owing to a lack of staff availability and were often poorly attended by prisoners other than the equality representatives (see main recommendation S46).
- 2.29** Around 20% of the population were from a black and minority ethnic background. In our survey, far more of these prisoners than their white counterparts said that they had felt unsafe at some point during their time at the prison (39% versus 29%), that they currently felt unsafe (17% versus 6%) and that they had been victimised by staff (39% versus 21%). The prison was not aware of these perceptions, or those of other minority groups (see below), so had not undertaken any work to investigate the causes. Prison data identified just two Gypsy/Traveller prisoners at the establishment, which was lower than the number identifying as such in our survey, and a support forum for this group had not met since February 2014 (see main recommendation S46).
- 2.30** Around 11% of the population were Muslim. In our survey, these prisoners reported more negatively than non-Muslim prisoners across a large number of areas, including feeling unsafe at some point during their time at the prison (52% versus 29%), currently feeling unsafe (24% versus 7%) and victimisation by staff (48% versus 22%).
- 2.31** At the time of the inspection, the prison held 49 foreign national prisoners. There was a good foreign national policy, and those who did not receive visits were given additional telephone credit to call friends and family. Most foreign nationals spoke English, but professional telephone interpreting services were not used for those who did not. For example, an assessment, care in custody and teamwork (ACCT) review was conducted with a non-English-speaking prisoner by means of basic 'sign language' (a thumbs-up gesture) and by using another prisoner to interpret, which was not appropriate. Letters sent to foreign nationals which were not in English were translated before being issued, but this process took around three to four weeks, which was too long. An immigration enforcement officer held a monthly surgery at the prison, but some foreign nationals we spoke to were confused about what was going to happen to them at the end of their sentence.
- 2.32** The prison was unable to confirm the number of prisoners with disabilities, although figures we saw suggested that it was between 180 and 200. There were two fully adapted cells with integral shower facilities on F and G wings, plus two 'low mobility' cells which had wider doorways and cell bells by the bed. There was also a lift on F and G wings but it was rarely used, with officers citing staff shortages as the reason why,

even though some prisoners with complex mobility issues were housed there. There were no care plans for prisoners with disabilities and not all wing staff we spoke to were familiar with, or could locate, personal emergency evacuation plans, although the plans we saw were good. Contrary to the policy, prisoner carers providing help to prisoners with disabilities were not paid for this role. In our survey, prisoners with disabilities reported more negatively than those without across a range of areas, including victimisation by other prisoners (39% versus 16%) and by staff (34% versus 22%) (see main recommendation S46).

- 2.33** Around 20% of the population were aged over 50 years, with 14 prisoners aged 70 or over. There was no assessment of need or provision of activities specifically for this population, beyond a gym session for the over-40s. A forum for older prisoners and those with disabilities had not met since April 2014 (see main recommendation S46). However, in our survey older prisoners reported more positively than younger prisoners across most areas.
- 2.34** The prison was unaware of how many gay or bisexual prisoners there were, and a lesbian, gay, bisexual, transgender (LGBT) prisoner representative who had previously made efforts to develop this agenda had recently been transferred out of the establishment. The last support forum for such prisoners had met in February 2014 but no prisoners had attended (see main recommendation S46). There were no transgender prisoners at the establishment during the inspection.

Recommendations

- 2.35** **A professional telephone interpreting service should be used for all prisoners requiring it, particularly in circumstances where confidentiality and accuracy are critical.**
- 2.36** **Prisoner carers should be paid for the role.**

Housekeeping points

- 2.37** Letters for prisoners received in a foreign language should be handed to the prisoner within one week.
- 2.38** The lift on F and G wings should be used for prisoners with mobility issues.
- 2.39** All relevant staff should be able easily to locate, and be familiar with the content of, personal emergency evacuation plans.

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 *A wide range of services, classes and pastoral support was delivered. Facilities were appropriate for the population. Prisoners on the reintegration wing (DI) were not able to attend corporate worship routinely.*

2.41 The chaplaincy comprised a Muslim chaplain as the managing chaplain and three other chaplain posts (one of which was vacant), supported by a number of sessional chaplains providing for all main faiths. A wide range of classes and pastoral support was delivered, a volunteer bereavement counsellor was available and a duty chaplain visited all wings daily. Despite this, in our survey fewer prisoners than at comparator prisons said that their religious beliefs were respected (46% versus 57%), that they could speak to a chaplain of their faith in private (51% versus 63%) and that it was easy to attend religious services (46% versus 54%).

2.42 Services took place in an adequately sized chapel, which was adapted for use by non-Christian faiths. Appropriate washing facilities were available for Muslims. Prisoners on F and G wings had a separate time slot for services, with the exception of Friday prayers, which took place at the same time but in a different room from that used by mainstream prisoners. Vulnerable prisoners on the reintegration unit (DI) were unable to attend corporate worship routinely; they were required to submit an application, and in reality this rarely happened.

2.43 The chaplaincy was generally well integrated into the prison. Religious festivals were publicised and some were celebrated with a special meal available to the whole population. The team facilitated a volunteer visitor scheme, which two prisoners were utilising at the time of the inspection.

Recommendation

2.44 **Prisoners on the reintegration unit (DI) should have the opportunity to attend corporate worship routinely.**

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 *Prisoners in our survey reported negatively on the effectiveness and timeliness of complaints and many we spoke to expressed little confidence in the system. Too many responses were late, some by several weeks, and there was no formal quality assurance process.*

- 2.46** A total of 1,082 complaints had been submitted in the previous six months. In our survey, fewer prisoners than at comparator prisons said that it was easy to make a complaint (55% versus 66%), that they were dealt with fairly (24% versus 32%) and that they were dealt with quickly (15% versus 29%). Many prisoners we spoke to expressed little confidence in the complaints system, with some saying that they had never received a response to a complaint.
- 2.47** The responses to complaints that we looked at were reasonable; most were polite and dealt with the issue raised. However, many were late; for example, in May, June and July 2014, 22%, 16% and 37%, respectively, had been late, some by several weeks. Although the senior management team discussed complaint trends, there was no formal quality assurance procedure and the prison was too reliant on prisoners to appeal if they were not happy with the quality of a response.

Recommendation

- 2.48 A formal quality assurance process should be in place to ensure that all responses to complaints are timely and of good quality.**

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.

- 2.49** *There was no trained legal services officer. There was a good stock of legal books in the library. The availability of legal visits was adequate.*

- 2.50** There was no dedicated legal advice service and prisoners conducting their own appeals or involved in non-criminal proceedings struggled to comply with the requirements of courts. In our survey, only 48% of respondents, against the 57% comparator, said that it was easy to contact their solicitor.
- 2.51** There were several legal visits booths available. These afforded privacy, and solicitors confirmed that it was easy to book visits. The library held an appropriate range of legal literature for those who could attend.
- 2.52** An Access to Justice laptop computer was available from the residential function but some prisoners had experienced difficulty in getting access to it and in printing documents for court hearings.

Recommendation

- 2.53 Advice and support from trained dedicated staff should be available for prisoners who require access to legal processes.**

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 *Overall health care provision was adequate, although waiting times for most primary care clinics were too long and most groups of vulnerable prisoners had unacceptably long waits for all services, except mental health. Prisoners waited too long for external hospital appointments. Pharmacy services were reasonable but administration of medication was poorly supervised, with too many opportunities to divert medication. Mental health services were very good.*

Governance arrangements

- 2.55** NHS England (Lancashire) commissioned Lancashire Care NHS Foundation Trust (LCFT) to provide health services. The working relationships between providers, commissioners and the prison were positive. A new, comprehensive health needs assessment was being finalised at the time of the inspection. The integrated governance and partnership arrangements provided strategic and operational oversight. A patient forum provided a constructive means to inform service delivery. Formal health care complaints and incidents were reviewed, with some evidence of organisational learning.
- 2.56** The health care team was led effectively by a senior nurse. Significant staffing shortages had limited the service's ability to provide a full range of services, particularly for long-term conditions, but this was improving.
- 2.57** There were published policies on infection control, the control of communicable diseases and information governance, and these were used by health services staff. The clinical records we scrutinised were mainly completed in a timely and appropriate manner, although specific care planning for established health conditions was weak. We also found that health services staff did not routinely assess prisoners who had been reported as suffering an injury. Most records were held securely but we found expired prescription cards which were not stored appropriately. The uptake of clinical supervision was poor, although a number of staff accessed additional professional development.
- 2.58** Most clinical environments were appropriate for their function and generally clean but did not comply with infection control standards. The holding room in the health centre was cramped and poorly decorated, with graffiti on some of the walls.
- 2.59** Access to most primary care services was poor, particularly for prisoners on F, G and DI wings and the segregation unit.
- 2.60** There were protocols to deal with emergencies, and no inappropriate delays in response times had been identified. Health services staff had access to an appropriate range of equipment, which was regularly checked and maintained. However, too few discipline staff were trained in first aid and they could not access an automated external defibrillator, which could have delayed emergency treatment.

- 2.61** Interactions we saw between health staff and prisoners were respectful. There was limited written information about prison health care provision but waiting times were published in the residential areas.
- 2.62** The confidential health care complaints system was too complex and was not explained to prisoners. Informal 'concern' forms were freely available but formal complaint forms were only available on request. All concern forms, including complaints, were inappropriately included in prisoners' clinical notes. The responses to informal concern forms that we examined were courteous but did not consistently address all the issues raised. In the three months to June 2014, 20 compliments, two formal complaints and 156 local concerns had been submitted. Most complaints related to medication. There was no system to learn from informal concerns.
- 2.63** There was good access to screening, immunisation and vaccination services but there was no overarching strategic approach to health promotion. Barrier protection was available but the service was not advertised. There was an identified older persons lead and new prisoners were offered older prisoner health checks as appropriate, but systems to support older prisoners were underdeveloped. Of concern, we found that a prisoner with significant social care needs had remained in hospital for several weeks, despite being fit for discharge, because he could not be located in the prison system.

Recommendations

- 2.64** Health services staff should systematically see all prisoners who have been reported as suffering an injury, and record this intervention.
- 2.65** All professionally registered staff should undertake clinical supervision.
- 2.66** All clinical environments should comply with infection control standards.
- 2.67** Waiting times for primary health care services should be the equivalent to those in the community.
- 2.68** Prisoners requiring emergency first aid out of hours should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators.
- 2.69** The health care complaints system should be well advertised and maintain medical confidentiality, and responses should consistently address all the issues raised. Learning from informal and formal complaints should inform service delivery.
- 2.70** There should be an integrated strategy to promote health and well-being among the prisoner population, including easy access to barrier protection.
- 2.71** The health needs of all older prisoners should be addressed as part of an ongoing programme of work that offers regular health checks and practical support.

Housekeeping points

- 2.72** Prescription cards should be stored appropriately to ensure that patient confidentiality is maintained.

- 2.73** Written information detailing prison health services should be readily accessible to prisoners.

Delivery of care (physical health)

- 2.74** The quality of primary health screening in reception was of good quality, although prisoners were sometimes located on the induction wing before any screening had taken place (see section on early days in custody and main recommendation S44). A comprehensive follow-up health assessment after 72 hours did not always occur.
- 2.75** In our survey, fewer respondents than at similar prisons rated the quality of, and access to, GP provision and nursing services as good or very good. Prisoners could request access to health services through written applications but were not always advised of the outcome and status of their application, which caused frustration. The GP provision we observed was of good quality and comprehensive. Individual health needs were adequately considered but there were no routine reviews of prisoners with long-term conditions. There was an appropriate range of primary care services, although waiting times for most services were too long (see recommendation 2.67).
- 2.76** Escort requirements for external hospital appointments routinely exceeded availability, which meant that most prisoners waited too long to access specialist services, with health services staff having to prioritise attendance at appointments.

Recommendations

- 2.77 All new arrivals should receive a comprehensive health assessment within 72 hours.**
- 2.78 Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan, delivered by appropriately trained and supervised staff.**
- 2.79 Prisoners should attend external hospital appointments within clinically appropriate timeframes.**

Pharmacy

- 2.80** Lloyds Pharmacy had provided services in the prison since April 2014. There had been some initial difficulties with the timeliness of supply, and medication was still not always available for collection when required, but this was being addressed. Two pharmacy technicians oversaw the ordering of medicines and assisted with medication administration and prisoner queries. There was no regular pharmacist input onsite for governance or to provide clinics for prisoners.
- 2.81** There was a full range of policies and procedures. Errors and near misses were reported and managed effectively. Most medicines, including controlled drugs, were stored appropriately and key security for drug cupboards was good.
- 2.82** The pharmacy unit was clean and well maintained. Storage arrangements met statutory requirements, except within the treatment area servicing F and G wings. Refrigerator and room temperatures were appropriately monitored.

- 2.83** Risk assessments were carried out for in-possession medicines and then attached to SystemOne (the electronic clinical record); these were up to date. In-possession medicines were received in appropriately sealed and labelled packaging and securely transferred to the treatment room. Prisoners were required to produce identification and sign to authenticate the supply, and had the option of checking the bag content before signing.
- 2.84** Not-in-possession medicines were received packed in dispensing containers that were suitably labelled and contained within clear plastic bags, to facilitate local checking before distribution to treatment rooms and administration. Medicines were administered twice daily from a central hub, and separately for those on F, G and DI wings and the segregation unit. Medicines for prisoners within certain areas of the prison (the segregation unit and DI wing) were repackaged into unlabelled administration pots.
- 2.85** The administration of medication was poorly supervised, creating too many opportunities for diversion. Large numbers of prisoners congregated around the hub to receive their medication and there was insufficient confidentiality for them at most locations, with the exception of the separate area used for methadone administration.
- 2.86** Medicines were prescribed electronically but administration was recorded on paper charts, and we saw gaps in recording on prescription charts. The governance of pharmacy services was generally appropriate, with a dedicated medicines and therapeutics committee which monitored practice and trends.

