

Report on an announced inspection of

HMYOI Glen Parva

by HM Chief Inspector of Prisons

9–13 November 2015

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMYOI Glen Parva in Leicestershire is a young offender institution holding just under 650 young men aged mainly 18 to 21 years old. Those held ranged from remanded and unsentenced prisoners to a significant number who had commenced longer sentences after conviction. In terms of maturity, vulnerability and risk, managing young men in establishments like Glen Parva is a huge challenge. When we last inspected in 2014 we found a prison with many problems and saw it as an example of a custody model that was not working. We noted at the time that the determined efforts of the then newly appointed governor were beginning to improve outcomes, but we still felt the need to return quickly to Glen Parva and follow up our inspection because of our concerns.

The risks evident in this prison had not diminished but Glen Parva had improved; something we recognise in two of our four healthy prison tests.

Glen Parva was a safer prison but still not safe enough. The weekend before our inspection had seen concerted indiscipline on one of the wings that had rendered it temporarily unusable. The prison was resilient and was recovering well but it was an apt demonstration of the ever-present challenges it faced. Data indicated that the prison held a greater preponderance of violent offenders than other similar prisons, and that the amount of violence in the prison was both high and increasing. In our survey, a quarter of prisoners indicated they currently felt unsafe and over half had felt unsafe at some time. Forty-two per cent of prisoners indicated to us that they felt victimised by other prisoners. The prison was not inactive in response to this. Useful work had been done to create strategies to try to grip the issue. Monitoring and the identification of hotspots were good, victims were being identified and the most challenging prisoners were being case managed. Communication with prisoners was also better but it remained a concern that too many young men were self-isolating in their cells out of fear and not enough was being done to support them.

Like violence, self-harm had also increased (309 incidents in the last six months) and two young men had taken their own lives since we last inspected. Tragically while we were inspecting, another young man who had self-harmed the week before we arrived died in hospital as a consequence of his injuries. However, the case management we observed that supported those at risk was reasonable and in general, young men in crisis felt well cared for by staff. This was also true, unusually, of those in crisis who had been segregated.

Security arrangements were applied reasonably and good staff interaction with prisoners enabled useful dynamic security. Structures to confront gang and drug activity were supported by good partnership working with the local police, although it was clear that new undetectable psychoactive substances remained a significant problem. The prison's strategic approach to tackling drug supply, supported by effective substance misuse and health interventions was, however, beginning to have some success. The use of formal disciplinary procedures, force and segregation were all high, but in general, management supervision and accountability was sound and, in our view, the use of these interventions was, in most instances, legitimate.

The prison was set in well-maintained grounds and, although there was an active programme of refurbishment in place, the quality of accommodation varied greatly. Some cells remained in a poor condition and far too many were overcrowded. Relationships between staff and prisoners were very good and we observed many respectful interactions. The prison had recently taken on a significant tranche of new staff and it was pleasing to see these new officers embraced as an asset and opportunity for the prison as it moved forward; our inspections often find that the inexperience of new staff is seen by establishments as a burden.

The prison had a good and developing model for the promotion of equality, supported by improved consultation and the designation of equality champions among the senior managers. More, however, needed to be done to address negative perceptions among some groups, in particular Muslim, disabled and foreign national prisoners. The management of discrimination complaints also required improvement, although responses to general complaints were much better. Pastoral support from the chaplaincy was visible and strong, and catering arrangements were improved. Outcomes in health care were similarly much improved.

The weakest outcomes we observed in Glen Parva concerned learning and skills and activity. Time out of cell had deteriorated and we found well over a quarter of young men locked in their cells during the working day. Many association periods were routinely cancelled and the working day was too short. Punctuality at activity was poor. Arrangements to improve the quality of learning and skills were insufficient and taking too long. There were sufficient activity places for all and allocation was reasonably efficient, but too much teaching in education was poor and learners were insufficiently challenged. The promotion of functional skills was weak. Outcomes were generally better in vocational training. Achievement across learning and skills provision varied greatly but overall it required improvement.

Outcomes in resettlement were reasonably good, although the function of the offender management unit was not well coordinated with resettlement services. Many prisoners lacked an assessment of their risks (OASys) when they arrived, but this was being addressed by the prison. Sentence planning and contact by offender supervisors was limited but improving, and all prisoners were seen on arrival and received a proper basic custody screen. Public protection arrangements were sound. Reintegration planning was generally good and the new community rehabilitation company (CRC) seemed to have made a good start. Outcomes across most of the resettlement pathways were good or improving.

Glen Parva continued to face many challenges but this is an encouraging report in difficult circumstances. The prison was well led and the management team had the right values and was enthusiastic. The staff group were committed and keen to do a good job; priorities were being identified, and higher expectations were being set. Running Glen Parva well is tough but improvements were clearly evident. The governor and her team were doing a good job and deserve credit for the improvements they had made.

Martin Lomas
HM Deputy Chief Inspector of Prisons

February 2016

Fact page

Task of the establishment

Young offender institution holding sentenced, unsentenced and remanded young male adults aged 18 to 21.

Prison status

Public

Region

East Midlands

Number held

6 November 2015: 515

Certified normal accommodation (CNA)

637

Operational capacity

648

Date of last full inspection

31 March to 11 April 2014

Brief history

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

Short description of residential units

		Operational capacity	CNA
North:			
Unit 1	Sentenced	88	48
Unit 2	Sentenced	88	48
Unit 5	Sentenced	88	48
South:			
Unit 8	Sentenced	94	60
Unit 9	Sentenced	0 (temporarily closed)	60
Unit 10	Sentenced	94	60
Unit 11	Sentenced and remands	94	58
Unit 12	Sentenced	0 (temporarily closed)	58
Unit 14	Remands	80	99
Unit 15	First night and induction	88	98
Unit 7	Segregation		

Name of governor

Alison Clarke

Escort contractor

GEOAmey

Health service providers

Leicestershire Partnership NHS Trust

Northamptonshire Healthcare NHS Foundation Trust

Learning and skills provider

Milton Keynes College

Independent Monitoring Board chair

Camille Naylor

Community rehabilitation company (CRC)

Derbyshire, Leicestershire, Nottinghamshire and Rutland

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.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.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 and first night procedures at Glen Parva were generally good. One in four prisoners reported feeling unsafe, and levels of violence and assaults were high. However, the violence reduction strategy was beginning to be effective. The management of prisoners with complex needs was good but processes to manage other victims and perpetrators of violence were weaker. Self-harm had increased and too many prisoners were isolating themselves without appropriate support. There was a dynamic approach to security, and the privileges scheme was managed well. The use of force was high but proportionate. The use of segregation was high but special accommodation was rarely used. New psychoactive substances (NPS)² were a problem but the substance misuse team was working with the prison to tackle this. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**

S2 At the last inspection in 2014 we found that outcomes for prisoners in Glen Parva were poor against this healthy prison test. We made 23 recommendations in the area of safety. At this follow-up inspection we found that 15 of the recommendations had been achieved, five had been partially achieved and three had not been achieved.

S3 Prisoners were often held at court for long periods before their transfer to Glen Parva but most journeys were relatively short. In our survey, fewer prisoners than the comparator said they felt safe during their escort to the prison and on their first night. Most new arrivals spent a relatively short period in the recently refurbished reception, and staff engaged positively with them.

S4 First night procedures were good and staff responded well to the individual needs of prisoners, particularly those new to custody or potentially vulnerable. Staff engagement with prisoners was good, and prisoners were relatively positive about their early days' experiences. Night staff were aware of new arrivals but did not make enhanced checks on them during the first night. The induction programme covered most key issues but some prisoners complained about being locked up between modules with nothing to do. There was good use of prisoner peer advisers during induction.

S5 Glen Parva held 10% more violent offenders than similar prisons. Concerted indiscipline the week before our inspection demonstrated the challenges presented by this population, and yet it had recovered well from the incident. In our survey, one in four prisoners said they currently felt unsafe and 42% said they had been victimised by other prisoners. Levels of bullying were similar to comparable prisons but recorded violent incidents of all kinds were significantly higher than similar prisons and than at the last inspection. The new violence reduction strategy was targeted at meeting the specific problems faced at Glen Parva, and there was now good analysis of data. Initial identification of perpetrators and victims was good, and the more complex cases were well managed. However, the processes for managing more routine cases were not applied consistently. Insufficient attention was paid to the many prisoners who isolated themselves.

S6 The number of self-harm incidents and prisoners at risk of suicide or self-harm on assessment, care in custody and teamwork (ACCT) case management had increased since

² New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

our last inspection, and a small but significant number were extremely serious. However, the prison had learned lessons from incidents and prisoners were generally positive about the support they received. Some of the staff observations in ACCT documents lacked adequate detail, and timings of night time observations were too predictable. Action plans from the two deaths in custody since the previous inspection were monitored for compliance. The arrangements for reviewing prisoners held in segregation on open ACCT documents were excellent. Conditions in the constant observation cells and Listener³ suites were poor.

- S7 Physical and procedural security processes were appropriate and a large amount of intelligence was processed and analysed to identify emerging threats. There was a sound understanding of risks to the prison and an effective range of multidisciplinary forums, including a well-attended and dynamic security meeting. The excellent partnership working with local and regional police forces supplemented internal intelligence and had led to some successful operations to reduce the inflow of drugs. Mandatory drug testing positive results were very low (0.5%). The prison indicated that undetectable NPS were widely available and were working hard to tackle this. In our survey, more prisoners than the comparator said that drugs were easy to obtain, and more than last time said they had developed a drug problem at Glen Parva.
- S8 Prisoners were very negative about their experience of the incentives and earned privileges (IEP) scheme, particularly those from a black or minority ethnic, foreign national and Muslim background, and the establishment needed to explore this. The scheme was generally used well to manage poor behaviour, with well-recorded reviews and target setting evident on casework notes. Prisoners on the basic level could attend activities but those who were unemployed had only an hour out of cell each day with almost no opportunity to demonstrate improved behaviour. Access to the enhanced level was appropriately challenging and there was a suitable range of benefits for those who achieved it.
- S9 The level of adjudications remained very high. Those we observed were conducted appropriately and records demonstrated good enquiry. Governance of adjudications had improved and there was now good managerial oversight. The use of force was higher than at similar prisons and had increased since the last inspection, with around two-thirds of incidents involving the full restraint techniques. Governance had improved. The quality and completion rate of use of force dossiers was very good and better than we normally see. The special accommodation had been used only once in the previous six months and that was for a short period.
- S10 The use of segregation remained high and was much higher than similar prisons. Most prisoners said that they were treated well by segregation staff and cells were generally clean, although the sinks and toilets continued to be dirty and scaled. The regime was minimal and we could find no evidence of any purposeful regime activity on or off the unit, apart from some attendance at religious services. There had been some successful reintegration work and most prisoners returned to normal location.
- S11 The demand for clinical services for substance misusers was low, and those receiving treatment were very well cared for. Psychosocial services were of a high quality, delivering a good range of interventions.

³ Listeners are prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

Respect

- S12 *The general environment had improved but too many cells remained cramped and living conditions were poor. Relationships between staff and prisoners were good and we saw many positive interactions. Staff dealt with poor behaviour in a measured way and there was generally a relaxed atmosphere. Equality work had improved and there was better consultation but there was not enough done to understand and meet the needs of all prisoners with protected characteristics. Faith provision and pastoral support were good. The complaints system was managed effectively. Health services remained good and had improved. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S13 *At the last inspection in 2014 we found that outcomes for prisoners in Glen Parva were not sufficiently good against this healthy prison test. We made 25 recommendations in the area of respect. At this follow-up inspection we found that eight of the recommendations had been achieved, nine had been partially achieved and eight had not been achieved.*
- S14 It remained inappropriate that many cells designed for one prisoner held two and were very cramped. External and most communal areas were generally clean and well maintained but many cells were in a poor condition, despite some attempts at redecoration. Some prisoners had no access to hot water when locked up, and electrical sockets were sited too high up. Prisoners in our survey were negative about access to suitable clothing and cell cleaning materials and, although we found that access was reasonable for most, some prisoners could not clean their cells adequately.
- S15 We observed good staff interactions with prisoners, and they managed some very difficult prisoners in a measured way. Most prisoners spoke positively about many staff and the general atmosphere around the prison was relaxed. Despite poor survey responses about personal officers, prisoner case notes included detailed and regular entries from staff. General consultation with prisoners was effective and showed an awareness of the age group held at Glen Parva.
- S16 Equality work was much better than at our last inspection, but provision required further development, particularly in light of our negative survey results. Although there was now more consultation, it did not cover all protected groups and was not sufficiently focused on the real concerns for prisoners. The prison had an insufficient response to negative equality monitoring data, and did not engage formally with Muslim prisoners. There was evidence of some unmet need for prisoners with disabilities but there were excellent plans to improve provision for prisoners with learning difficulties. Faith provision was generally good and there was strong pastoral support, and chaplains were visible on the units.
- S17 The complaints system was managed efficiently, with good quality assurance and fair responses. Provision for legal rights was adequate.
- S18 Health services had improved further and were very good. Identification of new arrivals' immediate risks and health needs was sound, and health professionals were responsive and thoughtful in their approach to prisoners. Governance, including joint working with the prison, was good. There was a suitable range of primary care services with very good prisoner access to nurses and GPs, although appointments were lost through prisoner non-attendance. Long-term conditions were identified well with positive management through nurse-led clinics. Health promotion was reasonable, and there was a clear process to assess and meet social care needs. Too many planned hospital appointments were cancelled due to lack of escorts. Medicines management was very good and included pharmacy clinics. Dental services were good, with prompt access to appropriate treatment. Integrated mental health

services were very good, including a much-needed trauma service. Delayed transfers to secure hospitals remained a concern with some very unwell young men being cared for in the prison environment.

- S19 Only one in five prisoners in our survey said that the food was good and those from a Muslim and/or black and minority ethnic background were particularly negative about it. These prisoners were also less positive about what they could purchase through the prison shop. Prisoners continued to be charged both an administrative and a delivery charge for catalogue orders, which was disproportionately expensive.

Purposeful activity

S20 *Too many prisoners were locked up during the core day and time out of cell was insufficient for many. Partnership working in learning and skills had improved, but the management and quality of the education and training provision was inadequate. There were now sufficient activity spaces for all prisoners and more opportunities in vocational training but too much teaching and learning in education was poor. The working day was too short and punctuality was poor. Outcomes in English and mathematics had improved but were still too low. Despite some improvements, the pace of change had been too slow and was yet to benefit prisoners. Library and PE provision were good.*
Outcomes for prisoners were poor against this healthy prison test.

S21 *At the last inspection in 2014 we found that outcomes for prisoners in Glen Parva were poor against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, five had been partially achieved and four had not been achieved.*

- S22 Fully employed prisoners had about eight hours a day outside their cell, which was less than at the last inspection. Unemployed prisoners had as little as one hour, which was very poor. In our spot check, we found 26% of prisoners locked up during the core day, and too many association periods were cancelled without sufficient monitoring.
- S23 Prison managers were working hard to engage prisoners in purposeful activities, placing induction, behaviour and attendance at the heart of their efforts to improve. There was some effective partnership working, and the quality improvement group shared information and promoted improvements. However, the improvements had taken too long and prisoners were not yet benefiting from them. The management and quality of the education and learning provided by Milton Keynes College was still inadequate. Quality improvement processes were insufficiently developed and not used to monitor and improve all activities.
- S24 There were now sufficient activity and work places for the population, and pay rates were used well to incentivise prisoner attendance and the completion of qualifications. Prisoners were allocated to activities promptly but the working day was too short to promote their understanding of the work environment and build a work ethic. The range and depth of activities in vocational training had increased but was still insufficient. Individual learning needs were identified early but were not always used to plan learning.
- S25 Too much teaching in education was poor. Prisoners were not challenged in lessons, which were often uninspiring and poorly planned, and too few were engaged and making progress. Coaching in vocational training was mostly good, as was support for most prisoners with additional learning needs. The promotion and development of English and mathematics skills in many courses and training was still underdeveloped and did not stress their importance in the workplace. Feedback following assessment was not challenging enough to promote

improvement. Individual learning plans identified targets in workshops, but were not used well enough in education to ensure prisoners understood what they needed to do to develop.

- S26 Learner behaviour was mostly good but poor behaviour was not well managed by staff. Relationships between staff and prisoners in education and work were good. Punctuality was poor and most sessions did not start on time, and productivity was not maximised in many work areas. Promotion of hygienic and safe working practices in many activities was poor. Understanding of diversity was not sufficiently developed, and teachers were not helping prisoners to prepare for life in modern Britain.
- S27 Success rates in qualifications such as information technology and cookery were high. There were good achievements in vocational training in workshops and the gym. Skills development for vocational learners was mostly adequate and met the qualification requirement. Success rates in English and mathematics had improved but were still too low. Too many learners did not progress as expected in lessons.
- S28 The library was well resourced and prisoner access was good. User surveys helped to identify appropriate resources, and there were a good range of activities and courses. The range of foreign language and easy-read materials, and activities for non-readers was good, including an English translation dictionary for each foreign language speaker.
- S29 The gym facilities were good and access for most prisoners was appropriate. The staff were suitably qualified and provided a range of recreational activities and accredited vocational training in healthy living and instructing. The gym induction promoted healthy living and well being.

Resettlement

S30 *The prison's strategy focused on resettlement pathways work and was reasonably good, but it lacked sufficient focus on the important central role of offender management. The community rehabilitation company (CRC)⁴ was established and worked reasonably well. Offender management had been hindered by the backlog of OASys (offender assessment system) assessments, but the overall quality of these and assessment of risk were good. Sentence plans and risk management plans were too generic, and contact with prisoners to help them to progress through their sentence was insufficient for some. The offender management unit (OMU) had good links with most departments, and public protection arrangements were sound. Reintegration planning was generally good but there were gaps in the provision of low-level offending behaviour interventions. The CRC and family engagement worker provided excellent support to prisoners on release. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S31 *At the last inspection in 2014 we found that outcomes for prisoners in Glen Parva were reasonably good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved, four had been partially achieved and three had not been achieved.*

S32 The reducing reoffending strategy was underpinned by a needs analysis and the role of offender management was explained, but there was insufficient focus on the integration of all

⁴ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

departments, and the coordination of all required work, across the prison. Discussion at the reducing reoffending meeting concentrated on resettlement pathway provision rather than exploring wider strategic issues, the resolution of shortfalls in provision, or the quality and effectiveness of provision. Generally the role of the CRC was established and working reasonably well.

- S33 Three-quarters of prisoners arrived at Glen Parva without an OASys assessment, which created a backlog, but there were credible plans to reduce this. The overall quality of OASys assessments, and assessments of the risk of reoffending and risk of harm were good. Sentence plans referred to the key factors contributing to offending but actual targets were too general. Risk management plans often lacked detail and were not focused on risk in custody. Nearly half the cases we examined recorded insufficient contact between offender supervisors and prisoners, and contact that did occur too often focused on practical matters rather than work to address offending behaviour. The quality of casework entries was often very good. The introduction of supervision for uniformed offender supervisors was promising and there were early signs that it was raising standards. Liaison between the OMU and other departments on a case-by-case basis was generally good. However, integration needed to be tighter to address some shortfalls in provision and to ensure accurate recording of completed work. Public protection arrangements were sound.
- S34 Arrangements to manage prisoner reintegration on their release were generally well managed. The CRC met all newly released men, often with their families, to offer advice and guidance, which was good practice. The CRC provided a range of advice and guidance on accommodation. However, around 7% of prisoners were released with no fixed or permanent accommodation.
- S35 The CRC worked closely with Milton Keynes College to provide a suitable resettlement programme, including finance, accommodation workshops and a pre-release employment course. All prisoners received a final review to arrange key appointments and meetings on release to meet their immediate needs. However, the virtual campus (giving prisoners internet access to community education, training and employment opportunities) was underused, and positive work outcomes for those released were low, with only 18% going into work or training.
- S36 All prisoners were seen by a nurse before discharge and given information about community health services. There were robust links with community mental health services for young men with continuing mental health needs, including joint pre-release planning meetings. Prisoners from Leicestershire were well supported by local community substance misuse services, which visited them before their release.
- S37 Provision under the children and families pathway had improved significantly. The family engagement worker provided a comprehensive service to prisoners and their families. Although still institutional, the visits environment had improved, and visitors were complimentary about their treatment by staff. The parenting course was good, as were family visits, although criteria to attend the latter were restrictive.
- S38 There was a range of accredited offender behaviour programmes but some prisoners did not meet the criteria and there was little work with this group. There were also some gaps in provision for domestic violence and sex offenders.