Recommendations

- 2.87** **There should be greater access to a clinical pharmacist onsite to enable more opportunities for prisoners to access specialist advice and support.**
- 2.88** **Medicine storage in the treatment room supporting F and G wings should meet statutory requirements.**
- 2.89** **Medication administration should be well supervised by discipline staff and be conducted in private.**

Housekeeping points

- 2.90** Unlabelled administration pots should not be used to transfer medicines to prisoners.
- 2.91** Routine audit of prescription charts should be undertaken to improve practice and reduce the risk of non-recording of medicine administration.

Dentistry

- 2.92** LCFT provided a wide range of dental services and a large number of sessions weekly. However, waiting times had increased owing to increased demand from the change in the prison population and an extended staffing shortage, which had resolved in the previous month. Waiting times for routine appointments for most prisoners were too long, at three months, but prisoners on wings with restricted movement (F, G and DI wings and the segregation unit) had exceptionally poor access and waited up to five months. An action plan to address this had recently been introduced. Appointments were allocated on the basis of need, and emergency appointments were available. NHS-

equivalent dental treatment was available. The session we observed and clinical records we sampled were very good.

- 2.93** The dental surgery was in a poor state of decoration and the floor did not meet infection control standards (see recommendation 2.66). All dental equipment was appropriately maintained and dental waste received professional disposal.

Recommendation

- 2.94 All prisoners should be able to access routine dental appointments within six weeks and have timely access to subsequent dental treatment.**

Delivery of care (mental health)

- 2.95** Overall mental health provision and integration with the prison were good. In our survey, many more prisoners with disabilities, older prisoners and those on F and G wings than the rest of the population reported emotional well-being or mental health problems. The integrated mental health team (IMHT) included a good skill mix of mental health nurses, counsellors and psychiatrists, although IMHT staff told us that there was an unmet need for a clinical psychology input. A learning disability nurse specialist attended fortnightly. One third of custodial staff had attended mental health awareness training and there was an ongoing training programme.
- 2.96** The IMHT assessed all new receptions to identify any underlying mental health problems and visited all prisoners in the segregation unit daily. All referrals received through the open referral system were promptly assessed face to face and then signposted to relevant services or placed on a waiting list for a key worker. Waiting times were equivalent to those in the community. The IMHT assessed all urgent referrals within four hours and attended all ACCT reviews. A weekly drop-in clinic on F and G wings to address an identified spike in self-harming behaviour and higher distress levels offered good support.
- 2.97** During the inspection, the team had a caseload of 107 prisoners, of whom 26 with severe mental health problems were supported using the community care-planning approach. Care planning and community liaison were very good.
- 2.98** The prison and Mersey Care NHS Trust co-delivered a psychologically driven two-year residential programme for prisoners with a personality disorder on the Beacon unit (see also section on reintegration planning). The unit had opened in February 2014 and was supporting 18 prisoners at the time of the inspection; this would slowly increase to 48 with the recruitment of new prisoners. Residents we spoke to were positive about the support they received and we saw positive interactions between staff and residents.
- 2.99** In the year to April 2014, four patients had been transferred to NHS mental health facilities, none of whom had been moved in a timely manner.

Recommendations

- 2.100 Mental health provision should include timely access to clinical psychology services.**

- 2.101 Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines.**

Catering

Expected outcomes:

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

2.102 *The quality of the food provided was satisfactory and prisoners were relatively satisfied with it. Breakfast packs were issued on the day before consumption, and at weekends there was not always sufficient cereal to go round, so not all prisoners had breakfast. Consultation about food was not meaningful. Some servery areas were dirty.*

- 2.103** In our survey, 29% of prisoners said that the food provided was good or very good, which was in line with the comparator. The standard of the food we tasted was satisfactory. Menus were on a four-week cycle and prisoners made their selections two weeks in advance. Breakfast packs were issued to prisoners at lunchtime for the next day, and at weekends there was not always sufficient cereal to go round, so some prisoners did not have breakfast. A range of options, including halal and vegan, was available and specific medical diets were provided on the recommendation of health services staff.
- 2.104** A twice-yearly food survey was conducted by the catering manager, although prisoner participation was low, with only 26 commenting on the most recent survey. Each servery had a food comments book, although catering staff did not frequently check and respond to these, and many prisoners felt that there was little point in using them.
- 2.105** The main kitchen was very clean, but during the inspection we found that the servery on E wing had not been cleaned after the evening meal. Prisoners working on the serveries had undergone basic food hygiene training and some were working towards accredited qualifications in the kitchen.

Recommendations

- 2.106 Breakfast packs should be issued on the day of consumption and there should be sufficient food for all prisoners.**
- 2.107 The prison should develop more meaningful consultation about food with prisoners.**

Housekeeping point

- 2.108** All servery areas should be thoroughly cleaned after use.

Purchases

Expected outcomes:

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

2.109 *There was good and effective consultation with prisoners about the prison shop list but there was an administration charge for catalogue orders.*

2.110 In our survey, only 44% of respondents said that the range of prison shop goods was sufficiently wide to meet their needs. The catering manager, with the help of two prisoner representatives, was responsible for consulting prisoners about the shop list, and this was undertaken effectively. A monthly meeting was also held to discuss shop issues, usually attended by the catering manager, the prisoner representatives, the DHL manager and the finance department.

2.111 Emergency grocery packs were available in reception for new prisoners.

2.112 Prisoners could order goods from a range of catalogues, including Argos, Very, Gema records and Amazon. However, a 50 pence administration charge was applied for all orders.

Recommendation

2.113 **There should be no administration charge for catalogue orders.**

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 *The amount of time out of cell was adequate for employed prisoners but too restricted for those without an activity. Regime restrictions because of staff shortages were seriously curtailing access to activities and association. Prisoners were locked up too early in the evening.*

3.2 The amount of time out of cell ranged from a maximum of nine hours and 15 minutes a day on four weekdays for those in full-time employment to three hours and 20 minutes for those who were unemployed. In our spot checks, we found an average of 25% locked in their cells, which was too many for a training establishment, and retired prisoners and those unable to work were not consistently unlocked.

3.3 At the time of the inspection, the regime was restricted because there were insufficient staff to operate it fully. In accordance with the restricted regime prisoners were locked up for an hour at lunchtime, there were only essential activities on Mondays (which together with the permanent Friday afternoon lock down meant that prisoners were only engaged in activities for three and a half days a week). The scheduled unlocking of a proportion of prisoners for late evening association up to 7.30pm once a week did not take place at all and, on a rota basis, weekend association was not provided to individual wings. Curtailment of the regime was planned and prisoners were notified of this (see main recommendation S43).

3.4 Even without the additional restrictions prisoners were locked up too early. On four weekdays, evening domestic/association time finished at 6.15pm, and an hour earlier for the rest of the week, causing difficulties for many prisoners in maintaining contact with family and friends.

3.5 Outdoor exercise was limited to 45 minutes on weekdays. Yards were large and clean but lacked seating.

Recommendations

3.6 Prisoners should have evening association during the week.

3.7 Prisoners should be offered one hour of outdoor exercise a day and exercise yards should be equipped with seating.

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.

Housekeeping point

- 3.8 Retired prisoners and those unable to work should be unlocked during the working day.

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.

3.9 *Most prisoners could only attend education, vocational training and work for three and a half days a week owing to the reduced regime, operating since June 2014. There were sufficient activity places for the population but they were not utilised fully. Arrangements to fulfil the prison's strategy of prisoners achieving at least level 1 English and mathematics qualifications were not fully in place. Teaching in education classes and individual coaching in workshops were good. Resources in education were good and well used. Workshops had good commercial practices and had established a wide range of external contracts. Prisoners' achievement of education and vocational qualifications was high, but take-up of qualifications offered in workshops was low. Library provision was good but it was underused.*

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

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

Management of learning and skills and work

- 3.11 The prison had maintained a clear focus on providing sufficient learning, skills and work for its changing population. The reduced regime that had been introduced in June 2014 provided 29% less time for purposeful activities owing to a temporary shutdown on Mondays and shortened morning sessions because of staff shortages (see main recommendation S47). The activity places were not utilised fully, and only 70% of prisoners were in activities at any one time.
- 3.12 The prison and its partners met regularly, and planned, monitored and reviewed developments effectively. Managers collected and analysed a wide range of data and used it well to inform curriculum evaluation and planning. However, they had not rectified the long-standing underutilisation of education places (see section on provision of activities and recommendation 3.22). The prison's strategy of prisoners achieving at least a level 1

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>.

functional skills qualification in English and mathematics effectively targeted new prisoners who needed to improve these skills to attend education, before their deployment to other prison activities. However, around 23% of prisoners were in prison work, many of whom had been at the prison for some time and had skill levels below level 1 in English and/or mathematics without adequate learning support to help them improve.

- 3.13 The prison had established a wide range of external and Prison Service contracts. These provided regular work for prisoners in the industry workshops and kept most of them busy during their working hours.
- 3.14 The education and vocational training, provided by The Manchester College (TMC), was good. It had effective quality improvement arrangements. Staff development activities, linked to the outcomes of teaching and learning observations and effective performance management, were successful. Teachers had improved their teaching skills and provided high-quality learning sessions. The prison had recently introduced similar arrangements but they were yet to be established.
- 3.15 Annual self-assessment and regular reviews by the prison and TMC provided managers with clear and detailed evaluation of their provision. This had informed quality improvement action planning well to support improvements.

Recommendation

- 3.16 The prison should ensure that it makes effective arrangements with The Manchester College to implement its strategy for all prisoners to achieve English and mathematics qualifications at level 1.**

Provision of activities

- 3.17 The prison had sufficient education, training and work places for those able to participate but did not use them fully. Around 70% of prisoners attended activities at any one time. Prisoners did not fully participate for a variety of reasons; these included having only part-time activity, refusing to engage, being in the segregation unit, being unwell or not being fully occupied by their work for the core working day. Unemployment was low, at approximately 5%.
- 3.18 The prison had around 550 workplaces, of which 178 were wing based. A wide range of 12 work-based qualifications was offered to complement prisoners' work roles but take-up was low. The range of work and qualifications available to sex offenders was limited (see section on vulnerable prisoners and recommendation 1.32).
- 3.19 TMC provided a good choice of approximately 45 accredited vocational training places in industrial cleaning, food hygiene and food preparation at level 1, and national vocational qualification level 2 in professional cookery.
- 3.20 Prisoners who attended education classes had the choice of an appropriate range of subjects. These included English, mathematics, information technology, cookery, art and a range of personal and social development short courses. TMC provided around 100 education places each morning and afternoon, when the regime was operating. A lack of flexibility in start and finish dates of education courses resulted in prisoners having to wait to join courses, even though current courses had places available.

- 3.21** Teachers provided regular timetabled support sessions for the 20 prisoners studying on distance learning and Open University courses.

Recommendation

- 3.22** **Most education courses should have flexible or frequent start dates to make efficient use of capacity.**

Quality of provision

- 3.23** The induction to learning and skills and work was good. It included an interesting and interactive electronic presentation that was used well as a platform for discussion, engaging prisoners and promoting their interest in applying for activities. The initial assessment of new prisoners' English and mathematics abilities was timely and effective. TMC shared the information promptly with careers advisers, to inform prisoners' education, vocational training and work choices.
- 3.24** Teaching in education classes was good or better for most prisoners. Most teachers provided dynamic teaching that led to active learning. Sessions were well paced, met the individual needs of learners and included a wide range of learning activities that engaged and interested learners. In a minority of sessions, teachers did not plan sufficiently well to meet prisoners' individual needs. Teachers used information learning technology effectively to enhance learning and add interest to sessions.
- 3.25** Teachers provided good additional learning support for learners in education sessions. TMC supplied enabling equipment to help learners with specific needs use the learning resources and achieve success. Fourteen qualified peer mentors supported prisoners well in education, distance learning and vocational training activities.
- 3.26** Teachers marked learners' work well and most provided them with prompt, useful feedback on how they could improve. However, although they set some good personal targets, some were too general and their planning of individual learning was not always sufficiently challenging to aid learners' progress.
- 3.27** The development of the virtual campus (internet access for prisoners to community education, training and employment opportunities) was well advanced. There were good learning materials to support prisoners' individual learning. However, security clearance and connectivity issues were delaying full deployment.
- 3.28** Individual coaching in workshops was good, supporting prisoners' skills development and improving their confidence. Those who developed good skills were promoted in their job role to positions of trust and responsibility that enhanced their employability skills. Prisoners contributed well to meeting commercial targets, good health and safety practices, and quality and quantity control targets. Most prison workshop processes and equipment reflected industry standards.
- 3.29** There were too many wing workers and they were underemployed. Not all had relevant qualifications associated with their work role.

Recommendations

- 3.30** All teachers should plan learning to meet individual prisoners' needs. They should routinely set individualised, specific and challenging targets that promote good progress for learners.
- 3.31** Security clearance and connectivity issues should be resolved to enable the virtual campus to be used to its full capacity to support learning.
- 3.32** The prison should ensure the full employment of wing workers during the core working day and ensure that they obtain qualifications associated with their work.

Education and vocational achievements

- 3.33** Outcomes for learners on education courses were good and had improved from 2012/13. Functional skills success rates in English and mathematics had improved considerably and were higher than national rates. Success rates on personal and social development courses were very high. Most learners made good progress during their sessions and developed good English, mathematics and personal and social skills. Attendance in sessions was satisfactory.
- 3.34** There were no significant achievement gaps between different groups of learners.
- 3.35** Achievement of vocational qualifications was generally high, and very high for kitchen-based qualifications. However, achievement of industrial cleaning awards in 2013/14 had been low. The take up of work-based qualifications was low and few learners made sufficient progress.
- 3.36** Prisoners in industrial workshops developed a good work ethic and useful independent and team-working skills. They made good progress in enhancing their interpersonal skills and confidence. Prisoners in the electrical equipment repair workshop developed a broad range of vocationally relevant skills and knowledge through participation in a wide range of tasks.
- 3.37** Prisoners took pride in the standard of their completed work, and in many areas, such as woodworking, standards were high. Those working in the prison kitchen demonstrated good food preparation skills and high standards of hygiene. In vocational training, learners' portfolios were well evidenced and of good quality. The standard of learners' work on education courses was good.

Recommendation

- 3.38** Prisoners' participation rates in, and the progress they made towards achieving, accredited work-based qualifications should be increased.

Library

- 3.39** Lancashire County Council provided a good library service. Library staff managed it well, supported by two trained orderlies. However, the current reduced regime and cancellation of officer escorts to take prisoners to the library had greatly restricted their regular library access, reducing its use.

- 3.40** The library stock was good and new items were added frequently. Book loss was low. Stock appropriately included Prison Service and legal texts, fiction, non-fiction, easy-read and audio books, books to support education and vocational training courses, and music CDs and DVDs. Prisoners made frequent use of the good collection of foreign language books. A satellite library based on the wings met the needs of the sex offender population but had been closed for a long period in the weeks before the inspection.
- 3.41** The library ran the Storybooks Dads programme (in which prisoners record stories for their children), although only two prisoners had used it in the previous eight months. The Network reading programme (previously the Toe by Toe reading scheme) had ceased owing to the regime restrictions.

Recommendations

- 3.42** Prisoners should be able to access the main library regularly, and the library serving the vulnerable prisoner wings should be reliably available.
- 3.43** The Network reading programme should be reinstated.

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.

3.44 *The two PE facilities were of a high standard and well maintained. Access to recreational PE sessions was generally satisfactory, although timetabling clashed with evening meals and limited attendance. PE courses were not accredited. PE staff worked effectively with health services staff and provided appropriate specialist exercise sessions.*

- 3.45** The two PE facilities were of a high standard and were well managed and maintained. The sports hall offered indoor team sports and both gyms provided access to an appropriate range of equipment, including free weights, and cardiovascular and resistance machines. The sports field was out of use and no other outdoor facilities were available. Fitness equipment was available in most residential wings, except those housing sex offenders. However, appropriately qualified staff did not routinely monitor the use of the equipment.
- 3.46** Access to the gym for most prisoners was generally satisfactory, with a minimum of two sessions during the week and one or two sessions at the weekend. However, the serving of the evening meal at the same time as timetabled PE sessions limited attendance for some prisoners and caused them frustration.
- 3.47** Most prisoners received an adequate induction to gym use that included an introduction to manual handling and first-aid techniques. PE staff worked effectively with health services staff and provided specialist sessions to address the weight loss, mental health, drug rehabilitation and physical injury needs of prisoners. In addition, PE staff provided sessions for identified groups, such as the over-40s.
- 3.48** Staff were well qualified and experienced in delivering PE in prisons. Courses offered in the gym were not accredited.

Recommendations

- 3.49 Fitness equipment on residential wings should be available to all prisoners, including the sex offender population, and the equipment should be routinely monitored by appropriately qualified staff.**
- 3.50 Appropriate accredited PE qualifications should be available.**

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 *Strategic oversight of resettlement was regularly provided by the reducing offending committee but the needs analysis was too limited, despite the new and complex population. The action plan not adequately updated and offender management was not yet at the heart of reducing reoffending.*

4.2 A needs analysis had recently been undertaken using offender assessment system (OASys) and P-Nomis (electronic case notes). However, it had not used prisoners' views or analysed the specific needs of the range of prisoners held at the establishment, including indeterminate-sentenced prisoners (ISPs) and high risk of harm prisoners. Moreover, it had been carried out before the arrival of the large sex offender population, so the needs of this new population had not been established.

4.3 The reducing reoffending committee met regularly and provided oversight of the reducing reoffending strategy and action plan. Both the strategy and action plan had been updated on the basis of the needs analysis and included the seven resettlement pathways, but neither the strategy or action plan described or prioritised the role of offender management sufficiently and was already out of date as it didn't reflect the recent arrival of the sex offender population. The action plan was not adequately updated by functional heads, leaving the committee unable to demonstrate progress or respond to obstacles.

4.4 The public protection unit was well integrated into the offender management unit (OMU) and links with the resettlement services provided within the prison were adequate.

Recommendation

4.5 **A comprehensive needs analysis which takes account of the sex offender population should inform resettlement provision. A strategy should set out a detailed plan for offender management which places it at the heart of reducing reoffending, and the action plan should be regularly and fully updated to evidence progress against priorities.**

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.

4.6 *The new offender supervisor model had not yet been fully embedded. Some important elements of training had not been provided, leaving some offender supervisors lacking confidence in their new role. Too many offender assessment system (OASys) assessments were late and the quality of those completed was too variable. Sentence plan targets were appropriately focused but not reviewed following a significant change. Some prisoners were positive about the support they received from the offender management unit but in too many cases contact levels were poor. The volume of public protection work had increased with the arrival of nearly 200 sex offenders, and this work was up to date. Too many recategorisation reviews were late. Some prisoners waited too long for a transfer.*

4.7 Benchmarking, introduced in June 2014, had increased the number of offender supervisors to 18 and introduced a dual role for officer offender supervisors, including half-time operational duties. The new model was not yet fully embedded, with some uniformed offender supervisors not yet in post, which meant that others had caseloads exceeding 80; this was high and made it difficult to provide proactive offender management (see main recommendation S47).

4.8 Some of the uniformed offender supervisors had not received some important elements of training – for example, the management of risk of harm and working with sex offenders – and some lacked confidence in their role. Cross-deployment of offender supervisors continued to be high, losing approximately half of the profiled hours each month. This, combined with the vacancies and lack of training, significantly hindered the quality of offender management provided to many prisoners, including those presenting a high risk of harm (see main recommendation S47).

4.9 At the time of the inspection, 17 prisoners did not have an initial OASys assessment and 86 reviews were late; some were considerably late and included high risk of harm prisoners who were the responsibility of the community-based offender manager. The overall quality of OASys assessments was too variable. Generally, those carried out by external offender managers were of a higher standard than those completed by offender supervisors at the establishment; however, assessments for some high risk of harm cases managed by the external offender manager were of poor quality.

4.10 Most of the 12 cases we looked at had undergone an adequate and timely assessment of the likelihood of reoffending. In our survey, fewer prisoners than at similar prisons said that they had a sentence plan and too many sentence planning boards (25%) had been cancelled over the previous two months owing to staff shortages. For those who had a plan, more than at similar prisons said that they had been involved in its development (62% versus 56%) and we saw this in most of the cases we examined. Most sentence plans were clearly linked to offending behaviour; however, they were not routinely reviewed on transfer to the establishment or following another significant event, so in several cases the objectives were out of date, no longer relevant or referred to interventions which were not available at Garth.

- 4.11** We found adequate contact between the prisoner and his offender supervisor in some cases but in too many, including high risk of harm cases, there was no prescribed frequency of contact. In half of the cases we looked at there was insufficient contact and it lacked meaning, which was unacceptable given the high risk and complex population held at the establishment. Contact was generally instigated by the prisoner or through opportunistic encounters on the wing, making it impossible for the offender supervisor adequately to monitor and motivate prisoners (see main recommendation S47). However, some prisoners we spoke to were far more positive about the support they received, and in our survey more than at similar prisons said that their offender supervisor was helping them to achieve their sentence plan targets (54% versus 34%). This suggested a huge variation in the quality of contact that prisoners were receiving. There was no evidence of management oversight of the quantity or quality of contact. There was good use of peer representatives, who helped to signpost prisoners to support or addressed queries about the OMU.
- 4.12** Offender supervisor contacts were not always recorded in P-Nomis, making it more difficult to exchange important information.

Recommendations

- 4.13 All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation.**
- 4.14 The frequency and quality of contact between offender supervisors and prisoners should be monitored by a manager.**
- 4.15 P-Nomis should be the central recording system.**

Public protection

- 4.16** With the arrival of almost 200 sex offenders since March 2014, the prison held an increasingly complex and high-risk population, resulting in a high volume of public protection work. Impressively, this work was up to date, and restrictions had been identified and applied quickly, and reviewed appropriately.
- 4.17** The interdepartmental risk management team (IRMT) was chaired by a senior probation officer. The minutes of the monthly meetings showed that attendance and representation were too variable and that offender supervisors were not always able to attend to discuss their cases.
- 4.18** The IRMT reviewed all prisoners being released in the following six months – or eight months, for multi-agency public protection arrangements (MAPPA) cases. However, we were not assured that all actions set by the IRMT were completed or reviewed.
- 4.19** Appropriate high risk of harm cases and all MAPPA level 2 and 3 cases were allocated to a specialist group of offender supervisors, which included probation officers; this was a good model. However, there was not always evidence that the MAPPA level was reviewed eight months before a prisoner's release, which potentially limited the offender supervisor's involvement in multi-agency release planning. Contributions to MAPPA meetings, when invited, were adequate. Good attention was given to MAPPA level 3 cases.

- 4.20** The risk of serious harm screening was accurate in most of the cases we examined but the full analysis was lacking in over half, and too few had an adequate risk management plan. However, some of the risk management plans were of a better quality than we normally see, suggesting, once again, a wide variation in the quality of work.

Recommendations

- 4.21 Evidence of the review of the multi-agency public protection arrangements (MAPPA) level should be recorded at least eight months before release.**
- 4.22 The quality of risk of harm analysis, management plans and MAPPA reports should be improved, to achieve a consistently high standard.**

Housekeeping point

- 4.23** Attendance at the interdepartmental risk management team meeting should be improved and all actions set should be closely monitored and completion evidenced.

Categorisation

- 4.24** Categorisation reviews were completed by offender supervisors and were of reasonable quality, but too many were late, which hindered progression. Prisoners were able to submit a report in support of their recategorisation.
- 4.25** Decisions about recategorisation were generally defensible but did not always inform prisoners about what they should do to reduce their risk and progress. For example, in one case we found that recategorisation had been rejected because the prisoner had not done the sex offender treatment programme (SOTP), even though he had been assessed as unsuitable for this programme. No further objectives had been set and he had been left unsure about the steps he should take to show a reduction in his risk level.
- 4.26** Too many prisoners, almost 200, were waiting for a transfer out of the establishment. Due to population pressures across the estate, some category B prisoners waited far too long for a transfer, with one prisoners still waiting after 10 months. However, we also found that offender supervisors did not actively pursue the transfer beyond the initial authorisation.

Recommendations

- 4.27 Prisoners should be clearly told what they can do to demonstrate a reduction in risk, in time for their next recategorisation review.**
- 4.28 Transfer of prisoners should be actively pursued to avoid unnecessary delays.**

Indeterminate sentence prisoners

- 4.29** Almost half of the population were ISPs and they were spread across all residential wings. There was no analysis of their specific resettlement needs, no support forum and no family days. They were prioritised appropriately for offending behaviour programmes.

- 4.30** Not all offender supervisors had been trained in the management of ISPs, including the preparation of parole reports.

Recommendations

- 4.31** The specific needs of indeterminate-sentenced prisoners (ISPs) should be analysed and appropriate provision made.
- 4.32** Offender supervisors should be trained in the management of ISPs.

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.

4.33 *Demand for reintegration work was minimal and access to provision was adequate. Accommodation support and help with debts were good. There was effective support from the National Careers Service, and prisoners due for release received appropriate help. Health care pre-release arrangements were good and palliative care was available. Links with community-based support for those with substance use problems were excellent. Little support was available to promote contact with children and families, even though the prison held a long-term prisoner population. A wide range of accredited offending behaviour programmes was provided but the extent of demand for sex offender treatment programme places was unclear and there were no alternative strategies for managing those who were not suitable for it. The new Beacon Unit provided interventions for prisoners with personality disorders linked to offending.*

- 4.34** On average, only two prisoners a month were released from the establishment, so the demand for reintegration work was low. There was adequate access to resettlement services, including Shelter staff. Prisoners had access to trained peer workers on arrival, who signposted them to further support and made referrals as necessary. A few weeks before release, prisoners were interviewed again by the National Careers Service and Shelter, to address remaining issues.

Accommodation

- 4.35** No prisoners had been released homeless in the previous 12 months. Many of those released had been placed in approved premises, given their risk levels and involvement with MAPPA. Shelter had supported 44 prisoners in the previous year and helped six men to find accommodation on release.
- 4.36** Shelter provided a range of support, including closing down tenancies and providing legal assistance, including resolving mortgage problems. Wing surgeries were held monthly and the peer workers were visible across the prison.

Education, training and employment

- 4.37** The quality of the National Careers Service, provided by the Greater Merseyside Connexions Partnership, was good. Advisers provided good, responsive and efficient information, advice and guidance.
- 4.38** Advisers made good reference to prisoners' sentence plans, previous qualifications and work experience when advising on and planning their education, training and work choices. The prison did not offer a pre-release course for the small number of prisoners released but provided appropriate multi-agency help to support successful resettlement.