Main concerns and recommendations

S39 Concern: Violence had increased since our previous inspection. Glen Parva held 10% more violent offenders than similar prisons. The number of reported violent incidents had increased since our last inspection and was higher than in similar prisons. In our survey, almost a quarter of respondents said they felt unsafe at the time of the inspection and 42% that they had been victimised by other prisoners.

Recommendation: The prison should identify the reasons for the increasing violence and implement further measures to reduce it. The systems in place to identify and support victims of bullying should be more robust so that prisoners feel safer. There should be greater focus on the perpetrators of violence to modify their behaviour and make Glen Parva safer.

S40 Concern: Most cells remained cramped and prisoners were held together in cells built for one. This was a particular concern because prisoners were usually locked up for two-thirds of the day, unable to watch TV safely or make a hot drink.

Recommendation: Prisoners should not share cells designed for single occupancy. As a minimum, cells should be reconfigured to enable prisoners who share a cell to watch TV and access tea-making facilities safely.

S41 Concern: The quality of teaching and learning delivered by Milton Keynes College was inadequate and did not provide stimulating learning. Too many lessons were uninspiring, tedious, and lacking pace and challenge, which meant that prisoners were not engaged, making progress or developing useful skills.

Recommendation: Teaching and learning should be improved urgently to provide interesting, stimulating sessions. The sessions should inspire and challenge learners to develop skills and make good progress in their learning so that they are more successful in gaining qualifications.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Most prisoners had reasonably short journeys to the prison although there were exceptions. Prisoners were treated appropriately by escort staff and no longer held on vans outside the prison at lunchtime, and escort vans were clean, but written information about Glen Parva was rarely available.*

I.2 Although in our survey only 39% of respondents said that their journey to the prison had been more than two hours, there were considerable variations and Glen Parva continued to receive prisoners from all over the country, even as far away as the South coast. Many prisoners also told us that there were often long delays after their court hearing ended before their transfer to prison, which particularly affected those in the middle of a trial. The prison was attempting to increase the use of video links to courts, which now averaged 38% of all hearings.

I.3 Escort staff engaged appropriately with prisoners, and the escort vans we saw were clean. The vans were no longer left outside the prison over the lunch period; prisoners were taken into one of the five holding cells and provided with food and drinks. Most prisoners were aware that they were coming to Glen Parva, but few received written information in advance about the prison.

Recommendation

I.4 **More careful consideration should be given to the location of prisoners before they are transferred to the establishment in order to diminish the impact and disruption to them and their families, especially if future court appearances are necessary.**

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.

- 1.5** *The reception area had been refurbished and was clean and suitable. Reception and first night procedures were conducted well and focused appropriately on new arrivals' individual needs. Although there were reasonable staff handover arrangements, night staff did not make routine enhanced checks on new arrivals. Induction was generally appropriate but did not cover all issues, and prisoners on induction were locked in their cells for too long.*
- 1.6** The prison received an average of around 32 new prisoners a week, including those on transfer and directly from court. The reception had recently been refurbished and was clean, bright and generally an appropriate environment for new arrivals. Holding rooms were small but had some basic information about the prison, as well as televisions. In our survey only 62% of prisoners, against the comparator of 68%, said that staff treated them with respect in reception. The interaction we observed was good, especially for young men coming into custody for the first time.
- 1.7** Searching arrangements were appropriate with strip searching only for prisoners coming direct from the court and/or about who there was relevant intelligence. Prisoner peer advisers and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were also available to new arrivals before their move to the first night unit. Arrivals received clean clothing and could shower in reception.
- 1.8** In our survey, more prisoners than the comparators said they felt unsafe during their transfer to Glen Parva and on their first night at the prison, although it was not clear why this was the case. Prisoners and staff suggested it was because of the prison's previous reputation, and staff attempted to alleviate some of the anxieties for new arrivals.
- 1.9** New arrivals were usually located on the first night and induction wing (unit 15). Health care staff saw them when they arrived there, and wing staff undertook first night and cell sharing risk assessments. The interviews we observed were comprehensive and focused appropriately on risk, with staff reassuring prisoners deemed to be more vulnerable. In some exceptional cases new arrivals were located on to other units, for example if they were subject to the integrated drug treatment system (IDTS) or in conflict with other prisoners on the first night unit. In such cases, staff from the unit had individual interviews with them to cover induction issues.
- 1.10** First night cells were prepared in advance and were reasonably clean, although the basic fabric in many was poor (see also paragraph 2.3). During the inspection there were no flasks for hot water and so new arrivals could not make hot drinks in their cells. Prisoners were able to have a free telephone call, food if they had not had a meal, a tobacco or grocery pack, and detailed information about the wing and induction process. Staff told us that they carried out telephone interpreting with non-English speaking prisoners when necessary, but there was limited information in foreign languages.

- I.11** Handover arrangements to night staff were reasonable and new arrivals were identified on a board in the main office. Despite this, night staff did not make enhanced checks on new arrivals.
- I.12** Peer representatives and Listeners were available to support prisoners on unit 15. A prisoner 'passport', which registered attendance at sessions, was used to ensure that all prisoners received all aspects of induction. Although in our survey 88% of respondents said they had been on an induction at Glen Parva, only 40% of those said it covered everything they needed to know about the prison. The five-day programme covered all key issues, but many prisoners told us that there was a lot to take in at once and some, especially those new to custody, were concerned about not remembering all the rules. Prisoners often spent long periods during the induction programme with little to do and were usually locked in their cells. Most prisoners were moved on shortly after completing the induction programme, although we saw examples of delays.

Recommendations

- I.13** All new arrivals should be subject to enhanced checks by staff during their first night.
- I.14** The induction programme should fully engage new arrivals, who should not spend more time locked in their cell than a fully employed prisoner while on the programme.

Housekeeping point

- I.15** Information about Glen Parva on the first night unit should be available in a 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.16** *Almost a quarter of prisoners felt unsafe and 42% said they had been victimised by other prisoners. Violent incidents were significantly higher than at our last inspection. The violence reduction strategy was targeted at meeting the prison's specific problems and there was good analysis of data. Initial identification of perpetrators and victims was good but their management and support were weak. The most difficult to manage prisoners and those requiring complex care were well managed and supported, but there was insufficient attention to prisoners who self-isolated.*

- I.17** The weekend before our inspection there had been an incident of concerted indiscipline, which demonstrated the challenges the prison faced with this population. Despite this, the prison had recovered well. Information from central recording systems showed that Glen Parva held 10% more violent offenders than similar prisons. Recording and reporting systems for safer custody had improved. The number of reported violent incidents had increased since our last inspection and was higher than in similar prisons. In the previous six months,

there had been 168 assaults on prisoners, of which 42 were serious, and 117 fights. There had been 32 assaults on staff, four of which were serious. (See main recommendation S39.) There had been 140 incidents of bullying, which was similar to the last inspection. The violence reduction strategy had been developed to focus on young adults, was specific to Glen Parva, and informed by surveys of prisoners and information gathered in prisoner safety forums.

- I.18** In our survey, 24% of prisoners said that they felt unsafe at the time of our inspection, 53% reported that they had felt unsafe at some point, and 42% said that they had been victimised by other prisoners; all these responses were significantly higher than at our last inspection. Victimisation was mostly about insulting remarks about family and friends, threats and assaults.
- I.19** Monitoring and analysis of data at the monthly safer prisons meeting was good. The prison had highlighted hotspots for violence – including showers and cells – and had started to address the issues. In addition to this meeting there was a weekly safety and control meeting that discussed the most difficult to manage and more complex prisoners in detail, and these prisoners were well supported and managed. The prison also held safety forums with prisoners every two months, with comprehensive action plans to address the issues that arose.
- I.20** Identification of victims of bullying was generally good with initial action to keep these prisoners safe. Safer prisons support plans to provide continuing support were opened for them, but they were poorly completed with few positive outcomes evident. We were concerned about prisoners who self-isolated in their cells. Several reported this in our survey, many approached us to tell us that they did not come out of their cells, and we came across some others by chance. While some of these prisoners had been identified by the prison and offered support, others had not. One prisoner told us that he and his cellmate would only go to places in the prison where there were CCTV cameras, and so they rarely had showers or left their cells.
- I.21** Perpetrators of violence and bullying were managed through adjudications and the incentives and earned privileges (IEP) scheme. Prisoners identified as bullies or involved in violent incidents should have also been monitored by staff using early intervention plans (EIPs). We found that some of these prisoners were not monitored at all through this process, and for those who were, it was difficult to gain a full picture about their behaviour because documents were mostly incomplete. Some EIPs were closed quickly because reports had not been completed, and others were closed despite evidence of continued bullying. (See main recommendation S39.)

Recommendation

- I.22** **More effort should be made to identify and prevent prisoners from self-isolating. There should be a thorough investigation to establish the reasons behind each case of self-isolation, and solutions provided to ensure that the prisoner is provided with an appropriate reintegration plan and given the opportunity to access a full regime safely.**

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.23** *The number of self-harm incidents had increased since our last inspection. Some case management documents lacked adequate detail, and too many night time observations were predictable. Death in custody action plans were monitored regularly. Prisoners in crisis were generally positive about the support they received. The arrangements for reviewing case managed prisoners in segregation were excellent. The constant observation cells were poor environments for people in crisis.*
- I.24** Suicide and self-harm incidents were discussed in detail at the same meetings as bullying and violence (see paragraph I.19), and there was a well-developed strategy to manage prisoners at risk of self-harm. A wide range of information was used to identify trends and patterns of behaviour.
- I.25** There had been 309 incidents of self-harm during the previous six months, which was higher than at the previous inspection and than at similar establishments. There had been 10 incidents of serious self-harm or near misses. These were all well investigated with recommendations made where necessary. There had been two self-inflicted deaths since our last inspection, and the related action plans were being addressed and were monitored at the weekly safety and control meetings. Tragically, just before we arrived, another young man hanged himself and subsequently died during our inspection.
- I.26** In the previous six months, 70 assessment, care in custody and teamwork (ACCT) case management documents had been opened for prisoners at risk of suicide or self-harm, and there were 34 open at the start of the inspection. The quality of some ACCT documents that we examined was reasonable, but daily staff entries in many lacked detail. In contrast, residential staff who we spoke to knew the personal circumstances of individual prisoners, and prisoners were generally positive about the care they received. Case reviews were carried out on time and were attended by appropriate staff. Some care maps lacked detail and actions were not time bound in most cases. Too many recorded night time observations were predictable in all the documents we examined. We found little evidence of regular management checks on the quality of ACCT documents.
- I.27** There had been 21 prisoners held in segregation on open ACCTs in the previous six months, which was high. However, each case had been considered by a multidisciplinary team and given a written explanation about why this was the best location for the prisoner at the time, all of which appeared justified in the circumstances described.
- I.28** The Listener scheme was well used although only six Listeners were in place; a training course was due to provide more. Listener suites and the two constant observation cells were poor environments for prisoners in crisis. They were inadequately furnished and not properly equipped for immediate occupation.

Recommendations

- I.29** The quality of assessment, care in custody and teamwork (ACCT) planning documents should be improved, and they should be subject to regular management checks.
- I.30** Night time observations of prisoners on open ACCT documents should be at irregular and unpredictable intervals according to the assessed risk.
- I.31** The constant observation cells and Listener suites should be properly furnished and prepared for immediate occupation.

Good practice

- I.32** *The system for reviewing prisoners on open ACCT documents held in segregation was thorough and ensured they were only held there in the most exceptional circumstances.*

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.⁵

- I.33** *The prison had developed links with the local safeguarding adults board, and there were adequate procedures to report any concerns.*

- I.34** Since our last inspection, prison managers had made links with the local safeguarding adults board and developed a safeguarding policy. The head of safeguarding attended the quarterly local authority meetings. There had been no requirement to make any referrals to the board but there were adequate procedures if this were needed.

⁵ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

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

- I.35** *Security procedures were appropriate, and the application of visits restrictions now related only to trafficking activity. There was a good awareness of the threats to the prison, notably drugs and violence. The management of security information was good, but we were not assured that actions such as intelligence-led searching and drug testing took place. Prisoners said that drugs were easy to get hold of. Mandatory drug testing (MDT) rates were very low but did not include testing for new psychoactive substances (NPS),⁶ which were widely available.*
- I.36** Physical and procedural security arrangements were appropriate, and prisoners had reasonable freedom of movement both during mass movement and at other times subject to a movement pass. Visits restrictions were now applied appropriately for trafficking behaviour. Workplace assessments were timely enough to enable the allocation of work to prisoners, and the restrictions that applied to some prisoners (often due to violence) were reasonable and proportionate.
- I.37** Dynamic security across the prison was good and underpinned by effective staff-prisoner relationships. More security information was submitted from all departments than we usually see, and was processed and analysed efficiently to provide a clear picture of the threats to security and safety. The highest numbers of security reports related to drugs (especially NPS), acts of violence and threatening behaviour.
- I.38** A daily briefing informed managers of immediate issues, which then contributed to the excellent weekly order and control meeting and the monthly security meeting. A key element was the tracking of gang-related activity. There was a good understanding of the impact of organised crime groups and 'postcode' gangs, with effective action taken to address this.
- I.39** The well-attended monthly security meeting reviewed a wide range of data in an excellent intelligence assessment report. There was a good focus on emerging threats and analysis of trends identifying specific actions and strategies to reduce these. However, the prison was missing the opportunity to monitor the completion and success rate of requested suspicion drug tests and intelligence-led searching arising from information reports. Although there had been some significant successes in finding weapons, drugs and telephones during the year, understanding this data and using it to set objectives could have led to greater success.
- I.40** Some innovative work with the prison's police intelligence officer and local and regional police forces further contributed to the intelligence base and had led to some very successful operations to deter and intercept the supply of drugs and manage gang-related activity.
- I.41** The random positive MDT rate was very low at 0.5% for the six months to the end of October 2015. However, finds data and our discussions with staff and prisoners indicated that undetectable NPS were readily available. In our survey, 35% of prisoners, against the comparator of 27%, said it was easy to get drugs.

⁶ New drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

- I.42** The prison's strategic approach was beginning to show some successes in tackling drug supply. The monthly drug strategy committee had representation from relevant departments, and an additional, similarly well-attended NPS committee met weekly to coordinate the prison's response to the particular risks posed by NPS.
- I.43** In our survey, only 7% of prisoners said that it was easy to obtain alcohol in the prison, against the comparator of 11%, although there had been a recent slight increase in the finds of illicit alcohol.

Recommendation

- I.44** **Action taken following the receipt of information reports should be analysed at the security meeting. This information should be used to set and monitor objectives to address the issues identified.**

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.45** *Prisoners were generally negative about the IEP process. The scheme was used well to manage some poor behaviour. Target setting for basic-level prisoners was reasonable, although their time out of cell was very poor. There was a reasonable range of benefits at the enhanced level.*

- I.46** Prisoners, especially those from a black or minority ethnic or Muslim background and foreign nationals, were very negative about the fairness of the IEP process. Most prisoners we spoke to said the scheme was more about avoiding being on the basic level rather than encouraging good behaviour, as there were few opportunities to achieve enhanced status. This view was supported by the fact that only 38 of prisoners (7.8%) were on the enhanced level while 75 (15.4%) were on basic at the start of the inspection.
- I.47** The scheme was used well to manage some particularly poor behaviour. Staff made entries into prisoners' electronic case notes to record the behaviour of those on basic and identify clear targets for them to achieve to progress. Unless prisoners on basic were involved in activities there were practically no opportunities for them to demonstrate improvements in their behaviour with only an hour a day out of their cell. There was a reasonable range of benefits on enhanced status, and the 'enhanced only' association areas on each wing were a much valued resource.

Recommendation

- I.48** **The prison should consult prisoners to understand their negative perceptions of the incentives and earned privileges scheme and explore ways to create an incentivising culture that motivates prisoners to behave well.**

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.49 *The number of adjudications continued to be very high. Management oversight and quality assurance procedures had improved and were now satisfactory. Use of force remained high, and although governance had improved, there was still insufficient scrutiny of incidents. There was very little use of special accommodation. Segregation use was still high, but few prisoners stayed for long and most returned to normal location.*

Disciplinary procedures

I.50 There had been 1,795 adjudications in the previous six months, which was high for the type of prison and 25% higher than at the 2014 inspection. Hearings were very formal and in a 'court-like' setting that was incongruous with the engaging manner in which they were conducted. Our reviews of adjudication documentation indicated that some could have been dealt with under the IEP system, and this had been identified at the bimonthly adjudication standardisation meeting. Most adjudications were for charges for disobedience, unauthorised possession, assaults and threatening behaviour. The adjudications and records we observed demonstrated appropriate investigation. The bimonthly review meetings and senior management quality assurance provided sufficient oversight.

The use of force

I.51 Use of force was very high for the type of prison and higher than at the last inspection, with around two-thirds of incidents involving full restraint techniques. Managerial oversight had improved with a bimonthly use of force meeting, and the quality of documentation and completion rate had improved noticeably and was now better than we normally see. Planned interventions were formally videoed but only a random selection of reports and recordings were reviewed by the safer prisons team, missing some important learning opportunities. The videos we watched mostly demonstrated a focus on de-escalation of incidents. The quality of recordings was varied and while some showed excellent briefing/debriefing and gave a good account of the incident, some failed to provide a continuous recording of the incident from start to finish. The introduction of body-worn cameras also provided footage of both planned and spontaneous incidents, and were an excellent opportunity to review incidents fully.

I.52 There had been 10 incidents involving the drawing of batons (six uses) in the year to date. We reviewed all these incidents, including the prison's own enquiries, and were satisfied that the uses were proportionate and had been in response to particularly violent incidents.

I.53 There had been only one use of special accommodation in the previous six months and for only a very short time (five minutes). This use had been appropriately authorised and well monitored with the prisoner removed as soon as he became compliant, which was commendable.

Recommendation

- I.54 All use of force documentation and videos should be reviewed by a senior manager and any findings reported to the use of force committee.**

Segregation

- I.55** The segregation unit remained old and grim, despite an almost continual redecoration programme. Most cells had dirty and badly scaled toilets and sinks, and badly damaged lockers. The shower area had been refurbished to an acceptable standard and all prisoners now had daily access to it.
- I.56** Use of segregation was high and higher than similar prisons. Most prisoners returned to normal location in the prison following relatively short stays. The average occupation was around nine prisoners and usually included an even spread of prisoners on cellular confinement and those held there for good order purposes. As at the last inspection, there were relatively few prisoners in segregation for their own protection, but we were concerned at the number of prisoners self-isolating on wings (see also paragraph I.20 and recommendation I.22). Reintegration planning was reasonable and there had been some notable successes in resettling some very difficult prisoners back on to normal location. Managerial oversight had improved and a recently formed monitoring and review group (SMARG) considered a range of data to analyse segregation use and conditions.
- I.57** The segregation regime remained very limited, with daily access to showers, telephones and only 30-minutes exercise. Prisoners could request to attend religious services following a risk assessment, but there was no evidence of any other off-unit activity. Televisions were authorised appropriately for the very few standard and enhanced prisoners segregated in their own interest.
- I.58** Prisoners on the unit and in our groups were positive about their treatment by segregation staff, and we observed some very supportive and suitably challenging interactions on the unit.