Health care

- 4.39** All prisoners were seen and reviewed by a member of the primary health care team before release. The mental health team linked effectively with community or hospital services.
- 4.40** Palliative care provision was established in the prison and the policy arrangements reflected current practice and pathways.

Drugs and alcohol

- 4.41** For prisoners with substance misuse issues, the Building Futures team had good links with Phoenix Futures and other community services in the North-West. Family resettlement opportunities for these prisoners were very good.
- 4.42** An organisation called Families and Loved ones accessing Mutual and Emotional Support (FLAMES) held bimonthly events, where families of residents in the therapeutic community could attend the establishment for structured visits and link up with mutual aid efforts in their communities.

Good practice

- 4.43** *Links with the community through Families and Loved ones accessing Mutual and Emotional Support (FLAMES) were helpful for the resettlement of prisoners with substance use issues.*

Finance, benefit and debt

- 4.44** The demand for finance and debt advice had doubled over the previous year. Shelter, supported by prisoner peer workers, provided a range of support, including help with rent arrears, credit checks and council tax issues. A useful advice pack had been developed which provided prisoners with letters to send to their creditors to resolve debt issues.
- 4.45** Bank accounts could be opened before release, and 27 had been opened in the previous year. A budgeting and money management course was delivered by the education department and eight groups had been delivered in the previous year, with a similar number planned for the current year.

Children, families and contact with the outside world

- 4.46 Management oversight of the children and families pathway was inadequate and the pathway was underdeveloped, even though the prison held a long-term prisoner population.
- 4.47 There were no longer any specific parenting courses and there was no family support. Family days were no longer provided and many prisoners complained to us about this significant gap.
- 4.48 The visitors centre was well managed by the Partners of Prisoners and Families Support Group (POPS) but they had too few staff to provide supervision of the crèche in the visits hall at each session or provide additional support to visitors and prisoners' families.
- 4.49 There were adequate visits slots to meet the size of the population, and those located on F and G wings had separate visit days. Visits could only be booked by telephone, which limited opportunities, and some visitors told us that it took too long for the telephone to be answered. However, when we tried, it was answered immediately.
- 4.50 In the session we observed, access to the visits hall was considerably delayed unnecessarily. The first visitors did not arrive in the hall until 2.15pm, instead of 2pm, despite leaving the visitors centre in plenty of time. The last ones were not in the hall until 2.45pm, which substantially shortened their visits time. This was the main complaint from the visitors we spoke to and was also reflected in the most recent visitors survey.
- 4.51 The visits hall was clean and bright, and a refreshments bar was open during each session. Supervision was adequate, and prisoners did not wear identification bibs. A visitors forum was held regularly and was a good way of consulting families and visitors.

Recommendations

- 4.52 **The children and families provision should be improved, based on evidence of the needs of the population. This should include regular family days and other ways of promoting and supporting contact with children and families.**
- 4.53 **Visits booking systems should be expanded.**
- 4.54 **Access to the visits hall should be improved, to avoid unnecessary delays in the start of visits.**

Attitudes, thinking and behaviour

- 4.55 A good and appropriate range of accredited offending behaviour programmes was available, and the SOTP had been introduced following the arrival of around 200 sex offenders. Programmes were appropriately targeted and places prioritised well. Waiting lists across the programmes were not excessive and participants in the first SOTP group had started quickly after arrival at the establishment. The Supporting Offenders through Restoration Inside (SORI) restorative justice programme received particularly positive feedback from those completing it.
- 4.56 There were only 18 places on the SOTP in the current year. It was unclear whether this was sufficient as only 29 of those consenting to the SOTP had been assessed for their suitability; the programmes team had too few resources to assess the remaining ones,

and there was no strategy to manage this. Half of those assessed were too low risk to get a place on the programme and there was no alternative provision for this group. Evidence suggested that half of the sex offenders were in denial of their convictions, and therefore ineligible for the SOTP. There was no strategy to manage these prisoners and no other programme currently available.

- 4.57** There was too little evidence of preparation for interventions or motivational work by offender supervisors and some said that they either lacked confidence or did not have enough time to do this.
- 4.58** The Beacon unit for prisoners with personality disorders looked promising. The Unit opened in February 2014 as a joint venture between the prison and an NHS mental health provider (Mersey Care). During the inspection there were 18 residents on the unit and this was to gradually increase to a maximum of 48. The focus of the unit was to provide psychologically informed care to prisoners who had indicators of personality disorder linked to offending. The programme provided a two-year intervention with the first three months focused on assessment, followed by 18 months of treatment and the final three months dedicated to reintegration and progression planning. The treatment phase included the 'ASSIST' reducing reoffending course, which lasted nine months. The programme aimed to change beliefs and behaviour and reduce reoffending and enable prisoners to function on normal location and be able to coexist with mixed main and sex offender populations.

Recommendation

- 4.59** **The number of sex offender treatment programme places required should be more clearly evidenced and a strategy for managing those not suitable for the programme should be developed.**

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 recommendation

To NOMS

- 5.1** Staff shortages should be addressed as a matter of urgency to enable the restricted regime to be lifted and for prisoners to have full access to learning and skills and work activities during the week and increased time unlocked and association. (S43)

Main recommendations

To the governor

- 5.2** All new prisoners should be interviewed and assessed, including by health services staff, before being located on the induction wing. The induction wing should be dedicated to newly arrived prisoners and cells should be clean and prepared. New arrivals should be supported by staff and peer workers during their first night. (S44)
- 5.3** The conditions and regime of the segregation unit should be improved. Prisoners should have the reasons for their segregation addressed and timely plans made for reintegration or transfer. (S45)
- 5.4** The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring. (S46)
- 5.5** All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm and who provides support, motivation and challenge, and actively monitors progression. (S47)

Recommendation

to Prisoner Escort and Custody Services

- 5.6** Journeys to the establishment should not include unnecessary overnight stops at other prisons. (I.6)

Recommendations

To the governor

Courts, escort and transfers

- 5.7** Reception opening times should be sufficient to ensure the timely entry and processing of prisoners into the prison. (I.7)
- 5.8** New receptions should only be handcuffed if it is necessary and proportionate. (I.8)

Early days in custody

- 5.9** Prisoners' property should be stored securely at all times. (I.15)
- 5.10** Prisoners arriving from other prisons should only be strip-searched if there is intelligence to support it. (I.16)
- 5.11** The first night/induction landing should not be used as a location for prisoners who are difficult to locate elsewhere or to reintegrate prisoners from the segregation unit. (I.17)
- 5.12** The induction process should be recorded and progress tracked. (I.18)

Bullying and violence reduction

- 5.13** The challenging antisocial behaviour process should set meaningful targets which are aimed at changing the behaviour of prisoners involved in violence and bullying, based on an assessment of their needs, and are monitored. (I.26)
- 5.14** The prison should develop a strategy for reducing the number of prisoners who cannot safely live on normal location and for ensuring that those who do not feel safe have equitable access to a constructive regime and progression in their sentence. (I.27)
- 5.15** Sex offender prisoners should have equitable access to education, vocational training, the gym and library facilities. (I.32)

Self-harm and suicide

- 5.16** Assessment, care in custody and teamwork (ACCT) case management and interaction should be of a consistently high quality. (I.41)
- 5.17** The use of the constant observation cell in segregation should cease. (I.42)
- 5.18** The segregation of prisoners subject to ACCT monitoring should only happen in exceptional circumstances, following documented authorisation by a senior manager. (I.43)
- 5.19** Investigations into incidents of life-threatening self-harm should include scrutiny of the actions taken by staff to prevent or minimise risk of harm. (I.44)
- 5.20** Prisoners should be able to speak to a Listener at any time. (I.45)

Safeguarding

- 5.21** Work undertaken by the governor in conjunction with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to establish local safeguarding processes should be developed further. (I.48)

Discipline

- 5.22** The management oversight of use of force and the use of the special accommodation should be improved. (I.66)

Substance misuse

- 5.23** The substance misuse strategy committee should oversee a strategic action plan, ensure coordinated working between departments and include representatives from the security department. (1.79)
- 5.24** The drug recovery wing should not be undermined by the location of prisoners not on the recovery programme. (1.80)
- 5.25** E wing (the therapeutic community and recovery unit) should be staffed by consistently deployed officers who have been specially selected and trained for the task. (1.81)
- 5.26** Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance. (1.82)

Residential units

- 5.27** The showers on the older wings should be refurbished and provide privacy. (2.9)
- 5.28** Single cells should not be used to accommodate two prisoners. (2.10)
- 5.29** Applications should be monitored and responses should be helpful and received within three days. (2.11)
- 5.30** Prisoners' telephone numbers should be verified and, if suitable, added to their accounts within one week. (2.12)
- 5.31** Mail should be delivered to prisoners within one day of its arrival. (2.13)

Staff-prisoner relationships

- 5.32** Prisoners' negative perceptions of staff should be explored and action taken to improve staff-prisoner relationships. (2.19)
- 5.33** There should be clear responses to concerns raised by prisoners in consultation, outlining the action taken. (2.20)

Equality and diversity

- 5.34** A professional telephone interpreting service should be used for all prisoners requiring it, particularly in circumstances where confidentiality and accuracy are critical. (2.35)
- 5.35** Prisoner carers should be paid for the role. (2.36)

Faith and religious activity

- 5.36** Prisoners on the reintegration unit (D1) should have the opportunity to attend corporate worship routinely. (2.44)

Complaints

- 5.37** A formal quality assurance process should be in place to ensure that all responses to complaints are timely and of good quality. (2.48)

Legal rights

- 5.38** Advice and support from trained dedicated staff should be available for prisoners who require access to legal processes. (2.53)

Health services

- 5.39** Health services staff should systematically see all prisoners who have been reported as suffering an injury, and record this intervention. (2.64)
- 5.40** All professionally registered staff should undertake clinical supervision. (2.65)
- 5.41** All clinical environments should comply with infection control standards. (2.66)
- 5.42** Waiting times for primary health care services should be the equivalent to those in the community. (2.67)
- 5.43** Prisoners requiring emergency first aid out of hours should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators. (2.68)
- 5.44** The health care complaints system should be well advertised and maintain medical confidentiality, and responses should consistently address all the issues raised. Learning from informal and formal complaints should inform service delivery. (2.69)
- 5.45** There should be an integrated strategy to promote health and well-being among the prisoner population, including easy access to barrier protection. (2.70)
- 5.46** The health needs of all older prisoners should be addressed as part of an ongoing programme of work that offers regular health checks and practical support. (2.71)
- 5.47** All new arrivals should receive a comprehensive health assessment within 72 hours. (2.77)
- 5.48** Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan, delivered by appropriately trained and supervised staff. (2.78)
- 5.49** Prisoners should attend external hospital appointments within clinically appropriate timeframes. (2.79)
- 5.50** There should be greater access to a clinical pharmacist onsite to enable more opportunities for prisoners to access specialist advice and support. (2.87)
- 5.51** Medicine storage in the treatment room supporting F and G wings should meet statutory requirements. (2.88)
- 5.52** Medication administration should be well supervised by discipline staff and be conducted in private. (2.89)
- 5.53** All prisoners should be able to access routine dental appointments within six weeks and have timely access to subsequent dental treatment. (2.94)
- 5.54** Mental health provision should include timely access to clinical psychology services. (2.100)

- 5.55** Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines. (2.101)

Catering

- 5.56** Breakfast packs should be issued on the day of consumption and there should be sufficient food for all prisoners. (2.106)
- 5.57** The prison should develop more meaningful consultation about food with prisoners. (2.107)

Purchases

- 5.58** There should be no administration charge for catalogue orders. (2.113)

Time out of cell

- 5.59** Prisoners should have evening association during the week. (3.6)
- 5.60** Prisoners should be offered one hour of outdoor exercise a day and exercise yards should be equipped with seating. (3.7)

Learning and skills and work activities

- 5.61** The prison should ensure that it makes effective arrangements with The Manchester College to implement its strategy for all prisoners to achieve English and mathematics qualifications at level 1. (3.16)
- 5.62** Most education courses should have flexible or frequent start dates to make efficient use of capacity. (3.22)
- 5.63** All teachers should plan learning to meet individual prisoners' needs. They should routinely set individualised, specific and challenging targets that promote good progress for learners. (3.30)
- 5.64** Security clearance and connectivity issues should be resolved to enable the virtual campus to be used to its full capacity to support learning. (3.31)
- 5.65** The prison should ensure the full employment of wing workers during the core working day and ensure that they obtain qualifications associated with their work. (3.32)
- 5.66** Prisoners' participation rates in, and the progress they made towards achieving, accredited work-based qualifications should be increased. (3.38)
- 5.67** Prisoners should be able to access the main library regularly, and the library serving the vulnerable prisoner wings should be reliably available. (3.42)
- 5.68** The Network reading programme should be reinstated. (3.43)

Physical education and healthy living

- 5.69** Fitness equipment on residential wings should be available to all prisoners, including the sex offender population, and the equipment should be routinely monitored by appropriately qualified staff. (3.49)
- 5.70** Appropriate accredited PE qualifications should be available. (3.50)

Strategic management of resettlement

- 5.71** A comprehensive needs analysis which takes account of the sex offender population should inform resettlement provision. A strategy should set out a detailed plan for offender management which places it at the heart of reducing reoffending, and the action plan should be regularly and fully updated to evidence progress against priorities. (4.5)

Offender management and planning

- 5.72** All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation. (4.13)
- 5.73** The frequency and quality of contact between offender supervisors and prisoners should be monitored by a manager. (4.14)
- 5.74** P-Nomis should be the central recording system. (4.15)
- 5.75** Evidence of the review of the multi-agency public protection arrangements (MAPPA) level should be recorded at least eight months before release. (4.21)
- 5.76** The quality of risk of harm analysis, management plans and MAPPA reports should be improved, to achieve a consistently high standard. (4.22)
- 5.77** Prisoners should be clearly told what they can do to demonstrate a reduction in risk, in time for their next recategorisation review. (4.27)
- 5.78** Transfer of prisoners should be actively pursued to avoid unnecessary delays. (4.28)
- 5.79** The specific needs of indeterminate-sentenced prisoners (ISPs) should be analysed and appropriate provision made. (4.31)
- 5.80** Offender supervisors should be trained in the management of ISPs. (4.32)

Reintegration planning

- 5.81** The children and families provision should be improved, based on evidence of the needs of the population. This should include regular family days and other ways of promoting and supporting contact with children and families. (4.52)
- 5.82** Visits booking systems should be expanded. (4.53)
- 5.83** Access to the visits hall should be improved, to avoid unnecessary delays in the start of visits. (4.54)

- 5.84** The number of sex offender treatment programme places required should be more clearly evidenced and a strategy for managing those not suitable for the programme should be developed. (4.59)

Housekeeping points

Early days in custody

- 5.85** Induction material should be available in an appropriate range of languages. (1.19)

Bullying and violence reduction

- 5.86** The full range of relevant prison departments should be represented at all meetings of the 'safer Garth' team. (1.28)

Discipline

- 5.87** Regular quality assurance monitoring of adjudications should take place. (1.61)
- 5.88** The quality of video-recorded incidents should be improved to ensure a continuous and clear record of any planned incidents. (1.67)

Substance misuse

- 5.89** The therapeutic community wing should contain sufficient chairs and tables to enable all prisoners to eat communally, and recreational equipment on the wing should be properly maintained or replaced. (1.83)

Equality and diversity

- 5.90** The prison should keep a central record of staff diversity training. (2.26)
- 5.91** There should be a formal discrimination incident report form quality assurance process, with oversight by a senior manager. (2.27)
- 5.92** Letters for prisoners received in a foreign language should be handed to the prisoner within one week. (2.37)
- 5.93** The lift on F and G wings should be used for prisoners with mobility issues. (2.38)
- 5.94** All relevant staff should be able easily to locate, and be familiar with the content of, personal emergency evacuation plans. (2.39)

Health services

- 5.95** Prescription cards should be stored appropriately to ensure that patient confidentiality is maintained. (2.72)
- 5.96** Written information detailing prison health services should be readily accessible to prisoners. (2.73)

- 5.97** Unlabelled administration pots should not be used to transfer medicines to prisoners. (2.90)
- 5.98** Routine audit of prescription charts should be undertaken to improve practice and reduce the risk of non-recording of medicine administration. (2.91)

Catering

- 5.99** All servery areas should be thoroughly cleaned after use. (2.108)

Time out of cell

- 5.100** Retired prisoners and those unable to work should be unlocked during the working day. (3.8)

Offender management and planning

- 5.101** Attendance at the interdepartmental risk management team meeting should be improved and all actions set should be closely monitored and completion evidenced. (4.23)

Examples of good practice

Reintegration planning

- 5.102** Links with the community through Families and Loved ones accessing Mutual and Emotional Support (FLAMES) were helpful for the resettlement of prisoners with substance use issues. (4.43)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Gary Boughen	Inspector
Beverley Alden	Inspector
Rachel Prime	Senior researcher
Helen Ranns	Researcher
Collette Daoud	Researcher
Amy Radford	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Steven Eley	Health services inspector
Majella Pearce	Health Services Inspector
Stan Brandwood	Pharmacist
Julia Horsman	Ofsted inspector
Nigel Bragg	Ofsted inspector
Stephen Hailstone	Ofsted inspector
Martyn Griffiths	Offender management inspector
Ian Menary	Offender management inspector
Lynne Osborne	Offender management observer

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	0	744	95.4
Recall	0	35	4.5
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	1	0.1
Total		780	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	1	0.1
Less than 6 months	0	0	0
6 months to less than 12 months	0	0	0
12 months to less than 2 years	0	1	0.1
2 years to less than 4 years	0	5	0.6
4 years to less than 10 years	0	109	14
10 years and over (not life)	0	321	41.2
ISPP	0	111	14.2
Life	0	232	29.8
Total		780	100

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years	0	0
21 years to 29 years	229	29.4
30 years to 39 years	214	27.4
40 years to 49 years	180	23.1
50 years to 59 years	105	13.5
60 years to 69 years	38	4.9
70 plus years	14	1.8
Please state maximum age	84	
Total	780	100

Nationality	18–20-year-olds	21 and over	%
British	0	731	93.7
Foreign nationals	0	49	6.3
Total		780	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	751	96.3
Category C	0	29	3.7
Category D	0	0	0
Other	0	0	0
Total		780	100

Ethnicity	18–20-year-olds	21 and over	%
White	0	643	82.4
British	0	615	78.8
Irish	0	4	0.5
Other White	0	2	0.3
Mixed	0	31	4
White and Black Caribbean	0	16	2.1
White and Black African	0	1	0.1
White and Asian	0	5	0.6
Other Mixed	0	9	1.2
Asian or Asian British	0	57	7.3
Indian	0	16	2.1
Pakistani	0	25	3.2
Bangladeshi	0	5	0.6
Other Asian	0	11	1.4
Black or Black British	0	45	5.8
Caribbean	0	27	3.5
African	0	5	0.6
Other Black	0	13	1.7
Chinese or other ethnic group	0	1	0.1
Chinese	0	0	0
Arab	0	1	0.1
Other ethnic group	0	0	0
Not stated	0	3	0.4
Total		780	

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	0	185	23.7
Roman Catholic	0	189	24.2
Other Christian denominations	0	62	7.9
Muslim	0	90	11.5
Sikh	0	8	1
Hindu	0	0	0
Buddhist	0	29	3.7
Jewish	0	2	0.3
Other	0	18	2.3
No religion	0	197	25.3
Total		780	100

Other demographics	18–20-year-olds	21 and over	%
Gypsy/Romany/ traveller	0	2	0.3
Total	0	2	0.3

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	10	1.3
Total	0	10	1.3

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	34	4.4
1 month to 3 months	0	0	84	10.8
3 months to 6 months	0	0	91	11.7
6 months to 1 year	0	0	162	20.8
1 year to 2 years	0	0	128	16.4
2 years to 4 years	0	0	217	27.8
4 years or more	0	0	62	7.9
Total	0	0	779	100

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	1	0.1
Public protection cases	0	560	71.8
Total	0	561	71.9

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to 6 months	0	0	0	0
6 months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	0	0	0	0

Main offence	18–20-year-olds	21 and over	%
Violence against the person	0		
Sexual offences	0		
Burglary	0		
Robbery	0		
Theft and handling	0		
Fraud and forgery	0		
Drugs offences	0		
Other offences	0		
Civil offences	0		
Offence not recorded / holding warrant	0		
Total	0		

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.⁶ 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 11 August 2014 the prisoner population at HMP Garth was 777. Using the method described above, questionnaires were distributed to a sample of 212 prisoners.

We received a total of 190 completed questionnaires, a response rate of 90%. Fifteen respondents refused to complete a questionnaire, four questionnaires were not returned and three were returned blank.

⁶ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	29
B	18
C	30
D	27
E	30
F	27
G	24
Segregation unit	5

Presentation of survey results and analyses

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

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 Garth in 2014 compared with responses from prisoners surveyed in all other category B trainer prisons. This comparator is based on all responses from prisoner surveys carried out in seven category B trainer prisons since April 2008.
- The current survey responses from HMP Garth in 2014 compared with the responses of prisoners surveyed at HMP Garth 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 Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2014 survey between the vulnerable prisoner wings (F and G) and the rest of the establishment.

Survey summary

Section I: About You

QI.1	What wing or houseblock are you currently living on? See section on shortened methodology	
QI.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	54 (28%)
	<i>30 - 39</i>	51 (27%)
	<i>40 - 49</i>	43 (23%)
	<i>50 - 59</i>	26 (14%)
	<i>60 - 69</i>	13 (7%)
	<i>70 and over</i>	3 (2%)
QI.3	Are you sentenced?	
	<i>Yes</i>	178 (96%)
	<i>Yes - on recall</i>	7 (4%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
QI.4	How long is your sentence?	
	<i>Not sentenced</i>	0 (0%)
	<i>Less than 6 months</i>	0 (0%)
	<i>6 months to less than 1 year</i>	1 (1%)
	<i>1 year to less than 2 years</i>	0 (0%)
	<i>2 years to less than 4 years</i>	6 (3%)
	<i>4 years to less than 10 years</i>	35 (19%)
	<i>10 years or more</i>	81 (43%)
	<i>IPP (indeterminate sentence for public protection)</i>	19 (10%)
	<i>Life</i>	45 (24%)
QI.5	Are you a foreign national? (i.e. do not have UK citizenship.)	
	<i>Yes</i>	15 (8%)
	<i>No</i>	170 (92%)
QI.6	Do you understand spoken English?	
	<i>Yes</i>	187 (99%)
	<i>No</i>	2 (1%)
QI.7	Do you understand written English?	
	<i>Yes</i>	186 (98%)
	<i>No</i>	4 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	141 (75%)	<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>	6 (3%)	<i>Mixed race - white and black Caribbean</i> 4 (2%)
	<i>Black or black British - Caribbean</i>	8 (4%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	2 (1%)	<i>Mixed race - white and Asian</i> 2 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	4 (2%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	9 (5%)	<i>Other ethnic group</i> 3 (2%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		2 (1%)
	<i>No</i>		180 (99%)
Q1.10	What is your religion?		
	<i>None</i>	43 (23%)	<i>Hindu</i> 1 (1%)
	<i>Church of England</i>	60 (32%)	<i>Jewish</i> 0 (0%)
	<i>Catholic</i>	39 (21%)	<i>Muslim</i> 21 (11%)
	<i>Protestant</i>	0 (0%)	<i>Sikh</i> 3 (2%)
	<i>Other Christian denomination</i>	4 (2%)	<i>Other</i> 10 (5%)
	<i>Buddhist</i>	6 (3%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		185 (98%)
	<i>Homosexual/Gay</i>		3 (2%)
	<i>Bisexual</i>		1 (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.)		
	<i>Yes</i>		37 (20%)
	<i>No</i>		150 (80%)
Q1.13	Are you a veteran (ex- armed services)?		
	<i>Yes</i>		11 (6%)
	<i>No</i>		176 (94%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		77 (41%)
	<i>No</i>		110 (59%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		91 (49%)
	<i>No</i>		95 (51%)

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>	90 (47%)
	<i>2 hours or longer</i>	92 (48%)
	<i>Don't remember</i>	8 (4%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	90 (48%)
	Yes	64 (34%)
	No	32 (17%)
	Don't remember	3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	90 (47%)
	Yes	15 (8%)
	No	83 (44%)
	Don't remember	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	117 (62%)
	No	62 (33%)
	Don't remember	11 (6%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	151 (81%)
	No	31 (17%)
	Don't remember	5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	48 (25%)
	Well	86 (46%)
	Neither	36 (19%)
	Badly	8 (4%)
	Very badly	7 (4%)
	Don't remember	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	117 (62%)
	Yes, I received written information	14 (7%)
	No, I was not told anything	53 (28%)
	Don't remember	4 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	154 (81%)
	No	32 (17%)
	Don't remember	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	116 (61%)
	2 hours or longer	53 (28%)
	Don't remember	20 (11%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	155 (82%)
	No	25 (13%)
	Don't remember	9 (5%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		44 (23%)
	<i>Well</i>		86 (45%)
	<i>Neither</i>		43 (23%)
	<i>Badly</i>		8 (4%)
	<i>Very badly</i>		6 (3%)
	<i>Don't remember</i>		3 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	39 (22%)	<i>Physical health</i> 21 (12%)
	<i>Housing problems</i>	5 (3%)	<i>Mental health</i> 21 (12%)
	<i>Contacting employers</i>	1 (1%)	<i>Needing protection from other prisoners</i> 8 (4%)
	<i>Contacting family</i>	30 (17%)	<i>Getting phone numbers</i> 23 (13%)
	<i>Childcare</i>	4 (2%)	<i>Other</i> 4 (2%)
	<i>Money worries</i>	24 (13%)	<i>Did not have any problems</i> 76 (42%)
	<i>Feeling depressed or suicidal</i>	21 (12%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		38 (21%)
	<i>No</i>		70 (38%)
	<i>Did not have any problems</i>		76 (41%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		121 (65%)
	<i>A shower</i>		82 (44%)
	<i>A free telephone call</i>		74 (40%)
	<i>Something to eat</i>		100 (53%)
	<i>PIN phone credit</i>		91 (49%)
	<i>Toiletries/ basic items</i>		107 (57%)
	<i>Did not receive anything</i>		28 (15%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		90 (50%)
	<i>Someone from health services</i>		110 (61%)
	<i>A Listener/Samaritans</i>		50 (28%)
	<i>Prison shop/ canteen</i>		43 (24%)
	<i>Did not have access to any of these</i>		44 (25%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		78 (42%)
	<i>What support was available for people feeling depressed or suicidal</i>		67 (36%)
	<i>How to make routine requests (applications)</i>		81 (43%)
	<i>Your entitlement to visits</i>		78 (42%)
	<i>Health services</i>		95 (51%)
	<i>Chaplaincy</i>		85 (45%)
	<i>Not offered any information</i>		59 (32%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		162 (86%)
	<i>No</i>		19 (10%)
	<i>Don't remember</i>		8 (4%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	27 (14%)
	<i>Within the first week</i>	104 (55%)
	<i>More than a week</i>	42 (22%)
	<i>Don't remember</i>	15 (8%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	27 (14%)
	<i>Yes</i>	94 (50%)
	<i>No</i>	46 (25%)
	<i>Don't remember</i>	20 (11%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	21 (11%)
	<i>Within the first week</i>	55 (30%)
	<i>More than a week</i>	93 (51%)
	<i>Don't remember</i>	15 (8%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	41 (23%)	44 (25%)	22 (12%)	24 (14%)	18 (10%)	28 (16%)
	<i>Attend legal visits?</i>	27 (17%)	43 (26%)	17 (10%)	18 (11%)	10 (6%)	48 (29%)
	<i>Get bail information?</i>	5 (3%)	9 (6%)	16 (11%)	7 (5%)	14 (10%)	93 (65%)
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>						32 (17%)
	<i>Yes</i>						93 (50%)
	<i>No</i>						61 (33%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						60 (33%)
	<i>No</i>						33 (18%)
	<i>Don't know</i>						91 (49%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	118 (64%)	64 (35%)	3 (2%)			
	<i>Are you normally able to have a shower every day?</i>	174 (94%)	11 (6%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	132 (73%)	44 (24%)	5 (3%)			
	<i>Do you normally get cell cleaning materials every week?</i>	93 (51%)	91 (49%)	0 (0%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	49 (27%)	86 (47%)	47 (26%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	124 (68%)	59 (32%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	29 (16%)	88 (49%)	63 (35%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						9 (5%)
	<i>Good</i>						45 (24%)
	<i>Neither</i>						21 (11%)
	<i>Bad</i>						46 (25%)
	<i>Very bad</i>						64 (35%)