Recommendation

- I.59 The regime in the segregation unit should include some purposeful activity and opportunity for increased interaction with prisoners and staff, with at least an hour a day available in the open air.**

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.60** *Psychosocial services were of a high quality and delivered a range of interventions that addressed harm reduction and explored drug- and alcohol-free lifestyles. Demand for clinical services was low but those receiving treatment were well cared for.*

- I.61** The Leicestershire Partnership NHS Trust provided both clinical and psychosocial services. The psychosocial team, the therapeutic drug and alcohol service (TDAS), was well advertised and staff and prisoners were well informed about the service. Psychosocial services were of a high quality. In our survey, significantly more prisoners than at the last inspection, 61% against 49%, said they had received help for a drugs problem.
- I.62** There was a good range of interventions that addressed substance awareness and harm reduction, including NPS (new psychoactive substances), through information materials, one-to-one sessions and groupwork. An 'expert by experience' forum gave prisoners the opportunity to hear from others who had previously experienced negative effects and consequences resulting from using NPS. Prisoners could also explore drug- and alcohol-free lifestyles and engage in recovery-focused activities on 'therapeutic Thursdays'. This included a project tending chickens and a successful art project. Both activities were very popular and were especially effective interventions for prisoners with a dual diagnosis of mental health and substance misuse problems.
- I.63** Prisoners working as health representatives on each house unit could assist in making referrals to the TDAS, but no peer supporters were specifically attached to the TDAS.
- I.64** At the time of the inspection, only one prisoner was receiving opiate substitution treatment and two were in the latter stages of alcohol detoxification. In the previous six months, 10 had received opiate substitution and 11 alcohol detoxification. All aspects of clinical treatment were well delivered by a competent and caring team of nurses and drug workers. Each prisoner in treatment received weekly clinical reviews with the specialist GP, which was a much more regular pattern than the national minimum of 13 weeks.
- I.65** We were impressed that, as part of the strategic approach to tackling NPS, all incidents of suspected intoxication were video recorded and attended by primary health and/or drug team nurses. Nurses told us that their increased experience in effectively dealing with these situations had contributed to recent reductions in the number of ambulances that needed to be called to the establishment.

Recommendation

- I.66** **The therapeutic drug and alcohol service (TDAS) should establish a peer support scheme for prisoners with drug and alcohol problems.**

Good practice

- I.67** *Nurses were dealing very effectively with NPS-related incidents, which reduced the requirement for paramedic involvement.*

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *The standard of accommodation across the prison varied considerably and much remained poor. It was still inappropriate that cells designed for one prisoner were being shared, a situation exacerbated by the inappropriate positioning of electrical sockets and TVs. Prisoners had variable access to cleaning materials although access to showers had improved. The application system had been reorganised but was still inconsistent.*
- 2.2** External areas and most communal areas of the prison were reasonably well maintained. Since the last inspection, there had been a programme of refurbishment, prioritising the wings in the worst condition. Some units were complete and, at the time of the inspection, two wings were closed and in the process of being refurbished. A further wing had been damaged during an incident just before the inspection (see paragraph 1.17) and was, as a consequence, out of commission.
- 2.3** The quality of accommodation was very variable. Some cells had been repainted, but the standard of painting was not consistent and we found many paint stains on floors and surfaces. In other cases, walls marked with toothpaste to attach pictures had simply been painted over, often making the walls look worse. While some flooring had been replaced, damaged and dirty floors remained on some wings. Not all cells had adequate furniture, although all now had privacy curtains.
- 2.4** Most cells designed for single occupancy continued to hold two prisoners and were cramped. Electrical points remained high up on walls, which meant that televisions could only be seen by prisoners on the top bunk. Prisoners had made a variety of risky (although unsurprising) arrangements to view the TV, including using sheets to make hammocks or moving mattresses on to lockers. Kettles could also not be used as they were too near the TV sockets, and not all prisoners had access to a flask to store hot water. (See main recommendation S40.)
- 2.5** Staff were expected to monitor a number of cells on each unit every week and report any shortfalls. Although these checks were undertaken, some staff had become inured to the poor standards and reported only what was unusual. However, such checks had led to most cells being kept reasonably clean and few displays of offensive materials or graffiti.
- 2.6** In our survey, prisoners were more negative than the comparators about their access to clean and suitable clothing and to cleaning materials, although we saw clothing in reasonable condition and cleaning materials available for most on all wings. Staff encouraged prisoners to keep their cells clean but this was also variable across units. Access to showers had improved since the last inspection and most prisoners could shower daily.
- 2.7** In our survey, only 16% of prisoners said that cell bells were normally answered within five minutes. Although the prison did not record response times, regular tests had been introduced in the previous six months, and where there were delays staff were reminded of

the necessity to respond. In our tests during the inspection, responses to cell bells were within five minutes.

- 2.8** The application system had been changed shortly before the inspection with the introduction of a new triplicate system to record the progress of the application, but the process remained inconsistent across units. Some staff logged applications in a book when they were made while others did not, and units did not record when responses were received. In our survey, more prisoners than at the last inspection said that applications were dealt with fairly, but significantly fewer said that they were responded to within seven days, the prison's target.

Recommendations

- 2.9 All cells should have the full range of furniture and fittings, including flasks for hot water, and the in-cell electricity point should be moved to provide access to kettles and ensure that all prisoners can see the television.**
- 2.10 Staff should respond to applications within seven days.**

Staff-prisoner relationships

Expected outcomes:

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

- 2.11** *Staff had good individual interactions with prisoners and managed some very difficult prisoners in a measured way. Despite poor prisoner views about personal officers, they often made detailed and regular entries in prisoners' case notes. General consultation with prisoners was effective.*

- 2.12** In our survey, 70% of prisoners said that most staff treated them with respect. We observed some good interactions between all staff and prisoners, and staff managing some very difficult prisoners very well. There was a considerable number of new staff, who seemed fully integrated and supported. It was refreshing that the prison saw new staff as a strength and opportunity, rather than a weakness and explanation for problems, as is often the case.
- 2.13** Although in our survey prisoners were negative about personal officers, the entries in prisoners' case notes from personal officers were often detailed and showed a good knowledge of the prisoner. Entries were not always as often as required and management checks of entries were rare.
- 2.14** General consultation with prisoners was effective through the prisoner council and safety forums, with a focus on issues of interest and concern to the age group at Glen Parva. Actions from these meetings were followed up and resulted in some positive changes for prisoners, such as new items on the prison shop list and more access to the gym for some.

Recommendations

- 2.15 The prison should explore prisoners' poor perceptions of the effectiveness of the personal officer scheme and address any issues raised.**

- 2.16** There should be management checks of prisoners' electronic case notes to ensure that all staff make regular detailed entries.

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 characteristic⁷ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.17** *The prison had a good model for equality work, but provision required further development, particularly in light of our negative survey results. There was now much more consultation, but it did not cover all protected groups. The response to negative equality monitoring data was insufficient. There was little formal engagement with Muslim prisoners, and insufficient support for foreign nationals. There were excellent plans to improve provision for prisoners with learning difficulties. There had been some good one-to-one support for gay prisoners.*

Strategic management

- 2.18** The prison had a good model for equality work and the strategic plan covered all protected characteristics. Each protected group had a senior management team 'champion'. However, most of this work was limited to promoting diversity through monthly themed displays.
- 2.19** There was a monthly equality meeting, chaired by the governor, who led the prison's equality work. Although generally well attended by staff, the governor had only attended one of the last three meetings, and only one had included a prisoner representative. Meetings were reasonably productive, although the prison was too slow to respond to adverse data from the equality monitoring tool, in particular for Muslim prisoners. There had been no recent diversity needs analysis, and the equality action plan contained no actions for foreign national or Muslim prisoners or those from a black or minority ethnic background. All these groups responded negatively in our survey across a range of questions.
- 2.20** There were peer representatives for black and minority ethnic prisoners, prisoners with disabilities and Gypsy, Roma and Traveller prisoners, but not for other protected groups. Staff and prisoners did not know who these representatives were, and some units had no notice boards describing equality provision.
- 2.21** Regular forums had been held with most protected groups, although in the previous six months there had been only one forum for foreign national prisoners, and there was no dedicated forum for Muslim prisoners. Forums for Gypsy, Roma and Traveller prisoners were very good. Other forums did not focus enough on the issues prisoners faced as members of a protected group. Negative perceptions were rarely drawn out and discussed, and equality monitoring tool data were not discussed.

⁷ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.22** Discrimination incident reporting forms (DIRFs) were not available on all units and only 11 had been submitted in the previous six months, mostly concerning race. Not all responses had been quality checked and their quality was variable. In some, the documentation did not specify how the complaint had been investigated and it was unclear if there had been a formal response to the complainant. However, the standard of response to serious complaints, which were dealt with at a more senior level, was excellent.
- 2.23** A diversity theme was celebrated each month, which was an improvement since our last inspection, although usually this was limited to notice board displays. Prisoner forums were supposed to discuss each month's theme, but this did not happen consistently. As yet, there was little engagement with outside support agencies for protected groups.

Recommendations

- 2.24** **Equality monitoring data or other evidence indicating disproportionate treatment of a protected group should be investigated promptly.**
- 2.25** **There should be regular consultation meetings with prisoners from all minority groups, which should discuss equality monitoring tool data and prisoners' perceptions of equality and diversity.**
- 2.26** **Prisoner equality and diversity representatives should cover all protected groups.**
- 2.27** **All discrimination incident reporting forms (DIRFs) should be investigated thoroughly and the complainant given a written response.**

Protected characteristics

- 2.28** In our survey, black and minority prisoners were more negative than white prisoners across a range of questions, including the fairness of the incentives and earned privileges (IEP) scheme and victimisation from staff. Equality monitoring tool data showed that black and mixed race prisoners were disproportionately represented at the basic level of the IEP scheme, but raised no consistent significant concerns in other areas of prison life. (See also paragraph 2.20 and recommendation 2.25.)
- 2.29** Foreign national prisoners were negative in our survey across a range of questions. There was little practical support for this group and some prisoners told us that officers did not understand their needs. There was no senior management team champion for the group, no prisoner diversity representatives and there had been only one forum in the previous six months. Equality monitoring tool data did not cover foreign nationals. Although we found some translated material we were not assured it was readily available to prisoners who needed it. There was low use of professional interpreters and we were not satisfied they were used when required. Some foreign nationals said they felt isolated. One, who did not speak English, had been held for six weeks without anyone else who spoke his language and reported feeling very alone. Foreign national prisoners were entitled to a free monthly five-minute international telephone call, but only if they had received no family visits.
- 2.30** The family engagement worker had provided some good practical support to some detainees. However, following legal aid cuts, many young adults facing complex deportation cases had no access to independent legal representation. While useful, weekly Home Office surgeries were no compensation for this. One prisoner, who was not entitled to legal aid, had instructed a lawyer at an estimated cost of £8,000. This was several times more than a

lawyer would have been paid under the legal aid scheme, and his family and girlfriend were struggling to fund the case. Staff in the equality team had no understanding of the legal aid scheme, and could not identify foreign nationals whose cases might still qualify for public funding. Four prisoners who had completed their sentence were still held under immigration powers. Prison staff told us that prisoners would sometimes only be told they were going to be detained a day before their release date, which was unacceptable.

- 2.31** A fifth of prisoners were Muslim and they were more negative than non-Muslim prisoners across many areas in our survey. Prison monitoring data suggested that Muslim prisoners were more likely to be subject to the adjudication process, to have adjudications proved and to be on the basic level of the IEP scheme, and less likely to be on the enhanced level. There had been no formal investigation of these adverse data and perceptions, and no forums where these matters could be explored.
- 2.32** In our survey, prisoners with disabilities reported less favourable treatment across a range of questions, particularly concerning safety and victimisation, and there was some negative equality monitoring tool data on use of force and segregation for these prisoners, which were not discussed in their forums. (See also paragraph 2.20 and recommendation 2.25.) We were not assured that there were systems to identify new arrivals with disabilities and to ensure those who required a personal emergency evacuation plan had one. The equality questionnaire completed during induction was not forwarded to the equality team, and there was some evidence that possible need was not raised with the team. The majority of recorded disabilities concerned mental ill health, learning difficulties and dyslexia, and we found staff on units unaware of many prisoners with such disabilities. The prison had identified this issue and had recruited a care assistant to work with prisoners with learning disabilities, and planned to introduce supported living plans and provide training to staff.
- 2.33** There had been some good practical one-to-one support for two prisoners who had identified themselves as gay.

Recommendations

- 2.34** **NOMS should work with Home Office Immigration Enforcement and the Legal Aid Agency to ensure there is adequate provision to meet the needs of foreign national prisoners and immigration detainees. If their needs cannot be met in Glen Parva, they should be held where they can be met.**
- 2.35** **Professional interpreters should be used for all confidential or sensitive communication with prisoners who speak little English.**
- 2.36** **The needs of prisoners with disabilities should be identified and determined as soon as they arrive.**

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.

2.37 *Faith provision was generally good, there was strong pastoral support and chaplains were visible on the units.*

2.38 In our survey, responses about faith provision were generally positive. Black and minority ethnic prisoners and those with disabilities were more positive than white prisoners and those without disabilities on respect for their religion. The small team of paid chaplains, supported by paid sessional chaplains and volunteers, covered most of the main religious groups. However, only 45% of prisoners said it was easy to attend services, which was less than at the previous inspection. There had been no Hindu chaplain since the beginning of 2015 and the Buddhist chaplain only visited fortnightly, although these deficiencies were being addressed.

2.39 There was a good programme of religious activities for Muslim and Christian prisoners, although they were more limited for minority religions. Regular inter-faith religious instruction classes were a good initiative. Pastoral care was strong and the team was well integrated into the work of the prison. Chaplains were particularly visible around the prison and prisoners told us it was easy to see a chaplain. The team was routinely used to break bad news to prisoners. The managing chaplain was trained as a family liaison officer. Chaplains visited all prisoners in crisis on ACCT case management (for prisoners at risk of suicide or self-harm) at least weekly, and the team attended many ACCT case reviews. All prisoners were seen before release, and the team endeavoured to put prisoners who practised a religion in contact with a mentor from their community faith group.

Complaints

Expected outcomes:

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

2.40 *The complaints system was managed efficiently, quality assurance was good and responses were fair.*

2.41 There had been 726 complaints in the previous six months, which was in line with similar prisons. Prison data showed that 46% of complaints were upheld in full, or partially upheld. The responses we looked at were fair and courteous, although apologies were not always offered when a complaint was upheld. A minority contained insufficient detail to show how thoroughly the complaint had been investigated. There was evidence that some complaints resulted from the failure of staff to respond appropriately to applications. Only 25% of prisoners said complaints were dealt with promptly, which was less than at our last inspection. The complaints log showed that the majority were responded to on time. Where

a response was delayed an interim response was always sent, and the complaints clerk monitored and chased a final response.

- 2.42** There was good monthly analysis of complaints, including some analysis of trends over time. Complainants were given a useful feedback questionnaire with complaint responses, and these were analysed. A 10% sample of complaint responses was quality checked each month and thoroughly documented.

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.

- 2.43** *Provision for legal rights was adequate.*

- 2.44** All new arrivals were seen by an offender supervisor on induction and given advice as appropriate, for example, about reasons for recall. Offender supervisors ran weekly surgeries on units 14 and 15 and could respond to questions on sentencing, bail, release and other legal queries. The team had begun to roll out similar surgeries on all units. However, staff knowledge of the legal aid scheme was limited and access to representation for foreign national prisoners was poor (see paragraph 2.30). Offender supervisors offered a basic bail service, but they were not trained for this task. The volume of this work and outcomes were not monitored. There were good facilities for legal visits, which were run efficiently.

Housekeeping points

- 2.45** Offender supervisors should be trained to provide legal services, including bail services.
- 2.46** Provision of bail services, including outcomes, should be monitored so that provision can be tailored to need.

Health services

Expected outcomes:

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

- 2.47** *Health services had improved since our last visit. Governance was good. Health screening, including nurse triage, was timely and effective. There was a suitable range of primary care services with prompt access to nurses and GPs, despite high non-attendance rates. Long-term conditions were identified well on arrival with positive management through nurse-led clinics, and social care needs were identified and assessed well. Health promotion was limited but developing. Too many hospital appointments were cancelled or rescheduled. Medicines management was very good, and dental services met prisoner needs well. Mental health services were responsive but transfers to secure hospitals were regularly delayed.*
- 2.48** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁸ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.*

Governance arrangements

- 2.49** Health services were provided by Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust. Collaboration between the different health providers was excellent, and working relationships with the wider prison were good. A health needs assessment had been completed in October 2014 but was still in draft. A quarterly partnership board covering three local prisons included appropriate representation and was suitably focused on important service issues. There was suitable compliance with Department of Health commissioning requirements, and the commissioner was satisfied with current service quality.
- 2.50** Governance was sound with appropriate internal and trust-wide meetings. There was effective attention to risks and actions were timely and effective. There were appropriate trust-wide policies but some had not been adapted to the prison environment, and there was no 'do not attempt resuscitation' or palliative care policy.
- 2.51** Several nursing posts were currently unfilled pending start dates and recruitment initiatives. Nursing and medical student placements had been introduced to bolster recruitment and retention. Nursing staff and GPs had been trained in safeguarding for adults and children and demonstrated understanding of the process for raising an alert. Staff mandatory training was up to date, apart from those on maternity and sick leave. There was a commendable programme of regular clinical training sessions available to all health staff. Staff received regular clinical supervision and appraisal.
- 2.52** Clinical incidents were reported and monitored effectively. Emergency arrangements by health staff was sound with good access to equipment and regular checks, although the regular checks recorded that a suction set was missing in one kit. Automated external

⁸ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

defibrillators were now kept in unit offices at both ends of the prison. Despite our previous recommendation, too few prison staff (13%) had received up-to-date resuscitation skills training and less than 1% had received training in use of the automated external defibrillator; several newer prison staff we spoke to had not received any resuscitation skills training since joining the service. Some prison staff remained unclear about which emergency code to call when identifying an urgent medical need.

- 2.53** A patient forum met quarterly, although prisoner representation from house units was variable and affected by the high turnover of prisoners. Most prisoners were aware of the forum and there was evidence that patient feedback generated changes.
- 2.54** Prisoners knew how to complain and trust complaint forms were well advertised and available. The majority of concerns related to knowing about appointments; senior nursing staff usually resolved these early, often with a face-to-face meeting, and no formal complaints had been logged in the previous three months.
- 2.55** There was effective and timely care planning for the small number of prisoners with long-term conditions. There was a clear process with the local authority to support prisoners with social care needs, and all new arrivals were asked about needs that might fulfil the social care threshold. Nurses screened new arrivals for disability needs but there was no formal mechanism to share that information with the prison. Health promotion was developing, with a focus on age-appropriate initiatives.

Recommendation

- 2.56** **A suitable proportion of prison officers should be trained in basic resuscitation skills and use of the automated external defibrillators to ensure a safe 24-hour response. All prison staff should be familiar with the emergency code protocol and be confident to use it. Health staff should ensure that emergency equipment is kept fully stocked at all times, including suction apparatus.**

Housekeeping point

- 2.57** Health policies should reflect the needs of the population and include a 'do not attempt resuscitation' and palliative care policy.

Good practice

- 2.58** *The placement of medical and nursing students mirrored best practice in the community and helped enhance sustainable staff recruitment.*

Delivery of care (physical health)

- 2.59** All new arrivals were screened for immediate health risks with active referral to GP, mental health and substance misuse services. We observed a risk-based positive approach to a young man disclosing suicidal thoughts, including an early alert to the primary mental health team and prison staff. Screening on arrival for chlamydia and dry blood spot testing for blood-borne viruses supported the health needs of this young population. A more detailed follow-up secondary health assessment was completed within 24 hours, with a mental health screening by a primary mental health nurse. New arrivals with indications or disclosure of substance misuse were seen by the therapeutic drug and alcohol service (TDAS). We

observed that the main communal area on unit 15 was used for secondary health assessments, which compromised privacy and confidentiality.