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>	2 (1%)
	Yes	83 (44%)
	No	102 (55%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	91 (49%)
	No	17 (9%)
	<i>Don't know</i>	77 (42%)
Q4.8	Are your religious beliefs respected?	
	Yes	86 (46%)
	No	28 (15%)
	<i>Don't know/ N/A</i>	74 (39%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	95 (51%)
	No	16 (9%)
	<i>Don't know/ N/A</i>	77 (41%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	40 (21%)
	<i>Very easy</i>	42 (22%)
	<i>Easy</i>	44 (24%)
	<i>Neither</i>	10 (5%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	10 (5%)
	<i>Don't know</i>	32 (17%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	129 (70%)
	No	44 (24%)
	<i>Don't know</i>	10 (5%)
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 <i>applications</i> dealt with fairly?	11 (6%) 63 (37%) 97 (57%)
	Are <i>applications</i> dealt with quickly (within seven days)?	11 (7%) 31 (20%) 112 (73%)
Q5.3	Is it easy to make a complaint?	
	Yes	99 (55%)
	No	53 (29%)
	<i>Don't know</i>	29 (16%)
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 <i>complaints</i> dealt with fairly?	49 (27%) 31 (17%) 101 (56%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	49 (29%) 18 (11%) 103 (61%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	47 (26%)
	No	136 (74%)

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>	40 (22%)
	<i>Very easy</i>	18 (10%)
	<i>Easy</i>	39 (21%)
	<i>Neither</i>	38 (21%)
	<i>Difficult</i>	30 (16%)
	<i>Very difficult</i>	18 (10%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	7 (4%)
	<i>Yes</i>	114 (62%)
	<i>No</i>	49 (27%)
	<i>Don't know</i>	14 (8%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	7 (4%)
	<i>Yes</i>	81 (45%)
	<i>No</i>	72 (40%)
	<i>Don't know</i>	20 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	11 (6%)
	<i>No</i>	173 (94%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	149 (83%)
	<i>Very well</i>	2 (1%)
	<i>Well</i>	5 (3%)
	<i>Neither</i>	11 (6%)
	<i>Badly</i>	9 (5%)
	<i>Very badly</i>	4 (2%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	143 (77%)
	<i>No</i>	43 (23%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	125 (68%)
	<i>No</i>	58 (32%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	38 (20%)
	<i>No</i>	149 (80%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	4 (2%)
	<i>Never</i>	35 (19%)
	<i>Rarely</i>	57 (31%)
	<i>Some of the time</i>	50 (27%)
	<i>Most of the time</i>	25 (13%)
	<i>All of the time</i>	15 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	83 (45%)
	<i>In the first week</i>	33 (18%)
	<i>More than a week</i>	41 (22%)
	<i>Don't remember</i>	29 (16%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	83 (47%)
	<i>Very helpful</i>	21 (12%)
	<i>Helpful</i>	40 (23%)
	<i>Neither</i>	12 (7%)
	<i>Not very helpful</i>	13 (7%)
	<i>Not at all helpful</i>	8 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	60 (32%)		
	<i>No</i>	127 (68%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	18 (10%)		
	<i>No</i>	167 (90%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	127 (70%)	<i>At meal times</i>	3 (2%)
	<i>Everywhere</i>	16 (9%)	<i>At health services</i>	9 (5%)
	<i>Segregation unit</i>	6 (3%)	<i>Visits area</i>	1 (1%)
	<i>Association areas</i>	17 (9%)	<i>In wing showers</i>	10 (5%)
	<i>Reception area</i>	2 (1%)	<i>In gym showers</i>	5 (3%)
	<i>At the gym</i>	8 (4%)	<i>In corridors/stairwells</i>	13 (7%)
	<i>In an exercise yard</i>	8 (4%)	<i>On your landing/wing</i>	19 (10%)
	<i>At work</i>	17 (9%)	<i>In your cell</i>	14 (8%)
	<i>During movement</i>	21 (12%)	<i>At religious services</i>	1 (1%)
	<i>At education</i>	4 (2%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	39 (21%)		
	<i>No</i>	147 (79%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (5%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	29 (16%)
	<i>Having your canteen/property taken</i>	7 (4%)
	<i>Medication</i>	6 (3%)
	<i>Debt</i>	8 (4%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	5 (3%)
	<i>Your religion/religious beliefs</i>	9 (5%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	8 (4%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	13 (7%)
	<i>Gang related issues</i>	4 (2%)
Q8.6	Have you been victimised by staff here?	
	Yes	47 (26%)
	No	136 (74%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	17 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	8 (4%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	18 (10%)
	<i>Medication</i>	3 (2%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	10 (5%)
	<i>Your religion/religious beliefs</i>	9 (5%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	1 (1%)
	<i>You have a disability</i>	1 (1%)
	<i>You were new here</i>	0 (0%)
	<i>Your offence/ crime</i>	8 (4%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	123 (69%)
	Yes	27 (15%)
	No	28 (16%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	15 (8%)	6 (3%)	38 (21%)	16 (9%)	61 (33%)	48 (26%)
	The nurse	14 (8%)	16 (9%)	50 (29%)	18 (10%)	42 (24%)	32 (19%)
	The dentist	13 (7%)	6 (3%)	21 (12%)	8 (5%)	35 (20%)	92 (53%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	24 (13%)	10 (5%)	41 (22%)	28 (15%)	37 (20%)	43 (23%)
	The nurse	19 (11%)	17 (10%)	55 (32%)	27 (16%)	26 (15%)	29 (17%)
	The dentist	35 (20%)	19 (11%)	40 (23%)	18 (10%)	20 (12%)	40 (23%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						15 (8%)
	<i>Very good</i>						16 (9%)
	<i>Good</i>						32 (18%)
	<i>Neither</i>						26 (15%)
	<i>Bad</i>						44 (25%)
	<i>Very bad</i>						44 (25%)
Q9.4	Are you currently taking medication?						
	Yes						84 (45%)
	No						102 (55%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						102 (55%)
	<i>Yes, all my meds</i>						55 (30%)
	<i>Yes, some of my meds</i>						19 (10%)
	<i>No</i>						9 (5%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						51 (28%)
	No						130 (72%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff).						
	<i>Do not have any emotional or mental health problems</i>						130 (72%)
	Yes						28 (16%)
	No						22 (12%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	30 (16%)
	No	153 (84%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	29 (16%)
	No	153 (84%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	32 (18%)
	Easy	26 (15%)
	Neither	10 (6%)
	Difficult	8 (4%)
	Very difficult	13 (7%)
	Don't know	90 (50%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	17 (9%)
	Easy	32 (18%)
	Neither	14 (8%)
	Difficult	8 (4%)
	Very difficult	13 (7%)
	Don't know	95 (53%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	18 (10%)
	No	163 (90%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	13 (7%)
	No	167 (93%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	142 (81%)
	Yes	26 (15%)
	No	8 (5%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	153 (85%)
	Yes	18 (10%)
	No	8 (4%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	135 (78%)
	Yes	30 (17%)
	No	7 (4%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	9 (5%)	25 (14%)	66 (38%)	24 (14%)	31 (18%)	21 (12%)
	Vocational or skills training	23 (14%)	18 (11%)	43 (26%)	23 (14%)	24 (15%)	33 (20%)
	Education (including basic skills)	15 (9%)	29 (17%)	75 (43%)	20 (11%)	20 (11%)	15 (9%)
	Offending behaviour programmes	42 (25%)	9 (5%)	28 (17%)	21 (13%)	30 (18%)	38 (23%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					35 (20%)	
	Prison job					115 (65%)	
	Vocational or skills training					21 (12%)	
	Education (including basic skills)					39 (22%)	
	Offending behaviour programmes					33 (19%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	18 (11%)	58 (36%)	68 (42%)	19 (12%)
	Vocational or skills training	31 (23%)	44 (33%)	40 (30%)	20 (15%)
	Education (including basic skills)	24 (16%)	66 (44%)	42 (28%)	18 (12%)
	Offending behaviour programmes	31 (22%)	50 (36%)	41 (29%)	17 (12%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				23 (13%)
	<i>Never</i>				29 (16%)
	<i>Less than once a week</i>				57 (32%)
	<i>About once a week</i>				62 (35%)
	<i>More than once a week</i>				5 (3%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				39 (22%)
	<i>Yes</i>				55 (32%)
	<i>No</i>				80 (46%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				41 (22%)
	<i>0</i>				44 (24%)
	<i>1 to 2</i>				46 (25%)
	<i>3 to 5</i>				41 (22%)
	<i>More than 5</i>				12 (7%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				14 (8%)
	<i>0</i>				10 (5%)
	<i>1 to 2</i>				52 (28%)
	<i>3 to 5</i>				49 (26%)
	<i>More than 5</i>				60 (32%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				4 (2%)
	<i>0</i>				3 (2%)
	<i>1 to 2</i>				23 (13%)
	<i>3 to 5</i>				53 (29%)
	<i>More than 5</i>				100 (55%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)				
	<i>Less than 2 hours</i>				21 (11%)
	<i>2 to less than 4 hours</i>				22 (12%)
	<i>4 to less than 6 hours</i>				26 (14%)
	<i>6 to less than 8 hours</i>				40 (22%)
	<i>8 to less than 10 hours</i>				30 (16%)
	<i>10 hours or more</i>				26 (14%)
	<i>Don't know</i>				18 (10%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	64 (36%)
	No	113 (64%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	108 (59%)
	No	75 (41%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	47 (26%)
	No	136 (74%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	29 (16%)
	<i>Very easy</i>	16 (9%)
	<i>Easy</i>	31 (17%)
	<i>Neither</i>	23 (13%)
	<i>Difficult</i>	29 (16%)
	<i>Very difficult</i>	48 (26%)
	<i>Don't know</i>	6 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	161 (88%)
	No	22 (12%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	22 (12%)
	<i>No contact</i>	45 (25%)
	<i>Letter</i>	56 (32%)
	<i>Phone</i>	26 (15%)
	<i>Visit</i>	63 (36%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	150 (85%)
	No	27 (15%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	144 (80%)
	No	36 (20%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	36 (20%)
	<i>Very involved</i>	29 (16%)
	<i>Involved</i>	62 (34%)
	<i>Neither</i>	18 (10%)
	<i>Not very involved</i>	22 (12%)
	<i>Not at all involved</i>	16 (9%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>			36 (21%)
	<i>Nobody</i>			47 (27%)
	<i>Offender supervisor</i>			75 (43%)
	<i>Offender manager</i>			55 (31%)
	<i>Named/ personal officer</i>			22 (13%)
	<i>Staff from other departments</i>			19 (11%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			36 (20%)
	<i>Yes</i>			92 (52%)
	<i>No</i>			30 (17%)
	<i>Don't know</i>			19 (11%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			36 (21%)
	<i>Yes</i>			39 (22%)
	<i>No</i>			64 (37%)
	<i>Don't know</i>			36 (21%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>			36 (21%)
	<i>Yes</i>			28 (16%)
	<i>No</i>			66 (38%)
	<i>Don't know</i>			45 (26%)
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>			12 (7%)
	<i>No</i>			78 (44%)
	<i>Don't know</i>			88 (49%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>			18 (10%)
	<i>No</i>			154 (90%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	42 (25%)	25 (15%)	103 (61%)
	Accommodation	40 (24%)	30 (18%)	100 (59%)
	Benefits	36 (22%)	26 (16%)	104 (63%)
	Finances	38 (23%)	26 (16%)	102 (61%)
	Education	40 (25%)	33 (20%)	89 (55%)
	Drugs and alcohol	47 (29%)	34 (21%)	83 (51%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>			0 (0%)
	<i>Yes</i>			86 (51%)
	<i>No</i>			81 (49%)

Main comparator and comparator to last time



Prisoner survey responses HMP Garth 2014

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

Key to tables

Key to tables		HMP Garth 2014	Category B Training Prison Comparator	HMP Garth 2014	HMP Garth 2009
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		190	1148	190	121
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	4%	3%	4%	2%
1.4	Is your sentence less than 12 months?	1%	2%	1%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	21%	10%	26%
1.5	Are you a foreign national?	8%	13%	8%	6%
1.6	Do you understand spoken English?	99%	99%	99%	
1.7	Do you understand written English?	98%	99%	98%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	35%	20%	24%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	4%	1%	
1.1	Are you Muslim?	11%	16%	11%	12%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	1%
1.12	Do you consider yourself to have a disability?	20%	22%	20%	16%
1.13	Are you a veteran (ex-armed services)?	6%	8%	6%	
1.14	Is this your first time in prison?	41%	42%	41%	31%
1.15	Do you have any children under the age of 18?	49%	48%	49%	46%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	48%	67%	48%	44%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	65%	72%	65%	
2.3	Were you offered a toilet break?	15%	10%	15%	
2.4	Was the van clean?	62%	64%	62%	
2.5	Did you feel safe?	81%	76%	81%	
2.6	Were you treated well/very well by the escort staff?	71%	68%	71%	63%
2.7	Before you arrived here were you told that you were coming here?	62%	63%	62%	
2.7	Before you arrived here did you receive any written information about coming here?	7%	18%	7%	

Main comparator and comparator to last time

Key to tables

		HMP Garth 2014	Category B Training Prison Comparator	HMP Garth 2014	HMP Garth 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
2.8	When you first arrived here did your property arrive at the same time as you?	82%	87%	82%	90%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	61%	59%	61%	
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	82%	82%	74%
3.3	Were you treated well/very well in reception?	69%	73%	69%	69%
	When you first arrived:				
3.4	Did you have any problems?	58%	58%	58%	56%
3.4	Did you have any problems with loss of property?	22%	20%	22%	14%
3.4	Did you have any housing problems?	3%	6%	3%	10%
3.4	Did you have any problems contacting employers?	1%	2%	1%	3%
3.4	Did you have any problems contacting family?	17%	19%	17%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	3%	2%	3%
3.4	Did you have any money worries?	13%	12%	13%	9%
3.4	Did you have any problems with feeling depressed or suicidal?	12%	13%	12%	11%
3.4	Did you have any physical health problems?	12%	13%	12%	
3.4	Did you have any mental health problems?	12%	13%	12%	
3.4	Did you have any problems with needing protection from other prisoners?	5%	5%	5%	5%
3.4	Did you have problems accessing phone numbers?	13%	17%	13%	18%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	35%	37%	35%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	65%	54%	65%	76%
3.6	A shower?	44%	35%	44%	55%
3.6	A free telephone call?	40%	42%	40%	57%
3.6	Something to eat?	54%	63%	54%	68%
3.6	PIN phone credit?	49%	37%	49%	
3.6	Toiletries/ basic items?	57%	48%	57%	
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?	50%	46%	50%	
3.7	Someone from health services?	62%	61%	62%	
3.7	A Listener/Samaritans?	28%	33%	28%	

Main comparator and comparator to last time

Key to tables

		HMP Garth 2014	Category B Training Prison Comparator	HMP Garth 2014	HMP Garth 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.7	Prison shop/ canteen?	24%	24%	24%	12%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	42%	52%	42%	57%
3.8	Support was available for people feeling depressed or suicidal?	36%	42%	36%	50%
3.8	How to make routine requests?	43%	45%	43%	43%
3.8	Your entitlement to visits?	42%	41%	42%	50%
3.8	Health services?	51%	51%	51%	60%
3.8	The chaplaincy?	46%	44%	46%	51%
3.9	Did you feel safe on your first night here?	86%	82%	86%	79%
3.10	Have you been on an induction course?	86%	92%	86%	89%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	59%	68%	59%	59%
3.12	Did you receive an education (skills for life) assessment?	89%	87%	89%	
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?	48%	57%	48%	54%
4.1	Attend legal visits?	43%	57%	43%	57%
4.1	Get bail information?	10%	11%	10%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	46%	50%	51%
4.3	Can you get legal books in the library?	33%	50%	33%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	73%	64%	64%
4.4	Are you normally able to have a shower every day?	94%	92%	94%	98%
4.4	Do you normally receive clean sheets every week?	73%	63%	73%	75%
4.4	Do you normally get cell cleaning materials every week?	51%	75%	51%	71%
4.4	Is your cell call bell normally answered within five minutes?	27%	48%	27%	40%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	74%	68%	64%
4.4	Can you normally get your stored property, if you need to?	16%	31%	16%	23%
4.5	Is the food in this prison good/very good?	29%	29%	29%	40%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	52%	44%	33%
4.7	Are you able to speak to a Listener at any time, if you want to?	49%	60%	49%	63%
4.8	Are your religious beliefs are respected?	46%	57%	46%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	63%	51%	56%
4.10	Is it easy/very easy to attend religious services?	46%	54%	46%	

Main comparator and comparator to last time

Key to tables

		HMP Garth 2014	Category B Training Prison Comparator	HMP Garth 2014	HMP Garth 2009
	Any percentage highlighted in green is significantly better				
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	71%	84%	71%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	39%	55%	39%	56%
5.2	Do you feel applications are dealt with quickly (within seven days)?	22%	43%	22%	58%
5.3	Is it easy to make a complaint?	55%	66%	55%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	24%	32%	24%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	15%	29%	15%	35%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	19%	26%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	31%	31%	31%	35%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	60%	62%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	48%	45%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	5%	6%	
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	23%	44%	23%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	82%	77%	75%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	77%	68%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	20%	39%	20%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	29%	22%	28%
7.5	Do you have a personal officer?	55%	82%	55%	77%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	63%	65%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	32%	37%	32%	42%
8.2	Do you feel unsafe now?	10%	15%	10%	21%
8.4	Have you been victimised by other prisoners here?	21%	27%	21%	25%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	10%	12%	10%	16%
8.5	Hit, kicked or assaulted you?	5%	7%	5%	9%
8.5	Sexually abused you?	1%	1%	1%	0%
8.5	Threatened or intimidated you?	16%	19%	16%	

Main comparator and comparator to last time

Key to tables

		HMP Garth 2014	Category B Training Prison Comparator	HMP Garth 2014	HMP Garth 2009
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Taken your canteen/property?	4%	5%	4%	5%
8.5	Victimised you because of medication?	3%	4%	3%	
8.5	Victimised you because of debt?	4%	3%	4%	
8.5	Victimised you because of drugs?	3%	2%	3%	6%
8.5	Victimised you because of your race or ethnic origin?	3%	5%	3%	7%
8.5	Victimised you because of your religion/religious beliefs?	5%	4%	5%	4%
8.5	Victimised you because of your nationality?	2%	4%	2%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	9%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	1%	3%	1%	
8.5	Victimised you because you have a disability?	2%	3%	2%	4%
8.5	Victimised you because you were new here?	3%	3%	3%	4%
8.5	Victimised you because of your offence/crime?	7%	5%	7%	3%
8.5	Victimised you because of gang related issues?	2%	2%	2%	
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	26%	30%	26%	26%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	9%	11%	9%	12%
8.7	Hit, kicked or assaulted you?	4%	3%	4%	3%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	10%	13%	10%	
8.7	Victimised you because of medication?	2%	3%	2%	
8.7	Victimised you because of debt?	2%	1%	2%	
8.7	Victimised you because of drugs?	1%	2%	1%	4%
8.7	Victimised you because of your race or ethnic origin?	6%	6%	6%	6%
8.7	Victimised you because of your religion/religious beliefs?	5%	4%	5%	5%
8.7	Victimised you because of your nationality?	3%	2%	3%	
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	10%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	1%	2%	1%	
8.7	Victimised you because you have a disability?	1%	2%	1%	4%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you were new here?	0%	4%	0%	3%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	3%
8.7	Victimised you because of gang related issues?	2%	2%	2%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	49%	40%	49%	43%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	24%	29%	24%	42%
9.1	Is it easy/very easy to see the nurse?	38%	57%	38%	56%
9.1	Is it easy/very easy to see the dentist?	15%	11%	15%	18%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	32%	39%	32%	45%
9.2	The nurse?	47%	52%	47%	62%
9.2	The dentist?	43%	40%	43%	32%
9.3	The overall quality of health services?	30%	30%	30%	44%
9.4	Are you currently taking medication?	45%	51%	45%	42%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	89%	94%	89%	
9.6	Do you have any emotional well being or mental health problems?	28%	26%	28%	26%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	56%	53%	56%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	16%	13%	16%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	12%	16%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	26%	32%	38%
10.4	Is it easy/very easy to get alcohol in this prison?	27%	23%	27%	
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	5%	10%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	6%	7%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	76%	70%	76%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	69%	66%	69%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	81%	80%	81%	76%

Main comparator and comparator to last time

Key to tables

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Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	52%	42%	52%	
11.1 Vocational or skills training?	37%	30%	37%	
11.1 Education (including basic skills)?	60%	50%	60%	
11.1 Offending behaviour programmes?	22%	23%	22%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	65%	75%	65%	77%
11.2 Vocational or skills training?	12%	13%	12%	24%
11.2 Education (including basic skills)?	22%	30%	22%	44%
11.2 Offending behaviour programmes?	19%	20%	19%	22%
11.3 Have you had a job while in this prison?	89%	91%	89%	
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	40%	45%	40%	
11.3 Have you been involved in vocational or skills training while in this prison?	77%	80%	77%	
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	42%	57%	42%	
11.3 Have you been involved in education while in this prison?	84%	88%	84%	
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	52%	65%	52%	
11.3 Have you been involved in offending behaviour programmes while in this prison?	78%	82%	78%	
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?	46%	57%	46%	
11.4 Do you go to the library at least once a week?	38%	46%	38%	41%
11.5 Does the library have a wide enough range of materials to meet your needs?	32%	51%	32%	
11.6 Do you go to the gym three or more times a week?	29%	46%	29%	51%
11.7 Do you go outside for exercise three or more times a week?	59%	49%	59%	46%
11.8 Do you go on association more than five times each week?	55%	65%	55%	86%
11.9 Do you spend ten or more hours out of your cell on a weekday?	14%	17%	14%	15%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	39%	36%	38%
12.2 Have you had any problems with sending or receiving mail?	59%	41%	59%	41%
12.3 Have you had any problems getting access to the telephones?	26%	15%	26%	23%
12.4 Is it easy/ very easy for your friends and family to get here?	26%	16%	26%	

Main comparator and comparator to last time

Key to tables

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Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	88%	87%	88%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	29%	27%	29%	
13.2	Contact by letter?	36%	40%	36%	
13.2	Contact by phone?	17%	34%	17%	
13.2	Contact by visit?	41%	33%	41%	
13.3	Do you have a named offender supervisor in this prison?	85%	68%	85%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	80%	85%	80%	83%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	62%	56%	62%	56%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	34%	45%	34%	
13.6	Offender supervisor?	54%	34%	54%	
13.6	Offender manager?	40%	27%	40%	
13.6	Named/ personal officer?	16%	24%	16%	
13.6	Staff from other departments?	14%	17%	14%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	65%	68%	65%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	28%	29%	28%	
13.9	Are there plans for you to achieve any of your targets in the community?	20%	19%	20%	
13.10	Do you have a needs based custody plan?	7%	7%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	15%	11%	18%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	20%	22%	20%	
13.12	Accommodation?	23%	21%	23%	
13.12	Benefits?	20%	21%	20%	
13.12	Finances?	20%	18%	20%	
13.12	Education?	27%	27%	27%	
13.12	Drugs and alcohol?	29%	29%	29%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in the future?	52%	61%	52%	67%