- 2.60** In our survey, fewer prisoners than the comparator, 53% against 60%, said that they could access a nurse easily. However, we saw good use of the nurse triage system, alongside regular follow-up of prisoners self-isolating or not complying with their prescribed medication. The previously high non-attendance at primary care appointments had reduced but remained high at an average of 20%. Efforts to ensure attendance, including the strengthening of the application system and careful use of the IEP system, were having some effect but too many prisoners still missed appointments because they were not brought to the health care department at the right time.
- 2.61** Access to and consistency of care by GPs was excellent. There was a GP session every day, including weekends and bank holidays, provided by a core group from a local practice. In our survey, 67% of prisoners, against the comparator of 60%, said that the quality of the GP service was good. There was suitable access to the local out-of-hours GP service, including visits if required. In our survey, 60% of prisoners, against the comparator of 54%, said that the quality of health care overall was good.
- 2.62** There was good use of nurses to lead the management of long-term conditions through scheduled clinics, and short waits for optician, physiotherapy and chiropody appointments. Sexual health services had improved and waits were short.
- 2.63** External planned hospital appointments were cancelled and rescheduled too frequently. Data from May to August 2015 showed an average cancellation rate of 39% due to lack of prison escorts. A key contributing factor was the competing demand for escorts for medical emergencies caused by violent incidents and suspected use of new psychoactive substances (NPS).⁹

Recommendations

- 2.64** **The number of missed internal appointments should be reduced further to ensure prisoners receive prompt treatment within effective use of clinical resources.**
- 2.65** **External hospital appointments should not be cancelled except where safe and prompt clinical care can be assured.**

Housekeeping point

- 2.66** Secondary health assessments of new arrivals should take place in designated rooms to ensure privacy and confidentiality.

Pharmacy

- 2.67** The on-site pharmacy functioned like a community pharmacy and prisoners had direct access to collect their in-possession medicines. Pharmacy technicians and the pharmacist provided advice to prisoners on medicine use. The pharmacist held a well-attended minor ailments clinic three times a week.

⁹ New drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

- 2.68** Nurses administered all supervised medicines from two hatches in the health care unit in the morning, at lunchtime and early evening. Night time medicines were taken to individual prisoners in their cells during the late evening. Administration was calm and well managed, with good rapport between nurses and prisoners and effective identity and medicine checks. We observed reasonable privacy for prisoners at the outpatients 1 hatch, aided by positive discipline staff supervision, but privacy and confidentiality were compromised at the outpatients 2 hatch, and discipline staff did not manage the queue actively.
- 2.69** Medicines were prescribed and administered using the SystemOne clinical IT system. Prescribing, including antidepressants and night sedation, was well managed with use of an agreed formulary. Approximately half of prisoners could have their medicines in possession, usually for seven days, on the basis of a suitable risk assessment. There was robust and prompt follow up of prisoners who failed to collect their medicines, including review of the reasons and good working with both GPs and nurses to address issues.
- 2.70** Nurses could provide a reasonable range of prescribed medicines through patient group directions (PGDs), authorising them to supply and administer prescription-only medicine, but several PGDs were out of date. There was no provision to give simple remedies without prescription. Most medicines were supplied on a named-patient basis with patient information leaflets.
- 2.71** Stock was well managed, but out-of-hours stock for supply against a prescription was over-labelled, which might require a medicines regulatory authority licence. Management of controlled drugs was reasonable overall, with daily audits and records completed for methadone, but there was no individual audit trail for other controlled drugs. The medicines and therapeutics committee met quarterly, and there was evidence of review and action on relevant issues.

Recommendations

- 2.72** **All patient group directions should be regularly reviewed to ensure they are in date.**
- 2.73** **There should be a robust audit trail for all controlled drugs.**

Good practice

- 2.74** *Access to pharmacy information and advice was equivalent to that in the community and provided an excellent opportunity to educate the young population about medicines.*

Dentistry

- 2.75** The dental service was provided by 'Time for Teeth' with twice-weekly clinics. A previous lengthy backlog had been resolved and there was no one on the waiting list at the time of our visit. Waits for routine care were very short at approximately three weeks. There was effective prioritisation of clinical need, and prisoners with dental pain or urgent needs could often be seen on the same day. Both the dentist and the GP prescribed pain relief and antibiotics where required. Prisoners could access the full range of NHS treatment except dental braces, which the commissioner was reviewing. There was good oral health promotion.

- 2.76** The dental surgery was clean, properly equipped and complied with infection control requirements. Servicing arrangements were in place and specific audits completed, and there was a new maintenance contract.

Delivery of care (mental health)

- 2.77** In our survey, significantly more prisoners than the comparator, 36% against 24%, said they had emotional or mental health problems. Some commendable joint working between the two providers supported an effective integrated service. Regular shared meetings took a 'one service' approach. There was good early identification of mental ill health through the risk assessment of new arrivals and a follow-up screening the following day.
- 2.78** The two teams comprised registered mental health nurses, sessional psychiatrists, and an occupational therapist and psychological therapist. Despite some staffing gaps, primary mental health nurses provided a responsive and supportive gateway into mental health services. They achieved good rapport with young men and did some positive individual work, including supportive innovative therapies using care of chickens and an art project with a local charity (see paragraph 1.62); there were plans to extend this work to music therapy.
- 2.79** Prisoners had prompt access to primary mental health care, with the majority assessed within 24 hours and urgent referrals prioritised appropriately. Referrals were made by any member of staff or through self-referral. Too few prison staff (approximately 14) had completed mental health awareness training, but there were plans to increase this.
- 2.80** The mental health in-reach team comprised an occupational therapist lead, mental health nurses, sessional clinical and forensic psychiatry, and a psychological therapist provided an excellent trauma service for some prisoners. The team provided a safe and supportive service to some young men with complex and serious mental health problems. The team worked collaboratively with both health and prison colleagues to support some very unwell prisoners. Weekly joint meetings between the primary and in-reach team leads ensured prompt and suitable access to the right practitioner.
- 2.81** Wherever possible, mental health consultations were conducted in health care rooms, but frequently other rooms on the residential units had to be used. These lacked suitable privacy for prisoners needing to disclose their distress and vulnerability.
- 2.82** Transfers to secure hospitals were regularly delayed beyond two weeks, despite strenuous efforts by the prison. In the last 11 months, almost all transfers were delayed beyond two weeks and the longest wait for placement was three months. During our visit, the three prisoners waiting transfer to secure hospitals had all waited more than two weeks. These prisoners were being managed as well as possible on residential units but this risked their mental health deteriorating and was an operational challenge.

Recommendation

- 2.83** **Transfers under the Mental Health Act should be completed in line with national guidelines and to prevent deterioration of prisoners' mental health.**

Housekeeping point

- 2.84** Health staff should be given appropriate notice of planned assessment, care in custody and teamwork (ACCT) case management reviews.

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.

2.85 *Catering arrangements were generally appropriate and the supervision of meals had improved. Consultation about the food was generally reasonable but did not specifically address the needs of prisoners from a black or minority ethnic background, whose views about the food were particularly poor.*

2.86 A four-week menu cycle offered a range of meal options, and catered for different medical and religious dietary requirements. On weekdays prisoners had a cold lunch consisting of a sandwich, crisps and fruit, with a hot meal provided in the evening. Supervision of meals on most units had improved and the meals we observed were generally well managed. Evening meals were usually served between 4.45pm and 5.30pm.

2.87 In our survey, prisoners were more positive about the quality of the food than at the last inspection, but only one in five said it was good – the response from prisoners from a black or minority ethnic background was fewer than one in 10 compared with 23% of white prisoners. The catering manager attended the monthly prisoner consultation committee and there were twice-yearly food surveys, but there was no specific consultation with minority groups (see recommendation 2.94).

2.88 The kitchen was well organised and run, and equipment for the preparation of halal food was clearly differentiated from other utensils. Prisoners working in the kitchen were able to gain qualifications at national vocational qualification (NVQ) level 1, and those working in the staff mess could gain qualifications up to level 2.

Purchases

Expected outcomes:

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

2.89 *Arrangements for prisoners to buy goods were reasonable. Although some new arrivals could wait almost two weeks for their first orders, there were positive attempts to offset this. A reasonable range of goods were available and general consultation was appropriate, but black and minority ethnic and Muslim prisoners were more negative and were not specifically consulted.*

2.90 New arrivals could buy a reception pack containing shop items and telephone credit but, depending on their day of arrival, some waited up to almost two weeks to receive their first full shop order. The prison was due to introduce larger enhanced reception packs to offset the impact of these delays. The general range of products was reasonable and, although prisoners complained that they were expensive, prices were set as part of a national contract.

- 2.91** The shop was a standing agenda item at prisoner consultation meetings at which changes to the product list could be made. There was further regular consultation on the wings. Prisoners from a black or minority ethnic background and Muslim prisoners were not canvassed specifically, and in our survey their views were significantly worse than those of white and non-Muslim prisoners about the availability of a sufficiently wide range of goods to meet their needs.
- 2.92** Prisoners could shop from catalogues, for which they paid both a delivery charge (divided by the number of orders at the time), as well as an administrative charge of 50p; this was excessive.

Recommendations

- 2.93** **New arrivals should be able to buy items from the prison shop within their first 24 hours at the prison.** (Repeated recommendation 2.100)
- 2.94** **The catering and prison shop facilities should meet the needs of all prisoners, including those from a black or minority ethnic background and Muslim prisoners, and these groups should be regularly consulted.**
- 2.95** **Prisoners should not be charged both an administrative and delivery 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.¹⁰

3.1 *Fully employed prisoners could have about eight hours a day out of their cell, which was less than at the last inspection. Unemployed prisoners had as little as one hour, which was very poor. We found more than a quarter of prisoners locked up during the core day, which was too many.*

3.2 Fully employed prisoners could have about eight hours a day out of their cell, which was less than the 10 hours at the last inspection. Unemployed prisoners had as little as one hour, which was very poor. All prisoners, except those on the basic level of the incentives and earned privileges (IEP) scheme, were supposed to have an hour out of their cell at the beginning of the morning, but this period was often curtailed by around 15 minutes, and there was evidence of some slippage in the regime at other times. In our spot check, 26% of prisoners were locked up during the core day, which was too many.

3.3 The regime provided for one hour's evening association, but 20% of these had been cancelled in the previous month. Cancellation was not monitored, and one unit had been affected by this far more than some others. Evening association was limited to 50 prisoners per unit and unemployed prisoners, who were not prioritised for this, were rarely let out of their cell during this period.

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.

3.4 *Prison managers had worked closely with internal partners to address our previous serious concerns, especially to increase training and work opportunities and improve prisoner attendance and behaviour, however, more was needed to secure a positive impact on the quality of teaching, learning and achievement. There were now sufficient activity spaces for all prisoners, and more work and vocational training places had been recently introduced. However, the quality of the education provision was inadequate and too much teaching and learning in classroom training was poor. Outcomes in English and mathematics had improved, but were still inadequate. Achievement of vocational qualifications was good, although mostly at a very low level of skill. Punctuality was poor and the working day was too short. The pace of improvements to aspects of learning and skills and work had been too slow to benefit prisoners. Library provision was good.*

¹⁰ 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.

3.5 Ofsted¹¹ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work:	Inadequate
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Inadequate</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Inadequate</i>
<i>Personal development and behaviour</i>	<i>Inadequate</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Inadequate</i>

Management of learning and skills and work

3.6 Since the previous inspection, managers had successfully established a stronger foundation to increase the engagement of prisoners in purposeful activities, with induction, behaviour and attendance at the heart of that improvement. However, the pace of improvement had been too slow and critical aspects of teaching and learning had reduced in quality (see main recommendation S41). Prison managers had successfully focused on strengthening and improving partnership working with all those delivering purposeful activities. The education and vocational training provision from Milton Keynes College was inadequate.

3.7 Quality improvement measures had been introduced but not for all aspects of purposeful activity. The prison's self-assessment report accurately reflected the progress and development needs across learning and skills, but did not give adequate weight to the importance of success rates, punctuality and the quality of the delivery. The quality improvement group focused appropriately on reviewing performance and monitoring progress against a detailed post-inspection action plan. However, the targets to improve teaching and learning were insufficiently demanding or challenging enough, and managers did not monitor the performance of specific groups of learners and staff effectively.

Recommendations

3.8 **There should be effective quality improvement and assurance arrangements that apply to the whole of the purposeful activities provision.**

3.9 **Prison managers should set the college demanding and challenging targets to improve the quality of teaching and outcomes.**

3.10 **Managers should monitor and evaluate the performance of different groups of learners to ensure they all achieve their full potential.**

¹¹ 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>.

Provision of activities

- 3.11** The prison provided sufficient work and activity places to engage the population, and most prisoners attended full-time work, training or education. Prisoner pay incentivised attendance in education and the completion of qualifications. Although there were enough spaces, the working day was far too short and did not replicate a realistic work environment. Sessions frequently started late, significantly reducing productivity in work and the time spent in vocational training. For example, workers in the gardens were delayed starting by an hour, and often finished early to allow them to shower. Allocation of new arrivals to work or training was prompt following induction, but not all learners were on courses that met their academic abilities or resettlement needs.
- 3.12** Most prison work contributed to the effective operation of the prison in activities such as cleaning, laundry and gardening. Prison workshop instructors had recently introduced a scheme to help prisoners recognise and record the transferable work skills they developed. This helped some to recognise their skills and progress to more complex work or vocational training. Vocational courses included bricklaying, groundworks, carpentry, tiling, painting and decorating, barbering, gym instructing, catering, industrial cleaning and trackworks/railway engineering. However, most was at entry level and level 1 with very few qualifications that would assist prisoners in gaining employment on release. Despite developments in the provision, it still did not fully meet the needs of all learners.
- 3.13** Education and training courses were offered from entry level to level 2, but the level 2 provision was very limited for longer serving or more able prisoners. The range and variety of education and vocational training required improvement, and there was not sufficient emphasis on developing skills in English and mathematics or integrating and including them in everyday work activities.

Recommendations

- 3.14** **The working day should be extended to give prisoners a challenging, productive and realistic working pattern.**
- 3.15** **The prison should introduce additional higher-level progression routes to meet the needs and interests of the more capable prisoners.**
- 3.16** **English and mathematics should be part of the everyday activities in work and training to contextualise these skills and their application in the working environment.**

Quality of provision

- 3.17** Coaching in vocational training was mostly good. Tutors were knowledgeable and used their experience well to develop learners' practical skills in workshops. Tutors questioned learners effectively to validate and embed knowledge. There was no formal training for prisoner peer mentors or formalised directed buddying support.
- 3.18** Prisoners with additional learning needs received appropriate support. They were promptly assessed and given individual support that included in-session help, support to improve their English and mathematics skills, and access to overlays and 'fidget tools' (to improve concentration in classes).

- 3.19** Too much teaching in education was poor, and most learners were not challenged, engaged or making progress. Lessons were often uninspiring, tedious, lacked pace and challenge. Too many were poorly planned, especially lessons for individuals in their cells. Tutors did not use information learning technologies at suitable points to enliven sessions. Too often classes of mixed ability learners were taught together, but tutors failed to provide tasks or activities to meet the capability of all learners. (See main recommendation S41.)
- 3.20** The promotion and development of integrated English and mathematics skills was inadequate. Tutors did not encourage learners or set specific personal targets to improve their English and mathematics skills. (See recommendation 3.16.) Tutors were not good role models in their own spelling, grammar and punctuation, and we often noted written and oral mistakes. In too many cases, tutors failed to correct learners' work to enable them to improve their skills. The college had produced a marking scheme for spelling and grammar, but tutors did not use it.
- 3.21** In vocational training, mathematical calculations occurred naturally, for example, in measuring walls to prepare for painting or working out food costs in the kitchen. But too often essential calculations were completed by tutors not learners. Tutors had not developed tasks and activities to develop learners' English language skills, for example by writing and speaking about work carried out. Learners did not complete sufficient written work, with too much reliance on worksheets, except in barbering and cooking where they produced some good written work.
- 3.22** Too much feedback following assessment was overly positive and insufficiently developmental to enable learners to improve. In some vocational areas, written work was not marked and learners did not know what they needed to do to improve. The least confident prisoners receiving in-cell support were set targets by tutors that they could not understand or read. English language tutors' pronunciation and syntax were poor and did not help learners to develop appropriate basic language skills.
- 3.23** Individual learning plans contained targets for skills development in workshops, but in education, targets were not used well enough to ensure learners had a thorough understanding of what they needed to do to improve. Tutors did not manage these targets well, break them down into achievable steps or use them effectively to review progress.
- 3.24** Staff did not maintain hygienic and safe working practices in many work and training areas, and prison staff often failed to set high enough expectations and standards for health and safety. For example, wood clamps were not used for chiselling in carpentry, and no appropriate cleaning agent was used for haircutting equipment in the barbering salon. Too many learners did not sit on their chairs appropriately, and staff did not correct unsafe practices and behaviour.
- 3.25** Tutors and staff did not integrate equality and diversity topics into sessions to enhance prisoners' understanding adequately. Although 'Diwali' was taking place during the inspection and was written on every pen-board, tutors did not refer to it during lessons.

Recommendation

- 3.26** **Target setting and feedback should provide clear guidance to prisoners on how to progress and achieve.**

Housekeeping point

- 3.27** Tutors and other staff should promote safe and hygienic working practices in all workshops and training areas.

Personal development and behaviour

- 3.28** Prisoner behaviour in activities was mostly good and they had good relationships with staff and other prisoners. Staff knew most learners well and rapport was good. Learners were tolerant of each other and demonstrated respect for staff. They engaged well in most training areas, but became bored and disruptive when tasks were not challenging enough. We observed a few instances of inappropriate language and swearing that staff did not challenge. In many sessions, learners informally supported each other and enjoyed working together.
- 3.29** As small number of prisoners gained useful employability skills in a minority of training workshops. On the Trackworks/railway engineering course they developed teamworking skills particularly well; learners in the kitchens demonstrated improvements in customer service skills. Learners were able to receive and follow instructions effectively, and many were keen to gain positive comment about their work. In employability classes provided by the education department, prisoners appreciated the importance of appropriate behaviour in the workplace.
- 3.30** Punctuality at training and work was very poor. Prisoners often arrived late and were not challenged. Staff did not start sessions on time and punctual learners often waited for up to 25 minutes for sessions to start. Staff did not make constructive use of this time, and so prisoners became bored and disruptive. Productivity and prisoner understanding of the work ethic was poor in all workshops.
- 3.31** Staff and prisoner understanding of fundamental British values and equality and diversity was poor. For example, we were inspecting on 11 November and found that education staff did not correct learners' misconceptions and lack of understanding about the purpose and meaning of Armistice Day.

Recommendations

- 3.32** **Punctuality in activities should be improved to increase prisoner engagement and maximise their productivity, instilling a realistic work ethic that prepares them well for employment.**
- 3.33** **Staff should be sufficiently well informed, trained and confident to challenge prisoners' beliefs and values and enable them to integrate into modern British life.**

Education and vocational achievements

- 3.34** Prisoners made good progress in achieving accredited qualifications in vocational training, with high success rates in information technology qualifications, cookery, Trackworks, life-style and gymnasium instructor courses. Skills development in vocational training was adequate to meet the requirements of qualifications. Vocational skills were generally low as courses were mostly at entry level and level 1. Level 2 courses in barbering and catering gave a small numbers of prisoners valuable employability skills.

- 3.35** Despite recent improvements, success rates in English and mathematics remained inadequate, with less than half of learners successfully completing level 1 and level 2 courses. (See recommendation 3.16.) Learners progressed slowly on ‘stepping-stones’ training courses, and success rates had been poor during the restricted regime in summer 2015. Prisoners with grade D GCSEs were not given the opportunity to improve their grades. Managers did not monitor data and employment outcomes for prisoners leaving with the Trackworks qualifications.

Library

- 3.36** The library was well run and managed by Leicestershire County Council, and prisoners had good access to it. There was a good range of books, magazines and audio books, and material in 27 languages. Appropriate legal and Prison Service instructions and reference materials were available. Prisoners for whom English was not their first language received a translation dictionary for their personal use in the prison.
- 3.37** Library staff and the three orderlies offered prisoners a range of activities, including the ‘Reading ahead’ reading programme, workshops with external authors, creative writing and poetry. Staff provided activity packs for vulnerable and self-isolating prisoners to use in their cells. Books were available on residential wings, in health care and the segregation unit. However, no data were available to identify library use by different groups of prisoners.

Recommendation

- 3.38** **The prison should monitor and evaluate access to library services by all groups of prisoners to identify any trends and groups of non-users who need to be targeted.**

Physical education and healthy living

Expected outcomes:

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

- 3.39** *Physical education and healthy living provision were good. Many prisoners used the facilities and took part in a range of indoor and outdoor sports and games. The range of accredited programmes had improved.*

- 3.40** Staff managed the physical education, recreational activities and accredited vocational training well, and promoted these effectively to prisoners. Induction to the gym was comprehensive and involved an appropriate briefing on healthy living and achieving personal fitness goals. All prisoners completed relevant pre-activity readiness questionnaires, and the department's links with health care were good.
- 3.41** Participation in recreational training and sports activities was high, and around 70% of the population used the facilities weekly. All prisoners could access the gym at least twice a week. Although numbers were small, there were specific activity sessions for prisoners on drug rehabilitation programmes or recovering from injury. Achievement rates on vocational training course at entry and level 1 were high, and learners appreciated the opportunity to participate.

3.42 The large sports hall, all-weather pitch, cardiovascular and weight-training suite supported an extensive range of activities. They were well used for recreational sessions and to support the accredited training in health and well being and gym instructing. Prisoners frequently used the isometric training equipment in the exercise yards. All the equipment was well maintained. Prisoners were supplied with clothes for training, but many wore their own. Changing and showering areas were clean, tidy and safe.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

4.1 *The strategic management of resettlement was reasonably good but required better coordination and integration across the prison to put offender management at the centre of its approach to reducing reoffending. There was a current prisoner needs analysis but it was not based on all the available data. The community rehabilitation company was established and working reasonably well.*

4.2 All sentenced young offenders at Glen Parva should have had an OASys (offender assessment), a sentence plan and an offender supervisor to help them manage their sentence. The prison had an up-to-date resettlement policy that incorporated the roles of offender management and the community rehabilitation company (CRC).¹² However, the policy simply listed the services provided by the different teams rather than describing how the prison coordinated its pathways work with the work of the offender management unit (OMU) and the CRC. Each department had an individual plan but there was no strategy that described shared objectives and actions. In practical terms, no one department coordinated what happened to a prisoner during their sentence, which increased the chance of duplication or omission of work required to reduce risk. There was also a risk that completed offending behaviour work, mental health and drug support might not have been recorded on the sentence plan. As a result, the offender manager or CRC in the community may not have received a comprehensive record of work done with the offender. The needs analysis that had informed the prison's current strategy was based on questionnaires completed by prisoners and had not included an analysis of OASys data to determine the provision of offending behaviour interventions (see paragraph 4.46).

4.3 The monthly reducing reoffending strategy meeting focused on updates of each pathway, rather than exploring the most effective ways for all departments to work together to address offending behaviour and resettle prisoners back into their communities. Representatives from the OMU did not always attend this meeting, suggesting they were not central to the reducing reoffending work. There was a sub-meeting for commissioned services which was more strategic and demonstrated how each pathway provider linked in with the CRC, but again, the offender manager was not represented. However, day-to-day liaison between the OMU, CRC and other departments was generally good.

4.4 Service continuity had been good as most staff who had worked for the previous provider had joined the CRC in May 2015, and the role of the CRC was established and generally working well. The CRC had encountered problems coordinating information from other pathway providers, including drug and alcohol work and mental health support. This had led to the recent introduction of a model to coordinate all work undertaken with a prisoner to

¹² Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

provide a single clear plan during his sentence and return to the community on release. This 'resettlement journey' folder allowed all pathway providers to update the work completed during the sentence and record community appointments on release. The folder was a positive initiative to meet the shortfalls in coordination, but it was too early to assess its effectiveness (see also paragraph 4.25).

Recommendations

- 4.5 The strategic management of reducing reoffending should be underpinned by tighter integration and coordination between departments within the resettlement function.**
- 4.6 The prison's needs analysis should incorporate data from OASys (offender assessment system) assessments to ensure that the range of accredited and non-accredited interventions is relevant to the population.**

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.

4.7 *Too many prisoners arrived without an OASys assessment. The overall quality of reoffending and risk of harm assessments was good. Sentence and risk management plans often lacked detail and were not focused enough. Offender supervisor contact with prisoners was too variable. Supervision of offender supervisors was a positive initiative. Home detention curfew (HDC) and release on temporary licence (ROTL) arrangements required review. Public protection arrangements were sound. Procedures to manage transfers had improved.*

- 4.8** The OMU was well resourced with 16 offender supervisors, two probation officers and four probation service officer offender supervisors. All offender supervisors had a mix of high, medium and low risk of harm cases to manage, although uniformed offender supervisors generally had smaller caseloads as their dual role included other operational duties, including wing supervision. Offender supervisors were nominally linked to residential units to increase contact with prisoners on their caseload, but uniformed offender supervisors were regularly redeployed, which affected contact levels. Nearly half of the cases we examined recorded insufficient contact between the offender supervisor and prisoner, although contact with higher risk cases was generally better. There was no prescribed minimum frequency of contact. Offender supervisors said that contact often focused on practical concerns, such as HDC, rather than on any planned low level work to address offending behaviour (see paragraph 4.46). In our survey, fewer prisoners than the comparator (27% against 35%) said their offender supervisor was working with them to achieve sentence planning targets. The quality of staff entries in prisoners' electronic case notes was, however, usually good, and in some cases excellent.
- 4.9** Around 75% of prisoners arrived without an up-to-date OASys assessment, which placed unnecessary pressure on the OMU. At the time of the inspection, there was a backlog of 65 assessments to be completed, including 12 high risk cases who were the responsibility of

external offender managers. This number was much better than the previous inspection and the prison had credible plans to reduce the backlog further.

- 4.10** During the inspection we were joined by colleagues from HM Inspectorate of Probation who looked in detail at six offender management cases held by community offender managers (in scope for offender management) and six that were the responsibility of the Prison Service (out of scope). Several other cases were also looked at but in less detail.
- 4.11** All new arrivals were seen by one of the offender supervisors within their first 72 hours to complete part one of the basic custody screening tool (BCST) before being passed to staff in the CRC, operated by Derbyshire, Leicestershire, Nottinghamshire and Rutland, who conducted part two of the BCS – effectively a basic sentence plan and/or resettlement plan depending on how long the prisoner had left to serve. Completion rates for both parts of the BCST were 100%, although quality varied. In a few cases the need identified on part one was not referred to on part two, suggesting it had not been met.
- 4.12** Despite generally good assessments, objectives in full sentence plans generated through OASys were often too general and not outcome-focused, with little evidence of proper sequencing of the sentence plan objectives. Too many prisoners were not fully engaged with their sentence plan, and of those we spoke to, only a few could say the activities they were engaged in were part of a sentence plan.
- 4.13** Risk of harm screenings were generally good, as were the related full analyses. In most cases deficient screenings were so assessed because they were late or failed to reflect all areas of risk adequately. The most common area missed was the prisoner’s behaviour in custody. Significant events, such as assaulting a cellmate and subsequent relocation, should have triggered a review but generally did not, other than those that took place as scheduled. All our inspected cases required a risk management plan, but half of those completed were not sufficiently good.
- 4.14** Supervision of uniformed offender supervisors by probation officers had been introduced in June 2015, and included prioritisation, record keeping and risk assessment. There were early signs that this had started to raise standards.
- 4.15** Between May and October 2015, 175 HDC applications had been considered with 87 (50%) successful. However, around a fifth of successful applicants were released after their HDC eligibility date, often due to delays in receiving external contributor reports. It was the prison’s policy to raise such delays with the relevant managers, but too many prisoners still experienced significant delays in their release. Although the prison had an ROTL policy, none of the current population had been released under ROTL conditions since April 2014.

Recommendations

- 4.16** **There should be set levels of contact between offender supervisors and prisoners, with management oversight to ensure compliance.**
- 4.17** **Prisoners should not be transferred to the establishment without an up-to-date offender assessment system (OASys) assessment.** (Repeated recommendation 4.19)
- 4.18** **Sentence plan objectives should be outcome-focused and appropriately sequenced, and plans should be written in an easy-to-understand format to engage prisoners fully. Risk management plans should be reviewed after any significant event.**

4.19 The prison should consistently chase up late reports and contributions from offender managers to reduce delays in prisoner progress.

Public protection

- 4.20** Public protection risk management arrangements were good. Case administrators used an effective screening checklist to identify all new arrivals subject to public protection measures, and forwarded their details to the head of offender management to assess the extent and frequency of monitoring. A 'public protection champion' in the OMU offered advice and guidance to case administrators. Prisoners subject to multi-agency public protection arrangements (MAPPA) were identified and routinely reviewed before their release. Written contributions to MAPPA meetings by offender supervisors were generally of a good standard. An external MAPPA manager had provided training to offender supervisors and caseworkers, which had increased their knowledge and confidence.
- 4.21** The interdepartmental risk management team (IRMT) met monthly and was more focused than at the last inspection with a reduced number of relevant nominals (targeted prisoners) who were monitored – 26 compared with 149. Offender supervisors did not attend the meeting but provided comprehensive reports, and resulting actions were systematically recorded and reviewed at subsequent meetings.

Categorisation

- 4.22** Arrangements to review prisoners' categorisation were appropriate. Between May and October 2015, two recategorisation boards had been held and both prisoners were transferred to the open estate. There was a central log of all transfer requests and a caseworker was responsible for monitoring and progressing applications. This provided a consistent approach to the management of progressive transfers to complete offending behaviour work. However, as the escort contractor did not transport lone prisoners, there were some delays in transferring prisoners to their home area to be resettled.

Indeterminate sentence prisoners

- 4.23** At the time of the inspection, the prison held one sentenced and three potential indeterminate sentenced prisoners (ISPs). A probation officer was responsible for managing these prisoners and provided a tailored service for them. There were no forums for ISPs but levels of contact with the probation officer were appropriate. Once sentenced, ISPs were transferred reasonably quickly to a more appropriate establishment.

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.

4.24 *Reintegration planning arrangements were generally good. Coordination of pre-release information between some pathway providers required improvement. Services for accommodation and finance, benefit and debt needs were good, as were arrangements for education, training and employment before release. Health and substance misuse reintegration planning was reasonable but plans were not routinely shared with the prison. Provision under the children and families pathway had improved significantly. There was insufficient offending behaviour work to meet the needs of prisoners.*

4.25 In the previous six months, the prison had released an average of 60 prisoners a month. CRC caseworkers held pre-release reviews to assess any outstanding resettlement need 12 weeks before release and saw all prisoners, whatever their level of risk or area for release. Information sharing between the offender supervisors and CRC caseworkers about release arrangements was good. The CRC dealt directly with identified accommodation and finance, benefit and debt issues, and other pathway needs were referred to the providers. Arrangements for following up referrals were generally good but updates from a few pathway providers were not always provided before release to be coordinated and passed to the community offender manager. The resettlement journey folder (see paragraph 4.4) had been introduced to address this. All prisoners were met by a CRC caseworker on their day of release and given advice and guidance about follow-up appointments with community providers. The prisoner's family was often involved in this 'departure lounge' process, which was a good initiative in ensuring future attendance at appointments.

4.26 Pre-release meetings between the offender supervisor, prisoner and offender manager did not always take place. Because of the prison's large catchment area, pre-release meetings involving all personnel were not always practical, although the use of video conferencing for this purpose was improving.

Good practice

4.27 *A caseworker met all prisoners on their day of release, and often also their family members, to give advice and guidance about follow-up appointments with community providers.*

Accommodation

4.28 In our survey, more prisoners than the comparator said they had housing problems on arrival. The CRC provided accommodation advice during induction, on request and at the 12-week pre-release meeting. Analysis of the basic custody screening tool induction data had identified a gap in provision, which had led to an accommodation workshop run by Leicestershire probation housing and welfare team. Where necessary and appropriate, the CRC managed outstanding housing debts or court fines, and maintained or terminated tenancies. They also assessed prisoners requiring accommodation for HDC or a bail application.

4.29 Of the 383 prisoners released between May and October 2015, 93% had gone to permanent or sustained (longer than three months) accommodation, which was similar to the last

inspection. However, there was still no short- or long-term follow-up of prisoners' accommodation outcomes.

Recommendation

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

Education, training and employment

- 4.31** The quality of the National Careers Service provided by Futures Advice Skills and Employment was good. Milton Keynes College ran a useful pre-release course that prepared prisoners well for release. All prisoners received a final review to ensure key appointments and meetings had been arranged following release. The 'virtual campus' – giving prisoners internet access to community education, training and employment opportunities – was only used at induction and on the pre-release course to help prisoners prepare a curriculum vitae. Outcomes for prisoners released from the prison were inadequate, with just 18% going into work or further training.

Housekeeping point

- 4.32** There should be more effective use of the 'virtual campus' to help prisoners access community education, training and employment opportunities through the internet.

Health care

- 4.33** All prisoners were seen by a nurse before discharge and given information about community health services and offered supplies of condoms. Early and effective links were made with community mental health teams (CMHTs) for prisoners with continuing mental health needs. Some local CMHT representatives attended joint pre-release planning meetings, but distance from the home area sometimes precluded this.

Drugs and alcohol

- 4.34** The therapeutic drug and alcohol service (TDAS) team worked on release plans with prisoners nearing their release date to organise support in the community as necessary. However, these plans were not shared routinely with the OMU, which caused some confusion and had the potential for the duplication of effort in release arrangements. Prisoners from Leicestershire were visited before release by workers from the community substance misuse team. This helped to build relationships and encouraged engagement post-release.

Recommendation

- 4.35 The therapeutic drug and alcohol service should routinely share prisoner release plans with the offender management unit.**

Finance, benefit and debt

- 4.36** Support for finance, benefit and debt need was good. The CRC identified prisoners' need on arrival and addressed issues such as court fines and outstanding loans. In the previous six months, 40 prisoners had opened a bank account before their release. Prisoners were routinely seen by Jobcentre Plus about their benefits before their release. The prison had identified a need for a money management course and this was due to be run by Milton Keynes College from December 2015.

Children, families and contact with the outside world

- 4.37** Provision under this pathway had improved significantly since our last inspection. A family engagement worker had been appointed in conjunction with PACT (Prison Advice and Care Trust). He provided a comprehensive service to prisoners and their families, including assistance with family court matters, social work issues and some excellent work in helping prisoners re-establish and maintain contact with family members. He also helped foreign national prisoners with immigration matters. He ran a parenting course that started shortly before our inspection, involving eight prisoners, with further courses planned.
- 4.38** Visits provision was good with daily domestic sessions. The visitors' centre was clean and bright, and the family engagement worker was there regularly to provide specialist advice to families and friends and to direct them to agencies addressing a wide range of matters.
- 4.39** The visits hall was institutional but had improved. There was a lack of privacy when visits were fully booked. Visits started on time and visitors were complementary about their experience, including being able to book visits on site. Visits staff were made aware of any public protection or safety matters and seated prisoners accordingly. Closed visits booths were out of sight and hearing of the main visits hall, but three did not have telephone receivers on the prisoners' side. The children's play area was still closed, and prisoners were still not able to use the toilets during visits. Catering staff provided refreshments and there were hot drinks in vending machines. Too many prisoners were strip searched after visits. While it was appropriate to search those identified by security staff and prisoners who had previously been on closed visits who still presented a risk, it was inappropriate to strip search all prisoners who were deemed high risk for cell sharing on every occasion.
- 4.40** Family visits were provided in the chapel area six times a year during school holidays, but remand prisoners were unable to apply for them. While it was good that photos could be taken during the visits, the system for issuing the photos to prisoners was bureaucratic and costly: families were issued with the photos in the first instance and then had to send them back in to the prisoner. Storybook Dads (enabling prisoners to record bedtime stories for their children) was due to commence in 2016, with prisoners encouraged to write and record their own stories.

Recommendations

- 4.41** **There should be play or activity facilities for children attending visits.**
(Recommendation repeated 4.50)
- 4.42** **All prisoners should be able to apply for and attend family visits.**
- 4.43** **Strip searching following visits should be on the basis of a risk assessment.**

Housekeeping point

4.44 Prisoners should have access to toilets during visits.

Attitudes, thinking and behaviour

- 4.45** There was a range of accredited courses, included the thinking skills programme (TSP), Resolve (violence management course) and alcohol related violence (ARV). However, there was a gap in provision for many prisoners because of their short stay at the prison or they were too high a risk level to complete some programmes. We were told that the prison had struggled to fill the most recent TSP course as too few prisoners had met the criteria. In our survey, only 6% of respondents said they were currently involved in an offending behaviour course, against the comparator of 10%, and of those who had completed an offending behaviour programme only 46%, against 54%, felt it would help them on release.
- 4.46** There had been no needs analysis for over two years of the types of interventions required to reduce the risks of the population at Glen Parva (see paragraph 4.2 and recommendation 4.6). There were no low level offending behaviour interventions available (see paragraph 4.8). There was no provision for the small number of prisoners convicted of a sex offence and unsuitable to complete the sex offender treatment programme at another prison or for those convicted of domestic violence.
- 4.47** The psychology department held some one-to-one interventions with high risk prisoners but these had involved only seven prisoners in the previous six months. There was no structured one-to-one motivational work by offender supervisors.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1 The prison should identify the reasons for the increasing violence and implement further measures to reduce it. The systems in place to identify and support victims of bullying should be more robust so that prisoners feel safer. There should be greater focus on the perpetrators of violence to modify their behaviour and make Glen Parva safer. (S39)
- 5.2 Prisoners should not share cells designed for single occupancy. As a minimum, cells should be reconfigured to enable prisoners who share a cell to watch TV and access tea-making facilities safely. (S40)
- 5.3 Teaching and learning should be improved urgently to provide interesting, stimulating sessions. The sessions should inspire and challenge learners to develop skills and make good progress in their learning so that they are more successful in gaining qualifications. (S41)

Recommendations

To NOMS

- 5.4 More careful consideration should be given to the location of prisoners before they are transferred to the establishment in order to diminish the impact and disruption to them and their families, especially if future court appearances are necessary. (1.4)
- 5.5 NOMS should work with Home Office Immigration Enforcement and the Legal Aid Agency to ensure there is adequate provision to meet the needs of foreign national prisoners and immigration detainees. If their needs cannot be met in Glen Parva, they should be held where they can be met. (2.34)

Recommendations

To the governor

Early days in custody

- 5.6 All new arrivals should be subject to enhanced checks by staff during their first night. (1.13)
- 5.7 The induction programme should fully engage new arrivals, who should not spend more time locked in their cell than a fully employed prisoner while on the programme. (1.14)

Bullying and violence reduction

- 5.8 More effort should be made to identify and prevent prisoners from self-isolating. There should be a thorough investigation to establish the reasons behind each case of self-isolation,

and solutions provided to ensure that the prisoner is provided with an appropriate reintegration plan and given the opportunity to access a full regime safely. (1.22)