Diversity analysis



Key question responses (ethnicity and religion) HMP Garth 2014

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		37	150	21	166
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	26%	4%	31%	6%
1.6	Do you understand spoken English?	95%	100%	91%	100%
1.7	Do you understand written English?	92%	99%	86%	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.)			90%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	1%	0%	1%
1.1	Are you Muslim?	49%	1%		
1.12	Do you consider yourself to have a disability?	8%	22%	9%	21%
1.13	Are you a veteran (ex-armed services)?	3%	7%	0%	7%
1.14	Is this your first time in prison?	47%	40%	52%	40%
2.6	Were you treated well/very well by the escort staff?	61%	74%	57%	73%
2.7	Before you arrived here were you told that you were coming here?	47%	66%	62%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	86%	66%	84%
3.3	Were you treated well/very well in reception?	54%	73%	71%	68%
3.4	Did you have any problems when you first arrived?	56%	58%	60%	58%
3.7	Did you have access to someone from health care when you first arrived here?	59%	64%	66%	62%
3.9	Did you feel safe on your first night here?	80%	89%	71%	88%
3.10	Have you been on an induction course?	89%	85%	91%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	51%	48%	60%	48%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	65%	71%	63%
4.4	Are you normally able to have a shower every day?	92%	96%	91%	95%
4.4	Is your cell call bell normally answered within five minutes?	34%	26%	35%	26%
4.5	Is the food in this prison good/very good?	14%	34%	9%	32%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	25%	50%	24%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	49%	52%	49%
4.8	Do you feel your religious beliefs are respected?	59%	43%	57%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	48%	66%	49%
5.1	Is it easy to make an application?	62%	73%	66%	71%
5.3	Is it easy to make a complaint?	47%	57%	52%	56%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	66%	57%	64%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	47%	40%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	6%	14%	5%
7.1	Do most staff, in this prison, treat you with respect?	69%	79%	81%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	67%	81%	68%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	28%	20%	29%	21%
7.4	Do you have a personal officer?	61%	54%	62%	55%
8.1	Have you ever felt unsafe here?	39%	29%	52%	29%
8.2	Do you feel unsafe now?	17%	6%	24%	7%
8.3	Have you been victimised by other prisoners?	14%	21%	19%	20%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	8%	16%	14%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	0%	14%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	2%	19%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	0%	1%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	1%	0%	1%
8.6	Have you been victimised by a member of staff?	39%	21%	48%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	7%	24%	7%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	22%	0%	29%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	17%	1%	24%	2%
8.7	Have you been victimised because of your nationality? (By staff)	8%	1%	9%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	0%	5%	0%
9.1	Is it easy/very easy to see the doctor?	17%	26%	14%	26%
9.1	Is it easy/ very easy to see the nurse?	27%	41%	21%	41%
9.4	Are you currently taking medication?	55%	42%	57%	43%
9.6	Do you feel you have any emotional well being/mental health issues?	14%	30%	24%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	31%	40%	31%
11.2	Are you currently working in the prison?	68%	64%	62%	66%
11.2	Are you currently undertaking vocational or skills training?	12%	11%	14%	12%
11.2	Are you currently in education (including basic skills)?	41%	17%	43%	19%
11.2	Are you currently taking part in an offending behaviour programme?	14%	20%	19%	18%
11.4	Do you go to the library at least once a week?	24%	42%	20%	41%
11.6	Do you go to the gym three or more times a week?	44%	26%	24%	30%
11.7	Do you go outside for exercise three or more times a week?	76%	55%	77%	57%
11.8	On average, do you go on association more than five times each week?	59%	54%	48%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	18%	14%	19%	14%
12.2	Have you had any problems sending or receiving mail?	63%	57%	52%	59%
12.3	Have you had any problems getting access to the telephones?	32%	23%	24%	25%

Diversity Analysis



Key question responses (disability, age over 50) HMP Garth 2014

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

Key to tables

		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 green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		37	150	42	148
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	0%	10%	2%	10%
1.6	Do you understand spoken English?	100%	99%	95%	100%
1.7	Do you understand written English?	97%	98%	95%	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.)	8%	23%	17%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	1%	5%	0%
1.1	Are you Muslim?	5%	13%	7%	13%
1.12	Do you consider yourself to have a disability?			37%	15%
1.13	Are you a veteran (ex-armed services)?	8%	5%	10%	5%
1.14	Is this your first time in prison?	50%	40%	56%	37%
2.6	Were you treated well/very well by the escort staff?	70%	73%	79%	69%
2.7	Before you arrived here were you told that you were coming here?	76%	60%	76%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	83%	91%	80%
3.3	Were you treated well/very well in reception?	73%	69%	72%	68%
3.4	Did you have any problems when you first arrived?	83%	52%	50%	60%
3.7	Did you have access to someone from health care when you first arrived here?	59%	64%	65%	61%
3.9	Did you feel safe on your first night here?	78%	89%	86%	86%
3.10	Have you been on an induction course?	80%	88%	83%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	52%	38%	51%

Key to tables

Diversity Analysis

		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 green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	54%	68%	80%	59%
4.4	Are you normally able to have a shower every day?	95%	96%	93%	94%
4.4	Is your cell call bell normally answered within five minutes?	25%	28%	33%	25%
4.5	Is the food in this prison good/very good?	46%	26%	52%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	43%	62%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	51%	52%	48%
4.8	Do you feel your religious beliefs are respected?	43%	47%	55%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	51%	45%	52%
5.1	Is it easy to make an application?	73%	71%	79%	68%
5.3	Is it easy to make a complaint?	52%	56%	66%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	63%	67%	61%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	45%	53%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	7%	5%	6%
7.1	Do most staff, in this prison, treat you with respect?	72%	79%	83%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	66%	70%	73%	67%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	23%	22%	18%	23%
7.4	Do you have a personal officer?	55%	57%	55%	55%
8.1	Have you ever felt unsafe here?	42%	28%	24%	34%
8.2	Do you feel unsafe now?	14%	8%	7%	10%
8.3	Have you been victimised by other prisoners?	39%	16%	15%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	13%	7%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	4%	0%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	3%	0%	0%	1%

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				
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	0%	0%	2%
8.6	Have you been victimised by a member of staff?	34%	22%	15%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	8%	2%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	6%	0%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	5%	0%	6%
8.7	Have you been victimised because of your nationality? (By staff)	0%	3%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	3%	0%	2%	0%
8.7	Have you been victimised because you have a disability? (By staff)	3%	0%	0%	1%
9.1	Is it easy/very easy to see the doctor?	29%	23%	25%	24%
9.1	Is it easy/ very easy to see the nurse?	48%	36%	40%	38%
9.4	Are you currently taking medication?	80%	36%	68%	39%
9.6	Do you feel you have any emotional well being/mental health issues?	71%	17%	36%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	29%	24%	35%
11.2	Are you currently working in the prison?	36%	71%	72%	63%
11.2	Are you currently undertaking vocational or skills training?	6%	13%	13%	11%
11.2	Are you currently in education (including basic skills)?	15%	23%	26%	21%
11.2	Are you currently taking part in an offending behaviour programme?	3%	22%	5%	22%
11.4	Do you go to the library at least once a week?	34%	39%	29%	41%
11.6	Do you go to the gym three or more times a week?	6%	35%	5%	36%
11.7	Do you go outside for exercise three or more times a week?	37%	64%	56%	60%
11.8	On average, do you go on association more than five times each week?	64%	53%	71%	50%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	15%	10%	15%
12.2	Have you had any problems sending or receiving mail?	59%	59%	40%	64%
12.3	Have you had any problems getting access to the telephones?	23%	26%	12%	30%



Prisoner survey responses HMP Garth 2014: Vulnerable Prisoners

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	F and G wings	All other wings (excluding segregation unit)
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	51	134
SECTION 1: General information		
1.2 Are you under 21 years of age?	0%	0%
1.3 Are you sentenced?	100%	100%
1.3 Are you on recall?	4%	4%
1.4 Is your sentence less than 12 months?	0%	1%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	13%
1.5 Are you a foreign national?	6%	9%
1.6 Do you understand spoken English?	96%	100%
1.7 Do you understand written English?	92%	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.)	16%	22%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	1%
1.1 Are you Muslim?	8%	13%
1.11 Are you homosexual/gay or bisexual?	4%	2%
1.12 Do you consider yourself to have a disability?	30%	14%
1.13 Are you a veteran (ex-armed services)?	10%	5%
1.14 Is this your first time in prison?	69%	31%
1.15 Do you have any children under the age of 18?	38%	52%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	37%	52%
2.5 Did you feel safe?	86%	79%
2.6 Were you treated well/very well by the escort staff?	79%	69%
2.7 Before you arrived here were you told that you were coming here?	65%	60%
2.8 When you first arrived here did your property arrive at the same time as you?	86%	80%
SECTION 3: Reception, first night and induction		
3.1 Were you in reception for less than 2 hours?	58%	63%
3.2 When you were searched in reception, was this carried out in a respectful way?	86%	81%
3.3 Were you treated well/very well in reception?	67%	69%
When you first arrived:		
3.4 Did you have any problems?	60%	56%
3.4 Did you have any problems with loss of property?	18%	23%
3.4 Did you have any housing problems?	2%	3%
3.4 Did you have any problems contacting employers?	0%	1%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Did you have any problems contacting family?	22%	14%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%
3.4	Did you have any money worries?	4%	16%
3.4	Did you have any problems with feeling depressed or suicidal?	24%	6%
3.4	Did you have any physical health problems?	22%	7%
3.4	Did you have any mental health problems?	18%	8%
3.4	Did you have any problems with needing protection from other prisoners?	8%	2%
3.4	Did you have problems accessing phone numbers?	10%	13%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	40%	74%
3.6	A shower?	34%	49%
3.6	A free telephone call?	4%	52%
3.6	Something to eat?	34%	61%
3.6	PIN phone credit?	6%	64%
3.6	Toiletries/ basic items?	54%	60%
	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?	38%	56%
3.7	Someone from health services?	60%	64%
3.7	A Listener/Samaritans?	12%	35%
3.7	Prison shop/ canteen?	16%	28%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	23%	50%
3.8	Support was available for people feeling depressed or suicidal?	23%	41%
3.8	How to make routine requests?	37%	45%
3.8	Your entitlement to visits?	31%	46%
3.8	Health services?	35%	57%
3.8	The chaplaincy?	31%	50%
3.9	Did you feel safe on your first night here?	86%	86%
3.10	Have you been on an induction course?	78%	89%
3.12	Did you receive an education (skills for life) assessment?	88%	89%
	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?	30%	56%
4.1	Attend legal visits?	24%	50%
4.1	Get bail information?	5%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	27%	59%
4.3	Can you get legal books in the library?	12%	42%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	76%	61%
4.4	Are you normally able to have a shower every day?	96%	93%
4.4	Do you normally receive clean sheets every week?	94%	66%
4.4	Do you normally get cell cleaning materials every week?	57%	49%
4.4	Is your cell call bell normally answered within five minutes?	27%	28%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	70%
4.4	Can you normally get your stored property, if you need to?	15%	17%
4.5	Is the food in this prison good/very good?	65%	16%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	69%	36%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	52%
4.8	Are your religious beliefs are respected?	45%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	51%
4.10	Is it easy/very easy to attend religious services?	34%	52%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	72%	71%
5.3	Is it easy to make a complaint?	57%	55%
5.5	Have you ever been prevented from making a complaint when you wanted to?	12%	31%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	35%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	65%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	7%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	80%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	69%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	16%	20%
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	25%
7.5	Do you have a personal officer?	55%	55%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	14%	37%
8.2	Do you feel unsafe now?	6%	9%
8.4	Have you been victimised by other prisoners here?	16%	21%
Since you have been here, have other prisoners:			
8.5	Made insulting remarks about you, your family or friends?	8%	10%
8.5	Hit, kicked or assaulted you?	0%	6%
8.5	Sexually abused you?	2%	1%

Key to tables

	Any percentage highlighted in green is significantly better	F and G wings	All other wings (excluding segregation unit)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Threatened or intimidated you?	10%	15%
8.5	Taken your canteen/property?	0%	6%
8.5	Victimised you because of medication?	2%	4%
8.5	Victimised you because of debt?	0%	5%
8.5	Victimised you because of drugs?	0%	3%
8.5	Victimised you because of your race or ethnic origin?	2%	3%
8.5	Victimised you because of your religion/religious beliefs?	4%	6%
8.5	Victimised you because of your nationality?	2%	1%
8.5	Victimised you because you were from a different part of the country?	2%	4%
8.5	Victimised you because you are from a traveller community?	2%	0%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	0%	1%
8.5	Victimised you because you have a disability?	0%	2%
8.5	Victimised you because you were new here?	0%	3%
8.5	Victimised you because of your offence/crime?	10%	6%
8.5	Victimised you because of gang related issues?	0%	3%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	10%	29%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	4%	11%
8.7	Hit, kicked or assaulted you?	4%	4%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	0%	12%
8.7	Victimised you because of medication?	2%	2%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	2%	7%
8.7	Victimised you because of your religion/religious beliefs?	4%	6%
8.7	Victimised you because of your nationality?	2%	3%
8.7	Victimised you because you were from a different part of the country?	2%	5%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	2%	1%
8.7	Victimised you because of your age?	2%	0%
8.7	Victimised you because you have a disability?	0%	1%
8.7	Victimised you because you were new here?	0%	0%
8.7	Victimised you because of your offence/crime?	4%	3%
8.7	Victimised you because of gang related issues?	0%	2%

Key to tables

	Any percentage highlighted in green is significantly better	F and G wings	All other wings (excluding segregation unit)
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	Percentages which are not highlighted show there is no significant difference		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	16%	27%
9.1	Is it easy/very easy to see the nurse?	34%	39%
9.1	Is it easy/very easy to see the dentist?	2%	21%
9.4	Are you currently taking medication?	61%	39%
9.6	Do you have any emotional well being or mental health problems?	39%	21%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	2%	21%
10.2	Did you have a problem with alcohol when you came into this prison?	8%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	36%
10.4	Is it easy/very easy to get alcohol in this prison?	22%	29%
10.5	Have you developed a problem with drugs since you have been in this prison?	2%	12%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	2%	9%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	55%	50%
11.1	Vocational or skills training?	22%	44%
11.1	Education (including basic skills)?	52%	63%
11.1	Offending Behaviour Programmes?	20%	24%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	73%	63%
11.2	Vocational or skills training?	8%	14%
11.2	Education (including basic skills)?	23%	22%
11.2	Offending Behaviour Programmes?	6%	25%
11.4	Do you go to the library at least once a week?	25%	42%
11.5	Does the library have a wide enough range of materials to meet your needs?	10%	40%
11.6	Do you go to the gym three or more times a week?	10%	36%
11.7	Do you go outside for exercise three or more times a week?	61%	57%
11.8	Do you go on association more than five times each week?	54%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday?	18%	13%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	28%	40%
12.2	Have you had any problems with sending or receiving mail?	53%	61%
12.3	Have you had any problems getting access to the telephones?	10%	31%
12.4	Is it easy/ very easy for your friends and family to get here?	20%	27%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	76%	89%
13.10	Do you have a needs based custody plan?	4%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	4%	13%