Self-harm and suicide

- 5.9** The quality of assessment, care in custody and teamwork (ACCT) planning documents should be improved, and they should be subject to regular management checks. (1.29)
- 5.10** Night time observations of prisoners on open ACCT documents should be at irregular and unpredictable intervals according to the assessed risk. (1.30)
- 5.11** The constant observation cells and Listener suites should be properly furnished and prepared for immediate occupation. (1.31)

Security

- 5.12** Action taken following the receipt of information reports should be analysed at the security meeting. This information should be used to set and monitor objectives to address the issues identified. (1.44)

Incentives and earned privileges

- 5.13** The prison should consult prisoners to understand their negative perceptions of the incentives and earned privileges scheme and explore ways to create an incentivising culture that motivates prisoners to behave well. (1.48)

Discipline

- 5.14** All use of force documentation and videos should be reviewed by a senior manager and any findings reported to the use of force committee. (1.54)
- 5.15** The regime in the segregation unit should include some purposeful activity and opportunity for increased interaction with prisoners and staff, with at least an hour a day available in the open air. (1.59)

Substance misuse

- 5.16** The therapeutic drug and alcohol service (TDAS) should establish a peer support scheme for prisoners with drug and alcohol problems. (1.66)

Residential units

- 5.17** All cells should have the full range of furniture and fittings, including flasks for hot water, and the in-cell electricity point should be moved to provide access to kettles and ensure that all prisoners can see the television. (2.9)
- 5.18** Staff should respond to applications within seven days. (2.10)

Staff-prisoner relationships

- 5.19** The prison should explore prisoners' poor perceptions of the effectiveness of the personal officer scheme and address any issues raised. (2.15)

- 5.20** There should be management checks of prisoners' electronic case notes to ensure that all staff make regular detailed entries. (2.16)

Equality and diversity

- 5.21** Equality monitoring data or other evidence indicating disproportionate treatment of a protected group should be investigated promptly. (2.24)
- 5.22** There should be regular consultation meetings with prisoners from all minority groups, which should discuss equality monitoring tool data and prisoners' perceptions of equality and diversity. (2.25)
- 5.23** Prisoner equality and diversity representatives should cover all protected groups. (2.26)
- 5.24** All discrimination incident reporting forms (DIRFs) should be investigated thoroughly and the complainant given a written response. (2.27)
- 5.25** Professional interpreters should be used for all confidential or sensitive communication with prisoners who speak little English. (2.35)
- 5.26** The needs of prisoners with disabilities should be identified and determined as soon as they arrive. (2.36)

Health services

- 5.27** A suitable proportion of prison officers should be trained in basic resuscitation skills and use of the automated external defibrillators to ensure a safe 24-hour response. All prison staff should be familiar with the emergency code protocol and be confident to use it. Health staff should ensure that emergency equipment is kept fully stocked at all times, including suction apparatus. (2.56)
- 5.28** The number of missed internal appointments should be reduced further to ensure prisoners receive prompt treatment within effective use of clinical resources. (2.64)
- 5.29** External hospital appointments should not be cancelled except where safe and prompt clinical care can be assured. (2.65)
- 5.30** All patient group directions should be regularly reviewed to ensure they are in date. (2.72)
- 5.31** There should be a robust audit trail for all controlled drugs. (2.73)
- 5.32** Transfers under the Mental Health Act should be completed in line with national guidelines and to prevent deterioration of prisoners' mental health. (2.83)

Purchases

- 5.33** New arrivals should be able to buy items from the prison shop within their first 24 hours at the prison. (2.93, repeated recommendation 2.100)
- 5.34** The catering and prison shop facilities should meet the needs of all prisoners, including those from a black or minority ethnic background and Muslim prisoners, and these groups should be regularly consulted. (2.94)

- 5.35** Prisoners should not be charged both an administrative and delivery charge for catalogue orders. (2.95)

Learning and skills and work activities

- 5.36** There should be effective quality improvement and assurance arrangements that apply to the whole of the purposeful activities provision. (3.8)
- 5.37** Prison managers should set the college demanding and challenging targets to improve the quality of teaching and outcomes. (3.9)
- 5.38** Managers should monitor and evaluate the performance of different groups of learners to ensure they all achieve their full potential. (3.10)
- 5.39** The working day should be extended to give prisoners a challenging, productive and realistic working pattern. (3.14)
- 5.40** The prison should introduce additional higher-level progression routes to meet the needs and interests of the more capable prisoners. (3.15)
- 5.41** English and mathematics should be part of the everyday activities in work and training to contextualise these skills and their application in the working environment. (3.16)
- 5.42** Target setting and feedback should provide clear guidance to prisoners on how to progress and achieve. (3.26)
- 5.43** Punctuality in activities should be improved to increase prisoner engagement and maximise their productivity, instilling a realistic work ethic that prepares them well for employment. (3.32)
- 5.44** Staff should be sufficiently well informed, trained and confident to challenge prisoners' beliefs and values and enable them to integrate into modern British life. (3.33)
- 5.45** The prison should monitor and evaluate access to library services by all groups of prisoners to identify any trends and groups of non-users who need to be targeted. (3.38)

Strategic management of resettlement

- 5.46** The strategic management of reducing reoffending should be underpinned by tighter integration and coordination between departments within the resettlement function. (4.5)
- 5.47** The prison's needs analysis should incorporate data from OASys (offender assessment system) assessments to ensure that the range of accredited and non-accredited interventions are relevant to the population. (4.6)

Offender management and planning

- 5.48** There should be set levels of contact between offender supervisors and prisoners, with management oversight to ensure compliance. (4.16)
- 5.49** Prisoners should not be transferred to the establishment without an up-to-date offender assessment system (OASys) assessment. (4.17, repeated recommendation 4.19)

- 5.50** Sentence plan objectives should be outcome-focused and appropriately sequenced, and plans should be written in an easy-to-understand format to engage prisoners fully. Risk management plans should be reviewed after any significant event. (4.18)
- 5.51** The prison should consistently chase up late reports and contributions from offender managers to reduce delays in prisoner progress. (4.19)

Reintegration planning

- 5.52** The prison should follow up prisoners released with temporary accommodation or without a fixed address, to establish the suitability and sustainability of the accommodation accessed on initial release. This information should be used to inform the prison's needs analysis. (4.30, repeated recommendation 4.37)
- 5.53** The therapeutic drug and alcohol service should routinely share prisoner release plans with the offender management unit. (4.35)
- 5.54** There should be play or activity facilities for children attending visits. (4.41, recommendation repeated 4.50)
- 5.55** All prisoners should be able to apply for and attend family visits. (4.42)
- 5.56** Strip searching following visits should be on the basis of a risk assessment. (4.43)

Housekeeping points

Early days in custody

- 5.57** Information about Glen Parva on the first night unit should be available in a range of languages. (1.15)

Legal rights

- 5.58** Offender supervisors should be trained to provide legal services, including bail services. (2.45)
- 5.59** Provision of bail services, including outcomes, should be monitored so that provision can be tailored to need. (2.46)

Health services

- 5.60** Health policies should reflect the needs of the population and include a 'do not attempt resuscitation' and palliative care policy. (2.57)
- 5.61** Secondary health assessments of new arrivals should take place in designated rooms to ensure privacy and confidentiality. (2.66)
- 5.62** Health staff should be given appropriate notice of planned assessment, care in custody and teamwork (ACCT) case management reviews. (2.84)

Learning and skills and work activities

- 5.63** Tutors and other staff should promote safe and hygienic working practices in all workshops and training areas. (3.27)

Reintegration planning

- 5.64** There should be more effective use of the 'virtual campus' to help prisoners access community education, training and employment opportunities through the internet. (4.32)
- 5.65** Prisoners should have access to toilets during visits. (4.44)

Examples of good practice

- 5.66** The system for reviewing prisoners on open ACCT documents held in segregation was thorough and ensured they were only held there in the most exceptional circumstances. (1.32)
- 5.67** Nurses were dealing very effectively with NPS-related incidents, which reduced the requirement for paramedic involvement. (1.67)
- 5.68** The placement of medical and nursing students mirrored best practice in the community and helped enhance sustainable staff recruitment. (2.58)
- 5.69** Access to pharmacy information and advice was equivalent to that in the community and provided an excellent opportunity to educate the young population about medicines. (2.74)
- 5.70** A caseworker met all prisoners on their day of release, and often also their family members, to give advice and guidance about follow-up appointments with community providers. (4.27)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Deborah Butler	Team leader
Karen Dillon	Inspector
Deri Hughes-Roberts	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Paul Rowlands	Inspector
Catherine Shaw	Researcher
Michelle Bellham	Researcher
Patricia Taflan	Researcher
Heidi Webb	Researcher
Paul Roberts	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Richard Chapman	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Martin Hughes	Ofsted inspector
Maria Navarro	Ofsted inspector
Tracey Zimmerman	Ofsted inspector
Martyn Griffiths	Offender management inspector
Ruth Johnson	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2014, journey times to the prison were reasonable and the reception experience was mostly positive. Some first night and induction arrangements were weak. The establishment was not safe and lacked a strategic approach to improving safety in the prison. There was a high and increasing number of violent and bullying incidents, and arrangements to support victims were inadequate. The number of self-harm incidents was high and there had been two self-inflicted deaths since the beginning of the previous year. The incentives and earned privileges scheme did little to encourage positive behaviour or challenge antisocial behaviour. Security procedures were generally proportionate. The regime on the segregation unit was inadequate but reintegration planning was good. Substance misuse services were good. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

The prison should use prisoners' views and other safety data to develop resource and implement an effective strategy for reducing violence and ensuring the safety of prisoners held at Glen Parva. (S40)
Achieved

Analysis of data and other information on the range of disciplinary processes should be improved to inform improvements in procedures, staff supervision and staff training, so that staff are able to maintain authority with less reliance on formal disciplinary processes. (S41)

Achieved

Recommendations

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

Not achieved

The use of video-link facilities for court appearances should be increased. (1.5)

Partially achieved

Prisoners should not be held in vans outside the prison or outside reception at lunchtime. (1.6)

Achieved

All prisoners should spend less than two hours in reception. (1.15)

Partially achieved

All prisoners should receive a comprehensive first night interview to identify and act on any risk factors. (1.16)

Achieved

All prisoners should receive a comprehensive induction programme, including information specific to the establishment, within a short time frame after arrival. (1.17)

Partially achieved

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

Not achieved

A prison-wide strategy and action plan for managing those at risk of self-harm should be developed and implemented. This should include steps to improve the quality of assessment, care in custody and teamwork (ACCT) planning, recording and attendance at reviews. (1.35)

Partially achieved

Prisoners at risk of self-harm should only be located in the segregation unit in exceptional circumstances and as a last resort. (1.36)

Achieved

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

Achieved

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

Achieved

Prisoners should only be placed on, and remain on, closed visits and 'no contact' visits when there is sufficient intelligence, relating directly to visits, to support it. (1.47)

Achieved

Staff should receive up-to-date awareness training on new psychoactive substances. (1.48)

Achieved

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

Achieved

All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.59)

Achieved

Unofficial punishments should cease. (1.60)

Achieved

The quality and timeliness of use of force records should be improved. (1.66)

Achieved

All planned interventions should be filmed and reviewed. (1.67)

Partially achieved

Strip-clothing should only be used in exceptional circumstances when all other options have been exhausted. (1.68)

Achieved

The regime in the segregation unit should be improved. (1.75)

Not achieved

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

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, the prison grounds were pleasant but standards of residential and cellular accommodation varied greatly, and most remained neglected and in poor condition. Staff-prisoner engagement was mostly positive but there was a lack of positive role modelling and too much acceptance of poor behaviour. The administrative aspects of equality and diversity were in place but there was a complete lack of consultation for minority groups, which resulted in some foreign national prisoners feeling isolated. Faith provision was good. Health care provision was very good. Food quality and quantity were satisfactory. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Residential accommodation should be refurbished and kept clean to ensure it is fit for purpose. Cells should be clean, in good order and properly equipped. (S42)

Partially achieved

There should be regular consultation meetings with prisoners from all minority groups and issues raised should be pursued appropriately. Diversity representatives should be used to support this work, and the role of the diversity manager should be given a higher profile to ensure that prisoners have ready access to information and support. (S43)

Partially achieved

Recommendations

All residential communal areas should be clean and well maintained. (2.11)

Partially achieved

The in-cell electricity point should be moved to provide access to kettles and ensure that both prisoners in doubled cells can see the television. (2.12)

Not achieved

The applications process should be improved to ensure that it is fair and that responses are timely. (2.13)

Partially achieved

Responses to cell call bells should be monitored and action taken to ensure that they are prompt. (2.14)

Achieved

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

Partially achieved

There should be an up-to-date needs analysis of prisoners from minority groups and the establishment action plan should reflect identified issues. (2.25)

Not achieved

The promotion and celebration of diversity should be central to the prison's equality strategy. (2.26)

Achieved

Equality and diversity peer representatives should be introduced. (2.27)

Partially achieved

Investigations into allegations of discrimination and quality assurance processes should be improved. (2.28)

Not achieved

The prison should provide a coordinated approach to managing the needs of foreign national prisoners. (2.35)

Not achieved

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

Not achieved

Foreign national prisoners should have access to free independent immigration advice. (2.37)

Not achieved

An up-to-date health needs analysis should inform all service provision. (2.58)

Achieved

All prisoner-facing staff should be confident and competent to respond to medical emergencies before health services staff arrive on the scene. All staff should be able to request an emergency ambulance. More automated defibrillators should be located across the prison. (2.59)

Partially achieved

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

Achieved

Patient group directions should be introduced to enable the supply of more potent medicines by registered nurses. (2.74)

Partially achieved

The medicines and therapeutics committee should ensure safe and clinically effective medicines management. (2.75)

Achieved

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

Achieved

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

Not achieved

Lunch should not be served before noon and the evening meal not before 5pm. (2.94)

Achieved

The supervision of serveries, including the cleanliness of food trolleys, should be improved.(2.95)

Achieved

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

Partially achieved (recommendation repeated, 2.93)

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

Not achieved

Purposeful activity

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

At the last inspection, in 2014, the planned introduction of a new core day took place during the inspection and had begun to improve prisoners' access to association and exercise. The prison lacked a clear vision to direct and improve educational and vocational provision, and both the quality of the provision and support given by the providers were poor. There were insufficient activity places, compounded by poor attendance and cancellations, which resulted in too many prisoners being locked up during the core day. The overall quality of education was adequate but achievement outcomes were unsatisfactory. While the delivery of vocational training was better, outcomes were still not good. Attendance at the two libraries had been very poor but the new regime had started to have a positive impact. The gym offered good opportunities for recreational PE but there was very limited access to vocational courses. Outcomes for prisoners were poor against this healthy prison test..

Main recommendation

Regional commissioners should ensure education and learning, skills and work providers maintain staff levels that deliver sufficient effective provision to consistently meet the needs of the population and the prison should ensure that this is fully utilised. (S44)

Partially achieved

Recommendations

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

Not achieved

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

Achieved

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

Partially achieved

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

Partially achieved

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

Partially achieved

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

Not achieved

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

Not achieved

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

Partially achieved

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

Achieved

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

Not achieved

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

Achieved

Resettlement

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

At the last inspection, in 2014, the reducing reoffending strategy was up to date and comprehensive. Offender management outcomes varied greatly, resulting in a lack of consistency. Public protection arrangements were sound, once prisoners had been identified, but there were deficiencies in identification and some prisoners were missed. There were also some concerns about the identification of multi-agency public protection arrangements (MAPPA) levels. Resettlement pathway provision was generally good but there was minimal offender supervisor involvement. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

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

Achieved

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

Partially achieved

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

Not achieved (recommendation repeated, 4.17)

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

Partially achieved

Quality assurance should be applied consistently across all staff working in offender management to ensure that consistently high standards of case management are maintained. (4.21)

Partially achieved

A clear policy should be established regarding the escalation of problematic cases to reduce the risk of delay in taking necessary action. (4.22)

Achieved

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

Achieved

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

Achieved

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

Partially achieved

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

Not achieved (recommendation repeated, 4.30)

Visits should start at the advertised time and visitors should be able consistently to access the full term of the visits session. (4.48)

Achieved

Specialist staff, able to give advice and guidance to visitors, should be available before, during and after visits sessions. (4.49)

Achieved

There should be play or activity facilities for children attending visits. (4.50)

Not achieved (recommendation repeated, 4.41)

The prison should provide a parenting course for prisoners. (4.51)

Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	308	40	67.6
Recall	38	6	8.5
Convicted unsentenced	42	0	8.1
Remand	74	2	14.7
Detainees	3	2	0.9
Total	465	50	99.8

Sentence	18–20 yr olds	21 and over	%
Unsentenced	122	4	24.4
Less than six months	21	0	4.2
Six months to less than 12 months	32	1	6.5
12 months to less than 2 years	78	7	16.6
2 years to less than 4 years	172	29	38.7
4 years to less than 10 years	39	9	9.8
Life	1	0	0.2
Total			

Age	Number of prisoners	%
Under 21 years	465	90.3
21 years to 29 years	50	9.7
Total	515	100

Nationality	18–20 yr olds	21 and over	%
British	411	45	88.5
Foreign nationals	54	5	11.5
Total			

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	124	3	24.7
Uncategorised sentenced	3	0	0.6
Category C	1	0	0.2
Other	341	46	74.8
Total			

Ethnicity	18–20 yr olds	21 and over	%
White			
British	272	31	58.8
Irish	4	0	0.8
Gypsy/Irish Traveller	10	0	1.9
Other white	22	2	4.6
Mixed			
White and black Caribbean	35	2	7.2
White and black African	3	0	0.6
White and Asian	3	0	0.6
Other mixed	4	0	0.8
Asian or Asian British			
Indian	10	2	2.3
Pakistani	9	2	2.2
Bangladeshi	3	1	0.8
Other Asian	7	3	1.9
Black or black British			
Caribbean	30	1	6.0
African	33	2	6.8
Other black	10	1	2.2
Other ethnic group			
Arab	1	0	0.2
Other ethnic group	9	3	2.3
Total	465	50	100

Religion	18–20 yr olds	21 and over	%
Church of England	23	3	5
Roman Catholic	73	5	15.1
Other Christian denominations	98	13	21.6
Muslim	88	13	19.6
Sikh	4	0	0.8
Hindu	1	0	0.2
Buddhist	3	0	0.6
Other	1	0	0.2
No religion	174	16	36.9
Total			

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	3	1	0.8
Total	3	1	0.8

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	79	15.4	3	0.7
1 month to 3 months	90	17.6	6	1.2
3 months to six months	97	18.9	11	2.1
Six months to 1 year	60	11.8	17	3.3
1 year to 2 years	17	3.4	7	1.4
2 years to 4 years	0	0	2	0.5
Total	343	66.7	46	8.9

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	3	2	1.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	21	2	4.5
Total	24	4	5.5

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	48	9.4	0	0
1 month to 3 months	35	6.9	1	0.2
3 months to six months	32	6.3	1	0.2
Six months to 1 year	5	1.0	1	0.2
1 year to 2 years	2	0.5	1	0.2
Total	122	23.6	4	0.8

Main offence	18–20 yr olds	21 and over	%
Violence against the person	83	13	18.6
Sexual offences	22	1	4.5
Burglary	72	4	14.7
Robbery	97	13	21.4
Theft and handling	11	1	2.3
Fraud and forgery	5	1	1.2
Drugs offences	94	7	19.6
Other offences	81	10	17.7
Total	465	50	100

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment¹³. 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 19 October 2015 the young adult population at HMYOI Glen Parva was 502. Using the method described above, questionnaires were distributed to a sample of 200 young adults.

We received a total of 152 completed questionnaires, a response rate of 76%. This included three questionnaires completed via interview. Eleven respondents refused to complete a questionnaire, 14 questionnaires were not returned and 23 were returned blank.

¹³ 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
1	20
2	18
5	17
8	23
10	17
11	17
14	23
15	15
Segregation unit	2

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹⁴ 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 have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMYOI Glen Parva in 2015 compared with responses from young adults surveyed in all other young adult prisons. This comparator is based on all responses from young adult surveys carried out in seven young adult establishments since April 2012.
- The current survey responses from HMYOI Glen Parva in 2015 compared with the responses of young adults surveyed at HMYOI Glen Parva in 2014.
- A comparison within the 2015 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2015 survey between those who are British and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim young adults and non-Muslim young adults.
- A comparison within the 2015 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.

¹⁴ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		134 (88%)
	<i>21 - 29</i>		18 (12%)
	<i>30 - 39</i>		0 (0%)
	<i>40 - 49</i>		0 (0%)
	<i>50 - 59</i>		0 (0%)
	<i>60 - 69</i>		0 (0%)
	<i>70 and over</i>		0 (0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		109 (72%)
	<i>Yes - on recall</i>		7 (5%)
	<i>No - awaiting trial</i>		15 (10%)
	<i>No - awaiting sentence</i>		19 (13%)
	<i>No - awaiting deportation</i>		1 (1%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		35 (23%)
	<i>Less than 6 months</i>		9 (6%)
	<i>6 months to less than 1 year</i>		17 (11%)
	<i>1 year to less than 2 years</i>		23 (15%)
	<i>2 years to less than 4 years</i>		49 (33%)
	<i>4 years to less than 10 years</i>		16 (11%)
	<i>10 years or more</i>		0 (0%)
	<i>IPP (indeterminate sentence for public protection)</i>		0 (0%)
	<i>Life</i>		0 (0%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	<i>Yes</i>		15 (10%)
	<i>No</i>		135 (90%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		150 (99%)
	<i>No</i>		1 (1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		147 (97%)
	<i>No</i>		4 (3%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	101 (67%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	7 (5%)	<i>Mixed race - white and black Caribbean</i> 8 (5%)
	<i>Black or black British - Caribbean</i>	10 (7%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	11 (7%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 2 (1%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i> 0 (0%)

<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	3 (2%)		

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

Yes	7 (5%)
No	142 (95%)

Q1.10 What is your religion?

<i>None</i>	54 (36%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	33 (22%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	30 (20%)	<i>Muslim</i>	23 (15%)
<i>Protestant</i>	3 (2%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	5 (3%)	<i>Other</i>	0 (0%)
<i>Buddhist</i>	1 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	145 (98%)
<i>Homosexual/Gay</i>	2 (1%)
<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)?

Yes	29 (19%)
No	122 (81%)

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

Yes	1 (1%)
No	149 (99%)

Q1.14 Is this your first time in prison?

Yes	90 (60%)
No	61 (40%)

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

Yes	27 (18%)
No	125 (82%)

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>	80 (53%)
<i>2 hours or longer</i>	59 (39%)
<i>Don't remember</i>	11 (7%)

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>	80 (53%)
Yes	46 (30%)
No	19 (13%)
<i>Don't remember</i>	6 (4%)

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

<i>My journey was less than two hours</i>	80 (53%)
Yes	9 (6%)
No	54 (36%)
<i>Don't remember</i>	7 (5%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		75 (51%)
	No		53 (36%)
	Don't remember		19 (13%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		117 (77%)
	No		22 (15%)
	Don't remember		12 (8%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		28 (19%)
	Well		64 (42%)
	Neither		42 (28%)
	Badly		4 (3%)
	Very badly		5 (3%)
	Don't remember		8 (5%)
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		96 (64%)
	Yes, I received written information		2 (1%)
	No, I was not told anything		43 (28%)
	Don't remember		12 (8%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		126 (84%)
	No		14 (9%)
	Don't remember		10 (7%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?		
	Less than 2 hours		107 (71%)
	2 hours or longer		32 (21%)
	Don't remember		11 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?		
	Yes		111 (77%)
	No		24 (17%)
	Don't remember		10 (7%)
Q3.3	Overall, how were you treated in reception?		
	Very well		19 (13%)
	Well		74 (50%)
	Neither		37 (25%)
	Badly		10 (7%)
	Very badly		4 (3%)
	Don't remember		5 (3%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	Loss of property	19 (13%)	Physical health
	Housing problems	20 (14%)	Mental health
			5 (3%)
			24 (16%)

<i>Contacting employers</i>	2 (1%)	<i>Needing protection from other prisoners</i>	14 (9%)
<i>Contacting family</i>	38 (26%)	<i>Getting phone numbers</i>	30 (20%)
<i>Childcare</i>	0 (0%)	<i>Other</i>	4 (3%)
<i>Money worries</i>	19 (13%)	<i>Did not have any problems</i>	56 (38%)
<i>Feeling depressed or suicidal</i>	27 (18%)		

- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|---------------------------|----------|
| Yes | 28 (19%) |
| No | 62 (42%) |
| Did not have any problems | 56 (38%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|---------------------------------|-----------|
| <i>Tobacco</i> | 125 (84%) |
| <i>A shower</i> | 112 (75%) |
| <i>A free telephone call</i> | 117 (79%) |
| <i>Something to eat</i> | 102 (68%) |
| <i>PIN phone credit</i> | 88 (59%) |
| <i>Toiletries/ basic items</i> | 90 (60%) |
| <i>Did not receive anything</i> | 3 (2%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>Chaplain</i> | 108 (72%) |
| <i>Someone from health services</i> | 109 (73%) |
| <i>A Listener/Samaritans</i> | 37 (25%) |
| <i>Prison shop/ canteen</i> | 37 (25%) |
| <i>Did not have access to any of these</i> | 20 (13%) |
- 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> | 68 (47%) |
| <i>What support was available for people feeling depressed or suicidal</i> | 52 (36%) |
| <i>How to make routine requests (applications)</i> | 54 (38%) |
| <i>Your entitlement to visits</i> | 42 (29%) |
| <i>Health services</i> | 72 (50%) |
| <i>Chaplaincy</i> | 76 (53%) |
| <i>Not offered any information</i> | 38 (26%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|----------------|-----------|
| Yes | 104 (72%) |
| No | 32 (22%) |
| Don't remember | 9 (6%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|---|----------|
| <i>Have not been on an induction course</i> | 18 (12%) |
| <i>Within the first week</i> | 67 (46%) |
| <i>More than a week</i> | 49 (34%) |
| <i>Don't remember</i> | 12 (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> | 18 (12%) |
| Yes | 51 (35%) |

No	57 (39%)
Don't remember	20 (14%)

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

Did not receive an assessment	23 (16%)
Within the first week	42 (30%)
More than a week	47 (33%)
Don't remember	30 (21%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to...

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	9 (6%)	17 (12%)	34 (24%)	33 (23%)	27 (19%)	22 (15%)
Attend legal visits?	12 (9%)	47 (34%)	29 (21%)	13 (9%)	9 (6%)	30 (21%)
Get bail information?	6 (4%)	11 (8%)	35 (25%)	22 (16%)	18 (13%)	46 (33%)

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

Not had any letters	29 (21%)
Yes	50 (35%)
No	62 (44%)

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

Yes	35 (25%)
No	12 (9%)
Don't know	94 (67%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	43 (30%)	96 (68%)	3 (2%)
Are you normally able to have a shower every day?	114 (80%)	26 (18%)	2 (1%)
Do you normally receive clean sheets every week?	100 (71%)	36 (26%)	5 (4%)
Do you normally get cell cleaning materials every week?	32 (23%)	103 (73%)	6 (4%)
Is your cell call bell normally answered within five minutes?	23 (16%)	108 (77%)	10 (7%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68 (48%)	70 (50%)	3 (2%)
If you need to, can you normally get your stored property?	25 (18%)	73 (51%)	44 (31%)

Q4.5 What is the food like here?

Very good	3 (2%)
Good	25 (17%)
Neither	40 (28%)
Bad	41 (29%)
Very bad	34 (24%)

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

Have not bought anything yet/ don't know	2 (1%)
Yes	75 (52%)
No	66 (46%)

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

Yes	67 (47%)
No	27 (19%)

	<i>Don't know</i>	48 (34%)
Q4.8	Are your religious beliefs respected?	
	Yes	68 (48%)
	No	20 (14%)
	<i>Don't know/ N/A</i>	54 (38%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	89 (62%)
	No	10 (7%)
	<i>Don't know/ N/A</i>	44 (31%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	30 (21%)
	Very easy	32 (22%)
	Easy	32 (22%)
	Neither	22 (15%)
	Difficult	5 (3%)
	Very difficult	5 (3%)
	<i>Don't know</i>	17 (12%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes			119 (85%)
	No			17 (12%)
	<i>Don't know</i>			4 (3%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		<i>Not made one</i>	Yes	No
	Are applications dealt with fairly?	20 (14%)	64 (46%)	55 (40%)
	Are applications dealt with quickly (within seven days)?	20 (15%)	29 (22%)	85 (63%)
Q5.3	Is it easy to make a complaint?			
	Yes			70 (50%)
	No			25 (18%)
	<i>Don't know</i>			44 (32%)
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)			
		<i>Not made one</i>	Yes	No
	Are complaints dealt with fairly?	67 (49%)	22 (16%)	47 (35%)
	Are complaints dealt with quickly (within seven days)?	67 (50%)	17 (13%)	50 (37%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			19 (14%)
	No			113 (86%)
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>			83 (61%)
	Very easy			3 (2%)
	Easy			6 (4%)
	Neither			30 (22%)

Difficult	10 (7%)
Very difficult	5 (4%)

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>	16 (12%)
	Yes	56 (41%)
	No	53 (39%)
	<i>Don't know</i>	12 (9%)
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>	16 (12%)
	Yes	59 (43%)
	No	46 (34%)
	<i>Don't know</i>	15 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	31 (23%)
	No	106 (77%)
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>	101 (75%)
	Very well	5 (4%)
	Well	5 (4%)
	Neither	14 (10%)
	Badly	6 (4%)
	Very badly	4 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	96 (70%)
	No	41 (30%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	84 (62%)
	No	51 (38%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	48 (35%)
	No	89 (65%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	10 (7%)
	Never	23 (17%)
	Rarely	34 (25%)
	Some of the time	39 (29%)
	Most of the time	24 (18%)
	All of the time	6 (4%)

Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	65 (47%)
	<i>In the first week</i>	21 (15%)
	<i>More than a week</i>	34 (25%)
	<i>Don't remember</i>	18 (13%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	65 (48%)
	<i>Very helpful</i>	11 (8%)
	<i>Helpful</i>	19 (14%)
	<i>Neither</i>	17 (13%)
	<i>Not very helpful</i>	15 (11%)
	<i>Not at all helpful</i>	9 (7%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	74 (53%)
	<i>No</i>	65 (47%)

Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	32 (24%)
	<i>No</i>	102 (76%)

Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	65 (47%)	<i>At meal times</i>	21 (15%)
	<i>Everywhere</i>	23 (17%)	<i>At health services</i>	14 (10%)
	<i>Segregation unit</i>	7 (5%)	<i>Visits area</i>	12 (9%)
	<i>Association areas</i>	25 (18%)	<i>In wing showers</i>	42 (30%)
	<i>Reception area</i>	6 (4%)	<i>In gym showers</i>	17 (12%)
	<i>At the gym</i>	17 (12%)	<i>In corridors/stairwells</i>	27 (20%)
	<i>In an exercise yard</i>	21 (15%)	<i>On your landing/wing</i>	22 (16%)
	<i>At work</i>	12 (9%)	<i>In your cell</i>	8 (6%)
	<i>During movement</i>	27 (20%)	<i>At religious services</i>	5 (4%)
	<i>At education</i>	11 (8%)		

Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	58 (42%)
	<i>No</i>	81 (58%)

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>	26 (19%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	26 (19%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	37 (27%)
	<i>Having your canteen/property taken</i>	20 (14%)
	<i>Medication</i>	4 (3%)
	<i>Debt</i>	9 (6%)
	<i>Drugs</i>	6 (4%)
	<i>Your race or ethnic origin</i>	5 (4%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	6 (4%)
	<i>You are from a different part of the country than others</i>	11 (8%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	0 (0%)

Your age	1 (1%)
You have a disability	7 (5%)
You were new here	27 (19%)
Your offence/ crime	5 (4%)
Gang related issues	14 (10%)

Q8.6 Have you been victimised by staff here?

Yes	45 (33%)
No	92 (67%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends)	18 (13%)
Physical abuse (being hit, kicked or assaulted)	9 (7%)
Sexual abuse	2 (1%)
Feeling threatened or intimidated	16 (12%)
Medication	3 (2%)
Debt	2 (1%)
Drugs	1 (1%)
Your race or ethnic origin	5 (4%)
Your religion/religious beliefs	5 (4%)
Your nationality	6 (4%)
You are from a different part of the country than others	3 (2%)
You are from a traveller community	1 (1%)
Your sexual orientation	1 (1%)
Your age	0 (0%)
You have a disability	2 (1%)
You were new here	7 (5%)
Your offence/ crime	3 (2%)
Gang related issues	6 (4%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	68 (54%)
Yes	23 (18%)
No	36 (28%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?:**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	14 (10%)	22 (16%)	43 (31%)	36 (26%)	14 (10%)	9 (7%)
The nurse	15 (11%)	21 (15%)	52 (38%)	34 (25%)	9 (7%)	7 (5%)
The dentist	25 (18%)	9 (7%)	19 (14%)	26 (19%)	34 (25%)	25 (18%)

Q9.2 What do you think of the quality of the health service from the following people?:

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	18 (13%)	23 (17%)	57 (42%)	24 (18%)	10 (7%)	5 (4%)
The nurse	15 (11%)	21 (15%)	62 (45%)	24 (18%)	11 (8%)	4 (3%)
The dentist	44 (33%)	12 (9%)	33 (25%)	21 (16%)	13 (10%)	11 (8%)

Q9.3 What do you think of the overall quality of the health services here?

Not been	12 (9%)
Very good	17 (13%)
Good	57 (42%)
Neither	30 (22%)
Bad	13 (10%)
Very bad	7 (5%)

Q9.4	Are you currently taking medication?	
	Yes	51 (37%)
	No	87 (63%)
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>	87 (64%)
	<i>Yes, all my meds</i>	19 (14%)
	<i>Yes, some of my meds</i>	6 (4%)
	No	25 (18%)
Q9.6	Do you have any emotional or mental health problems?	
	Yes	50 (36%)
	No	88 (64%)
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>	88 (64%)
	Yes	23 (17%)
	No	26 (19%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	47 (34%)
	No	91 (66%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	18 (13%)
	No	120 (87%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	26 (19%)
	<i>Easy</i>	22 (16%)
	<i>Neither</i>	6 (4%)
	<i>Difficult</i>	7 (5%)
	<i>Very difficult</i>	6 (4%)
	<i>Don't know</i>	71 (51%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	5 (4%)
	<i>Easy</i>	4 (3%)
	<i>Neither</i>	7 (5%)
	<i>Difficult</i>	8 (6%)
	<i>Very difficult</i>	12 (9%)
	<i>Don't know</i>	101 (74%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	11 (8%)
	No	125 (92%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	6 (4%)
	No	130 (96%)

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>	83 (65%)
	Yes	27 (21%)
	No	17 (13%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	120 (88%)
	Yes	10 (7%)
	No	7 (5%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	99 (77%)
	Yes	21 (16%)
	No	8 (6%)

Section 11: 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	18 (13%)	15 (11%)	32 (23%)	23 (17%)	29 (21%)	21 (15%)
	Vocational or skills training	29 (21%)	9 (7%)	47 (35%)	19 (14%)	24 (18%)	8 (6%)
	Education (including basic skills)	17 (13%)	16 (12%)	64 (48%)	17 (13%)	12 (9%)	8 (6%)
	Offending behaviour programmes	48 (35%)	9 (7%)	19 (14%)	24 (18%)	27 (20%)	9 (7%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these					40 (29%)	
	Prison job					61 (45%)	
	Vocational or skills training					12 (9%)	
	Education (including basic skills)					33 (24%)	
	Offending behaviour programmes					8 (6%)	
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	37 (30%)	53 (42%)	29 (23%)	6 (5%)		
	Vocational or skills training	45 (39%)	38 (33%)	17 (15%)	14 (12%)		
	Education (including basic skills)	25 (21%)	61 (51%)	21 (18%)	13 (11%)		
	Offending behaviour programmes	54 (49%)	26 (23%)	19 (17%)	12 (11%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					29 (21%)	
	Never					53 (38%)	
	<i>Less than once a week</i>					25 (18%)	
	<i>About once a week</i>					26 (19%)	
	<i>More than once a week</i>					5 (4%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					65 (49%)	
	Yes					34 (25%)	
	No					35 (26%)	

Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	39 (29%)
	<i>0</i>	37 (27%)
	<i>1 to 2</i>	30 (22%)
	<i>3 to 5</i>	28 (21%)
	<i>More than 5</i>	2 (1%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	18 (13%)
	<i>0</i>	26 (19%)
	<i>1 to 2</i>	32 (24%)
	<i>3 to 5</i>	28 (21%)
	<i>More than 5</i>	30 (22%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (4%)
	<i>0</i>	19 (14%)
	<i>1 to 2</i>	44 (33%)
	<i>3 to 5</i>	43 (32%)
	<i>More than 5</i>	22 (16%)
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>	48 (36%)
	<i>2 to less than 4 hours</i>	15 (11%)
	<i>4 to less than 6 hours</i>	27 (20%)
	<i>6 to less than 8 hours</i>	16 (12%)
	<i>8 to less than 10 hours</i>	10 (7%)
	<i>10 hours or more</i>	8 (6%)
	<i>Don't know</i>	10 (7%)

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?	
	<i>Yes</i>	46 (34%)
	<i>No</i>	89 (66%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	75 (56%)
	<i>No</i>	59 (44%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	55 (41%)
	<i>No</i>	80 (59%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	13 (10%)
	<i>Very easy</i>	15 (11%)
	<i>Easy</i>	18 (13%)
	<i>Neither</i>	17 (13%)
	<i>Difficult</i>	26 (19%)
	<i>Very difficult</i>	43 (32%)
	<i>Don't know</i>	2 (1%)

Section I3: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	35 (26%)
	Yes	74 (55%)
	No	26 (19%)
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>	61 (45%)
	<i>No contact</i>	43 (32%)
	Letter	13 (10%)
	Phone	3 (2%)
	Visit	20 (15%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	75 (57%)
	No	56 (43%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	35 (26%)
	Yes	62 (45%)
	No	40 (29%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	75 (55%)
	<i>Very involved</i>	14 (10%)
	<i>Involved</i>	20 (15%)
	<i>Neither</i>	8 (6%)
	<i>Not very involved</i>	7 (5%)
	<i>Not at all involved</i>	12 (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>	75 (56%)
	<i>Nobody</i>	32 (24%)
	<i>Offender supervisor</i>	16 (12%)
	<i>Offender manager</i>	11 (8%)
	<i>Named/ personal officer</i>	9 (7%)
	<i>Staff from other departments</i>	8 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	75 (55%)
	Yes	39 (29%)
	No	8 (6%)
	<i>Don't know</i>	14 (10%)
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>	75 (55%)
	Yes	14 (10%)
	No	35 (26%)
	<i>Don't know</i>	12 (9%)
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>	75 (55%)
	Yes	24 (18%)

	No		19 (14%)
	Don't know		18 (13%)
Q13.10	Do you have a needs based custody plan?		
	Yes		5 (4%)
	No		39 (30%)
	Don't know		88 (67%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?		
	Yes		20 (15%)
	No		111 (85%)
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	39 (30%)	23 (18%) 66 (52%)
	Accommodation	40 (32%)	26 (21%) 58 (47%)
	Benefits	39 (31%)	22 (17%) 65 (52%)
	Finances	38 (30%)	21 (17%) 68 (54%)
	Education	42 (33%)	24 (19%) 60 (48%)
	Drugs and alcohol	51 (41%)	30 (24%) 44 (35%)
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?		
	Not sentenced		35 (26%)
	Yes		64 (47%)
	No		37 (27%)

Main comparator and comparator to last time



Prisoner survey responses HMYOI Glen Parva 2015

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		152	1,167	152	190
SECTION 1: General information					
1.2	Are you under 21 years of age?	88%	70%	88%	84%
1.3	Are you sentenced?	77%	96%	77%	75%
1.3	Are you on recall?	5%	6%	5%	3%
1.4	Is your sentence less than 12 months?	18%	11%	18%	15%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	5%	0%	0%
1.5	Are you a foreign national?	10%	9%	10%	14%
1.6	Do you understand spoken English?	99%	100%	99%	98%
1.7	Do you understand written English?	97%	99%	97%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	27%	41%	27%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%	5%	6%
1.1	Are you Muslim?	15%	20%	15%	20%
1.11	Are you homosexual/gay or bisexual?	2%	2%	2%	5%
1.12	Do you consider yourself to have a disability?	19%	13%	19%	21%
1.13	Are you a veteran (ex-armed services)?	1%	2%	1%	3%
1.14	Is this your first time in prison?	60%	56%	60%	51%
1.15	Do you have any children under the age of 18?	18%	23%	18%	22%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	39%	46%	39%	42%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	65%	64%	65%	50%
2.3	Were you offered a toilet break?	13%	11%	13%	6%
2.4	Was the van clean?	51%	46%	51%	44%
2.5	Did you feel safe?	78%	82%	78%	77%
2.6	Were you treated well/very well by the escort staff?	61%	63%	61%	57%
2.7	Before you arrived here were you told that you were coming here?	64%	62%	64%	61%
2.7	Before you arrived here did you receive any written information about coming here?	1%	8%	1%	6%
2.8	When you first arrived here did your property arrive at the same time as you?	84%	86%	84%	89%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	71%	70%	71%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	82%	77%	79%
3.3	Were you treated well/very well in reception?	62%	68%	62%	67%
When you first arrived:					
3.4	Did you have any problems?	62%	53%	62%	73%
3.4	Did you have any problems with loss of property?	13%	17%	13%	15%
3.4	Did you have any housing problems?	14%	8%	14%	14%
3.4	Did you have any problems contacting employers?	1%	2%	1%	3%
3.4	Did you have any problems contacting family?	26%	20%	26%	31%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	2%	0%	1%
3.4	Did you have any money worries?	13%	12%	13%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	18%	11%	18%	20%
3.4	Did you have any physical health problems?	4%	5%	4%	8%
3.4	Did you have any mental health problems?	16%	11%	16%	19%
3.4	Did you have any problems with needing protection from other prisoners?	9%	7%	9%	8%
3.4	Did you have problems accessing phone numbers?	20%	18%	20%	31%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	31%	33%	31%	28%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	84%	77%	84%	89%
3.6	A shower?	75%	38%	75%	72%
3.6	A free telephone call?	79%	65%	79%	80%
3.6	Something to eat?	69%	51%	69%	70%
3.6	PIN phone credit?	59%	48%	59%	58%
3.6	Toiletries/ basic items?	60%	47%	60%	61%
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	73%	59%	73%	60%
3.7	Someone from health services?	73%	66%	73%	72%
3.7	A Listener/Samaritans?	25%	23%	25%	18%
3.7	Prison shop/ canteen?	25%	23%	25%	27%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	47%	47%	47%	39%
3.8	Support was available for people feeling depressed or suicidal?	36%	35%	36%	35%
3.8	How to make routine requests?	38%	37%	38%	37%
3.8	Your entitlement to visits?	29%	40%	29%	36%
3.8	Health services?	50%	52%	50%	49%
3.8	The chaplaincy?	53%	50%	53%	47%

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3.9	Did you feel safe on your first night here?	72%	78%	72%	68%
3.10	Have you been on an induction course?	88%	81%	88%	84%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	40%	49%	40%	39%
3.12	Did you receive an education (skills for life) assessment?	84%	78%	84%	81%
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?	18%	33%	18%	31%
4.1	Attend legal visits?	42%	44%	42%	47%
4.1	Get bail information?	12%	15%	12%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	39%	36%	51%
4.3	Can you get legal books in the library?	25%	27%	25%	23%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	30%	53%	30%	43%
4.4	Are you normally able to have a shower every day?	80%	81%	80%	21%
4.4	Do you normally receive clean sheets every week?	71%	67%	71%	60%
4.4	Do you normally get cell cleaning materials every week?	23%	45%	23%	21%
4.4	Is your cell call bell normally answered within five minutes?	16%	30%	16%	15%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	48%	59%	48%	42%
4.4	Can you normally get your stored property, if you need to?	18%	31%	18%	16%
4.5	Is the food in this prison good/very good?	20%	19%	20%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	41%	53%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	47%	37%	47%	36%
4.8	Are your religious beliefs are respected?	48%	50%	48%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	63%	62%	62%
4.10	Is it easy/very easy to attend religious services?	45%	50%	45%	51%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	85%	77%	85%	76%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	54%	56%	54%	45%
5.2	Do you feel applications are dealt with quickly (within seven days)?	26%	32%	26%	37%
5.3	Is it easy to make a complaint?	50%	55%	50%	63%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	32%	33%	32%	31%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	25%	32%	25%	38%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	22%	14%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	7%	23%	7%	17%

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	42%	41%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	49%	43%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	23%	21%	23%	22%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	30%	31%	30%	23%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	70%	68%	70%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	62%	68%	62%	63%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	35%	28%	35%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	20%	22%	24%
7.5	Do you have a personal officer?	53%	68%	53%	56%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	42%	56%	42%	54%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	53%	36%	53%	47%
8.2	Do you feel unsafe now?	24%	16%	24%	21%
8.4	Have you been victimised by other prisoners here?	42%	26%	42%	38%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	19%	15%	19%	23%
8.5	Hit, kicked or assaulted you?	19%	14%	19%	21%
8.5	Sexually abused you?	0%	2%	0%	3%
8.5	Threatened or intimidated you?	27%	16%	27%	28%
8.5	Taken your canteen/property?	14%	9%	14%	16%
8.5	Victimised you because of medication?	3%	2%	3%	3%
8.5	Victimised you because of debt?	7%	7%	7%	10%
8.5	Victimised you because of drugs?	4%	4%	4%	7%
8.5	Victimised you because of your race or ethnic origin?	4%	5%	4%	7%
8.5	Victimised you because of your religion/religious beliefs?	3%	4%	3%	8%
8.5	Victimised you because of your nationality?	4%	4%	4%	5%
8.5	Victimised you because you were from a different part of the country?	8%	6%	8%	9%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	2%
8.5	Victimised you because of your sexual orientation?	0%	2%	0%	3%
8.5	Victimised you because of your age?	1%	1%	1%	3%
8.5	Victimised you because you have a disability?	5%	3%	5%	3%
8.5	Victimised you because you were new here?	19%	9%	19%	15%
8.5	Victimised you because of your offence/crime?	4%	7%	4%	8%
8.5	Victimised you because of gang related issues?	10%	7%	10%	11%

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	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by staff here?	33%	32%	33%	40%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	15%	13%	19%
8.7	Hit, kicked or assaulted you?	7%	8%	7%	12%
8.7	Sexually abused you?	2%	3%	2%	2%
8.7	Threatened or intimidated you?	12%	13%	12%	15%
8.7	Victimised you because of medication?	2%	2%	2%	2%
8.7	Victimised you because of debt?	2%	2%	2%	4%
8.7	Victimised you because of drugs?	1%	2%	1%	3%
8.7	Victimised you because of your race or ethnic origin?	4%	6%	4%	6%
8.7	Victimised you because of your religion/religious beliefs?	4%	5%	4%	4%
8.7	Victimised you because of your nationality?	4%	4%	4%	3%
8.7	Victimised you because you were from a different part of the country?	2%	4%	2%	7%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.7	Victimised you because of your age?	0%	3%	0%	5%
8.7	Victimised you because you have a disability?	2%	2%	2%	1%
8.7	Victimised you because you were new here?	5%	6%	5%	14%
8.7	Victimised you because of your offence/crime?	2%	5%	2%	7%
8.7	Victimised you because of gang related issues?	4%	3%	4%	5%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	39%	37%	39%	43%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	47%	44%	47%	37%
9.1	Is it easy/very easy to see the nurse?	53%	60%	53%	43%
9.1	Is it easy/very easy to see the dentist?	20%	21%	20%	20%
	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?	67%	60%	67%	59%
9.2	The nurse?	68%	66%	68%	62%
9.2	The dentist?	50%	45%	50%	44%
9.3	The overall quality of health services?	60%	54%	60%	52%
9.4	Are you currently taking medication?	37%	24%	37%	29%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	50%	70%	50%	54%
9.6	Do you have any emotional well being or mental health problems?	36%	24%	36%	34%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	47%	52%	47%	57%

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SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	34%	26%	34%	26%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	16%	13%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	35%	27%	35%	27%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	11%	7%	11%
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	6%	8%	4%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	4%	5%	3%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	61%	68%	61%	49%
10.8	Have you received any support or help with your alcohol problem while in this prison?	59%	70%	59%	45%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	73%	78%	73%	75%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	34%	32%	34%	32%
11.1	Vocational or skills training?	41%	38%	41%	41%
11.1	Education (including basic skills)?	60%	59%	60%	54%
11.1	Offending behaviour programmes?	21%	28%	21%	30%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	45%	41%	45%	47%
11.2	Vocational or skills training?	9%	16%	9%	9%
11.2	Education (including basic skills)?	24%	27%	24%	26%
11.2	Offending behaviour programmes?	6%	10%	6%	4%
11.3	Have you had a job while in this prison?	70%	74%	70%	77%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	60%	50%	60%	50%
11.3	Have you been involved in vocational or skills training while in this prison?	61%	70%	61%	68%
	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?	55%	59%	55%	51%
11.3	Have you been involved in education while in this prison?	79%	82%	79%	81%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	64%	60%	64%	58%
11.3	Have you been involved in offending behaviour programmes while in this prison?	51%	67%	51%	63%
	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%	54%	46%	36%
11.4	Do you go to the library at least once a week?	22%	33%	22%	14%
11.5	Does the library have a wide enough range of materials to meet your needs?	25%	35%	25%	34%
11.6	Do you go to the gym three or more times a week?	22%	23%	22%	22%
11.7	Do you go outside for exercise three or more times a week?	43%	52%	43%	32%
11.8	Do you go on association more than five times each week?	17%	64%	17%	16%
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	6%

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SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	34%	38%	34%	29%
12.2	Have you had any problems with sending or receiving mail?	56%	49%	56%	61%
12.3	Have you had any problems getting access to the telephones?	41%	33%	41%	43%
12.4	Is it easy/ very easy for your friends and family to get here?	25%	33%	25%	29%
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?	74%	81%	74%	74%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	58%	40%	58%	60%
13.2	Contact by letter?	18%	28%	18%	15%
13.2	Contact by phone?	4%	16%	4%	3%
13.2	Contact by visit?	27%	34%	27%	27%
13.3	Do you have a named offender supervisor in this prison?	57%	75%	57%	57%
For those who are sentenced:					
13.4	Do you have a sentence plan?	61%	63%	61%	56%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	56%	52%	56%	59%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	54%	50%	54%	42%
13.6	Offender supervisor?	27%	35%	27%	24%
13.6	Offender manager?	18%	23%	18%	24%
13.6	Named/ personal officer?	15%	15%	15%	15%
13.6	Staff from other departments?	13%	15%	13%	17%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	64%	65%	64%	75%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	21%	23%	25%
13.9	Are there plans for you to achieve any of your targets in the community?	39%	26%	39%	44%
13.10	Do you have a needs based custody plan?	4%	6%	4%	10%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	18%	15%	14%
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?	26%	41%	26%	40%
13.12	Accommodation?	31%	36%	31%	43%
13.12	Benefits?	25%	31%	25%	38%
13.12	Finances?	24%	24%	24%	26%
13.12	Education?	29%	38%	29%	40%
13.12	Drugs and alcohol?	41%	43%	41%	39%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	63%	55%	63%	62%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMYOI Glen Parva 2015

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

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		40	111	15	135	23	127
1.3	Are you sentenced?	82%	75%	50%	79%	73%	78%
1.5	Are you a foreign national?	17%	7%			22%	8%
1.6	Do you understand spoken English?	98%	100%	94%	100%	100%	99%
1.7	Do you understand written English?	95%	98%	80%	99%	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			47%	25%	73%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	6%	0%	5%	4%	5%
1.1	Are you Muslim?	42%	5%	34%	13%		
1.12	Do you consider yourself to have a disability?	5%	25%	14%	20%	13%	21%
1.13	Are you a veteran (ex-armed services)?	2%	0%	7%	0%	4%	0%
1.14	Is this your first time in prison?	58%	61%	60%	60%	57%	60%
2.6	Were you treated well/very well by the escort staff?	55%	64%	60%	60%	57%	62%
2.7	Before you arrived here were you told that you were coming here?	58%	66%	40%	66%	47%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	78%	74%	77%	70%	78%
3.3	Were you treated well/very well in reception?	51%	66%	47%	64%	50%	64%
3.4	Did you have any problems when you first arrived?	49%	67%	80%	60%	71%	60%
3.7	Did you have access to someone from health care when you first arrived here?	66%	76%	40%	77%	73%	73%
3.9	Did you feel safe on your first night here?	79%	69%	66%	73%	57%	74%
3.10	Have you been on an induction course?	89%	88%	86%	88%	90%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	15%	19%	7%	20%	14%	19%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	37%	28%	47%	29%	27%	31%
4.4	Are you normally able to have a shower every day?	77%	81%	77%	81%	64%	83%
4.4	Is your cell call bell normally answered within five minutes?	17%	16%	43%	14%	10%	18%
4.5	Is the food in this prison good/very good?	9%	23%	23%	20%	10%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	59%	40%	53%	41%	55%
4.7	Are you able to speak to a Listener at any time, if you want to?	28%	54%	30%	48%	32%	50%
4.8	Do you feel your religious beliefs are respected?	57%	45%	47%	48%	50%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	63%	40%	64%	73%	61%
5.1	Is it easy to make an application?	80%	88%	83%	85%	76%	86%
5.3	Is it easy to make a complaint?	59%	48%	40%	52%	57%	49%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	45%	16%	44%	16%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	45%	30%	46%	33%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	25%	16%	23%	15%	24%
7.1	Do most staff, in this prison, treat you with respect?	59%	74%	58%	71%	48%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	55%	65%	54%	64%	42%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	23%	0%	23%	5%	24%
7.4	Do you have a personal officer?	49%	54%	61%	53%	35%	56%
8.1	Have you ever felt unsafe here?	38%	57%	54%	52%	55%	53%
8.2	Do you feel unsafe now?	22%	25%	30%	24%	35%	22%
8.3	Have you been victimised by other prisoners?	28%	46%	40%	41%	39%	42%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	12%	31%	7%	29%	25%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%	0%	4%	5%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%	0%	3%	11%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	4%	16%	3%	11%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	7%	7%	5%	0%	6%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
	Percentages which are not highlighted show there is no significant difference						
8.6	Have you been victimised by a member of staff?	40%	30%	40%	32%	58%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	7%	13%	23%	11%	11%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	3%	0%	4%	11%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	1%	0%	4%	27%	0%
8.7	Have you been victimised because of your nationality? (By staff)	13%	2%	16%	3%	16%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%	7%	1%	0%	2%
9.1	Is it easy/very easy to see the doctor?	19%	56%	40%	48%	25%	51%
9.1	Is it easy/ very easy to see the nurse?	31%	60%	40%	54%	30%	57%
9.4	Are you currently taking medication?	19%	42%	40%	37%	39%	37%
9.6	Do you feel you have any emotional well being/mental health issues?	9%	44%	30%	36%	35%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	42%	40%	34%	20%	38%
11.2	Are you currently working in the prison?	42%	46%	30%	46%	21%	49%
11.2	Are you currently undertaking vocational or skills training?	21%	6%	7%	9%	11%	8%
11.2	Are you currently in education (including basic skills)?	21%	25%	23%	25%	21%	24%
11.2	Are you currently taking part in an offending behaviour programme?	0%	7%	7%	6%	0%	7%
11.4	Do you go to the library at least once a week?	22%	23%	30%	22%	15%	24%
11.6	Do you go to the gym three or more times a week?	28%	20%	18%	23%	5%	25%
11.7	Do you go outside for exercise three or more times a week?	52%	40%	33%	44%	30%	45%
11.8	On average, do you go on association more than five times each week?	13%	17%	33%	15%	11%	18%
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%	4%	8%	6%	5%	6%
12.2	Have you had any problems sending or receiving mail?	65%	54%	58%	55%	72%	53%
12.3	Have you had any problems getting access to the telephones?	47%	38%	50%	40%	68%	37%

Diversity Analysis



Key question responses (disability) HMYOI Glen Parva 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		29	122
1.3	Are you sentenced?	58%	81%
1.5	Are you a foreign national?	8%	11%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	7%	31%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	4%
1.1	Are you Muslim?	10%	17%
1.13	Are you a veteran (ex-armed services)?	0%	1%
1.14	Is this your first time in prison?	45%	63%
2.6	Were you treated well/very well by the escort staff?	82%	55%
2.7	Before you arrived here were you told that you were coming here?	58%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	76%
3.3	Were you treated well/very well in reception?	73%	60%
3.4	Did you have any problems when you first arrived?	79%	59%
3.7	Did you have access to someone from health care when you first arrived here?	79%	72%
3.9	Did you feel safe on your first night here?	57%	75%
3.10	Have you been on an induction course?	87%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	11%	20%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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?	14%	34%
4.4	Are you normally able to have a shower every day?	64%	84%
4.4	Is your cell call bell normally answered within five minutes?	8%	19%
4.5	Is the food in this prison good/very good?	18%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	61%	44%
4.8	Do you feel your religious beliefs are respected?	61%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	82%	57%
5.1	Is it easy to make an application?	75%	87%
5.3	Is it easy to make a complaint?	63%	47%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	29%	43%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	38%	18%
7.1	Do most staff, in this prison, treat you with respect?	74%	69%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	23%
7.4	Do you have a personal officer?	37%	57%
8.1	Have you ever felt unsafe here?	71%	49%
8.2	Do you feel unsafe now?	40%	20%
8.3	Have you been victimised by other prisoners?	56%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	44%	22%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	5%
8.5	Have you been victimised because of your age? (By prisoners)	0%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	23%	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
	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		
8.6	Have you been victimised by a member of staff?	40%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	4%
8.7	Have you been victimised because of your nationality? (By staff)	0%	6%
8.7	Have you been victimised because of your age? (By staff)	0%	0%
8.7	Have you been victimised because you have a disability? (By staff)	8%	0%
9.1	Is it easy/very easy to see the doctor?	56%	45%
9.1	Is it easy/ very easy to see the nurse?	63%	50%
9.4	Are you currently taking medication?	74%	27%
9.6	Do you feel you have any emotional well being/mental health issues?	85%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	34%
11.2	Are you currently working in the prison?	37%	47%
11.2	Are you currently undertaking vocational or skills training?	0%	11%
11.2	Are you currently in education (including basic skills)?	15%	26%
11.2	Are you currently taking part in an offending behaviour programme?	8%	6%
11.4	Do you go to the library at least once a week?	11%	25%
11.6	Do you go to the gym three or more times a week?	4%	27%
11.7	Do you go outside for exercise three or more times a week?	35%	46%
11.8	On average, do you go on association more than five times each week?	15%	17%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	7%
12.2	Have you had any problems sending or receiving mail?	48%	58%
12.3	Have you had any problems getting access to the telephones?	38%	42%